SOS Kilkenny clg

Risk Management Policy

Developed By:	Authorised By:	Date:
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Whole Document	**11/03/2016**	Removal of additional control measures. Introduction of Risk Assessment Review Process & Form	
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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 up[dated.	

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1.0 Purpose of Policy

1.1 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

2.0 Scope of the Policy

2.1 The Policy applies to all employees of S.O.S. Kilkenny. Health, Safety & Risk Management is not solely about managing risks, it is also about identifying and taking opportunities.

2.2 This policy is designed to ensure:

2.2.1 That Health, Safety & Risk Management principles are integrated into all aspects of service delivery.

2.2.2 That all hazards/risks are identified and managed proactively.

2.2.3 That all accidents, incidents, complaints and near misses are effectively managed.

2.2.4 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)

3.0. Responsibilities

The Chief Executive Officer

3.1 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.

3.2 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:

3.2.1 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.

3.2.2 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.

3.2.3 That measures and actions are in place to control the following specified risks:

    i.   the unexpected absence of any resident,
    ii.   accidental injury to residents, visitors or staff,
    iii.   aggression and violence, and
    iv.   self harm;

3.2.4 That arrangements for the identification, recording and investigation of, and learning from serious incidents or adverse events involving service users are in place and followed through.

3.2.5 Arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the service users quality of life have been considered.

3.3 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.

3.4 The CEO will ensure there is provision of adequate training and awareness of Health, Safety & Risk Management.

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

Management

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

3.6.1 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.

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

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

3.6.4 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.

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

3.6.6 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.

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

Staff

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

3.7.1 It is the responsibility of all employees to be familiar with this policy, and the SOS Emergency Planning Policy.

3.7.2 Report any hazards, near misses and incidents not in compliance with this policy.

4.0 Definitions:

4.1 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).

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

4.3 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.

4.4 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.

4.5 Risk Assessment:
The overall process of risk identification, risk analysis and risk evaluation.

4.6   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.

4.7   Monitor:
        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.

4.8   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.

4.9   Quality:
        Doing the right thing consistently to ensure the best outcomes for service users, satisfaction for all service users, retention of staff and facilitation of excellent financial performance.

5.0   Hazard Identification and Categories of Risk

5.1   Risk/Hazards may be categorised as: clinical, public liability and employee liability.
        The following are the risk areas identified (see guidelines on Risk Assessment):

        5.1.1   Risk of injury to Service User/Staff/Public,
        5.1.2   Professional Standards Risks,
        5.1.3   Objective and Project Risks,
        5.1.4   Business Continuity Risks,
        5.1.5   Financial Risks,
        5.1.6   Reputational Risks,
        5.1.7   Environmental Risks and
        5.1.8   Audit/Inspection/Accreditation/Standards/Legislative Risks.

5.2   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.

Risk Register Development Process

ESTABLISH THE CONTEXT

- The Internal Context
- The External Context
- The Risk Management context
- Develop Criteria
- Define the Structure

IDENTIFY RISKS

- What can happen?
- When and where?
- How and why?

ANALYSE RISKS

Identify existing controls

Determine Impact

Determine Likelihood

Determine Level of Risk

EVALUATE RISKS

- Compare against criteria
- Set priorities

Treat Risks

NO

TREAT RISKS

- Identify options
- Access options
- Prepare and implement treatment plans
- Analyze and evaluate residual risk

COMMUNICATION AND REVIEW

MONITOR AND REVIEW

6.2   Risk Management comprises of the following activities:

    6.2.1   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 Síochána

Board of Management
CEO and Senior Managers
Health, Safety & Risk Management Committee
Managers   *INTERNAL*
Front Line Staff
Service Users
Quality Assurance (QA Committee)
Service Users Advocacy Committee
Human Rights Committee

    6.2.2   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 Service User Safety and to learn from reported accidents and complaints.

    6.2.3   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.

S.O.S. Kilkenny has adopted the ICC Approach:
(Impact, Cause and Context).

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

SEE IMPACT SCORING TABLE

6.3   Analysis the Risks:
        Each identified risk should be analysed in terms of:

    6.3.1   The existing controls in place to manage the risk
    6.3.2   Likelihood of an incident occurring
    6.3.3   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 opportunity. The resultant analysis should be documented in the risk register.

6.4   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.

6.5   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.

6.6   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 evidenced based decisions to be documented as part of the process of continual improvement and learning.

7.0   Specific Risk Management Procedures

7.1   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)

7.2   SOS Kilkenny Clg, policy on Emergency Planning outlines to staff and managers the procedures to be followed in the event of an major emergency.

OVERVIEW OF S.O.S RISK MANAGEMENT PROCESS	
STEP 1	**Hazard Identification & Control Sheet (HICS) (located in Health and 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 S.O.S 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 service user, family member 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 meeting.** **All Risk assessmsnts are required to be reviewed & rewritten annually.**

8.0 SOS Risk Management Process

8.1 All risks identified during the HICS process must have a 'Risk Assessment' conducted in conjunction with the service user (where applicable) staff and management of the individual department and / or house. Appendix 3 *'Risk Assessment Form'*

8.2 Risk assessments carried out for an individual service user 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.

8.3 All 'Risk Assessments' must be signed by the service user (when possible), staff, front line manager and senior manager for the particular area.

8.4 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 service user's quality of life have been considered.

8.5   It is the responsibility of the programme / department manager to determine the time frame for each risk assessment based on the level on risk outlined in the risk assessment, i.e. twelve months / six months / three months or a shorter period depending on the circumstances.

8.6   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'*

8.7   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.

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

Re-assessment of Existing Risks

8.9   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 re-prioritisation of the risk list thereby focusing the efforts of the service to address those risks that are most pertinent to the service.

8.10   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

8.11   **All** risk assessment's to be reviewed on a quarterly basis at house / department meetings. (March / June / September / December).

8.12   The manager or staff team will complete the 'Quarterly Risk Assessment Review' form, see appendix 5.

8.13   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.

8.14   This process should be repeated quarterly as noted above.

8.15   All Risk assessmsnts are required to be reviewed & rewritten annually.

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

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

9.2   Action Plan will be implemented by appropriate staff

9.3   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.

9.4   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, service users of actions across service.

9.5   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) post accident/ incident

⇩

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 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, 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 service user's personnel file

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, service users of actions across service.

10.0   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

SOS Kilkenny Clg.

Risk Assessment and Management Plan

Residence:

Designated centre / service area:

Who is supporting 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 Impact x Frequency	Color 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, referral to Dr & A&E, Back up arrangements.				
3. Aggression and violence	Presence of CB, Behavior support plan, Back up procedures, Environmental conditions, Violence at Work, training in Behavior Support Management (Studio 3)				
4. Self-harm	History of self-harm, intensity level, etiology of self harm, Medication.				

Potential Hazard Sources	Current Control Measures – Strategies to reduce / manage Risk and what residual risk is left.	Final Risk Rating Impact x Frequency	Colour Code	Date Completed	Review Date
5. Electricity	All electrical installations are tested and certified by a competent qualified electrician				
6. Fire	Fire training provided for staff and people using services. Extinguishers in house checked and serviced annually. Six weekly fire drills conducted and collated. PEEPs in place for individuals. Evacuation procedures posted in house.				
7. Slips, Trips & Falls	Safety Audit check every quarter, daily housekeeping				
8. Manual Handling & Patient Lifting	Training provided on correct manual handling procedures – staff trained every 2 years as required. Safe techniques employed at all times.				
9. Cleaning	Checked in daily routine and standard hygiene procedures adhered to				
10. Hot objects	Objects which present with burn/ scald are protected from sensitive individuals.				
11. Sharp objects	Hazard Audit regularly check for sharp edges, sharps procedure and accidental inoculation procedures to be adhered to				
12. Access to drug / medicine	Medication training provided for all staff. 2014 Administration of Medication Policy & Procedure, Medication recording, med audits.				

13. Microwave/Oven/Range	Regular cleaning carried out, visual observations carried out daily				
14. General Equipment	Specialist Equipment identified with maintenance schedule				
15. Challenging Behaviour	Challenging Behaviour training provided. Behaviuour plans for individuals. 2014 Policy responding to Challenging Behaviour in Adult Services.				
16. Good Health	Annual Health Check –General Health Provision , daily checks on individuals, Epilepsy Management Plans				
17. Protection from Abuse & Neglect	2014 Policy on Management of Allegations of Abuse. The welfare and protection of vulnerable adults – national procedures, the investigation of allegations. Training of all staff. All staff are qualified, trained and vetted.				
18. Stress	2014 Employee Assistance Programme with VHI, Leaflet provided on same, Supervision, supports including regular meetings and evening call outs by Managers				
19. Managing Assets - Organisation	Petty Cash Return System, Internal Controls, External Audits				

20.	Managing Assets – Residents	2014 Finance Policy for good practice in the handling of the personal assets of people who use the services. Monthly audits by residential officer			
21.	Food	Food Hygiene, Nutrition, Meal Planning			
22.	Household Activities	Social outings and holidays, daily activity schedules			
23.	Sudden Death	End of life Policy 2014			
24.	Staff Training	Suitably Qualified Staff, Adequate Skill Mix, a training needs analysis has been completed and all staff are up to date with training. Vulnerable adults, Manual Handling, report writing, First Aid, fire training, Medication Training, epilepsy training, Risk management, Staff Supervision....			
25.	Use of Volunteers	This Service uses Volunteers, they are complementary to Staff, they undergo the same screening process as Staff, and they are supervised on an ongoing basis. Volunteer Policy			

26. Reporting Structures	All staff are aware of their local and wider Service area, communications are done by face to face meetings, telephone calls, and reports. All significant reports are recorded in writing. An on call system is in place and this is sent to House on a monthly basis. All staff are aware of the time thresholds for HIQA reporting.				
27. General Maintenance	All staff ensure that good housekeeping is adhered to, if any item requires repair or maintenance that is outside the scope of staff present then the Maintenance Procedure is followed.				
28. Complaints	There is a Complaints procedure in place for all residents, Staff will respectfully receive and record all complaints and forward them to the relevant personnel, who in turn will examine the complaint and rectify anything necessary.				
29. Compliance with HIQA Regulations and Standards	Ongoing continuous and unrelenting adherence to all the requirements of HIQA				
30. Statement of Purpose	Located in each house, available in easy read format also. Reviewed as required.				
31. Policies & Procedures	There is a folder of current Policies and Procedures in the house and all staff have read and understood them. All staff have signed to this effect				

32. Individual Assessment	All individuals have assessment and personal plans pertinent to their needs and they have been involved in these assessments. These are recorded and on their files.				
33. Rights	All residents and staff rights are upheld. An annual assessment is completed and actions may be required from these. Occasionally rights restrictions may be imposed for safety and therapeutic reasons, but these are reviewed on a 3 monthly basis or more often. All rights restrictions are referred to our human rights committee.				
34. Communication	Communication is an essential ingredient to ensure the effective running of a service. We have staff rosters posted on a monthly basis, ensure good handover, activity planning and recording, other activities recording.				
35. Intimate Care	Intimate Care Policy in place.				
36. Disposal of Waste	What types of waste do we produce, how is it disposed of, do we have sharps, is waste contaminated with body fluids,				
37. Infection Control	What infection controls gave we in place, are people we support in a more vulnerable group. Do we use shared towels, how do people know their own towel.				

38. Visitors	Visitor are always welcome to the houses, we provide a separate room for visitors to meet with individuals. Prior knowledge is advisable and the protection of residents is paramount. 2014 Visitor Policy.				
39. Directory of Residents	A directory of residents is kept up to date				
40. Management	The management of the house is maintained by planning, organizing and controlling the effective use of resources to meet the needs of the residents				
41. Supervision	What is the level of supervision of staff required to ensure that they are supported to implement the support required by the people using services in the house. Resources are always scarce, therefore how does it fit in with "Industry Norms"				

RISK RATING TABLE (RISK MATRIX)

What would the impact of this risk be on the organisation if it were to occur

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 e.g. Fracture and/or counseling. Agency reportable, e.g. HSA, Gardai (violent and aggressive acts). > 3 Days absence 3-8 Days extended hospital stay Emotional Trauma	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)
Service User Experience Satisfaction	Reduced to quality of service user experience related to inadequate provision of information	Unsatisfactory service user experience related to less than optimal support and/or inadequate information, not being too talked to & treated as an equal; or not treated with honesty, dignity & respect – readily resolvable.	Unsatisfactory service user experience 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 implications.
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 service users.	Some disruption in service with unacceptable impact on service users. 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	Rumors, 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 - €10k	€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 years or more	1%	Occurs every 2-5 years	10%	Occurs every 1-2 years	50%	Bimonthly	75%	At Least monthly	99%

3. RISK MATRIX

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

Appendix 3 Policy 049a	Risk Assessment & Management Plan	

Date of Assessment & Planning Meeting:		
Service User Name:		
Address :		
Meeting attended by:	Name:	Role:

Section 2 / Identify The Risk

Detail reason for concern and rational for carrying out a risk assessment:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Using the " ICC Approach" – [Impact – Cause – Context] identify the risks involved:

Example:
Injury to Service User **[Impact]** due to refusal to wear seat belt **[Causal Factor]** on bus **[Context].**

Impact:	
Cause:	
Context:	

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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 service users, staff, services, environment or the organisation.

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 of 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:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Table 2: Impact Scoring

In developing a single risk matrix the SOS 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 service user.

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   2

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

Rational:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Risk Rating

Having established the likelihood and impact scores, the scores should be plotted on the Risk Matrix (see table 4) and to determine the rating of the risk being assessed in terms of a color and a numerical score for the risk (e.g. a moderate impact 3 and a possible likelihood 3 will result in a rating of an amber 9).

Table 4 Risk Matrix	Negligible[1]	Minor[2]	Moderate [3]	Major [4]	Extreme [5]
Almost Certain [5]	5	10	15	20	25
Likely [4]	4	8	12	16	20
Possible [3]	3	6	9	12	15
Unlikely [2]	2	4	6	8	10
Rare/Remote [1]	1	2	3	4	5

Example 1: Likelihood of 3 (Possible) x Impact of 2 (Minor) = 2 x 3 = 6 (Amber)
Example 2: Likelihood of 2 (Unlikely) x Impact of 3 (Moderate) = 3 x 2 = 6 (Amber).

What score / color have you assigned the risk identified: Score:_____ Color:_____

Rational:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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 / color you have assigned the risk identified: **Score:_____ Color:_____**

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

Please Tick

1. Accept the Risk

   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: • 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]
_____
_____
_____
_____
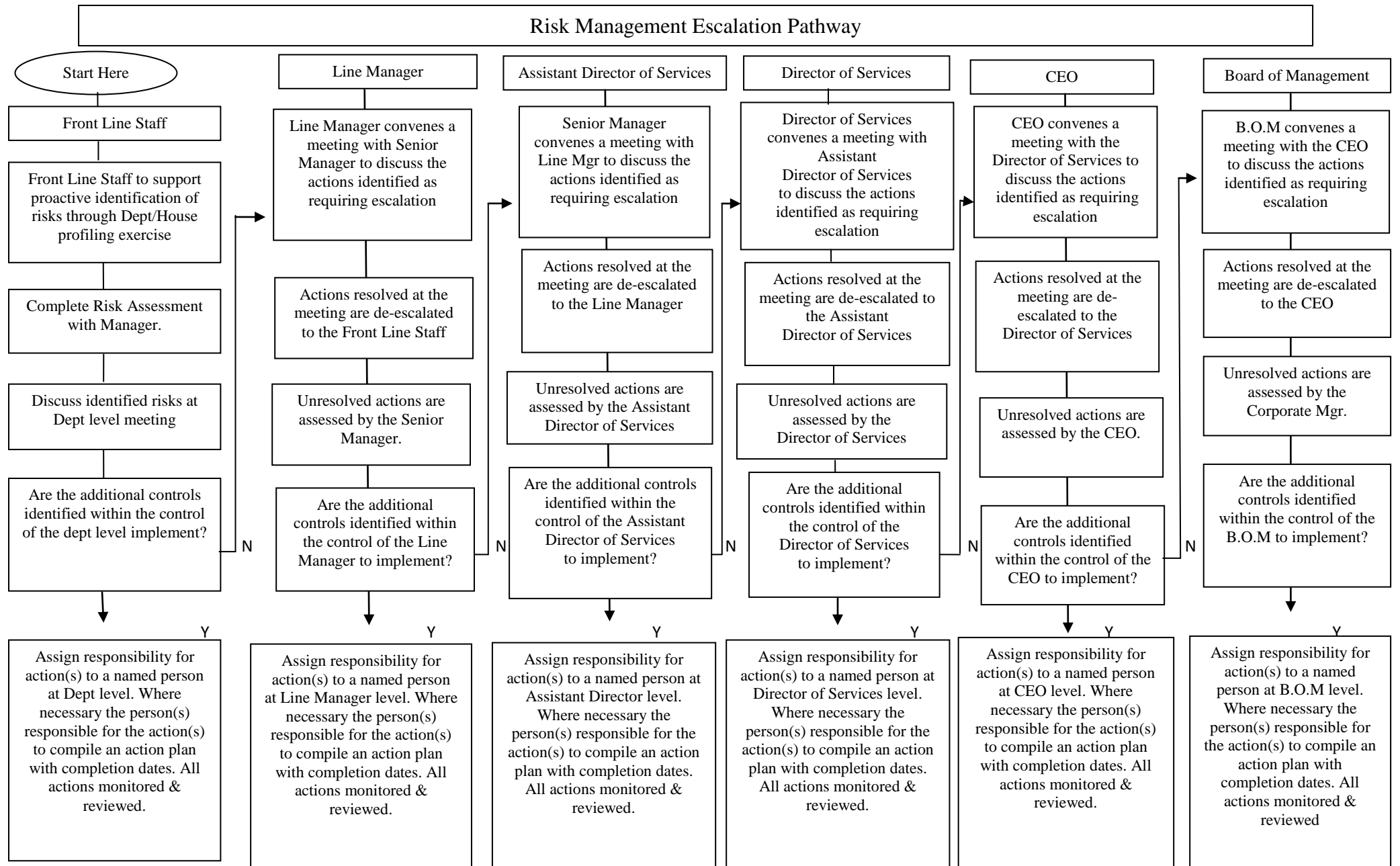_____

Review Date: _____

Signed :

Service User Signature:_____

Front Line Staff:_____

Manager: _____

Senior Manager: _____

Appendix 4   Risk Management Escalation Pathway SOS Kilkenny Clg

Risk Management Escalation Pathway

Start Here	Line Manager	Assistant Director of Services	Director of Services	CEO	Board of Management
Front Line Staff	Line Manager convenes a meeting with Senior Manager to discuss the actions identified as requiring escalation	Senior Manager convenes a meeting with Line Mgr to discuss the actions identified as requiring escalation	Director of Services convenes a meeting with Assistant Director of Services to discuss the actions identified as requiring escalation	CEO convenes a meeting with the Director of Services to discuss the actions identified as requiring escalation	B.O.M convenes a meeting with the CEO to discuss the actions identified as requiring escalation
Front Line Staff to support proactive identification of risks through Dept/House profiling exercise	Actions resolved at the meeting are de-escalated to the Front Line Staff	Actions resolved at the meeting are de-escalated to the Line Manager	Actions resolved at the meeting are de-escalated to the Assistant Director of Services	Actions resolved at the meeting are de-escalated to the Director of Services	Actions resolved at the meeting are de-escalated to the CEO
Complete Risk Assessment with Manager.	Unresolved actions are assessed by the Senior Manager.	Unresolved actions are assessed by the Assistant Director of Services	Unresolved actions are assessed by the Director of Services	Unresolved actions are assessed by the CEO.	Unresolved actions are assessed by the Corporate Mgr.
Discuss identified risks at Dept level meeting					
Are the additional controls identified within the control of the dept level implement?	Are the additional controls identified within the control of the Line Manager to implement?	Are the additional controls identified within the control of the Assistant Director of Services to implement?	Are the additional controls identified within the control of the Director of Services to implement?	Are the additional controls identified within the control of the CEO to implement?	Are the additional controls identified within the control of the B.O.M to implement?
Assign responsibility for action(s) to a named person at Dept level. Where necessary the person(s) responsible for the action(s) to compile an action plan with completion dates. All actions monitored & reviewed.	Assign responsibility for action(s) to a named person at Line Manager level. Where necessary the person(s) responsible for the action(s) to compile an action plan with completion dates. All actions monitored & reviewed.	Assign responsibility for action(s) to a named person at Assistant Director level. Where necessary the person(s) responsible for the action(s) to compile an action plan with completion dates. All actions monitored & reviewed.	Assign responsibility for action(s) to a named person at Director of Services level. Where necessary the person(s) responsible for the action(s) to compile an action plan with completion dates. All actions monitored & reviewed.	Assign responsibility for action(s) to a named person at CEO level. Where necessary the person(s) responsible for the action(s) to compile an action plan with completion dates. All actions monitored & reviewed.	Assign responsibility for action(s) to a named person at B.O.M level. Where necessary the person(s) responsible for the action(s) to compile an action plan with completion dates. All actions monitored & reviewed

Quarterly Risk Assessment Review Form

Form To be updated every 3 months from date of Risk Assessed. A new Risk Assessment Form is required to be completed Annually.

Reason for carrying out Risk Assessment _____   Person Supported (if applicable): _____

Date Risk Assessed   _____   House / Department: _____

Quarterly Review/ Annual Review Date	Changes required ? Yes/No	New Risk Assessment to be completed? Yes/No	Signature of person carrying out review	Date Review Completed	Responsible for Completing Risk Assessment?

Attach Form to the Risk Assessment