

---

# Risk Management Policy

---

Turas Training

---

Approval date: January 2023

---

Revision date: March 2025

---

## 1. Introduction

Turas recognises the importance of adopting a proactive approach to the management of risk to support the achievement of objectives and compliance and governance requirements.

Turas is committed to ensuring that risk management concerns everyone and forms part of day-to-day business and informs the strategic and operational planning and performance.

The monitoring of risk management activities is the responsibility of the board of management. The responsibility for development and management of the risk assessment plan and strategies contained therein rests with the Project Coordinator who may delegate this to a named individual on the staff team.

It is Turas Training's policy to conduct a risk assessment annually. This is prepared by the Project Coordinator with the management team and presented to the board annually.

## 2. Policy

It is the policy of Turas to manage all risks to the organisation including management and service delivery processes. Our approach is to proactively identify risks to the achievement of objectives, namely the delivery of high quality addiction and training services, compliance with legal and regulatory requirement and putting in place actions to reduce risk to acceptable levels.

## 3. Purpose

The purpose of this policy is to:

- 3.1. Outline the commitment of Turas to proactive risk management
- 3.2. Assist staff in understanding their role in identifying and managing risk
- 3.3. Outline the systems and processes in place to manage risks in Turas
- 3.4. Defining the roles and responsibilities for risk management
- 3.5. Outline the process for the communication of and notification or risk
- 3.6. Identify the resources and tools to use to identify and assess risk
- 3.7. Ensure all risks have clear ownership
- 3.8. Ensure all risks are recorded in a consistent manner

## 4. Scope

This policy and the procedures the policy sets out apply throughout the organisation to include Addiction and Community Employment services in terms of both strategic and operational risks. It is not applicable to the assessment of risk involving care and treatment relating to individual service users, where other service provision policy and methods are available.

## 5. Definitions

The following definitions are taken from the HSE's Integrated Risk Management Policy and based on the International Risk Management Standard ISO 31000:2009.

Controls: A mechanism, process or procedure or action which can be verified, which seeks to reduce the likelihood and/or consequences or 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 or probability of something happening.

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 Risks: Risk associated with 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.

Risk: Risk is the effect of uncertainty on objectives. It is measured in terms of consequences and likelihood. In the context of Turas 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 Turas 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. A service's 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 the 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 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 strategic objectives. Strategic risks relate to the highest level of objective for the organisation which typically have a long-term focus and are linked to the Strategic Plan.

## 6. Risk Criteria

Risks should be identified as either strategic or operational. Strategic risks concern the long-term strategic objectives. These may be external or internal to the organisation. Strategic risks are most commonly identified at Management level. Operational risks relate to the procedures, technologies and other factors relating to the short to medium term objectives. 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 Turas has identified the following risk impact categories:

- 6.1. Harm to a Person Physical or psychological injury related to a person, i.e. service user, staff member or member of the public.
- 6.2. 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.
- 6.3. Compliance (Statutory, Legal, Clinical, Professional or Management) Failure to comply with SBH standards, Codes of Practice or Conduct set by professional regulators, relevant legislation, e.g. Safety, Health and Welfare at Work Act, Financial Regulations, etc.
- 6.4. Objectives and Projects Project slippage and failure to meet objectives of projects.

- 6.5. Business Continuity Issues that would affect an organisation's ability to provide services, e.g. fire, flood, ICT or electric outage, industrial strikes
- 6.6. Adverse Publicity/Reputational Adverse publicity in the media, loss of public confidence in a service or the organisation, e.g. poor service performance.
- 6.7. Financial Loss Fraud, claims, budgetary overruns
- 6.8. Environment Releases of substances that would have a detrimental environmental impact, e.g. chemical spills, poor waste management practices.

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.

## 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 Management responsibility and is a core management process. It must therefore be a focus of Management Teams.

**Identification and Monitoring of Risk is the responsibility of the Project Coordinator Quality and Safety Committee. Financial Risk is the responsibility of the Finance Committee.**

While risk management is everyone's responsibility, there are four key roles to be defined:

Risk Owner – All risks require assignment of a Risk Owner. It is the responsibility of the Risk Owner to ensure that the risk is assessed and managed in line with the 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. It is the responsibility of the Risk Owner to notify risks or actions where appropriate.

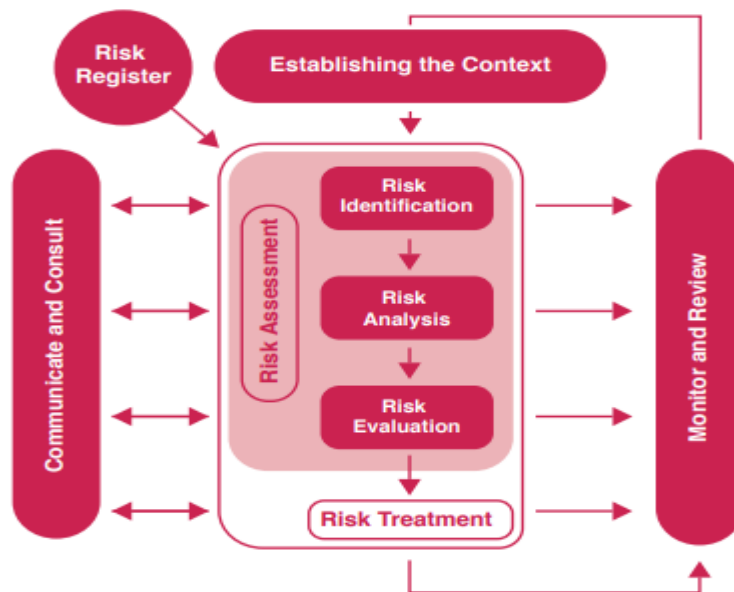
Risk Lead – The role of the Risk Lead is to support, facilitate and advise on the technical aspects of the risk management process. In many instances this person is the Quality & Patient Safety/Risk Advisor/Manager. They may also be responsible for the administration of the risk register and the provision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

## 8. Risk Management Process

Establishing the Context. Establishing the context means to define the external and internal factors Turas must consider when they manage risk. The external context includes its external stakeholders, for example, the Department of Health and other government departments, the legal and regulatory framework that applies to addiction service delivery, political, economic, technical and demographic influences. Its internal context relates to its governance arrangements, its capacity and capability, policies and procedures including Health & Safety, Human Resources, and Service Provision policies. Context can also relate to a specific service and the factors that must be considered when managing a risk.



- 8.1. Risk Assessment. Risk assessment is a process consisting of the following three steps: Risk Identification, Risk Analysis, Risk Evaluation.
- 8.2. Risk Identification should be an on-going concern of all staff members. 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?'
- 8.3. 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. 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.
- 8.4. 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.

**Impact Table (Risk and Rating of Risk)**

	Negligible	Minor	Moderate	Major	Extreme
<b>Harm to Person</b>	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 2-6 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.
<b>Service User Experience</b>	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 treated as an equal or 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.
<b>Compliance</b>	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 the organisation’s stated practice and policy standards. 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. those set out in SLAs). 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.
<b>Objective/ Project</b>	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.
<b>Business Continuity</b>	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.
<b>Adverse Publicity</b>	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.
<b>Finance</b>	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

<b>Environment</b>	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.
--------------------	-------------------	---	---	--	--

### 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%

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

### 8.4 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.

#### 8.5 Recording of Risk

The outcome of the risk assessment and treatment should be documented on a risk assessment form and may be recorded on the 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. Turas has created an electronic risk register on Salesforce.

#### 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 Manager that Manager can: (1) Review the risk and decide not to accept it for active management on to the 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 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. (2) 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 staff member that identified the risk.

#### 8.6 Monitoring of Risk

Risks on the risk register must be subject to ongoing monitoring (no less than quarterly) 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. This policy has drawn heavily from the HSE's Risk Management website <https://www.hse.ie/eng/about/qavd/riskmanagement/risk-management-documentation/>