HSE

Feidhmeannacht na Seirbhíse Sláinte
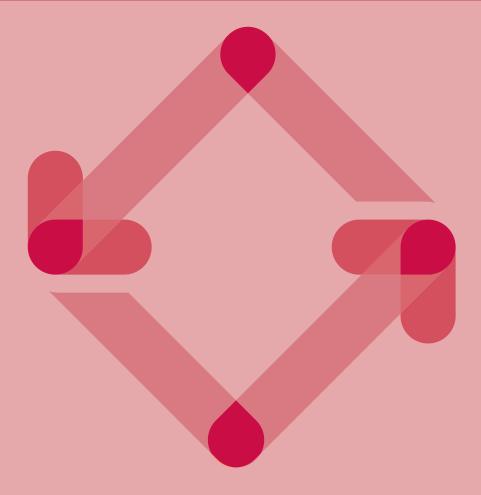Health Service Executive

HSE Integrated Risk Management Policy
Incorporating an overview of the Risk Management process

HSE Integrated Risk Management Policy
Incorporating an overview of the Risk Management process

Identify Risk

Risk Analysis and Evaluation

Measure, Control and Monitor

Risk Management

Implement Action

Plan Action

TABLE OF CONTENTS

1. Introduction

This document sets out the policy and guidance by which the HSE manages risk. The approach is aligned to the ISO 31000 Risk Management – Principles and Guidelines[1] and replaces the HSE Risk Management Policy 2011.

The HSE recognises the importance of adopting a proactive approach to the management of risk to support both the achievement of objectives and compliance with governance requirements.

The HSE is committed to ensuring that risk management is seen as the concern of everyone and is embedded both as part of normal day to day business and informs the strategic and operational planning and performance cycle.

2. Policy

It is the policy of the HSE to manage risk on an integrated basis, i.e. inclusive of all risk whether to do with the management or service delivery processes. This involves proactively identifying risks that threaten the achievement of objectives, e.g. the delivery of high quality safe care, compliance with legal and regulatory requirements and to putting in place actions to reduce these to an acceptable level.

3. Purpose

The purpose of this policy is to:

- Outline the commitment of the HSE to the proactive management of risk in line with the ISO 31000's 11 principles of risk management. See **Appendix 1.**

- Assist staff in understanding their role in, and the need to adopt, a consistent approach to the assessment and management of risk.

- Set out the systems and processes that are required to ensure that risks are managed consistently across the HSE.

The policy and procedural guidance supports the purpose by:

- Clearly defining the roles and responsibilities for risk management.

- Outlining a consistent process for risk management.

- Seeking to embed risk management as part of the normal day-to-day activities in delivering healthcare services rather than a separate activity.

- Outlining the process for the communication and notification of risk.

- Identifying resources available to support implementation.

- Outlining the process to be adopted at all organisational levels which requires that risks identified are assessed using the HSE's Risk Assessment Tool and thereby prioritised for action.

- Ensuring that all risks have clear ownership and that the actions identified to minimise a risk are recorded, assigned to an action owner and have a due date for completion.

---

1 ISO 31000 Risk Management, Principles and Guidelines, provides principles, framework and a process for managing risk. It can be used by any organisation regardless of its size, activity or sector.

- Ensuring that, where actions to manage a particular risk are not within the control of the local Manager, either because of lack of authority or budget to manage the risk, such actions can be assigned to the next line of management for review and decision making.

- Ensuring that all identified risk is recorded in a consistent manner, the minimum requirements for which are set out in this document.

4. Scope

This policy and process applies throughout the HSE and HSE funded agencies and is for application at national, divisional and sub-divisional levels to include Hospital Group and Community Health Organisation (CHO), National Ambulance Service (NAS), Clinical Directorate and Care Service levels. It is applicable to both strategic and operational risks (clinical/care delivery and business risk) that the HSE is exposed to and manages these on an integrated basis. It 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 policy applies both to HSE and HSE-funded services and any local risk policies and procedures must be aligned to and consistent with the requirements of this policy and procedural guidance.

5. Definitions

A list of definitions used in this document are contained in **Appendix 2.**

6. Risk Criteria

Risks should be identified as either strategic or operational.

Strategic risks – These concern the long-term strategic objectives of the HSE.

These may be external or internal to the organisation. Strategic risks are most commonly identified at a corporate or Senior Management level.

Operational risks – These relate to the procedures, technologies and other factors relating to the short to medium term objectives of the HSE. Operational risks are most commonly identified at a service delivery level.

In addition to identifying a risk as either strategic or operational, this policy requires that the risks be categorised to the area upon which they impact. For this purpose the HSE has identified the following **risk impact categories**:

- Harm to a Person[2]
- Service User Experience
- Compliance (Statutory, Legal, Clinical, Professional or Management)
- Objectives and Projects
- Business Continuity
- Adverse Publicity/Reputational
- Financial Loss
- Environment

Whereas a risk may impact on a number of the areas listed above (secondary impacts) only one should be chosen as the primary category (area of primary impact), e.g. a risk that relates to physical harm may also result in poor service user experience and reputational loss but if the physical harm was prevented the other two impacts would not have occurred. This will become important when it comes to assessing the risk.

See **Appendix 3** for a list of examples of risk areas which relate to each of the impact categories.

7. Roles and Responsibilities

Whereas every staff member is responsible for identifying and managing risk within the context of their work, risk management is a Line Management responsibility and is a core management process. It must therefore be a focus of Management Teams at all levels in the HSE.

The roles and responsibilities for staff at all levels in the HSE are outlined in **Appendix 4**.

Each Division must clearly outline the governance arrangements for risk management to include roles and responsibilities for risk management and the process for notification and communication/notification of identified risk/actions.

---

[2]   Person in this context relates to Service Users, staff or members of the public in their interaction with the overall system. It does not relate to the assessment of risk relating to an individual Service User as the management of risks to an individual should be integrated into their overall support/care plan.

Appendix 5 provides a high level overview of the governance arrangements for the HSE in relation to risk management.

Though risk management is everyone's responsibility there are four key roles, common to all organisational levels, which require definition.

Risk Owner – All risks require assignment of a Risk Owner and it is the responsibility of the Risk Owner to ensure that the risk is assessed and managed in line with organisational policy. This includes ensuring that any actions identified as required to manage the risk have been assigned to an Action Owner along with an agreed date for completion of the action. The Risk Owner is normally the Manager of the area/service in which the risk is identified. It is the responsibility of the Risk Owner to notify risks or actions where appropriate.

Risk Lead – The role of the Risk Lead is to support, facilitate and advise on the technical aspects of the risk management process. In many instances this person is the Quality & Patient Safety/Risk Advisor/Manager. They may also be responsible for the administration of the risk register and the provision of reports to the Risk Owner and their Management Team.

Risk Coordinator – the role of the Risk Coordinator is to assist the Risk Lead with the initial assessment of the risk by providing expertise on the subject matter of the risk being assessed and following this to assist the Risk Lead with its ongoing review and monitoring.

Action Owner – In order to mitigate or reduce risks, additional actions (controls) may be required. These should be described in a manner that will result in a tangible deliverable and be capable of being assigned to a specified post holder for implementation, for example, Clinical Director, Assistant Director of Nursing Surgical Directorate, the Person In Charge. It is the responsibility of the Risk Owner to ensure that due dates for completion of an action are agreed with the relevant Action Owner. The Action Owner is responsible for reporting on progress relating to the achievement of the action assigned to them. The Action Owner should be one of the following, the Risk Owner, a member of the Risk Owner's Management Team or the person to whom the Risk Owner reports.

Given the diversity of services and functions within the HSE the roles outlined above are described using generic titles. The table below is illustrative of how the descriptions would translate in an acute hospital setting.

Risk Description: Risk to service user safety due to the poor infection prevention and control practices with a hospital	
Role	**Staff Member Responsible**
Risk Owner	Hospital Manager
Risk Lead	QPS Advisor
Risk Coordinator	Consultant Microbiologist
Action Owner	These will be an individual relevant to each of the actions identified e.g. IPCN Specialist, Surveillance Scientist, Ward Managers etc

8. Risk Management Process

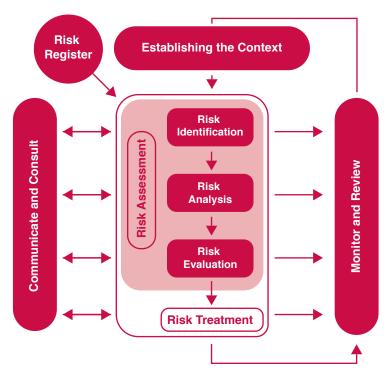The HSE's approach to risk management is aligned to the ISO 31000 an overview of which is provided at Figure 1 below:

Figure 1. Risk Management Process

8.1 Establishing the Context

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

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 Section 38/39 agencies, its capacity and capability, internal policies and procedures including Corporate Safety Statement, Human Resources, Clinical/Care policies, framework arrangements with unions, etc. Context can also relate to a specific service and the factors that must be considered when managing a risk for example risk associated with moving and handling high dependency service users in environment with space restrictions.

8.2 Risk Assessment

Risk assessment is a process consisting of the following three steps:

- Risk Identification
- Risk Analysis
- Risk Evaluation

Detail of these three steps is highlighted below:

8.2.1 Risk Identification

Risk identification should be an on-going concern of all Managers and their teams.

Risks and incidents/issues often get confused so it is important that there is clarity in this regard. A risk is something that MAY happen that could impact on the safe and effective delivery of services, whereas an incident/issue is something that HAS happened.

Risks may be identified from a variety of sources both internal and external to a service and should be described in a consistent manner which identifies clearly their impact, cause and context e.g. risk of … due to…within… The key question to ask is *'what is the risk and who or what will be impacted by it?'*

8.2.2 Risk Analysis

Risk analysis is a process that is used to better understand the risk that you have identified and to estimate the level of risk attaching to it. Taking account of the controls that are in place to mitigate the risk (existing controls) it requires the person/team assessing the risk to rate the risk across two dimensions (impact and likelihood). The HSE has developed a risk assessment tool for this purpose (see **Appendix 6**). Application of this tool will result in a risk being rated as red (high risk), amber (medium risk) or green (low risk). This rating will assist both in the evaluation of risk and the prioritisation of the management of risks.

8.2.3 Risk Evaluation

Risk evaluation is a process that is used to consider the outcome of the risk analysis in order to determine whether or not a specified level of risk is acceptable or tolerable. Where it is determined that the level of risk posed is not acceptable, risk treatment must be considered.

8.3 Risk Treatment

Risk treatment is the activity of selecting and implementing appropriate control measures to modify the risk. Risk treatment includes as its major focus, risk control (or mitigation), but extends to, risk avoidance (e.g. stopping the activity that causes the risk) and risk transfer (e.g. transferring the risk to a third party for example, an indemnifier). Any system of risk treatment should provide efficient and effective internal controls to reduce or mitigate the risk.

Effectiveness of internal control is the degree to which the risk will either be eliminated or reduced by the proposed control measures. In order to manage (control) the risk, additional controls/actions may be required. These should be listed as discrete actions that can be assigned to a named individual and relate to a deliverable. A timeframe for completion should be agreed with the Action Owner. In keeping within the lines of accountability, actions can be assigned to the Manager of the service, a member of the service's Management Team or to the person the Manager reports to.

Whereas all possible actions should be taken to reduce or mitigate risk, it is likely that it may not be possible to complete all actions identified as required. This may be due to resource or other constraints. What is important however is that as the Manager, you have acted to minimise risk in relation to any actions required that **are within** your span of control and that you have communicated appropriately actions that lie outside of your control. In circumstances where you can provide evidence that this has occurred, you have fulfilled your responsibility to your Manager (i.e. you cannot be held accountable for aspects of the risk which lie outside your control.) It is legitimate for the organisation to 'accept' a level of residual risk if this is done within the appropriate governance framework.

8.4 Recording of Risk

The outcome of the risk assessment and treatment should be documented on a risk assessment form and maybe recorded on the relevant risk register. Copies of the risk assessment form and any related documentation should be kept on file in accordance with the requirements of records retention.

The HSE has deployed an electronic risk register and where this has been made available to your service area it must be used. In areas where deployment has not occurred and where there is not a system currently available to you, services should use the standardised risk register tool available on http://hse.ie/eng/about/QAVD/.

8.5 Communication and Notification of Risk

It is essential that there are clear routes and processes for the communication and notification of risk from one level of the organisation to another. It is also important to note that this communication and notification does not absolve the responsibility of the Service Manager to which the risk relates of taking any actions required to mitigate it that are within their scope of authority and budget.

When a risk is notified to a more Senior Manager, that Manager can:

- Review the risk and decide not to accept it for active management on to their risk register. This means it may be recorded and assigned a status of 'monitor' but seek assurances in relation to the adequacy of its management within the referring service area. This can include the provision of resources/authority to assist in its mitigation. In circumstances where it is decided that it is not possible for the Senior Manager to assist in the risks further mitigation and where the service remains concerned about the residual level of risk that remains outside their control, this should be formally communicated to their Line Manager.

- Assess that risk in the context of their area of responsibility, include it on their risk register and decide if it or actions relating to it need to be further notified.

The outcome of these considerations must be formally communicated back to the service that notified the risk.

8.6 Monitoring of Risk

Risks on the risk register must be subject to ongoing monitoring by the relevant Management Team to ensure that actions identified as required are completed. With the completion of actions, the level of risk (the rating) may be reassessed in order to consider whether its likelihood or impact score has reduced. Where implementation of actions does not appear to be serving to reduce the risk, consideration should be given to reviewing the appropriateness of the actions identified and revising the actions planned.

8.7 Closing Risk

Whilst under active management, a risk has a status of being 'open'. With the completion of actions and the mitigation of the risk, consideration can be given to changing its status to either 'monitor' or 'closed'. Risks with a status of 'monitor', undergo periodic review (e.g. six monthly), to ensure that they remain mitigated 'as far as is reasonably practicable'. Risks that have all the required actions completed and require no further action are assigned a 'closed' status and are archived onto a 'closed register' for audit purposes.

9. Monitoring implementation of and compliance with policy

Each Division is responsible for the implementation of, and monitoring compliance with this policy within their area of responsibility. The Quality, Assurance and Verification (QAV) Division will provide implementation support through the nominated Divisional Risk Leads.

In order to provide assurance, the QAV Division is responsible for auditing and reporting on compliance. The report and recommendations arising from such audits will be reported to the Leadership Team and the HSE's Risk and Audit Committees.

10. Dissemination

This policy and procedural guidance will be distributed through the National Divisions and be available on the HSE Internet and Intranet. Its publication will be supported by a broadcast email to all staff.

11. Implementation

To support implementation, training will be developed and delivered using a train the trainer approach.

Targeted training will also be available to all Management Teams at national, Hospital Group, NAS and CHO levels. Ongoing advice and support will be available through QPS staff within Hospital and CHO areas and designated Risk Leads at operational levels.

Supporting guidance and tools are available on http://hse.ie/eng/about/QAVD/

12. Related Policies and Guidance

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

Risk Assessment and Treatment Guidance for Managers (Risk Management Guidance Part 2, 2017)

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

Policy and guidance are available on http://hse.ie/eng/about/QAVD/

Appendix 1: ISO 31000 – Risk Management – Principles

The 11 Principles of Risk Management

1. Creates and protects value

Good risk management contributes to the achievement of an agency's objectives
through the continuous review of its processes and systems.

2. Be an integral part of organisational processes

Risk management needs to be integrated with an agency's governance framework
and become a part of its planning processes, at both the operational and strategic level.

3. Be part of decision making

The process of risk management assists decision makers to make informed choices,
identify priorities and select the most appropriate action.

4. Explicitly address uncertainty

By identifying potential risks, agencies can implement controls and treatments to maximise
the chance of gain while minimising the chance of loss.

5. Be systematic, structured and timely

The process of risk management should be consistent across an agency to ensure efficiency,
consistency and the reliability of results.

6. Based on the best available information

To effectively manage risk it is important to understand and consider all available information relevant
to an activity and to be aware that there may be limitations on that information. It is then important to
understand how all this information informs the risk management process.

7. Be tailored

An agency's risk management framework needs to include its risk profile,
as well as take into consideration its internal and external operating environment.

8. Take into account human and cultural factors

Risk management needs to recognise the contribution that people and culture
have on achieving an agency's objectives.

9. Be transparent and inclusive

Engaging stakeholders, both internal and external, throughout the risk management process recognises
that communication and consultation is key to identifying, analysing and monitoring risk.

10. Be dynamic, iterative and responsive to change

The process of managing risk needs to be flexible. The challenging environment we operate in requires
agencies to consider the context for managing risk as well as continuing to identify new risks that emerge
and make allowances for those risks that no longer exist.

11. Facilitate the continual improvement of organisations

Agencies with a mature risk management culture are those that have invested resources
over time and are able to demonstrate the continual achievement of their objectives.

Appendix 2: 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 e.g. 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 3: Impact Categories – Examples

Impact Category	Examples
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 & 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/Reputational	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.

Appendix 4: Roles and Responsibilities for Risk Management

Risk Committee – HSE Director Corporate Risk Committee (National)

The Committee focuses principally on non-financial matters[3], especially, the examination of:

- processes related to the identification, measurement, assessment and management of risk in the HSE; and
- how a risk management culture is promoted throughout the health system.

In particular, it will:

- advise the Directorate on the robustness and comprehensiveness of the Health Service's approach and processes risk management;
- advise the Directorate on risk management in the context of healthcare reform and phased transition to new healthcare structures and services;
- review arrangements in place by which employees may, in confidence, raise concerns and receive reports, on a timely basis, of concerns raised under the Policy on Good Faith Reporting, or Procedures on Protected Disclosures of Information and advise on appropriate action to maintain the highest standards of probity and honesty throughout the health services;
- review the quarterly reports by the HSE's Confidential Recipient prepared for the Director General and Directorate and provide advice to the Directorate as appropriate; and
- review, at least annually, and if necessary propose changes to, the HSE's Governance Framework relating to risk management;

and, in relation to first line of defence:

- keep under continuing review HSE's procedures for identifying and reporting risks, especially in relation to:
  - Serious Reportable Events; and
  - emerging risks - healthcare-sector-wide risks;
- review and advise the Directorate on all HSE Divisional risk management plans and on the HSE corporate risk register;
- advise executive management about the maintenance and promotion of a culture that enables integrated management of all risks;
- review material risk incidents (major/extreme risks) and provide feedback on management's actions;
- review and monitor management's responsiveness to findings and recommendations from the Quality Assurance and Verification Division; and
- review the implementation on a timely basis, of internal recommendations arising from investigations and other incidents/reports internally;

---

3   The Committee will focus principally on the following risk types: service provision and both clinical and general risk issues including but not limited to the following; strategic; operational; safety of staff and others (incl. resourcing, IR etc.); infrastructural (plant/equipment, property/estates); ICT; environmental; compliance with statutory requirements; reputational; compliance and legal; business continuity, etc.

Risk Committee – HSE Director Corporate Risk Committee (National) (cont'd)	and, in relation to second line of defence:
	■ receive all relevant internal Audit reports from the National Director Quality Assurance and Verification and review the effectiveness of Management's response to their findings;
	■ receive regularly the reports of the National Director of Quality Assurance and Verification on the effectiveness of the systems established by management to identify, assess, manage, monitor and report on risks;
	and, in relation to the third line of defence:
	■ review assurance provided by internal and external audit in relation to risk management and advise the Directorate accordingly; and,
	■ oversee periodic external review of the effectiveness of the risk management framework.
Director General	■ The Director General and his/her Leadership Team are responsible for the identification of priority risk management issues and to ensure that the corporate and service planning processes have regard to the priority risk management issues so identified.
	■ The Director General has committed to the promotion of a risk management culture which ensures the safe delivery of services within the HSE.
	■ The Director General has nominated the National Director for QAV as the executive lead for risk.
National Directors	The National Directors are responsible for:
	■ Committing to and promoting culture where risk management is embedded into the planning of safe delivery of services.
	■ Ensuring that the HSE's Integrated Risk Management Policy and related guidance are implemented throughout their areas of responsibility.
	■ Providing assurance that there is compliance with the HSE Integrated Risk Management Policy and related guidance in their area of responsibility.
	■ Contributing as required to the management of HSE Corporate Risks.
	■ Developing and maintaining a Divisional Risk Register (clinical, non-clinical and financial). Formally reporting high and extreme risks via the management meetings.
	■ Ensuring that appropriate risk management processes are implemented within their respective Divisions and areas of authority.
	■ Ensuring that there are clear lines of accountability for risk management throughout their Division, i.e. from the frontline to them as National Director.
	■ Development of specific objectives within their service plans which reflect their own risk profile and the management of risk.
	■ Risk assessment of all business plans/service developments including changes to service delivery.
	■ Ensure that risk assessments, both clinical and non-clinical, are undertaken throughout their areas of responsibility. The risks identified will be prioritised and action plans formulated. These action plans will be monitored through the management meetings.

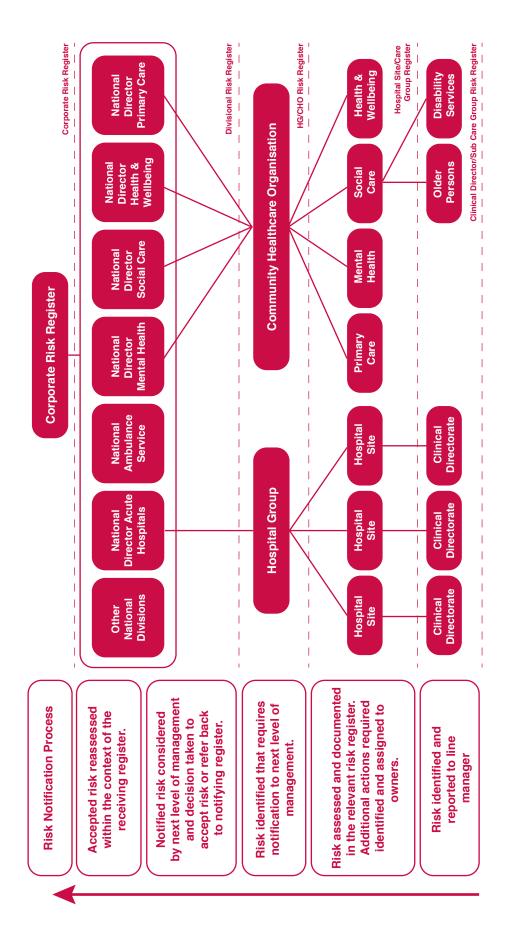|	
National Director Quality Assurance & Verification (QAV)	The National Director QAV is responsible for:
	■ Ensuring that the HSE's Integrated Risk Management Policy and associated PPPG's are maintained as current.
	■ Auditing and reporting on compliance with the HSE's Integrated Risk Management Policy and associated Guidance.
	■ Maintaining the Corporate Risk Register.
	■ Reporting systematically to the DG, Leadership Team and Risk Committee on matters relating to risk management.
	■ Designing an effective and efficient risk management system for the HSE with an appropriate performance management system (including Key Performance Indicators).
	■ Support the implementation of risk management systems throughout the HSE.
	■ Work with designated officials with lead responsibility for quality and risk management in each Division.
	■ Monitor and evaluate the efficiency and effectiveness of the system.
	■ Provide assurance to the DG, the Risk Committee and other key stakeholders that the HSE's risk management systems are systematically and consistently applied across the organisation.
	■ Engage with relevant statutory regulatory agencies (e.g. HIQA, HSA, MHC).
Managers	All Managers are responsible for:
	■ Implementation of and checking compliance with the HSE's Integrated Risk Management Policy and related guidance in their area of responsibility.
	■ Ensuring that appropriate and effective risk management processes are in place within their delegated areas.
	■ Developing specific objectives within their service plans which reflect their own risk profile and the management of risk.
	■ Risk assessing all business plans/service developments including changes to service delivery.
	■ Ensuring that risk assessments, both clinical and non-clinical, are undertaken throughout their areas of responsibility. The risks identified will be prioritised and action plans formulated. These action plans will be monitored through the management meetings.
	■ Maintaining a service risk register (clinical, non-clinical and financial). Formally reporting high and extreme risks via the management meetings.
	■ Ensuring that all staff are made aware of risks within their working environment and their personal responsibilities within the risk management framework.
	■ Identifying their own and staff training needs to fulfil the function of managing risk.
Staff	All Staff are required to:
	■ Be conversant with the HSE's Integrated Risk Management Policy and have a working knowledge of all related risk processes.
	■ Comply with HSE PPPG's to protect the health, safety, and welfare of any individuals affected by HSE activity.
	■ Acknowledge that risk management is integral to their working practice within the HSE.
	■ Report any risk issues to their Line Manager.
	■ Attend mandatory training appropriate to role.

Appendix 5: Risk governance and notification

Risk Notification Process

Accepted risk reassessed within the context of the receiving register.

Notified risk considered by next level of management and decision taken to accept risk or refer back to notifying register.

Risk identified that requires notification to next level of management.

Risk assessed and documented in the relevant risk register. Additional actions required identified and assigned to owners.

Risk identified and reported to line manager

Corporate Risk Register

Corporate Risk Register

- Other National Divisions
- National Director Acute Hospitals
- National Ambulance Service
- National Director Mental Health
- National Director Social Care
- National Director Health & Wellbeing
- National Director Primary Care

Divisional Risk Register

Hospital Group

Community Healthcare Organisation

HG/CHO Risk Register

- Hospital Site
- Hospital Site
- Hospital Site

- Primary Care
- Mental Health
- Social Care
- Health & Wellbeing

Hospital Site/Care Group Register

- Clinical Directorate
- Clinical Directorate
- Clinical Directorate

- Older Persons
- Disability Services

Clinical Director/Sub Care Group Risk Register

Note: The above diagram is for illustrative purposes only and therefore does not represent the entirety of the HSE Organisational structure and may be subject to change.

Appendix 6:
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, Gardai (violent and aggressive acts). >3 Days absence. 3-8 Days extended hospital Stay. Impaired psychosocial functioning greater than one month less than six months.	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/ or counselling. Impaired psychosocial functioning greater than six months.	Incident leading to death or major permanent incapacity. Event which impacts on large number of service users or member of the public. Permanent psychosocial functioning incapacity.
Service User Experience	Reduced quality of service user experience related to inadequate provision of information.	Unsatisfactory service user experience related to less than optimal treatment and/or inadequate information, not being 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

Our Values

Care Compassion Trust Learning