MUIRÍOSA FOUNDATION

Title: Risk Management Policy: overarching framework		
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Reviewed by:		**Date:**
Agreed & Signed by:	Siobhán Bergin. **CEO**	**Date:** **06/03/2020**

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1.1 Introduction

This introductory outline identifies the constituent elements of **the overarching risk management framework** and profiles how these moving parts interact and integrate.

The core elements of the risk-management strategy include:

1. The Safety Statement;
2. Policy and guidance on the management of risk and the individual service user;
3. The Local Risk Register;
4. The Regional Risk Register;
5. The Organisation Risk Register.

Informing each of these core elements are the individual **Risk Assessment and Management Plans** which apply to safety of people in the work environment, risk related to service user issues, and other categories of risk.

The risk management policy involves the effective co-ordination and integration of all of these core elements.

A range of information-flows assist in identifying the full spectrum of risk that needs to be considered:

1. The organisation-wide **Safety Statement** which captures the key hazards relating to the safety of people (staff members, service users, visitors, volunteers, contractors etc) in the work environment which need to be addressed and managed.

N.B. The organisational Safety Statement is a reference framework for developing a Location-specific Safety Statement. This key document identifies the work environment hazards which need to be considered and actively managed in the particular work setting in which you are operating.

2. Risks which are profiled via the specific **Risk Assessment and Management Plans** conducted as part of the implementation of *Guidance on the management of risk and the individual service user.*

N.B. There is a common Risk Assessment and Management Plan process and form relating to Location-specific Safety Statement risks, risks addressed under *Guidance on the management of risk and the individual service user,* and other categories of risk (**see Appendix 1**).

3. Reports and reviews of **Accidents and Incidents**. These reports need to be systematically collated and reviewed to identify deficiencies in the coverage of our risk-management guidance (i.e. failing to provide guidance in respect of particular risks) or in respect of deficiencies in available policy guidance. The matrix of accident and incident reports is a rich source of information about how our risk-detection and risk-management systems need to be strengthened and enhanced. Analysis of this information will highlight the need for further development and action in respect of policy formulation, training, audit, and workforce planning.

Accidents and incidents will need to be collated, reviewed, and mined for learning *at each level* of the organisation – local, regional, and organisational.

4. Reviews of Restrictive Practices. As with accidents and incidents, these need to be reviewed regularly (consult the policy guidance on Restrictive Practices for details on review schedule) to ensure that there is appropriate awareness and recognition of what constitutes restrictive practice and also to ensure that active promotion of less restrictive alternative measures are being vigorously pursued.

As with accidents and incidents, these need to be reviewed at local, regional, and organisational levels;

5. Complaints and concerns raised formally through the Complaints' Policy or raised informally;

6. Concerns and queries reported in respect of child protection under *Children First*, Muiriosa Foundation *Child Protection and Welfare Policy and Procedure*, and Muiriosa Foundation *Policy & Procedure for Adult Protection and Welfare*;

7. The log of HIQA-notifiable events;

8. Guidance from our insurers on risk factors in the healthcare sector in general and in the disability sector in particular;

9. Occasional reports and notifications from HSE on particular risk issues and from bodies such as the Irish Medicines Board;

10. Themes and scenarios arising at local, regional and senior management (Management Executive Team) meetings.

Clear and helpful guidance on a) the risk management cycle b) risk identification c) risk assessment and d) risk management is detailed on pages 4 to 9 (inclusive) is set out in the Health Information and Quality Authority's *Guidance for Designated Centres Risk Management*, November 2013 (available via Muiriosa Foundation intranet).

Management of specified risks

Risks specified under Regulation 26 (1) (c) of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013.

The unexpected absence of any resident;

The Muiriosa Foundation aims to ensure that individuals are supported in ways that do not inappropriately or disproportionately restrict their freedom and human rights. Individuals are supported to exercise the right to enter and exit their homes and service settings with full autonomy, with a view to optimizing quality of life. Some individuals whom we support present a risk to themselves, or occasionally to others, by absenting themselves without staff knowledge. The likelihood of same will be considered as part of that individual's person centred support plan.

In situations where there is a risk of a resident becoming unexpectedly absent from staff supervision, the following *measures and actions* are in place to control this risk:

- There is an organisational 'Protocol on the management of incidents where individuals who use the service are absent without staff knowledge'. This protocol outlines the identification, assessment, management and ongoing review of risks in association with individuals being absent without staff knowledge. The protocol includes an emergency response plan with an identified lead coordinator and specifies liaison with the individual's family and the Gardai, where appropriate.

- Following any incident during which an individual had been absent without staff knowledge, medical and/or psychological support will be provided on the individuals return. Debriefing will be provided as required to the individual, their family and to the staff team.

- Accident /incident forms will be completed following the incident and will be analysed to inform future learning.

- The incident will be reported to the Health Information and Quality Authority.

- When there is an identified risk that an individual will absent themselves without staff support, an individualized risk assessment and management plan will be developed in consultation with the individual, where appropriate, and all relevant stakeholders. The risk management plan will include proactive and responsive strategies and is reviewed at regular intervals.

- The risk management plan will focus on the development of the least restrictive control measures being put in place in order that the control measure can be said to be *proportional* to the identified risk.

- If risk management necessitates the use of rights restrictions, these restrictions will be reviewed and audited in line with the organisational policy 'Reducing the need for restrictive procedures'.

- In some instances the behaviour support team will be involved to develop proactive and reactive positive behaviour support strategies and to reduce or eliminate the need for restrictive procedures.

- Depending on the level of risk identified, this may be logged on the Regional Risk Register.

Accidental injury to residents, visitors or staff;

It is the responsibility of all staff in the Muiriosa Foundation to promote and maintain a safe living and working environment. The following organisational policies have been developed to this end and staff training is provided on a rolling basis in relation to same:

- Accident and incident policy and procedure;
- Safety Statement;
- Epilepsy policy;
- Behaviours of concern policy;
- Child protection and welfare policy;
- Fire safety management policy;
- First aid;
- Head injury assessment protocol;
- Risk of falls policy and procedure;
- Medication management policy and guidelines;
- Chemical agents;

In situations where there is a risk of an accidental injury to residents, visitors or staff, the following *measures and actions* are in place to control this risk:

- Location specific safety statements with risk assessment to identify hazards;
- A proactive approach is taken to the management of risks;
- Specific control measures include frequent servicing of all equipment (hoists, wheelchairs, fire safety equipment, transport vehicles etc.);
- There is a standard operating procedure on the maintenance of all houses, premises and service environments;
- Regular audits of high risk areas;
- Clear lines of responsibility and accountability for managing incidents and accidents;
- Following incidents during which an individual has sustained an injury the first priority is the care and welfare of the individual involved. This may include first aid, medical attention and/or debriefing.
- Management of accidents/incidents is an agenda item for all local team meetings across the organisation;
- Accident/incident reporting that escalates from the local manager to the senior management team;
- Accident/incident forms are processed on the STARSWeb system and resultant reports and any identified trends are discussed at regional health and safety committee meetings. If trends are identified staff re-training may be indicated.
- Reports from the STARSWeb system are elevated to the management executive team.
- Notifications of accidents and incidents are made to the Health and Safety Authority and to the Health Information and Quality Authority.
- Recommendations for the prevention and management of injury risks are developed in consultation with the person in charge and are implemented locally, with analysis and discussion at team meetings to ensure learning.

Aggression and violence

The Muiriosa Foundation promotes a culture of radical acceptance of individual differences. Some individuals communicate their needs or distress through unusual behaviours. Such behaviours can include physical aggression. Within the context of disability services these expressions are known as ‘behaviours of concern’. Behaviours of concern can be defined as ***“behaviours that indicate a risk to the safety or wellbeing of the people who exhibit them or to others” (Chan et al., 2012).***

Within the Muiriosa Foundation the following measures and actions have been developed to control the risk of aggression and violence ('behaviours of concern'):

- As an organisation efforts are focused on preventing physical aggression through a informed understanding of the environmental contexts that set the scene for such behaviours;
- Attention is paid, on an ongoing basis, to the compatibility of individuals who are living together with an emphasis on preventing/responding to interpersonal conflict;
- Staffing ratios and configurations of services are designed with a view to optimizing supports while reducing environmental stressors;
- Staff and service user personality profiles are matched to avoid interpersonal conflicts;
- All service settings have multidisciplinary support from a range of professionals;
- Close attention is paid to the assessment and management of setting events which can present as underlying causes of aggressive behaviours (e.g. physical illness, pain, dental care, constipation, sleep deprivation, medication side effects etc.);
- There is a robust organisational policy in place on 'Listening and responding to individuals who demonstrate behaviours of concern' which espouses the approach of positive behaviour support. Staff are provided with training on same.
- Positive behaviour support strategy meetings re convened on a quarterly basis to identify which individuals present with high risk behaviours of concern. Resources are prioritised to meet the needs of these individuals.
- The behaviour support teams provide training to staff on Crisis Prevention Intervention/ Management of Physical Aggression and work with staff teams to develop effective, individualized reactive strategies;
- Every incident of aggressive behaviour is recorded by staff on ABC incident forms to allow for behavioural analysis and identification of patterns of behaviour over time;
- Staff are supported by the behaviour support team to develop comprehensive positive behaviour support strategies and behaviour support plans;
- For some individuals presenting with high risk behaviours over times and who have complex needs, individualised service designs are developed to provide more supportive living environments;

- Staff teams are supported by the behaviour support teams to develop comprehensive behavioural risk assessments and management plans, with an emphasis on use of the least restrictive interventions proportional to the identified risk;
- Staff teams and lone workers have 24/7 on-call telephone support and 'out of hours' support from the behaviour support teams;
- All high risk behavioural incidents are followed by emergency behaviour support meetings during which incidents are analysed and reviewed to allow for learning;
- Staff who have been the subject of high risk behaviours of concern are provided with debriefing and access to the services of the employment assist programme;
- Staff who work alone with high risk individuals are involved with individualised lone worker risk assessments and safeguards are developed and implemented.

Self-harm

Self-harm (SH) or deliberate self-harm (DSH) includes self-injurious behaviour (SIB) and ingestion of toxic substances, and is defined as 'the intentional, direct injuring of body tissue most often done without suicidal intentions'. The Muiriosa Foundation promotes a culture of radical acceptance of individual differences. Some individuals communicate their needs or distress through unusual behaviours. Such behaviours can include self-harm.

Within the Muiriosa Foundation the following measures and actions have been developed to control the risk of self-harm ('behaviours of concern'):

- Efforts are focused on preventing self-harm through an informed understanding of the environmental contexts that set the scene for such behaviours;
- Particular attention is paid, on an ongoing basis, to the compatibility of individuals who are living together, with an emphasis on preventing/responding to interpersonal conflict which can exacerbate mental health difficulties;
- Staffing ratios and configuration of service supports are managed with a view to optimizing supports while reducing environmental stressors;
- Staff and service user personality profiles are matched to avoid interpersonal conflicts;
- Service settings have multidisciplinary support from a range of professionals;
- Close attention is paid to the assessment and management of setting events that can present as underlying causes of self-harming behaviours (e.g. physical illness, pain, dental care, medication side effects, mental health difficulties etc.);

- The mental health and well-being of individuals who self-harm is closely monitored and reviewed by the consultant psychiatrist and standard assessment tools e.g. PASADD is used where prescribed;
- There is a robust organisational policy in place on 'Listening and responding to individuals who demonstrate behaviours of concern' which espouses the approach of positive behaviour support. Staff are provided with training on same.
- Regional positive behavioural support strategy meetings are convened to identify which individuals present with high risk behaviours of concern. Resources are prioritized to meet the needs of these individuals;
- The behaviour support teams provide training to staff on Crisis Prevention Intervention/ Management of Physical Aggression and work with staff teams to develop effective, individualized reactive strategies;
- Incident of self-harm are recorded by staff on ABC incident forms to allow for behavioural analysis and identification of patterns of behaviour over time;
- Staff are supported by the behaviour support team to develop comprehensive positive behaviour support strategies and behaviour support plans;
- For individuals presenting with high risk behaviours over time, and who present with complex needs, individualized service designs may be developed to provide more supportive living environments;
- Staff teams are supported by the behaviour support teams to develop comprehensive behavioural risk assessments and management plans, with an emphasis on use of the least restrictive interventions proportional to the identified risk;
- Staff teams and lone workers have 24/7 on-call telephone support and 'out of hours' support from the behaviour support teams;
- All high risk behavioural incidents are followed by emergency behaviour support meetings during which incidents are analysed and reviewed to allow for learning;
- Staff who have been the subject of high risk behaviours of concern are provided with debriefing and access to the services of the employment assist programme;
- Staff who work alone with high risk individuals are involved with individualised lone worker risk assessments and safeguards are developed and implemented.

2.0 Core Responsibilities

There are a number of core responsibilities that apply with regard to risk management, notably:

1. Where a risk is assessed, the assessment should involve relevant stakeholders.

2. Where a risk is identified the staff / manager / team that identify the risk must put a plan in place to manage that risk.

3. The PIC / Local Manager must ensure that a proactive approach is taken to the assessment and management of risk, in keeping with best practice and national standards.

4. The service setting (e.g. residential setting, day service setting, out-reach programme) will contain a register of all risk assessments completed for the service setting. The PIC / Local Manager will review this register on a monthly basis, or sooner if required, following which *they must sign and date the review*.

5. The Area Director / Senior Manager must accurately review the risk forms submitted and determine in consultation with the Regional Director which risks are to be included in the regional risk register.

   The Regional Director has oversight responsibility for the quality and adequacy of local risk-management systems and for gatekeeping the regional risk register (i.e. filtering which of the items on the local risk register should be profiled on the regional risk register, maintaining the currency of the regional risk register).

6. The MET will ensure that the Organisation Risk Register is maintained and updated **(including removing risks where they no longer fit the criteria for the register)**.

7. The MET will review the adequacy and effectiveness of the Risk Management Policy: Overarching Framework on an annual basis.

8. The MET will formally review / monitor the Organisation Risk Register on a bi-annual basis to inform the operational governance of the service and decision making. This will include a review of trends in the register (the movement up or down of key risks since the last meeting) and a review of the most significant risks facing the service at this time. The MET will also ensure resources are allocated for training of staff / managers in risk assessment and management.

9. The MET will keep the Audit and Risk Committees of the Board informed with regard to the Organisation Risk Register on a regular basis. This will include providing the Board with an up to date copy of the register prior to Board meetings. It will also include a summary of trends in the register (the movement up or down of key risks since the last meeting) and a view of the most significant risks facing the service at this time.

10. The Board will exercise oversight of the Organisation Risk Register, in accordance with their responsibilities and their terms of reference.

POPULATING LOCAL, REGIONAL AND ORGANISATION RISK REGISTERS

3.0 Background to risk registers

Risk is constant in the delivery of health and social care services. Effective risk management and quality systems significantly reduce the risk of adverse events occurring.

Risk Management is an essential component of organisational and corporate governance. The effective maintenance of a risk register is an integral aspect of effective risk management. It is required as part of Muiriosa Foundation's Service Agreement with the Health Service Executive. It is also an essential requirement of National Standards.

The service is committed to the appropriate management of risks in accordance with best practice and statutory requirements.

This section of policy framework sets out the organisation's approach to establishing, populating, and maintaining various risk registers. Where risks identified raise significant safety issues or have significant potential to impact on the objectives of the service or on the quality of service provision, these will be entered on the risk register.

4.0 The Risk Register

The risk register is a tool that enables us to accurately record and categorise high level risks within the service. In maintaining a risk register, management are able to identify and prioritise the major risks within the service. The information collated through the risk register informs decision making on the management and monitoring of high level risks. It also enables the Board to provide the necessary oversight on risk from a corporate governance perspective. (The Board has a **Risk Committee** which exercises oversight over non-financial risk. Financial risk is monitored by the Board's **Audit Committee**.)

The risk register is a valuable tool in enabling the service to:

- Assess its key risks and determine its priorities;
- Anticipate likely areas of impact and mitigate, where possible, up to and including transferring resources from lesser priorities;
- Track the management and organisational response to managing risk;
- Inform service and strategic planning;
- Implement effective governance in relation to risk management;
- Inform the quality and audit function within the organisation;
- Communicate core risks to the funding body and other relevant stakeholders and identify additional resource requirements where necessary.

Muiriosa Foundation will maintain a risk register indexed to each management level within the organisation – local management level, regional management level, and senior executive / organisation-wide level (Management Executive Team).

5.0 Populating the Risk Registers

Populating the local risk register

The local risk register will be a comprehensive profile of all risks identified at local level.

The main feeders of this register will be:

1. The *Risk Assessment and Management Plan* forms flowing from the Location-specific Safety Statement and the *Policy and Guidance on the management of risk and the individual service user*;
2. The review of Accidents and Incidents conducted by the local manager;

3. Restrictive Practices currently in place;

4. Complaints and concerns raised formally through the Complaints' Policy or raised informally;

5. Concerns and queries reported in respect of child protection under *Children First*, Muiriosa Foundation *Child Protection and Welfare Policy and Procedure*, and Muiriosa Foundation *Policy & Procedure for Adult Protection and Welfare, Trust in Care*;

6. The log of HIQA notifiable events;

7. Themes and scenarios arising at local management team meetings.

The Person-in-Charge (PIC) / Local Manager has immediate responsibility for ensuring that the local risk register is maintained and reviewed on a monthly basis. In consultation with the Area Director, she also has a responsibility for ensuring that there is appropriate escalation of issues from the local risk register to the regional risk register.

Populating the regional risk register

The regional risk register will profile

a) Those risks from the local risk registers which cannot be satisfactorily addressed at local level and which require a managerial input at regional level;

b) Other risks identified by the Regional Senior Management Team (RSMT) in their review of Accidents and Incident Reports, Restrictive Practices Reports, Complaints and Concerns, reports of concerns re child and adult protection, the log of HIQA-notifiable events and other risk-related themes and scenarios identified by the Regional Senior Management Team or by the Regional Director.

Populating the organisation risk register

The organisation risk register will profile

a) Those risks from the regional registers which cannot be satisfactorily addressed at regional level and which require an input from the Management Executive Team (MET);

b) Other risks identified by the MET in their review of Accident and Incident Reports, Restrictive Practices Reports, Complaints and Concerns, reports of concerns re child and adult protection, the log of HIQA-notifiable events and other risk-related themes and scenarios which arise in the course of MET meetings.

The MET will determine which risks are included in the Organisation Risk Register. *The risk register is not a list of all risks*. Neither is it a list of all incidents.

The Organisational Risk Register will be formally reviewed by the Management Executive Team (MET) and by the Board's Risk Committee on at least two occasions in the year – the MET will maintain a watching brief on the Organisational Risk Register, noting shifts in the profile and status of risks and also noting and addressing newly emerging risks.

Other considerations for including a risk on the Organisation Risk Register include:

- The risk represents an organisation-wide risk that threatens the achievement of one or more of the service's objectives;
- The risk has significant potential to impact on the operational or financial ability of the organisation in delivering services or it may adversely affect the service's reputation or public standing;
- The control / mitigation measures require a shared management response;
- The management of the risk is likely to require considerable input of resources (staff, financial, etc.);
- The risk introduces a significant safety issue.

General guidance on escalating risks to regional or organisation level

The core criterion for escalating risk is where the risk cannot be adequately addressed at the local level (in respect of escalating issues to the regional risk register) or at the regional level (in respect of escalating risks to the organisation risk register).

N.B. The escalation of a risk to the next tier of management does not remove the responsibility of those who are escalating the risk to put in place the optimum risk-containment measures at their level.

Withdrawing risks from a risk register

Having considered the unfolding evidence base since the last formal review the relevant team (Management Executive Team, Regional Management Team, Local Management Team) should form a team-based view as to whether the risk level is increasing, stable, or diminishing and should make a team-based judgement as to whether the particular risk should be retained on, or withdrawn from, the relevant register.

N.B.1 The risk register at the various levels should be a dynamically unfolding rather than a static profile of risk. Risk registers become counterproductive when they become so over-inclusive and cluttered as to obscure the most salient and important risks.

N.B.2 In-depth and rigorous conversations about risk can and do arise in contexts other than formal review of Risk Registers.

6.0 Categorisation of Risks

The MET is responsible for maintaining the structure and content of the various risk registers. This responsibility includes the categorisation of risks on the registers.

The Local Risk Register will capture all risks emerging in the local service setting as per the guidance on *Populating the Local Risk Register* in this policy framework.

On the organisation and regional risk registers individual risks will be grouped under the following categories:

6.1.1 Safeguarding and safety of service users;

6.1.2 Health and Safety;

6.1.3 Strategic risks;

6.1.4 Operational risks;

6.1.5 Compliance risks;

6.1.6 Financial risks;

6.1.7 Reputational risks;

6.1.8 Service user risks;

6.1.9 Governance and management risks;

6.1.10 Legal;

6.1.11 HR risks.

While the Local Risk Register does not need to be organised on the basis of the above categories, the Local Manager / PIC may have regard to these categories in confirming that the full spectrum of risk has been surveyed and considered when populating the local risk register.

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APPENDIX 1

Risk Assessment & Management Plan

Service User: ☐ _____

Environmental Hazard: ☐ _____

Staff: ☐ _____

Date of Risk Management Meeting: _____

Present at Risk Management Meeting: _____

Category of Risk (tick those relevant): Injury to Service Users/Staff/Visitors ☐ **Self-Harm** ☐
Unexpected Absence of Service User ☐ **Behaviours of Concern** ☐ **Falls** ☐
Epilepsy ☐ **Lifting and Manual Handling** ☐ **Pregnancy** ☐ **Infection Control** ☐

Other ☐ **(please state)** _____

Description of Hazard / Risk:

Existing Control Measures:

Limitations to Existing Control Measures:

Risk Rating (Refer to Risk Matrix)	Overall risk rating (a) x (b):
Likelihood of harm occurring due to this risk:_____(a) Impact or consequence of harm: _____(b)	

* Risk rating based on the product of *likelihood* X i*mpact* work well where there is an existing evidence base to inform a "likelihood" estimate. In the absence of such evidence base, there is little value in attaching what are essentially speculative guesstimates as to "likelihood" of a risk crystalising. Risks which are considered significant and noteworthy by the relevant team (even though it is not meaningful to make a valid, i.e. evidence-informed, risk rating) should be profiled on the appropriate Risk Register if *in the judgement of the team* they constitute risks which require significant and explicit attention (i.e. team-based consideration of control measures, formal review by the team).

Options Considered		
New Control Measures	**Who will action this**	**Deadline Date**
Limitations to New Control Measures:		

Where the risk being assessed relates to a Service User please complete
Benefits to the individual of accessing the risk-introducing activity / opportunity.
Costs to the individual in not accessing the risk-introducing activity / opportunity.

Revised Risk Rating (<u>Refer to Risk Matrix</u>) Likelihood of harm occurring due to this risk:__________________(a) Impact or consequence of harm: __________________________(b)	Overall risk rating (a) x (b):

Next review date: _______________________

Signed by Person in Change/ Local Manager:____

Signed by those present at Risk Management Meeting: ______________________ ______________

_____________________________________ ________________________________

_____________________________________ ________________________________

Date: _________________________

Reviewed by Area Director / Senior Manager: _______________________ Date: ________________________

Comment:

____

____

APPENDIX 2

Risk Matrix

To assist in identifying the level of risk (low, medium, high), use the Likelihood Table, the Consequence Table and the Risk Matrix below.

Likelihood Table (Reference AS/NZS 4360:2004)				**Consequence Table** (Reference AS/NZS 4360:2004)		
Give a numerical score for the likelihood / chance of the harm occurring.				*Give a numerical score for the consequence/s*		
Likelihood	**Score**	**Description**		**Consequence**	**Score**	**Description**
Almost certain	5	Occurs at least monthly		Severe	5	Death, permanent incapacity, impact on a large number of service users, staff, public, emotional/physical trauma
Likely	4	Occurs bimonthly		Major	4	Major injuries, long term incapacity or disability requiring medical treatment and/or counselling
Possible	3	Occurs every 1-2 years		Moderate	3	Significant injury requiring medical treatment Reportable to H. S. A. Emotional trauma
Unlikely	2	Occurs every 2-5 years		Minor	2	First aid treatment required. Emotional distress
Rare/Remote	1	Occurs every 5 years or more		Negligible	1	No medical/first aid treatment required

Multiply numerical score for likelihood/chance and numerical score for consequence.

Risk Matrix.

		CONSEQUENCE				
LIKELIHOOD		Negligible **(1)**	Minor **(2)**	Moderate **(3)**	Major **(4)**	Severe **(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

Adopted/reference to AS/NZS 4360:2004

Example: Likelihood is Possible (could occur every 1-2 years) = 3 (a)
Consequence is Minor (Could require first aid treatment / some distress) = 2 (b)
Risk = (a) x (b) = 3 x 2 = 6. This is a Medium Risk – See guide below and table above.

Guide:

‘High Risk’ …… 15+
‘Medium Risk’ …… 6 to 14
‘Low Risk’ …… Less than 6

APPEND

Local Risk Register

Location: Person-In Charge / Local Manager:

Number	Date initially added	Date reviewed	Name of Service User (if relevant)	Hazard	Current Risk Rating (Consequence x Likelihood)	Next Review Date
1						
2						
3						
4						
5						
6						
7						

Local Risk Register (Continuation

Location: Person-In Charge / Local Manager:

Number	Date initially added	Date reviewed	Name of Service User (if relevant)	Hazard	Current Risk Rating (Consequence x Likelihood)	Next Review Date

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Regional Risk Register

Region: _____ Completed By: _____ Date: _____

No	Risk Category	Date Added	Risk Description	Risk Rating Consequence x Likelihood)	Existing Control measures	New control measures	Due date to Implement	Person responsible	Limitation to control measures	Revised Risk Rating	Progress Update
1	Safeguarding and Safety of Service Users										
2	Health and Safety										
3	Operational Risk										
4	Compliance Risk										
5	Financial Risk										
6	Reputational Risk										
7	Service User Risks										

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Regional Risk Register

Region: _____ Completed By: _____ Date: _____

No	Risk Category	Date Added	Risk Description	Risk Rating Consequence x Likelihood)	Existing Control measures	New control measures	Due date to Implement	Person responsible	Limitation to control measures	Revised Risk Rating	Progress Update
8	Strategic Risk										
9	Governance and Management Risk										
10	Legal Risk										
11	Human Resources Risk										
12											
14											
15											

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Regional Risk Register (Continuation

Region: _____ Completed By: _____ Date: _____

No	Risk Category	Date Added	Risk Description	Risk Rating Consequence x Likelihood)	Existing Control measures	New control measures	Due date to Implement	Person responsible	Limitation to control measures	Revised Risk Rating	Progress Update

Organisation Risk Register

Completed By: _____ Date: _____

No	Risk Category	Date Added	Risk Description	Risk Rating Consequence x Likelihood)	Existing Control measures	New control measures	Due date to Implement	Person responsible	Limitation to control measures	Revised Risk Rating	Progress Update
1	Safeguarding and Safety of Service Users										
2	Health and Safety										
3	Operational Risk										
4	Compliance Risk										
5	Financial Risk										
6	Reputational Risk										
7	Service User Risks										

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Organisation Risk Register

Completed By: _____ Date: _____

No	Risk Category	Date Added	Risk Description	Risk Rating Consequence x Likelihood)	Existing Control measures	New control measures	Due date to Implement	Person responsible	Limitation to control measures	Revised Risk Rating	Progress Update
8	Strategic Risk										
9	Governance and Management Risk										
10	Legal Risk										
11	Human Resources Risk										
12											
14											
15											

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Organisation Risk Register (Continuation)

Completed By: _____ Date: _____

No	Risk Category	Date Added	Risk Description	Risk Rating Consequence x Likelihood)	Existing Control measures	New control measures	Due date to Implement	Person responsible	Limitation to control measures	Revised Risk Rating	Progress Update