Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

HSE Integrated Risk Management Policy

Part 2

Risk Assessment and Treatment

Guidance for Managers

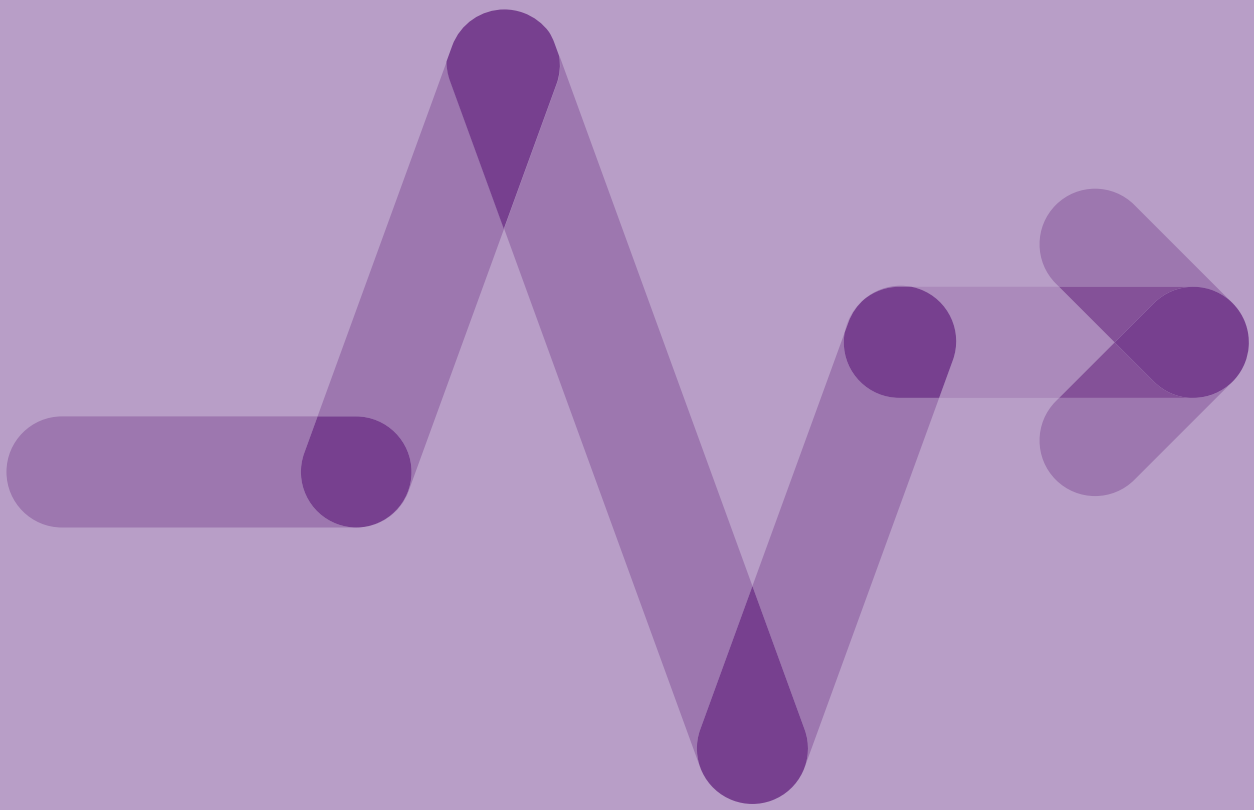

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TABLE OF CONTENTS

1.	Introduction	4
2.	Overview of the Risk Management Process	4
3.	Purpose	5
4.	Scope	5
5.	Definitions	6
6.	Roles and Responsibilities	6
7.	What is meant by risk context?	6
8.	How to establish your context for managing risk	6
9.	Risk Identification	7
10.	Sources of information from which risk can be identified	8
11.	Describing the risk	9
12.	How do I conduct a risk analysis?	10
13.	How do I identify the controls that should be in place?	10
14.	How do I decide which controls are existing controls?	11
15.	How do I rate the risk?	11
16.	How do I evaluate the risk?	15
17.	How do I treat the risk?	16
18.	How do I describe the additional controls required?	17
19.	Immediate actions required to mitigate a risk	17
20.	What are the rules for assigning Action Owners?	18
21.	How should I agree due dates with Action Owners?	18
22.	What is residual risk rating and why do I do this?	18
23.	Documenting your risk assessment	19
24.	Reviewing risk assessments	19
25.	What is the process for entering the risk assessment onto the risk register?	19
26.	Related Policies and Guidance	19

Appendix 1:	Definitions	20
Appendix 2:	How do I identify the controls that should be in place?	23
Appendix 3:	HSE Risk Assessment Tool	24
Appendix 4:	Risk Assessment Form	26

1. Introduction

According to ISO 31000, risk is the "effect of uncertainty on objectives" and an effect is a positive or negative deviation from what is expected.

This definition recognises that all of us operate in an uncertain world. Whenever we try to achieve an objective, there is always the chance that things will not go according to plan. Every step has an element of risk that needs to be managed and every outcome is uncertain.

Whenever we try to achieve an objective, we do not always get the results we expect. Sometimes we get positive results and sometimes we get negative results and occasionally we get both. Because of this, we need to reduce uncertainty as much as possible. Risk management is therefore about putting in place the actions required to assist us in achieving our objectives or put more simply its Murphy's Law with a preventative action plan!

2. Overview of the Risk Management Process

The HSE's approach to risk management is aligned to the ISO 31000, an overview of which is provided at Figure 1 below.

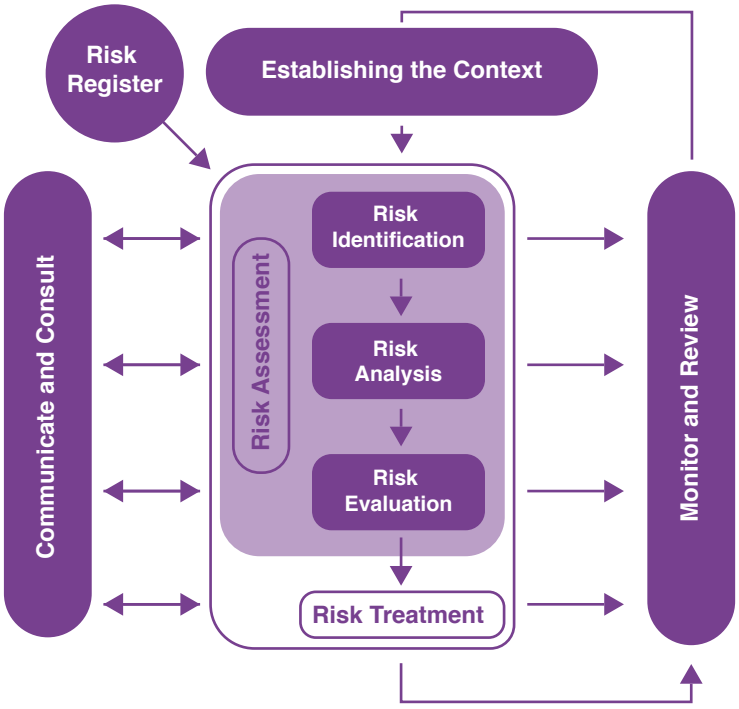

Figure 1. Risk Management Process

The process adopted requires managers, within the **context** of their area of responsibility and in **consultation** with their staff, to **identify analyse and evaluate** risks and to put in place any **treatment** (actions) required to reduce those risks.

Where a formal management plan is required the outcome of this process is documented in the relevant risk register and **monitored and reviewed** by the relevant management team.

3. Purpose

The HSE has developed a number of pieces of guidance to support staff in complying with the HSE's Integrated Risk Management Policy. These are:

Part 1. Managing Risk in Everyday Practice

Part 2. Risk Assessment and Treatment

Part 3. Managing and Monitoring Risk Registers

This is **Part 2** of the guidance suite. The purpose of this guidance is to assist you in defining your objectives, establishing your risk management context and identifying risk, it is also intended to provide staff with knowledge in relation to the stages in the process which relate to the assessment of identified risk and will also assist you and your Management Team with the process of developing your risk register.

4. Scope

This guidance is for use in the management of service and organisational related risk and applies to all staff that hold a management role at any level of the organisation. It applies to both HSE and HSE funded services.

This guidance is not intended for use in the assessment of risk involving care and treatment relating to individual service users, where other clinical risk assessment methods are available. The risk posed by or inherent to a service user for example falls, challenging behaviour, tissue viability, clinical deterioration, should be assessed using the relevant risk assessment. The purpose of such assessments is to inform the clinical care of the service user and the outcome of these assessments and the actions required to minimise any such risk should be managed as part of the care plan of the service user. It is also important that such risk assessments are intended to support and not replace clinical judgment.

There may be circumstances, in all areas, when the risk assessment process outlined in this document may be applied to supplement other primary methods of risk assessment.

For example, a service user may wish to travel to work independently. His/her key worker may use this approach, in consultation with the service user/family, to determine the risks to which the service user may be exposed, for example their awareness and response to danger may be limited and they may need additional support in this regard. The risks associated with the route itself and from members of the public should also be considered.

The controls implemented initially may include service user being accompanied by the key worker, until the key worker is satisfied that training/education has mitigated the risk of poor danger awareness and experience has shown that the service user is capable of undertaking this task on their own. There may still be control measures such as checks to ensure the service user has reached their destination and a contingency plan should they not. The risk assessment provides a process to facilitate discussion between relevant stakeholders with the service user at the centre.

The process is known to be subjective and the outcome of the risk assessment must be viewed in this light, with new information being considered as part of a continual review of the risk assessment.

5. Definitions

A full list of definitions relating to risk management terms used in this and supporting documents is contained in **Appendix 1**.

6. Roles and Responsibilities

Whereas every staff member is responsible for identifying risk within the context of their work, risk management is a line management responsibility and is a core management process. The role of the risk management professionals for example Risk/Quality Patient Safety Advisors is to support, facilitate and advise Line Managers on the technical aspects of the risk management process.

7. What is meant by risk context?

In order to understand and manage risk, you need to be clear about the context in which your service operates.

Establishing the context means to define the external and internal factors that the HSE and its services must consider when they manage risk.

For example, as an organisation, the HSE's external context includes its external stakeholders, for example, the Department of Health and other government departments, the legal and regulatory framework that applies to healthcare delivery, political, economic, technical and demographic influences. Its internal context relates to its governance arrangements, contractual arrangements for example with S38/39 agencies, its capacity and capability, its internal policies and procedures, etc. Within its internal context the HSE has articulated its approach to risk management through its Integrated Risk Management Policy and related guidance.

8. How to establish your context for managing risk

So that's the big picture context within which the HSE manages risk. In developing your service's approach to risk management you need to start by establishing the risk context of your service within the risk context of the overall organisation. For example, the risk context for Finance will be different to Mental Health and Human Resources as they operate within different legal frameworks.

Establishing the context will assist you at the next stage in the risk management process, i.e. the identification and assessment of risks requiring management.

Risks identified relating to your service that require management are managed in the context of the HSE's Integrated Risk Management Policy and its related systems and processes.

Questions you need to ask as part of the process of establishing the context for managing risk in your service can be broken down into two areas: the context external to your service (strategic context) and the internal (service context).

Your service's external context:

The external context involves looking at the environment in which your service operates, including the legal and regulatory context and the expectations of stakeholders (individuals, groups and organisations) with a significant interest in your service.

Your service's internal context:

The internal context of a local service will operate within the larger context of a Hospital/Hospital Group or Community Health Organisation. The internal context involves looking at your service's objectives, structure, key processes and operations, physical infrastructure and resources.

The importance of defining your context is critical as the process of risk identification for you will be bounded by that context.

9. Risk Identification

If risk management is about taking the appropriate actions to ensure that a service achieves its objectives then the process must start with the service clearly articulating what the objectives of their service are. This will help to focus on the key risks and prevent the impractical indexing of all risks within the service.

In some services, objectives may not be explicitly stated and it may be good to refer to the objectives set out in the Corporate Plan (strategic objectives) or your operational plan (operational objectives).

Whether they are explicitly or implicitly stated, in all healthcare services there are a core set of objectives related to care, human resources, finance, leadership and governance, community engagement, community health, information systems and technology, facilities, regulatory compliance, and teaching and research (as appropriate). This may be a good place to start.

If your service relates to the delivery of care to service users it may be helpful to, at a minimum, focus on the objective of the provision of high quality care and to ensure there are adequate resources, systems, and facilities to make this possible.

Top Tip: Remember a risk is 'the effect of uncertainty on objective' so the process starts with articulating the objectives. The next step is to identify risks which are linked to the objectives of the service for example if your objective is to provide high quality safe care to service users what might prevent you from achieving that i.e. what's the risk?

Strategic risks are those that represent major threats to achieving the services strategic objectives or to its continued existence. Strategic risks will include key operational service failures.

It is important to remember, however, that in healthcare the biggest risks relate to core operations, that is, risks that could result in service user harm, staff harm, and loss of resources or services. It is operational events, such as a high profile death of a service user due to an adverse event or a fraud by a staff member, which can quickly escalate into strategic crises.

The establishment of your services risk context and clarifying your objectives sets the scene for identifying key risks to be managed. Keeping these in mind consider what you know about where your key areas of risk may be.

Risks identified which do not require a formal management plan, for example where the management of a risk requires the supervision of staff, or assurance in relation to the systems already in place, do not need to be included on the relevant risk register. Risks included in the risk register should be at a relatively high level and aggregated where possible (for example, hospital acquired infections" versus separate risks for different types of infections). This means that the focus is on a limited number of key risks which if managed appropriately would have the most benefit.

Top Tip: Focus initially on identifying and assessing key risks for your service. Whilst on the one hand comprehensive risk identification is critical, because a risk that is not identified will not be included in further analysis however on the other hand it will be difficult to manage and monitor a register with a significant number of risks.

10. Sources of information from which risk can be identified

In health and social care, most organisational risks are already well known. Management teams do not need to start from scratch; rather they can build their list of key risks starting with the wealth of information that is available from internal and external sources such as incident reports, published literature, claims and regulatory inspections/reviews. Common sources of internal and external risk information are included in Figure 2 below.

Figure 2. Sources for Risk Identification

11. Describing the risk

In preparing to carry out a risk assessment, the starting point is making sure that you have accurately described the risk.

Failure to accurately describe the risk is often a key reason why people have difficulty in conducting the rest of the assessment process. An accurate and specific description will assist you in identifying what needs to be in place to manage the risk whereas a vague or poorly defined risk will leave you grappling at the next step in the process. Take your time and ask yourself 'What's the risk?".

For example, some people might say healthcare acquired infection is the risk. Whereas that goes part of the way to describing the risk, it is somewhat vague and does not target the core of exactly what the risk is.

If however the risk is described as 'Risk of service user harm due to poor infection prevention and control practices in XX Hospital or Department' then we can start to see what needs to be targeted (i.e. poor infection prevention and control practices). The question then becomes what should be in place to prevent and control healthcare acquired infection and what is in place?

In coming up with a good specific risk description the key questions are:

- What is the **impact** of the risk? For example, risk to service user safety, of fraud, to failure to comply with regulatory requirements
- What is the **cause** of the risk? For example, a 'due to' statement such as due to the inconsistent implementation of falls prevention practices, due to poor financial control systems, due to infrastructural deficits
- What is the **context** of the risk? For example, within XX Hospital, within the accounts payable department, within XX CNU

This is called the '**ICC approach'** to risk description (**Impact, Cause, Context**)

Taking the above examples the following are the risk descriptions:

- Risk to service user safety due to the inconsistent implementation of falls prevention practices in XX Hospital.
- Risk of fraud due to poor financial control systems in the accounts payable department.
- Risk of failing to comply with regulatory requirements due to infrastructural deficits within XX CNU.

Top Tip: Take time at this stage and if possible discuss the risk description with a group of staff as it is the conversation involving multiple perspectives that helps clarification of the risk. Such conversations also assist in gaining commitment to the management of the risk as it results in gaining a shared understanding of issues relating to it.

12. How do I conduct a risk analysis?

In many instances a staff member or Manager will be able to assess and action a risk without the need to conduct a formal risk assessment. We do this every day, for example, when we drive to work we are constantly assessing and reassessing the risks ahead of us; are the roads wet/icy, is there a car coming out from a side road, is it safe to overtake, etc.

The workplace is no different, we often manage risk implicitly by putting up wet floor signs to reduce falls, conduct handovers to staff coming on duty, restrict access to medications, document service user care etc. Your management of such risks may be to ensure staff are trained and supervised to work in line with procedures and protocols. Audit is generally the key monitoring mechanism to ensure compliance with these procedures and protocols.

In deciding on what areas to conduct a risk assessment on and in the context of your workplace think about those things that are most likely to happen and which will cause the most harm.

A risk assessment is not about creating huge amounts of paperwork, but rather about identifying what should be in place to control the risk versus what is in place and the gap between the two. The outcome of this should be a sensible set of actions to reduce or control the risks in your workplace.

For management to ensure that the time spent on managing risks is proportionate to the risk itself, services should have in place efficient assessment processes covering all areas of risk.

To simplify the process this guidance has broken down the process into two phases.

Top Tip: The best risk assessments involve collaboration between a person who has experience and subject matter knowledge relating to the risk and a person who has experience and knowledge of risk management.

13. How do I identify the controls that should be in place?

Now you have described the risk the next question is:

> If we were to prevent this risk from occurring what would we need to have in place to reduce its likelihood of occurring or minimising its impact if it was to occur?

Such things may include:

1. Things that govern the risk, for example, legislation, standards, Policy Procedure Protocol Guidelines, committee oversight, etc.
2. Education and training relating to the skills and knowledge required by staff to manage the risk
3. Equipment and resources
4. Physical environment
5. Processes and systems such as tools and checklists, communication (for example formal handovers, use of ISBAR (Identify, Situation, Background, Assessment and Recommendation), documentation, etc.
6. Performance monitoring for example audit

Appendix 2 of this guidance contains a template that you may find useful for completing this list. When you have completed your list go through it and opposite each item tick one of the three columns as follows:

YES – the item is in place

NO – the item is not in place

YES but… – the item is partly but not fully in place

Top Tip: Make a list of everything that should be in place. If it is an area governed by policy/ procedure this may outline some of the requirements so refer to it. It is also often helpful to speak with someone who has specific expertise in the area to which the risk relates.

14. How do I decide which controls are existing controls?

Things ticked YES are in place and are referred to as 'existing controls'.

Next take a look at those things that you have listed in the 'YES but …' column. The fact that you have ticked 'YES but…' means that elements of the control are incomplete and require action.

For example, many risk assessments identify staff training as being **in place,** for example, hand washing but the adequacy check question is 'Are all staff who require this training, trained?' If the answer is no, then what you have is a partial existing control. The deficit remaining needs to be addressed as additional controls required (the action plan).

The 'YES but…' actions along with the items that you ticked 'NO' to on the list make up the 'additional controls required' to manage the risk i.e. the actions and will be discussed in **Section 18** of this guidance so park them for now and focus on the existing controls when rating the risk.

15. How do I rate the risk?

Risk is measured in terms of two dimensions**, impact** and **likelihood** i.e. the impact (consequence) of the risk should it occur and the likelihood (probability) of the risk occurring.

The process for rating a risk starts by ascribing a single score to each of these dimensions. The product of these two scores provides the risk rating.

Likelihood x Impact = Risk Rating

Save in exceptional cases, for example, where statistical data are available, the process for assignment of scores for likelihood and impact uses informed but subjective judgment.

As the risk management process applies to a range of different risks across the HSE, it is necessary to minimise the variation in the judgment applied in scoring the likelihood and impact assigned to a risk.

To assist with this the HSE has adopted a standardised approach to the assignment of likelihood and impact scores and the rating of risk, i.e. the HSE Risk Assessment Tool. (See **Appendix 3**). This tool should be applied uniformly to all processes where risk assessment is required, for example, health and safety risk assessment, risk assessment for the purpose of developing and populating risk registers, project management etc.

As previously stated it is **not intended** that this tool replace the risk assessment process used in specific service user clinical or care risk assessments, for example, falls, tissue viability etc. The process of risk assessment is an integral part of the content of such tools and a separate risk assessment is not required. The outcome of the application of these tools supports clinical decision making by providing an assessment of level of risk attending to the individual Service User and consequently should inform the care planning process. At this stage you are ready to rate the risk for the first time.

Top Tip: Many people when rating a risk for the first time find the process daunting. The purpose of rating is to allow you to assign priorities to risks, it is not a science and more a process of triage. Do not make a science out of it! Rating is simply a decision about the likelihood a risk will occur in the context of your service and the impact of it if it does occur. The Risk Assessment Tool is there to guide your decision making so use it. Don't forget if you need assistance; consult your local Risk Advisor.

In rating the risk you must consider the controls that are in place, i.e. the existing controls. Though the risk description may outline a substantial risk the controls in place may serve to significantly reduce the impact or likelihood of the risk recurring.

For example, in terms of road safety the risk of harm to both drivers and pedestrians is technically substantial but this has been significantly reduced by the following controls; development and maintenance of the road network, installation of safety signage, introduction of the NCT for older cars, legislating for and enforcement of controls such as the wearing of seat belts, speed limits, alcohol limits etc. The degree to which any risk is 'managed' will depend on the robustness of controls that you have in place and you will be rating the risk based on those controls.

The key questions are therefore:

1. Based on the controls that **are in place** what is the level of **impact** of the risk if it occurs?
2. Based on the controls that **are in place** what is the **likelihood** that this risk will occur?

Scoring the Impact of the Risk

The HSE in its Integrated Risk Management Policy identified the following risk impact areas to be managed.

Risk Category	Descriptor
Harm to a Person	Physical or psychological injury related to a person i.e. service user, staff member or member of the public.
Service User Experience	Negative service user experience that may have a negative impact on outcome, limit their engagement with a service or lead to a complaint.
Compliance (Statutory, Clinical, Professional and Management)	Failure to comply with HIQA/MHC standards, Codes of Practice or Conduct set by professional regulators, relevant legislation e.g. Safety, Health and Welfare at Work Act, Financial Regulations etc.
Objectives and Projects	Project slippage and failure to meet objectives of projects.
Business Continuity	Issues that would affect an organisations ability to provide service e.g. deregistration, fire, flood, ICT or electric outage, industrial strikes.
Adverse Publicity/ Reputation	Adverse publicity in the media, loss of public confidence in a service or the organisation e.g. poor service performance.
Financial Loss	Fraud, claims, budgetary overruns.
Environment	Releases of substances that would have a detrimental environmental impact e.g. chemical spills, poor waste management practices, radiological leaks.

In scoring the impact of a risk there are two steps:

Step 1: Decide on the primary area of impact. (Appendix 3 HSE Risk Assessment Tool)

For example, if the risk was described as one relating to failing to comply with the National Standards for Prevention and Control of Healthcare Acquired Infection then the primary impact area would be Compliance with Standards.

Secondary impact areas might relate to injury to service users/staff/public if they acquired an infection; adverse publicity if the hospital got a poor inspection report or financial loss if there was a claim. The secondary impacts however would not occur if the primary impact area was well managed in the first instance.

Though you may record the secondary impacts as part of your assessment process you will rate the impact on the primary area of impact.

Step 2: Now that you have identified the primary area of impact, refer to that area of impact on the impact table of the HSE's risk assessment tool. **(See Appendix 3)**

You will note that each risk impact area has been assigned descriptors over 5 levels ranging from negligible to extreme harm. For the primary impact area, consider the controls that **are in place** that is the existing controls and pick the descriptor which best describes the impact of the risk if it occurred.

Make a note of the score attaching to that descriptor as set out on the Impact Scoring Table 1 below.

Table 1. IMPACT SCORING TABLE:

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

Scoring the Likelihood of the Risk

The likelihood of a particular risk materialising depends upon the effectiveness of the existing controls. The better the controls the lower the likelihood of the risk occurring. In assessing the likelihood, consideration should be given to the range and adequacy of controls that are in place.

Scoring the likelihood of the risk should be done by reference to the likelihood table of the HSE's risk assessment tool **(see Appendix 3 and the likelihood table below).**

Table 2. LIKELIHOOD TABLE:

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

Likelihood scoring is based on the expertise, knowledge and actual experience of the person/group scoring the likelihood. Ask yourself how likely is the risk to occur? How frequently has this occurred previously in our service?

Similar to the impact scoring, assessment of likelihood involves the assignment of a number from 1-5, with 1 indicating that there is a remote possibility of it occurring and 5 indicating that it is almost certain to occur (see table above).

Initial Risk Rating

Having established the likelihood and impact scores, the scores should be plotted on the HSE's Risk Matrix (see table 3 below). For example, if a risk has been assigned likelihood score of 3 (Possible) and an impact score of 5 (extreme) the risk rating will be a **Red 15.**

- High risks are scored between 15 and 25 and are coloured **Red.**
- Medium risk are scored between 6 and 12 and are coloured **Amber.**
- Low risks are scored between 1 and 5 and are coloured **Green.**

Table 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

Top Tip: The numeric value attached to the rating is important when ranking your assessed risks in terms of which risk is most risky to that which is least risky. This can assist in making decisions in relation to which risk should attract primary management focus.

16. How do I evaluate the risk?

The purpose of risk evaluation is to make decisions based on the outcome of the risk rating whether the risk requires further management action that is the treatment of the risk.

For example, if you have assessed a risk as being high it is likely that you as a manager will need to ensure that actions required to reduce the risk are identified and implemented.

Risk evaluation also allows you to look at the totality of risks assessed and prioritising of these, i.e. which risks require the most urgent action or treatment.

For example, you may decide to place greater management focus on risks rated as high and less focus on risks which have a lower rating.

Such decision making should not be guided solely on the rating of the risk but rather the rating of a risk should inform decision making.

As a rule of thumb the following applies;

- Risks rating **red** (high risk) are intolerable that is they cannot be accepted and require significant management focus to mitigate them. Risk action (treatment) plans should be developed; the actions required assigned to action owners and their completion should be monitored by the relevant Management Team.
- Risks rating **amber** (medium risk) are trickier, in that on the one hand they are not intolerable (high risk) or acceptable (low risk). Whilst all reasonable efforts should be taken to reduce the risk to a low rating this may not be possible given constraints within the overall system or indeed by applying the additional effort required to mitigate it further other opportunities will be lost. Such risks require consideration by the Management Team and it may be that a decision is taken to accept the risk but keep it under review (monitor) with an option to open it for further management in the future.
- Risks rating as **green** (low risk) are acceptable in that the additional effort required to reduce the risk further may be disproportional to the level of inherent risk and management efforts and resources may be better placed elsewhere. Alternatively the Management Team may consider not to accept it but rather that some additional action is indicated and justified.

17. How do I treat the risk?

If a decision is taken that further control (treatment) is required this may take the form of;

i. **Avoiding the risk** for example, stopping the activity associated with the risk. This is not often an option for public services.

ii. **Transferring the risk** for example, outsourcing the activity to another agency that will be responsible for the activity and the attending risks. Managers, however, retain governance responsibility for the monitoring of such contracting or outsourcing arrangements to include the arrangements for risk management.

iii. **Controlling the risk** for example, putting in place actions to mitigate or minimise the risk. When considering additional controls the following hierarchy should apply:

    - If practicable, eliminate the risks altogether, or combat the risks at the source, (for example, use a safe substance instead of a dangerous one).
    - If elimination of the risk is not practicable, try to reduce the risk at source by substituting the material or process with a less hazardous one or installing or using additional equipment, (for example, by use of a low voltage electrical appliance, changing the drug packaging).
    - Finally reduce the risk via administrative controls and safe systems of work. For example, 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.

      This is the approach most commonly taken and is the focus of **section 18**. 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.

18. How do I describe the additional controls required?

In **Section 13** of this guidance you made a list of the totality of controls that should be in place to manage the risk. You then sorted this list into three as follows.

Yes – the item is in place

NO – the item is not in place

YES but… – the item is partly but not fully in place

The 'YES but…' actions along with the items that you ticked 'NO' to on the list make up the 'additional controls required' to manage the risk i.e. the actions.

As you will be required to monitor your register it is essential that any additional controls required are described as actions that can:

a. have a deliverable attached to it

b. can be assigned to a named person

c. can be assigned a due date

For example, if you described an action such as 'develop a culture of safety' and assigned it to a Manager it would be very difficult to measure the outcome and assign it a due date. Whereas, if you described the action as 'to develop a procedure for x activity', you could assign a person as responsible for this and agree a 'due date' for delivery. Once a person is assigned as responsible and a due date is agreed you can monitor the action and close it when complete. Completed actions may then become 'existing controls' in that they exist or are in place and serve to increase the control or management of the risk.

In Section 14 we looked at the example of hand hygiene training as a 'YES but…' control in that whilst training was in place, not all staff were trained. In considering this and bearing in mind the three points made above (see a. b. & c.) it would be sensible in this instance to consider three separate actions, for example,

Action 1 Identify all staff that have not been trained,

Action 2 Provide training to staff identified as requiring training and

Action 3 Put in place a system to identify new staffs requiring training and staff that require refresher training.

Describing actions in this way allows a Manager to assign the actions to different members of the team and sequence the completion of the actions across reasonable timeframe.

19. Immediate actions required to mitigate a risk

In some instances where a risk has been identified there are immediate actions that are required to mitigate the risk. It is a line management responsibility to address any such actions that require immediate attention. This type of action does not need to be assigned as an additional control measure, e.g. where there is a spill of water on a floor in a ward then there is an immediate action required to clean up the spill.

20. What are the rules for assigning Action Owners?

As Risk Management is a Line Management responsibility the Manager responsible for the risk has three options for assigning owners to actions relating to risks on their register. These options are as follows:

a. To themselves as the Line Manager

b. To someone who reports to them (i.e. a member of their team)

c. To the person the manager reports to (i.e. their Line Manager)

In order to complete the action the Action Owner may need to involve or consult with others but in order to monitor the action it is critical that one person has lead responsibility.

21. How should I agree due dates with Action Owners?

Assignment of due dates for actions should be in discussion and agreement with the Action Owner. This allows for consideration of what is a reasonable timeframe given that the Manager and Action Owner need to consider the totality of work assigned to the Action Owner and depending on the criticality of the completion of the action that workload prioritisation may be required.

Top Tip: If the completion of an action is dependent on the completion of a previous action you will need to sequence due dates in a manner that allows for this. Actions that do not have dependencies on others can be given concurrent due dates.

22. What is a residual risk rating and why do I do this?

Residual risk is the level of risk left over **after** you have implemented the additional controls or other risk treatment option. At this stage in the assessment and **before** you implement the actions you should re-rate the risk using the same process as used in **Section 15** of this guidance.

This rating should take account of the effect of the totality of all controls **if** these were in place and provides you with an indicator of the **likely outcome** of your actions when implemented.

The assurance to be taken from this score relates **only** to the appropriateness of the choice of actions in the pursuit of managing the risk and **should not** been seen as an end point in itself as it is only when the actions **are completed** that this score can be validated. You are not required to record this score on your risk register.

23. Documenting your risk assessment

Risk assessments may be documented on the risk assessment form contained in **Appendix 4**. At this point you will have completed the risk assessment and have all the information required to enter it onto the risk register. A question that is often asked is 'Is it necessary to enter all assessed risks onto the register?' Risks assessed at an individual ward/unit or single residential unit should be maintained in a folder for reference by staff using that place of work. The Manager, in consultation with the staff, should agree which; if any, of these assessed risks need to be on the risk register at Service or Directorate level.

24. Reviewing risk assessments

Risk assessments should be reviewed if there is a change in the service/organisation, for example, when new equipment or procedures that would impact on the risk (as part of the process for monitoring and maintaining the risk register) (refer to Part 3 Guidance for Managing and Monitoring Risk Registers). Changes made to the risk assessment should be brought to the attention of relevant staff and other persons.

25. What is the process for entering the risk assessment onto the risk register?

As the risk register is primarily a log of risk management activity then it is good practice to enter assessed risks onto the register in agreement with the staff and responsible manager.

A better question is 'what risks should be managed through the register'. When you enter an assessment onto the register you will be required to allocate a status to it that is open or monitor. An open risk is one where you have identified a number of additional controls which require implementation whilst a monitored risk is one where you acknowledge it as a risk but have decided that further action is not indicated at that time. Therefore those risks assigned a status of open will be the ones that will be actively managed at your Management Team meetings. Risks with a status of 'monitor' will be reviewed on a minimum of annually or in the event that circumstances would indicate that the controls in place are not working as intended, for example, if it is identified that incidents relating to the risk category were occurring.

26. Related Policies and Guidance

HSE Integrated Risk Management Policy, 2017

Managing Risk in Everyday Practice Guidance for Managers – (Risk Management Guidance Part 1, 2017)

Managing and Monitoring Risk Registers Guidance for Managers – (Risk Management Guidance Part 3, 2017)

Policies and guidance are available at http://hse.ie/eng/about/QAVD/

Appendix 1: Definitions

These definitions are predominantly based on the terms and definitions from the International Risk Management Standard ISO 31000:2009.

Controls	A mechanism, process, procedure or action which can be verified, which seeks to reduce the likelihood and/or consequence of a risk. Controls include any process, policy, device, practice, or other actions which modify risk. They can exist or be required as additional in order to further mitigate the risk.
Establishing the Context	Defining the external and internal parameters to be taken into account when managing risk, and setting the scope and risk criteria for the risk management policy.
Hazard	A potential source of harm or adverse health effect on a person or persons.
Impact	The outcome or consequence of an event affecting objectives. It can be expressed either qualitatively or quantitatively, being a loss, disadvantage or gain. There may be a range of possible outcomes associated with an event.
Likelihood	The chance of something happening (also described as the probability or frequency of an event occurring).
Line Manager	A person with responsibility for directly managing individual employees or teams. In turn, they report to a higher level of management on the performance and well-being of the employees or teams they manage.
Monitor	To check, supervise, observe critically or record the progress of an activity, action or system on a regular basis in order to identify change.
Operational Risk	Operational risks relate to the day-to-day delivery of activities, operational business plans and objectives. Operational risks typically have a short-term focus. Whilst they may impact a number of areas of the service, this does not necessarily make them a strategic risk. Operational risks may have the ability to impact strategic and other operational risks.
Project Risk	Project risks relate to the achievement and delivery of the project objectives and outcomes. The majority of project risks are short term in nature and exist for the term of the project, whilst some will be on-going and re-classified at the end of the project. Projects can be defined as temporary, with the aim of delivering outcomes within a specified timeframe.
Residual Risk Rating	The remaining level of risk after all treatment plans have been implemented.

Risk	Risk is the effect of uncertainty on objectives. It is measured in terms of consequences and likelihood. In the context of the HSE and its services, it is any condition or circumstance which may impact on the achievement of objectives and/or have a significant impact on the day-to-day operations. This includes failing to maximise any opportunity that would help the HSE or service meet its objectives.
Risk Acceptance	Informed decision to take a particular risk.
Risk Appetite	Amount and type of risk that an organisation is willing to pursue or retain.
Risk Assessment	Overall process of risk identification, risk analysis and risk evaluation.
Risk Avoidance	Informed decision not to be involved in, or to withdraw from, an activity in order not to be exposed to a particular risk. Risk avoidance may increase the significance of other risks or may lead to the loss of opportunities for gain.
Risk Categories	The categories used by the organisation to group similar opportunities or risks for the purposes of reporting and assigning responsibility.
Risk Criteria	Terms of reference against which the significance of a risk is evaluated.
Risk Description	Structured statement of risk usually containing three elements: impact, cause and context.
Risk Evaluation	Process of comparing the results of risk analysis with risk criteria to determine whether the risk and/or its magnitude is acceptable or tolerable.
Risk Identification	A systematic process applied to the organisation's objectives and activities to identify possible risk sources and causes and potential consequences or impacts should a risk occur.
Risk Management	Coordinated activities to direct and control an organisation with regard to risk.
Risk Management Process	The systematic application of management policies, procedures and practices to the activities of communicating, consulting, establishing the context, and identifying, analysing, evaluating, treating, monitoring and reviewing risk.
Risk Matrix	Tool for ranking and displaying risks by defining ranges for consequence and likelihood.
Risk Owner	Person with the accountability and authority to manage a risk.

Risk Profile	A risk profile is a written description of a set of risks. A risk profile can include the risks that the entire organisation must manage or only those that a particular function or part of the organisation must address. (In the HSE, a services risk profile is set out in their risk register).
Risk Rating	The estimated level of risk taking into consideration the existing controls in place.
Risk Source	The source from which the risk was identified for example Incident Management, Audit, Health and Safety Risk Assessment, Inspection Report, Complaint.
Risk Register	A risk register is a database of assessed risks that face any organisation at any one time. Always changing to reflect the dynamic nature of risks 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.
Risk Tolerance	An organisation's or stakeholder's readiness to bear the risk after risk treatment in order to achieve its objectives.
Strategic Risk	A strategic risk has the ability to impact on the achievement/delivery of the HSE's strategic objectives/directions. Strategic Risks relate to the highest level of objective for the HSE, which typically have a long term focus and are linked to the HSE's Strategic Plan.
Treatment	Additional mechanisms, processes, procedures or actions to be implemented, which seek to reduce the current likelihood and/or consequence and reach the Residual Risk Rating.
Directorate	The Directorate is the governing authority of the HSE established following the enactment of the Health Service Executive (Governance) Act 2013.

Appendix 2: How do I identify the controls that should be in place?

		Are the Controls listed in place?		
Risk Description	**List here (one per line) all Controls Required to Manage the Risk**	**Yes**	**No**	**Yes but?**
Enter Risk Description here				

Appendix 3:
HSE Risk Assessment Tool

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, Gardaí (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 to 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 4(a): Risk Assessment Form

Risk Assessment Form

Division:		**Source of Risk:**	
HG/CHO/NAS/Function:		**Primary Impact Category:**	
Hospital Site/Service:		**Risk Type**	
Dept/Service Site:		**Name Risk Owner: (BLOCKS)**	
Date of Assessment:		**Signature of Risk Owner:**	
Unique ID No:		**Risk Coordinator**	

RISK DESCRIPTION	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS/ ACTIONS REQUIRED	ACTION OWNER	DUE DATE
Use ICC format when describing risk				

INITIAL RISK RATING		
Likelihood	**Impact**	**Risk Rating**

***One risk only per form**

RISK STATUS		
Open	**Monitor**	**Closed**

Appendix 4(b) Guidance to completing the Risk Assessment Form

Division	Enter Division e.g. Social Care, Primary Care, Acute Hospital, Mental Health, Health & Wellbeing, HR etc.
HG/CHO/NAS/ Function:	Enter HG/CHO Area e.g. RCSI, CHO8.
Hospital Site/ Service	Enter Hospital Site/Service e.g. University Hospital Galway/Disability Service.
Dept./Service Site:	Enter Dept./Service Site: e.g. Maternity Service/St Joseph's Residential Unit.
Risk Owner	This is the individual who will be held accountable for the risk and its effective control. The maxim of the 'risk take is the risk owner' should be taken.
Risk Description	When describing risk it is important to describe the risk using the 'ICC' approach. Describe the potential **'**IMPACT' if the risk were materialised. 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, service user), department, hospital etc.) and the 'nature' of the risk clear (e.g. financial, safety, physical loss, perception, etc.)
Primary Impact Category	Select the Primary Impact Category from the HSE Risk Assessment Tool, Impact Table (see **Appendix 3**).
Risk Source	Identify how the identified risk was sourced i.e. did it come from a facilitated workshop, or from a risk suggestion scheme.
Existing Control Measures	Enter a description of what administrative/procedural/existing controls measures are currently in place to mitigate the risk.
Likelihood	Based on the HSE Risk Matrix – what likelihood score would you give the risk (1-5)? The Likelihood is the rating based on the risk with its current controls in place and NOT the risk as it would be with no controls in place.
Impact	Based on the HSE Risk Matrix – what Impact score would you give the risk (1-5)? The Impact is the rating based on the risk with its current controls in place NOT the risk as it would be with no controls in place.
Initial Risk Rating	Based on the HSE Risk Matrix – multiplying the inherent Impact by the likelihood will give the risk rating (1-25).
Risk Reduction Strategies Additional Controls Required	What measures are needed to eliminate or further reduce the level of risk that the risk presents? Consider the hierarchy of controls: elimination/substitution/ engineering/administrative/PPE. Try to consider both long and short-term measures. If accepting the risk please enter '***Accepting the Risk'.***

Action Owner	Enter the name of the person responsible for the action necessary to mitigate the risk. The person responsible could be the Risk Owner, the Risk Owners Manager, or someone who reports to the Risk Owner, e.g. a CHO can assign an action to any of his/her Management team or to their direct Manager.
Due Date	Enter the date by which implementation of the actions to mitigate the risk are due.
Risk Status	Enter the Risk Status: 'Open', 'Monitor' or 'Closed'.

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