



Promoting Inclusion for People with Intellectual Disabilities

Risk Management Policy.

Kare Policy Document.

Policy Owner: Quality, Risk and Safety Manager.

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** Previous revisions noted at the end of the document.

Contents page

Section 1 Policy

1.1.	Background	Page 3
1.2.	Aim	Page 3
1.3.	Scope	Page 5
1.4.	Definitions	Page 5
1.5.	Policy statements	Page 7
1.6.	Risk appetite and tolerance statement	Page 7
1.7.	Roles and responsibilities	Page 8

Section 2 Process for managing risk

2.0	Flowchart	Page 11
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Section 3 Procedure

Organisational risks

3.1	Identifying organisational risk	Page 13
3.2	Assessing organisational risk	Page 13
3.3.	Evaluating organisational risk	Page 14

Location/department risks

3.4	Identifying risks in specific locations/departments/units	Page 15
3.5	Assessing risks in specific locations/departments/units	Page 15
3.6	Evaluating risks in specific locations/departments/units	Page 16
3.7	Risk register reviews	Page 17

Risks in relation to individuals

3.8	Identifying risks in relation to specific individuals	Page 18
3.9	Assessing risks in relation to specific individuals	Page 18
3.10	Evaluating risks in relation to specific individuals	Page 18
3.11	Managing Identified Risks	Page 19
3.12	Monitoring or risks and learning from adverse events	Page 22

Appendix 1	Page 25
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Appendix 2	Page 26
------------	---------

Section 1: Policy

1.1 Background

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

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

- HSE Enterprise Risk Management Policy and Procedures 2023
- Code of Governance for State Bodies
- Safety Health and Welfare at Work Act 2005
- Health Act 2007 (Care and Support of Residents in Designated Centres for Persons
(children and adults) with Disabilities Regulations 2013. Reg. No. 26)
- HIQA Guidelines for Designated Centres – Risk Management
- Assisted Decision Making Capacity Act (2015)

Risk is an overarching policy and all Kare's policies and guidelines fall under this Policy.

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

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

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

1.2 Aim

Kare promotes positive and considered risk taking which promotes independence and improves quality of life.

Kare will communicate to stakeholders the commitment of Kare to proactively manage risk in line with the vision, mission and strategic objectives of the organisation.

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

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

- Seeking to ensure that risk management is seen by all staff as part of the normal day-to-day activities in delivering services.
- Clearly defining the roles and responsibilities for risk management.
- Outlining a consistent process for risk management including risk identification, risk assessment and risk treatment.
- Outlining the process for the communication, notification and escalation of risk.
- Ensuring that, where actions to manage a particular risk are not within the control of the relevant Risk Owner, either because of lack of authority or resources, such actions can be escalated and then accepted by the next line of management for review and decision-making.
- Ensuring that all identified risks are recorded in a consistent manner, the minimum requirements for which are set out in this document.
- Identifying risk management tools required to support the implementation of the risk management policy.

Kare review risks in the high level for:

- Harm to a Person (service user, patient, staff & public)
- Service User Experience
- Business/Service Disruption/Security (unauthorised and/or inappropriate access to systems/assets including data)
- Loss of Trust/Confidence or Morale (Public/Staff), including reputational risk
- Organisational Objectives or Outcomes
- Compliance (legislative, policy, regulatory including data)
- Financial (including performance to budget, claims, etc.)
- Environmental/Infrastructure/Equipment

1.3 Scope of this Policy

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

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

Non-Scope

Individual risk assessments for people who use the service will have a specific risk assessment tool in place will not meet all elements of this policy for example risk tolerance.

1.4 Definitions

Risk is the effect of uncertainty on objectives in the context of Kare and its services, it is any condition, circumstance, event or threat which may impact the achievement of objectives and/or have a significant impact on the day-to-day operations. This also includes failing to maximise any opportunity that would help the Kare or service meet its objectives.

Controls are measures that maintain and/or modify risk. In Kare, a control is a measure that is in place, is working effectively and operating to reduce either the likelihood or impact of a risk. Controls include but are not limited to, any process, policy, device, practice, or other conditions and/or actions that are in place and maintain and/or modify risk.

Actions are a future measure that will maintain and/or modify a risk. In Kare, an action is a future measure to further reduce either the likelihood or impact of a risk.

Risk Treatment is a process to modify risk. In Kare, risk treatment includes the implementation of effective controls and future additional actions.

Inherent risk in Kare is the level of risk before consideration of control and/or action measures.

Residual risk in Kare is the level of risk remaining after consideration of existing controls.

Target risk in Kare is the planned level of risk after consideration of both control and action measures.

Risk appetite is the amount and type of risk that an organisation is willing to pursue or retain. In Kare, it is the level of risk Kare is willing to accept to achieve its strategic objectives. It identifies

the amount of Risk the organisation will take with the right balance of satisfaction for all stakeholders.

Risk tolerance is an organisation's readiness to bear the residual risk in order to achieve its objectives. The HSE defines risk tolerance as the level of deviation from risk appetite that we are prepared to tolerate. It is also the **degree of tolerance in numbers an organisation can withstand** prior to further additional controls being put in place in pursuit of its objectives.

1.4 Policy Statements

1.4.1 It is the policy of the Kare to manage risk on an organisational - wide basis, that is, inclusive of all risks whether to do with management or service delivery processes.

This involves proactively identifying risks that threaten the objectives of Kare, which places people who use the service at the centre of our work.

It assists us in ensuring we fully comply with our legal and regulatory obligations and our responsibilities.

1.4.2 Kare recognises that risk cannot be eliminated but that the impact of the risk can be minimised through good management.

1.4.3 Kare recognises that risk is a normal part of life, in this regard it is not necessary to carry out a risk assessment of a person using the service where the risk is minimal and is no greater for that individual than it would be for someone who is not using the service.

1.4.3 Kare's Risk appetite and tolerance statement: -

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

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

1.4.4 ROLES AND RESPONSIBILITIES

1.4.4.1 The Board

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

The board of directors of Kare will agree a risk appetite and tolerance statement that lies within the vision and mission of the organisation and aligns to the organisational values.

1.4.4.2 The CEO

Will ensure that Kare maintains an Organisational Risk Register which supports the management of corporate risk. This Risk Register will be approved by Kare's Board of Directors

1.4.4.3 Quality, Risk and Safety Sub – Committee of the board

Will operate in line with the terms of reference of the group, which is reviewed on an annual basis.

1.4.4.4 Senior Management Team

Is responsible for implementing and ensuring compliance with the Kare's risk management policy and has responsibility for providing oversight and advice concerning the operation of the Kare's risk management policy and related activities.

1.4.4.5 The Internal oversight Groups

Internal risk oversight - To oversee the management of risk in the organisation and to provide a level of assurance to the board subcommittee on Risk, Quality and Safety that there are appropriate and effective systems in place that cover all aspects of operational (location/department) risk management oversight in line with the terms of reference of the group.

Complaints and Safeguarding Oversight - will monitor the results of the Complaints / Safeguarding measures on a quarterly basis and make recommendations where relevant for organisational improvements.

1.4.4.6 Line Managers

All managers are responsible for:

- Implementation of and ensuring compliance with the Kare's Risk Management Policy in their area of responsibility and will ensure that people working on behalf of Kare in their area are familiar with this policy.
- Line Managers will ensure that people working in their area have the required training in health and safety, welfare and protection matters.
- Line Managers will ensure that people who use the service in their area have access to accessible information and education on matters related to their health, safety and welfare.
- Line managers will attend training as requested to ensure they have the knowledge and skills they require to carry out their role in line with Kare's policies, processes and procedures
- Ensuring that appropriate and effective risk management processes are in place within their delegated areas.
- Risk assessing all strategies, business plans/service developments including changes to service delivery.
- Developing specific objectives within their service or operational plans which reflect their own risk profile and the management of risk.
- Ensuring that a process of risk identification is in place for both clinical and non-clinical risks throughout their areas of responsibility and that risk assessments are conducted in accordance with this policy.
- Maintain a risk register
- For the development of a risk register in their area of responsibility, in consultation with the staff team. The risk register when complete should be brought to the attention of all employees working in the service in a clear and understandable manner taking into account their level of training, knowledge and experience. The Line Manager will ensure relevant plans/guidelines/protocols are in place to support the implementation of control measures.

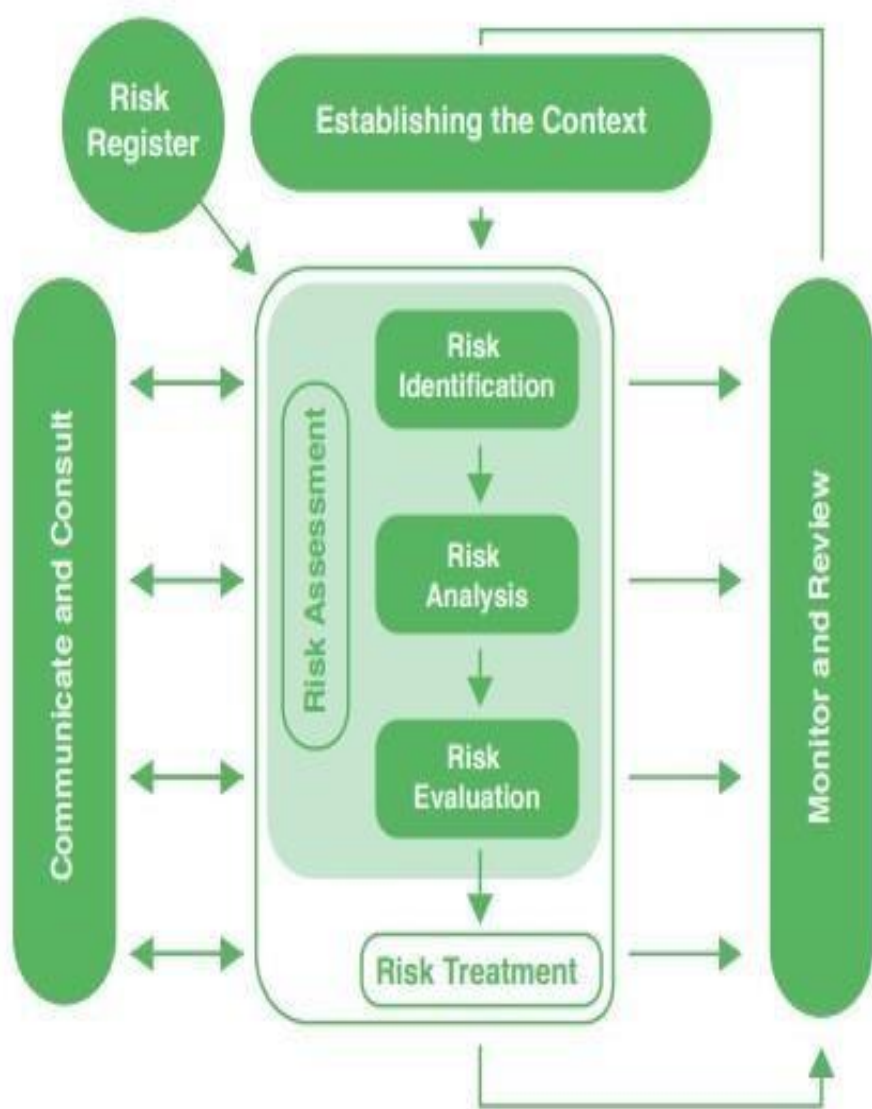
1.4.4.7 Staff

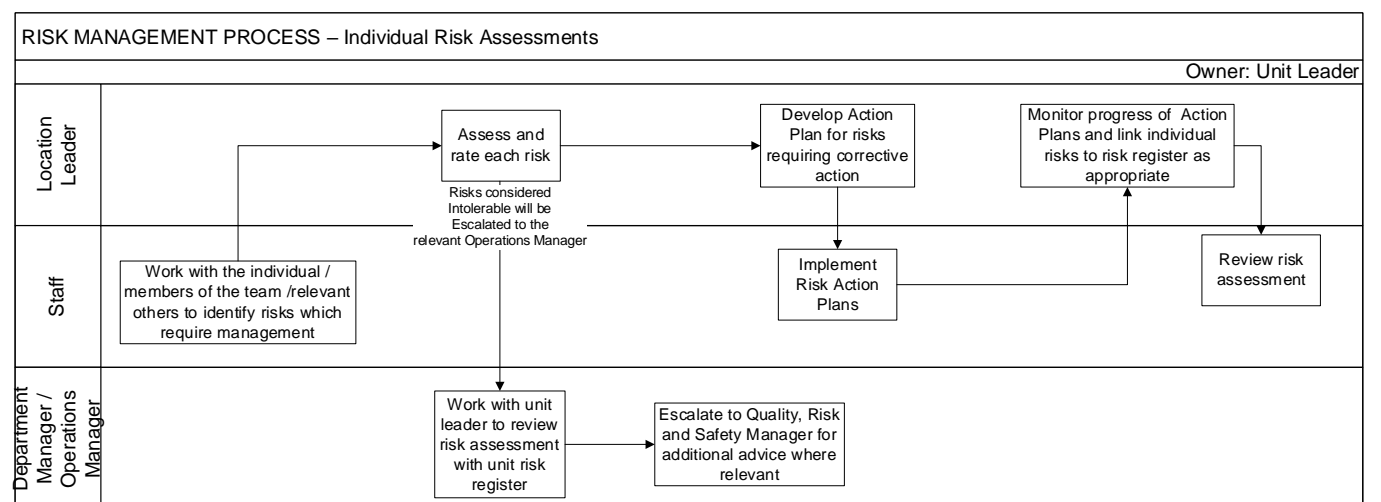
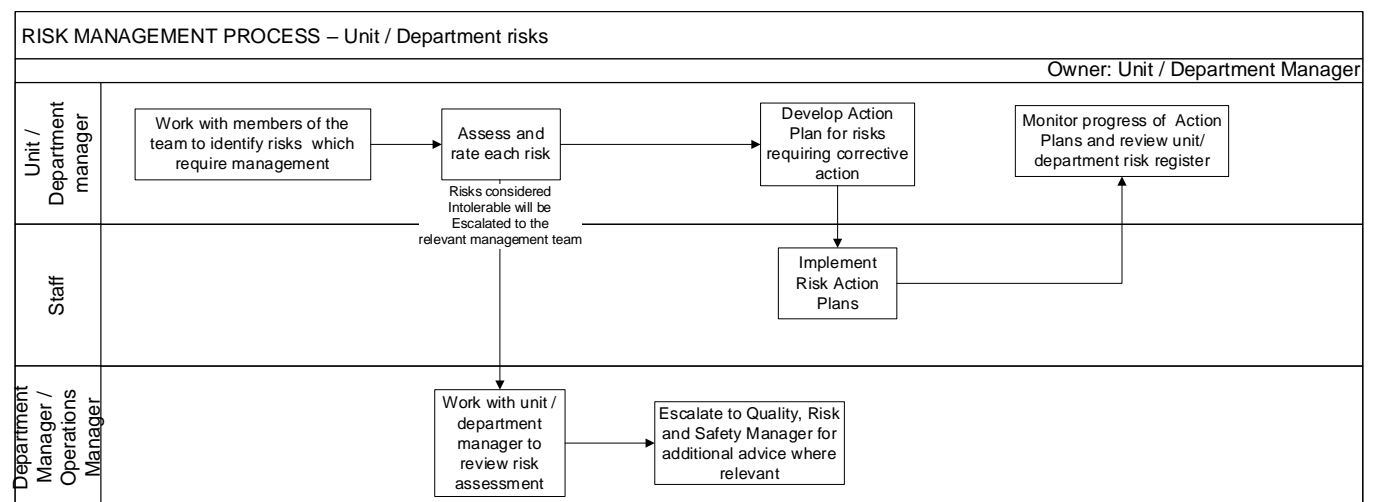
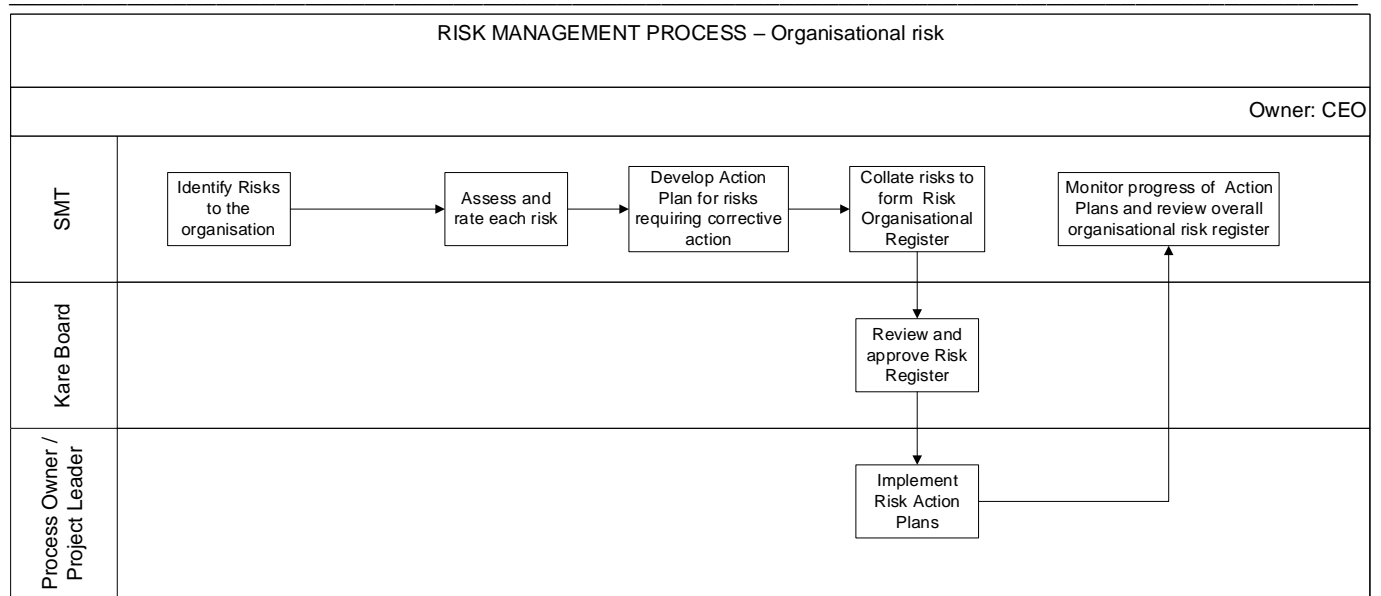
All staff are required to:

- Be familiar and understand Kare's Risk Management Policy and Procedures.
- Understand that risk management is fundamental to their working practice within Kare
- Have a working knowledge of related risk management procedures.
- Identify and report any potential risks to their Line Manager.
- Complete risk management training appropriate to their role.

Section 2:

Process for Managing Risk





Section 3: Procedures

3.0 Organisational risks

3.1 Identifying, organisational risks

3.1.1 The Senior Management Team (SMT) will identify corporate risk in the following areas:

- Harm to a Person (service user, patient, staff & public)
- Service User Experience
- Business/Service Disruption/Security (unauthorised and/or inappropriate access to systems/assets including data)
- Loss of Trust/Confidence or Morale (Public/Staff), including reputational risk
- Organisational Objectives or Outcomes
- Compliance (legislative, policy, regulatory including data)
- Financial (including performance to budget, claims, etc.)
- Environmental/Infrastructure/Equipment

3.1.2 The CEO will ensure that corporate risks i.e. those might impact on the achievement of Kare's strategic priorities and the effective operation of the organisation are identified and risk assessments are carried out as appropriate

3.1.3 The SMT will assess each identified risk using the Organisation Risk Assessment Form (Available on Kare connect) to:

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

3.2 Assessing organisational risks

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

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

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

3.3 Evaluating organisational risks

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

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

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

3.3.4 The risk appetite will be reviewed on a regular basis. The risk appetite will be made available to all stakeholders when required. The Board delegates the management of Risk and Risk performance to Kares management team to oversee.

3.3.5 The CEO will present an annual report on Health and Safety, Complaints and Safeguarding incidents to Kare's Quality, Risk and Safety Subcommittee to the board.

3.4 Risks in specific Kare locations /Departments/Units

3.4.0 Identifying, risks in specific Kare locations /Departments/Units

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

3.5 Assessing Risks in specific Kare Locations/Departments/Units

- 3.5.1 The Leader/Department Manger ensure a unit/department risk register is developed and maintained and will work with the staff team to-prepare a risk assessment for each identified risk and document it on the Department/Unit Risk Assessment Form in relation to the welfare, health and safety of people in their Unit/Department.
- 3.5.2 A critical part of the risk register is an action plan to address the additional controls identified as required to reduce the risk to an acceptable level.
- 3.5.3 Additional controls (actions) identified as being required that cannot be managed at the service level at which they have been identified should be referred to the next level of management in order that decisions can be taken to manage them.
Such decisions may involve the allocation of required resources, the provision of required authority or to escalate the action to a higher level of management.
- 3.5.4 At any stage in the process it may be decided to 'live with' or accept a certain level of risk as it is acknowledged by Kare that not every risk can be eliminated, for practical or other reasons.
- 3.5.5 A risk that cannot be completely eliminated must, nevertheless, be recorded in the relevant risk register along with a list of controls to be in place to reduce the risk to an acceptable level. These accepted risks will be monitored by the relevant service on a regular basis.

3.6 Evaluating Risks in specific Kare Locations/Departments/Units

- 3.6.1 The Leader/Department Manager will ensure that any actions that are required to improve the control measures are recorded in their Team Action Plan, referencing the Risk as the category of action.
- 3.6.2 The Leader/Department Manager will ensure the Risk Assessment including the Risk Rating is updated to reflect any change in Control measures i.e. improved/reduced effectiveness or additional controls in place.
- 3.6.3 The Leader/Department Manager will ensure the Location Risk Register is stored in the designated place on Kare connect i.e. Managing the Organisation/Managing Risk/Open Documents/Health and Safety Framework
- 3.6.4 Kare will ensure that the potential for reoccurrence of specific adverse events, i.e. health and safety incidents, complaints or safeguarding issues, is reduced by using the learning from such events to inform and guide improvement.
- 3.6.5 Line Managers will ensure that staff and relevant others are familiar with the Risk Assessments in their area and implement the control measures as appropriate. Line managers will ensure that the risk rating is appropriate for the level of risk identified.
- 3.6.6 Line Managers will ensure that where relevant an Action Plan is developed to address any shortfall in the Control measures and that the Action Plan is implemented.
- 3.6.7 Line Managers will ensure that control measures are in place for each risk to ensure the likelihood of the risk occurring is as low as possible and that the impact of the risk is as minimal as possible.
- 3.6.8 Risk Registers will capture risk information from the “bottom up” within each Service Area. The risk register will be a primary tool for risk tracking, and will contain the overall system of risks, and the status of any risk mitigation actions.
- 3.6.9 When the risk tolerance for any risk is exceeded it must be reported to the Quality, Risk and Safety manager.
They will ensure the necessary onward reporting and escalation occurs

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

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

3.7 Risk Register reviews:

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

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

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

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

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

Green (1-5): 6 months

Amber (6-14): 4 months

Red (15/16): 2 months

Red (20/25): 1 month

3.7 Risks in relation to specific individuals

3.8 Identifying, risks in relation to specific individuals

- 3.8.1 Line Managers will ensure that specific risks related to the safety and welfare of a person using the service are identified as part of the Individualised Planning process e.g. Assessment of Need/Wishes and Dreams, and where there is a concern a risk assessment is carried out. The individual and/or a family member/representative should be involved in carrying out the risk assessment as appropriate.
- 3.8.2 Staff will work with the individual, and relevant members of their circle of support to identify any risks associated with activities the individual intends to engage in. Risks may be identified in a number of ways including:
- through an individual's Assessment of Need or Wishes and Dreams
 - undertaking a new activity
 - as a result of an adverse event/incident

3.9 Assessing risks in relation to specific individuals

- 3.9.1 Staff will work with the person and relevant members of their circle of support to prepare a risk assessment for each identified risk and document it on the Individual Risk Assessment Form
- 3.9.2 Staff will analyse the risk to support a detailed understanding and identify appropriate controls to mitigate the risk using the HSE risk rating table.
- 3.9.3 Staff will implement the control measures identified in individual risk assessments in accordance with the associated support plans, guidelines and protocols in the person's Individual Support Plan.

3.10 Evaluating risks in relation to specific individuals

- 3.10.1 Key Workers will ensure that each risk assessment in relation to an individual is reviewed by the agreed date or sooner if necessary to ensure it reflects any changes in circumstances.
- 3.10.2 Where a risk rating remains moderate or high even with control measures in place a staff member should consult with their Line Manager and relevant others to agree how to

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

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

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

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

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

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

3.10.7 A meeting may be scheduled to review the risk and identify what options are available to reduce the risk rating or eliminate the risk. This may involve linking with the clinical team in Kare, the HSE disability manager for the CHO area, the HSE safeguarding team, families, other organisations or the guards.

3.11 Managing Identified Risks

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

- Access and Egress i.e. Entering/Exiting building
- Accidental injury to people who use the service, staff and visitors

- Dignity at Work
- Electricity and Electrical Equipment
- Fire
- Lone Worker
- Manual Handling and People Moving and Handling
- Security of building
- Specific Equipment and Activities
- Work Stations including Use of Computers
- Working at heights
- the unexpected absence of any resident,
- aggression and violence, and
- self-harm;

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

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

3.11.3 Line Managers will ensure that staff and relevant others are familiar with the Risk Assessments in their area and implement the control measures as appropriate.

Line managers will ensure that the risk rating is appropriate for the level of risk identified.

3.11.4 Line Managers will ensure that where relevant an Action Plan is developed to address any shortfall in the Control measures and that the Action Plan is implemented.

3.11.5 Line Managers will ensure that control measures are in place for each risk to ensure the likelihood of the risk occurring is as low as possible and that the impact of the risk is as minimal as possible.

3.11.6 Where a risk rating remains moderate or high even with control measures in place a staff member should consult with their Line Manager and relevant others to agree how to proceed.

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

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

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

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

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

- 3.11.9 Line Managers will ensure that risks are managed on an ongoing basis and that risk assessments are reviewed in line with changes in circumstances e.g. an increase/decrease in adverse events or a change in the status of a control measure. All Individual Risk Assessments should be reviewed at least once a year unless indicated earlier in line with, e.g. changing needs, the Framework review periods etc.
- 3.11.10 Staff will ensure that they implement control measures identified in risk assessments in accordance with related procedures, guidelines and plans.
- 3.11.11 Staff will ensure that they only share information in relation to risks for an individual on a need to know basis and that they respect the individual's right to privacy.

3.12 Monitoring of Risks and Learning from Adverse Events.

- 3.12.1 Staff will report all health and safety incidents, drug errors, complaints and safeguarding issues in accordance with the relevant procedures.
- 3.12.2 Staff will take the necessary action in their immediate response to an adverse event to ensure the health, safety, welfare and protection of all individuals involved.
- 3.12.3 Line Managers will ensure that they respond to and investigate all reported health and safety incidents, drug errors, complaints and safeguarding issues in a timely way and in line with the relevant policies, process and procedures.
- 3.12.4 Line Managers responding to the aftermath of a major emergency outside normal working hours will take whatever steps they deem necessary to manage the immediate situation and will identify decisions that can be deferred until normal working hours resume when relevant others can be consulted.
- 3.12.5 Line Managers will ensure that adverse events e.g. health and safety incidents, complaints and safeguarding issues are reported to the relevant authorities as required by statutory regulations including incidents notifiable to:
- The Safety Health and Welfare Authority

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

- 3.12.6 Line Managers will monitor the type and frequency of adverse events e.g. health and safety incidents, drug errors complaints and safeguarding issues, in their area and implement improvements as appropriate to prevent reoccurrence.
- 3.12.7 Line Managers will support staff to learn from adverse events by discussing such events as appropriate, at staff meetings. Risk will be discussed as a standing agenda item at all team meetings.
- 3.12.8 Following adverse event reporting the relevant location/ department risk will be reviewed and the risk rating will be amended to match the level of risk identified and appropriate control measures will be agreed and implemented. A review date will be set to review the risk and the effectiveness of the controls and the risk rating will be amended to match the level of risk.
- 3.12.9 Location / Department risk registers will be reviewed on at least a bi-annual basis the quality department will support an annual review of the risk register with relevant managers.
- 3.12.10 The Health and Safety Committee will monitor trends in relation to health and safety incidents and make recommendations, where relevant, for organisational improvements.
- 3.12.11 The Quality, Safety and Risk department will conduct periodic audits to ensure compliance with this policy and to support the risk management framework
- The Quality, Safety and Risk department will conduct periodic audits to ensure compliance with this policy and to support the risk management framework
- 3.12.12 Each location will ensure that their risk tolerance does not exceed the Overall risk appetite and tolerance statement for Kare.

- 3.12.13 Each risk will be rated for what the organisation can tolerate. Any risks close to or exceeding this rating will be escalated immediately to the Quality, Risk and Safety manager as well as the locations line manager. The Early warning indicator will support staff teams to identify this concern.
- 3.12.14 A meeting may be scheduled to review the risk and identify what options are available to reduce the risk rating or eliminate the risk. This may involve linking with the clinical team in Kare, the HSE disability manager for the CHO area, the HSE safeguarding team, families, other organisations or the guards.

Appendix 1

1. IMPACT TABLE

	Negligible	Minor	Moderate	Major	Extreme
Harm to a Person	Adverse event leading to minor injury not requiring first aid. No impaired Psychosocial functioning.	Minor injury or illness, first aid treatment required. < 3 days absence. < 3 days extended hospital stay. Impaired psychosocial functioning greater than 3 days less than one month.	Significant injury requiring medical treatment, e.g. Fracture and/or counselling. Agency reportable, e.g. HSA, Gardai (violent and aggressive acts). >3 Days absence. 3-8 Days extended hospital Stay. Impaired psychosocial functioning greater than one month less than six months.	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling. Impaired psychosocial functioning greater than six months.	Incident leading to death or major permanent incapacity. Event which impacts on large number of service users or member of the public. Permanent psychosocial functioning incapacity.
Service User Experience	Reduced quality of service user experience related to inadequate provision of information.	Unsatisfactory service user experience related to less than optimal treatment and/or inadequate information, not being talked to & treated as an equal; or not being treated with honesty, dignity & respect – readily resolvable.	Unsatisfactory service user experience related to less than optimal treatment resulting in short term effects (less than 1 week).	Unsatisfactory service user experience related to poor treatment resulting in long term effects	Totally unsatisfactory service user outcome resulting in long term effects, or extremely poor experience of care provision.
Compliance (Statutory, Clinical, Professional & Management)	Minor non compliance with internal PPPGs. Small number of minor issues requiring improvement.	Single failure to meet internal PPPGs. Minor recommendations which can be easily addressed by local management.	Repeated failure to meet internal PPPGs. Important recommendations that can be addressed with an appropriate management action plan.	Repeated failure to meet external standards. Failure to meet national norms and standards/ Regulations, (e.g. Mental Health, Child Care Act etc). Critical report or substantial number of significant findings and/or lack of adherence to regulations.	Gross failure to meet external standards. Repeated failure to meet national norms and standards/regulations. Severely critical report with possible major reputational or financial implications.
Objectives/Projects	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	Interruption in a service which does not impact on the delivery of service user care or the ability to continue to provide service.	Short term disruption to service with minor impact on service user care.	Some disruption in service with unacceptable impact on service user care. Temporary loss of ability to provide service.	Sustained loss of service which has serious impact on delivery of service user care or service resulting in major contingency plans being involved.	Permanent loss of core service or facility. Disruption to facility leading to significant 'knock on' effect.
Adverse Publicity/ Reputation	Rumours, no media coverage. No public concerns voiced. Little effect on staff morale. No review/ investigation necessary.	Local media coverage – short term. Some public concern. Minor effect on staff morale/public attitudes. Internal review necessary.	Local media – adverse publicity. Significant effect on staff morale & public perception of the organisation. Public calls (at local level) for specific remedial actions. Comprehensive review/investigation necessary.	National media/adverse publicity, less than 3 days. News stories & features in national papers. Local media – long term adverse publicity. Public confidence in the organisation undermined. HSE use of resources questioned. Minister may make comment. Possible questions in the Dáil. 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 Dáil. Public calls (at national level) for specific remedial actions to be taken. Court action. Public (independent) Inquiry.
Finance	0.33% budget deficit.	0.33-0.5% budget deficit.	0.5-1.0% budget deficit.	1.0-2.0% budget deficit.	>2.0% budget deficit .
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

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

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

Appendix 2

Additional useful information

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

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

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

Describe existing control measures'

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

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

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

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

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

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

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

[Refer to Appendix 1](#)

Rare/Remote (1)

Unlikely (2)

Possible (3)

Likely (4)

Almost Certain (5)

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

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

[Refer to Appendix 1](#)

How to use the Impact scoring table.

Step 1

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

Step 2

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

Step 3

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

Guidance on the Initial Risk Rating

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

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

Evaluate the Risks

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

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

- accept the risk or
- treat the risk by:
 - i) Avoid / terminate the risk
 - ii) Transferring the risk.
 - iii) Reduce the risk.

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

Accepting the risk

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

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

Treat the Risks

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

Avoid the Risk

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

Transfer the Risk

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

Reduce the risk

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

The treatment plans should include:

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

**** Previous revisions of the policy**

Rev. No.	Approved by the OMT	Approved by Kare Board	Launched at Heads	Operational Period

			of Units	
Rev.1	July 2014	June 2014	September 2014	Sept 2014 – Nov 2014
Rev 1.1	Dec 2014	N/a	Dec 2014	Dec 2014 – April 2015
Rev 1.2	Not Applicable (amended to update reference re Safeguarding and Protected Disclosure policies)		Informed of change by email	April 2015 – Feb 2016
Rev 1.3	Not Applicable (Appendix 5. Individual Risk Assessment Form updated)		Informed of change by email	Feb 2016 – Feb 2018
Rev 2	November 2017	March 2018	March 2018	Mar 2018 – June 2018
Rev 2.1	Appendix 1 Risk Rating Table updated to reflect table in HSE Policy			July 2018 -
Rev 2.2	Amendments to make accommodations for COVID Crisis to points 1.4.2.3 and 1.4.3.7 Approved by SPG April 8 th 2020			
Rev 2.3	Amendment to 1.4.3.7. re COVID crisis removed as agreed by OMT June 23 rd 2020			