# XXXX Risk Management Register

**Background / Use of Register**

* This register includes risks to participants, financial risks, work health and safety risks, and risks associated with the provision of supports. Risks are identified and analysed; management strategies are formulated and recorded on the register. More detailed strategies on how many risks are managed are also included in XXX’s policies & procedures (e.g. Incident Management, Safe Practice & Environment, Dignity of Risk and Duty of Care)
* The risks and associated strategies have been **developed** by XXX’s governing body, senior management and the XXX team. They have been approved by XXX’s governing body
* The Register is **used by XXX to guide operations**. YYY has **responsibility for managing** the register and related strategy implementation. The register is also monitored to ensure risks remain relevant and strategies are being implemented. This is done through regular review of the register at (include which & how often) meetings. In addition, **training** on the contents is conducted at induction and then annually
* **Formal review** of the register is conducted annually by the governing body to ensure risks and strategies remain relevant / are up-to-date.

| **Risk Category** | **Risk Description** | **Initial Risk Rating** | **Residual Risk Rating** | **Strategies** |
| --- | --- | --- | --- | --- |
| **All** | 1. Inadequate governance leading to poor / non-compliance and poor quality of services – clinical or admin |  |  | * Governing body (GB) appointed, meets XX / year with comprehensive meeting agenda including review of: strategic / business plan/s, compliance, financial management, senior staff performance, clinical outcomes, incidents, complaints & worker management * GB skills matrix completed and required training completed * Strategic and Business plans developed and reviewed annually or as business environment changes occurs. Input sought from those living with a disability * External and internal audits conducted and reported to GB |
| **Participant/**  **Work Health and Safety** | 1. Participant injury or incident |  |  | * Risk identification commences at time of referral and is an ongoing process through the assessment and intervention phases of support * Any participant risks and their management strategies are documented on the *Support Plan* * AHP refers to the *Community Safety* criteria and the *In-Rooms Safety Checklist* to assist with risk identification * Incident management system in place that reflects funding body requirements (e.g. NDIS Incident Mgmt & Reportable Incidents Rules 2018). Includes   + Processes and forms for reporting - internal & externally   + Policies on *Incident Management* and *Complaints Management*   + Register to follow & record progress & outcomes of incidents   + Regular training on incident reporting requirements (*Annual Training Plan*) * Appropriate insurances (professional indemnity, public liability) in place * Basic participant protections such as infection control in place (refer to *Safe Practice and Environment Policy*) |
| **Participant / Business** | 1. Non-compliance with State requirements for statutory reporting of abuse / neglect |  |  | * *Incident Management* and *Complaints Management* *policies* outlines reporting in line with statutory requirements * Regular refresher training (*Annual Training Plan*) * Professional Associations / memberships / funding bodies assist with updating on any changed requirements (refer to *HR Register* for membership details) |
| **Participant** | 1. Participant needs not being met through:  * Inappropriately experienced / qualified / skilled AHP * Inappropriate goals being set * Inappropriate management of participant expectations |  |  | * Scope of practice defined based on AHP's qualifications / skills / experience & NDIS requirements (refer to HR register). Participants outside this scope referred to other services * HR systems ensures AHP has appropriate & up-to-date registration, screenings, professional development & training (initial & annual review)   Evidence-based practice is utilised and kept up-to-date with CPD requirements   * Goals are set in collaboration with participant / family   Regular reviews to monitor progress are conducted & action taken (including wider collaboration as required) if not met   * An evaluation of participant *Goal Attainment* is conducted annually, information obtained from this audit is used to evaluate practice and guide improvement * Participant feedback is encouraged at all times and more formally through an annual *Participant Quality Improvement Survey* (refer to *Service Agreement, Incident & Complaints Management Policy, Service Delivery Model, Participant Quality Improvement Survey Form* ) * Support Plan outlines what will be delivered when, by whom and duration |
| **Participant** | 1. Participant is not being offered person / family centred services that focus on inclusion |  |  | * *Service Delivery Model* outlines XXXX's person-centred support approach * Support assessment / delivery focuses on involvement of participant & family as evidenced by:   - Goals are set in collaboration with participant / family  - Goals agreed are signed off on Support Plan  - Participant survey seeks feedback on this topic (see results)   * Key focus of support is knowledge & skills sharing 🡪 capacity building |
|  | 1. Participant consent is breached |  |  | * Consent Policy in place * Consent is document on participant’s Service Agreement * Limited consent is flagged on the participant’s file * Audits of consent are undertaken as part of Participants’ Service Agreement Audit |
| **Participant/ Work Health and Safety** | 1. Participant services unable to be delivered due to injury of / illness to AHP or damage to vehicle or emergency / natural disaster\* (Noting most services are **not** time-critical) |  |  | * Attempting to have another AHP provide the service at the allocated time – with participant consent * Maintaining professional networks of similarly experienced / qualified AHP to whom they could refer participants to in an urgent case * The cultural needs of the participant are documented on their NDIS Support Plan enabling replacement staff to be aware of their needs including being a suitable match culturally * Having a WHS system in place to protect AHP's safety & well-being to minimise days lost * In the event of an accident, vehicle replacement is the responsibility of the staff member * Participants are communicated with to inform them of arrangements in the event of an emergency where workers cannot make it to the participant or vice-versa. Services will be rescheduled as soon as practical (refer to Safe Practice & Environment Policy & SOP-Participant Management in Case of AHP Unplanned Leave) |
| **Participant/ Business** | 1. Damage to participant property |  |  | * Adherence to Codes of Conduct * No cash / direct payments taken * Insurance in the advent of an incident if required |
| **Participant/ Business** | 1. Loss of participant data / business records |  |  | * *Privacy and Information Policy* in place   Security of participant records includes   * Paper files kept to a minimum, scan documents & then shred where possible, participant paper files only transported where necessary, carried in locked case, never left in car, stored in locked cupboard in home / office * Security for files / data includes - password protected devices, IT system backup of office server / off-site / in cloud, use of IT consultant to advise |
| **Business** | 1. Financial viability affected by:  * Funding body changes * Injury / illness * Poor management |  |  | * See 1 above * Maintain a balanced client list with variety of referral / funding bases * Income protection / accident insurance / key personnel insurance in place * Professional business advice sought as needed - annual business review by accountant, IT consultant, business mentor engaged, quality consultant Note: You need to have a professional who has oversight of your finances (as part of your governing body and / or as a paid advisor) and you will need to provide the auditor with the registration number of this accountant / financial advisor. |
| **Business/ Work Health and Safety** | 1. Non-compliance with NDIS business and quality / safety requirements |  |  | * Implemented a quality management system to address NDIS registration requirements and NDIS Terms of Business for Registered Providers |
| **Business** | 1. Non-compliance with State and Federal business and statutory requirements |  |  | * Awareness of legislative requirements understood and kept up-to-date through professional associations, business advisors, quality consultants * Compliance Calendar in place and regularly reviewed to facilitate meeting of obligations * Also refer to other risks esp. 2, 3, 10 |
| **Participant/**  **Business** | 1. Poor management of Conflict of Interests |  |  | * A positive culture about the importance of identifying conflicts and the appropriate management of conflicts throughout the organisation exists, including Governing Body and all staff * A Register of Interests is maintained across the organisation * Conflicts of Interests are identified and strategies put in place to ensure participants and/or the organisation are not unduly affected * The Governing Body regularly reviews the identified conflicts, determines appropriate strategies for their management and has oversight of compliance of such strategies |
| **Work Health and Safety/ Participant** | 1. WHS risks |  |  | * WHS risks addressed in *Safe Practice and Environment Policy*. This includes strategies for managing most identified risks e.g. participant falls, infection control * Risk identification commences at time of referral and are documented on the participant’s Support Plan with management strategies * Key risks related to home / community visits AHP refers to *Community Safety* criteria to identify and manage risks in the community, including behavioural risks of participants and environmental risks in the home/community environment * Key risks related to travel (car accident)   AHP refers to *Community Safety* criteria*,* considering mobile phone use when driving, fatigue, diary management and car maintenance   * Key risks related to in-room services   AHP uses and completes *In-Rooms Safety Checklist* to identify and manage risks including ergonomic risks, environmental risks and good integrity of equipment |
| **Participant/**  **Business** | 1. Lack of engagement with participant leading to non-compliance with NDIS Standards and loss of reputation leading to reduced referrals |  |  | * Respect participants’ human rights * Listen to our participants through:   + Engaging them in developing their support goals and interventions   + Having a robust feedback and complaints system   + Seeking formal and informal participant feedback on our services and our team (Participant surveys, complaints and compliments registers)   + Seeking their input where possible on any service or process changes * Involve people with disability in strategic planning and marketing activities:   + Invite people with disability and experience in private community sector to partake in strategic planning meeting   + Seek input from people with disabilities on business / marketing plan   + Seek opinion re marketing materials from people with disabilities |
| **Business** | 1. Lack of engagement with community and stakeholders leading to non-compliance with NDIS Standards and loss of reputation leading to reduced referrals |  |  | * Listen to our community and stakeholders through:   + Understanding their needs   + Having a robust feedback and complaints system   + Seeking formal and informal feedback on our services and our team (complaints and compliments registers)   + Seeking their input where possible on any service or process changes * Ensure we understand the culture and initiatives of the disability industry by:   + Directors, management and staff attending community forums   + Attending conferences / seminars   + Referring to any available population health needs of our community to guide business development * Involve our community and stakeholders in strategic planning and marketing activities:   + Invite key people and organisational representatives in our community to partake in strategic planning meeting   + Invite key people and organisational representatives in our community to give opinion and ideas when developing marketing and business plans. |
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\* Includes: Fire, flood, extreme heat events, thunder / dust storms, very high winds, major transport disruption, power outage – widespread or localised to rooms, pandemic, terrorist attack

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|  | | **Sample Risk Matrix** | | | | | | |  | | | | |  |
| **Risks are scored by the application of consequence and likelihood** | | | | | | | | | | | | | | |
|  |  | | **CONSEQUENCE** | | |  | |  | |  | | | | |
|  |  | | **Insignificant** | **Minor** | | **Moderate** | | **Major** | | **Critical** | | | | |
|  |  | | **1** | **2** | | **3** | | **4** | | **5** | | | | |
| **Almost Certain** | **5** | | **M(05)** | **H(10)** | | **H(15)** | | **E(20)** | | **E(25)** | | | | |
| **Likely** | **4** | | **M(04)** | **M(08)** | | **H(12)** | | **H(16)** | | **E(20)** | | | | |
| **Possible** | **3** | | **L(03)** | **M(06)** | | **H(09)** | | **H(12)** | | **H(15)** | | | | |
| **Unlikely** | **2** | | **L(02)** | **L(03)** | | **M(06)** | | **M(08)** | | **H(10)** | | | | |
| **Rare** | **1** | | **L(01)** | **L(02)** | | **L(03)** | | **M(04)** | | **M(05)** | | | | |
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| Four risk levels are used in the development of the risk register | | | | | | | | | | |  |  |  | |
| **Risk Levels** | | | | | | |  | | | |  |  |  | |
| **E** | | **Extreme** | | |  | |  | | | |  |  |  | |
| **H** | | **High** | | |  | |  | | | |  |  |  | |
| **M** | | **Medium** | | |  | |  | | | |  |  |  | |
| **L** | | **Low** | | |  | |  | | | |  |  |  | |
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| **Risk Decision Point** | | | | | | |  | | | |  |  |  | |
| **Risk Rank** | | **Qualified Acceptance with Adequate Controls** | | | **Action Required?** | |  | | | |  |  |  | |
| **Low: 1-3** | | Yes | | | Does not currently require corrective action | |  | | | |  |  |  | |
| **Medium: 4-8** | | Yes | | | Needs corrective action within 3 months | |  | | | |  |  |  | |
| **High: 9-15** | | No | | | Needs corrective action within 1 month | |  | | | |  |  |  | |
| **Extreme: 16-25** | | No | | | Needs immediate corrective action | |  | | | |  |  |  | |
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