

# DRAKENSTEIN PALLIATIVE HOSPICE AND BUTTERFLY HOUSE RISK ANALYSIS 2018

- Risks identified are covered under the following headings

1. Financial
2. Physical
3. Environmental
4. Medico-legal
5. Operational

- Risks were prioritized based on being high cost, high volume, or problem prone.

- Weighting Key

**PROBABILITY:** 1 = LOW (may not occur at all)  
5 = VERY HIGH (already present or occurring)

**IMPACT:** 1 = MILD (may not have any visible effect)  
5 = CATASTROPHIC (will result in Loss of life, function, etc.)

- Risks that have a combined probability x impact risk score of 10 or higher (marked in blue) merit an action. See Risk prevention and management plan for prevention and mitigation strategies.

## 1. Financial Risks

	Risk	Probability that the risk will occur					Impact if it did occur					Total Risk	Comments
		1	2	3	4	5	1	2	3	4	5		
1	<b>Loss of Major funder</b>			x							x	15	Already occurred. See RPMP (Risk prevention and management plan)
2	<b>Over expenditure</b> (considered as a difference of more than 10% for line items and 5% of overall budget)			x				x				6	See Quality Monitoring Programmes
3	<b>Fraud</b>		x								x	10	Quarterly external audit in place. See Quality Monitoring Programmes
4	<b>Reserve versus operational expenditure</b>			x					x			9	Already occurred. See RPMP. See PR/Fundraising plan
5	<b>Unplanned funding/Cross funding</b>		x								x	10	Revisit quarterly at QAPI meeting.

6	Funder requirements impact on Vision and Mission of DPH		x						x			6	See MANCO minutes and Board Reports
7	Under expenditure	x						x				1	Low risk due to current economic environment

## 2. Physical Risks

	Risk	Probability that the risk may occur					Impact if it did occur					Total Risk	Comments
		1	2	3	4	5	1	2	3	4	5		
1	Assault of staff member			x					x			9	P&P's, staff work in teams, training, PR
2	Hijacking		x							x		8	
3	TB / HIV exposure		x								x	10	All staff, vols. & patients – TB checks, P&P's – infection control, training.
4	Needle stick injury		x						x			6	
5	Patient abuse	x									x	5	
6	Accident on duty	x							x			3	OHS team (as part of QAPI), Training, Audits, Risk assessments, Policies and procedures, WCA procedures, Clinical guidelines
7	Staff burnout			x					x			9	Job Satisfaction Questionnaires. Sabatical, Staff support sessions, Personal Development Plans, Appropriate patient to staff ratios
8	Car accidents		x							x		8	
9	Sexual Assault / Abuse		x								x	10	Training, talks, Gate monitors, toilet gates, working in pairs, seperate areas, police clearance, volunteer P&P

## 3. Environmental Risks

	Risk	Probability that the risk may occur					Impact if it did occur					Total Risk	Comments	
		1	2	3	4	5	1	2	3	4	5			
1	Natural disaster/Fire		x									x	10	See Emergency Plan in Management File, Training, Drills, No smoking policy, Gas safety compliance certificate etc.

2	Structural damage: Roof falling on head		x						x			6	
3	Xenophobia / Gang violence		x								x	10	Awareness and good relationships with police and community
4	Extraneous effects (e.g. tik addicts & virus)		x						x			6	

#### 4. Medico-legal risks

	Risk	Probability that the risk may occur					Impact if it did occur					Total Risk	Comments
		1	2	3	4	5	1	2	3	4	5		
1	Morphine misuse		x							x		8	
2	Physical & emotional injury to patient		x								x	10	This could put the future of DPH and BH in jeopardy
3	Patient taking legal action against DPH		x							x		8	
4	Lack of record keeping		x							x		8	See Quality Monitoring Programmes: 1."Standard of Interdisciplinary Team Interventions" for Record keeping audits and 2. "Clinical audit", On-going training

#### 5. Operational Risks

	Risk	Probability that the risk will occur					Impact if it did occur					Total Risk	Comments
		1	2	3	4	5	1	2	3	4	5		
1	Patient neglect	x								x		4	
2	Poor quality care	x								x		4	
3	Loss of key staff			x						x		9	Staff allocation to areas and tasks. Number of staff in key departments. Job sharing/ shadowing. Succession plan.
4	Loss of accreditation	x									x	5	
5	Poor governance		x							x		8	
6	Bad public relations event		x								x	10	Policies and procedures reviewed. Good communication

# Drakenstein Palliative Hospice & Butterfly House Risk Prevention and Management Plan 2018

## Risk 1: Financial

Risk and Score (Probability x Impact)	Strategy : Prevention, mitigation strategy, way forward	Objective
<p><b>Loss of Major funder</b></p> <p><b>Score: 15</b></p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>• Maintain positive relationship with funders through regular contact and meeting of requirements and reports.</li> </ul> <p><b>Mitigation strategy:</b></p> <ul style="list-style-type: none"> <li>• Draw up a list of funders with % of annual income contributed and % of risk calculated in order to determine the Rand amount of reserve required to cover DPH &amp; BH in the event of loss of funders.</li> <li>• Develop an action plan to address the risk e.g. funding opportunities, selling assets, retrenchments, cutting costs, improve sustainability</li> </ul>	<p>On-going quality care</p>
<p><b>Over expenditure</b> (considered as a difference of more than 10% for line items and 5% of overall budget)</p> <p><b>Score: 6</b></p>	<p><b>Prevention:</b> Monthly monitoring and reporting and Managers held responsible for departmental spending.</p> <p><b>Mitigation strategy:</b> QAPI programme to be instituted if expenditure exceeds 10% of budgeted amount.</p>	<p>Stay within overall annual budget</p>
<p><b>Fraud</b></p> <p><b>Score: 10</b></p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>• Numerous counter-checking measures in place to prevent fraud by a single person. (see Financial Policies)</li> <li>• Collusion fraud prevented through quarterly independent audit of financial statements vs. bank statements.</li> </ul> <p><b>Mitigation strategy:</b></p> <ul style="list-style-type: none"> <li>• Immediate disciplinary and police action to be taken.</li> </ul>	<p>Sound financial management</p>

<p><b>Reserve versus operational expenditure</b></p> <p><b>Score: 9</b></p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>• See loss of major funder</li> </ul> <p><b>Mitigation strategy:</b></p> <ul style="list-style-type: none"> <li>• PR/Fundraising plan</li> </ul>	<p>Balance long term versus immediate needs</p>
<p><b>Unplanned funding/ Cross Funding</b></p> <p><b>Score: 10</b></p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>• All funding applications planned for in annual budget.</li> <li>• Re-visit at QAPI meeting on quarterly basis</li> </ul> <p><b>Mitigation strategy:</b></p> <ul style="list-style-type: none"> <li>• Policy and procedures that outline strategy and actions to be taken.</li> <li>• Financial committee to assess the situation and funders to be notified and negotiated with in a transparent manner.</li> </ul>	<p>Stay within mission and adhere to cross-funding policy</p>
<p><b>Funder requirements impact on vision and mission of DPH &amp; BH</b></p> <p><b>Score: 6</b></p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>• Approval of all major funders by the Board to ensure alignment with vision and mission of DPH &amp; BH</li> <li>• Annual budgeting process in which Board and senior staff are involved.</li> <li>• Monitoring of impact of funder requirements on operations, at MANCO.</li> </ul> <p><b>Mitigation strategy:</b></p> <ul style="list-style-type: none"> <li>• In case of major funder changing their criteria suddenly. Call meeting of Financial and Executive Committee of the Board to decide on plan of action.</li> </ul>	<p>Ensure sustainability without compromising on vision and mission</p>
<p><b>Under expenditure</b></p> <p><b>Score: 1</b></p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>• Accurate and realistic budgeting to prevent over budgeting.</li> <li>• Monthly review of expenditure vs. budget by CEO, Financial Manager and Board.</li> </ul> <p><b>Mitigation strategy:</b></p> <ul style="list-style-type: none"> <li>• Review of reasons for under spending by Financial committee and Board.</li> <li>• Responsibly apply funding where deemed necessary.</li> </ul>	<p>Delivery of quality care</p>

## Risk 2: Physical

Risk and Score (Probability x Impact)	Strategy	Objective
<p><b>Assault of staff member</b></p> <p><b>Score: 9</b></p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>• Highlight areas of potential risk at staff meetings.</li> <li>• Train staff members in safety and emergency procedures like: Staff not to go out after dark or on weekends etc.</li> <li>• Maintain a positive public perception of hospice so that community members will protect staff. (PR/Fundraising plan, Partnerships/Networking involvement)</li> <li>• Staff to wear uniforms at all times as well as drive in marked cars and operate in pairs.</li> <li>• Ensure staff in field have cell phones and security measures like buzz gates and panic buttons are in working order.</li> </ul> <p><b>Mitigation strategies:</b></p> <ul style="list-style-type: none"> <li>• Ensure incident procedures are followed and incident analysed to prevent future incidents.</li> <li>• Train staff members in what to do in case of assault.</li> <li>• Increase security measures.</li> </ul>	<p>Safety of staff at all times</p>
<p><b>Hijacking</b></p> <p><b>Score: 8</b></p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>• Highlight areas of potential risk at staff meetings.</li> <li>• Train staff members in safety policies and procedures.</li> </ul> <p><b>Mitigation strategies:</b></p> <ul style="list-style-type: none"> <li>• Train staff members in what to do in case of hijacking.</li> </ul>	<p>Safety of staff</p>
<p><b>TB / HIV/ Hep. B exposure</b></p> <p><b>Score: 10</b></p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>• Train staff members and relevant volunteers in up to date protocols including the wearing of protective clothing/devices. Complying with safety standards.</li> <li>• Screen all staff, volunteers and patients for TB at least annually.</li> <li>• Current immunisation of at risk staff members.</li> </ul>	<p>Health of all staff, volunteers</p>

	<ul style="list-style-type: none"> <li>• Infection control audits.</li> <li>• OHS monitored by the OHS team (as part of the monthly QAPI meeting).</li> </ul> <p><b>Mitigation strategies:</b></p> <ul style="list-style-type: none"> <li>• Train staff in TB/Hep B symptoms to watch out for.</li> <li>• Written policy and procedure on suspected or confirmed TB in staff member.</li> <li>• Post exposure prophalaxis to be offered.</li> <li>• OHS expert to be consulted.</li> </ul>	
<p><b>Needle stick injury</b></p> <p><b>Score: 6</b></p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>• Ensure all staff are adhering to safety standards and protocols regarding handling of sharps and protective footwear etc.</li> </ul> <p><b>Mitigation strategy:</b></p> <ul style="list-style-type: none"> <li>• Report incident immediately and seek medical attention.</li> <li>• Management to investigate incident.</li> </ul>	Health & safety
<p><b>Patient abuse</b></p> <p><b>Score: 5</b></p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>• Staff trained in patient care standards.</li> <li>• All caring staff and volunteers to sign a code of conduct.</li> <li>• Patient informed of rights.</li> <li>• Patient made aware of grievance procedures in easily understandable form.</li> <li>• Regular external audits of patient care to be done – including file checks and visit to patients homes.</li> </ul> <p><b>Mitigation strategy:</b></p> <ul style="list-style-type: none"> <li>• Written procedure to be followed.</li> <li>• In case of incident of abuse coming to light - immediate disciplinary and police action to be taken.</li> </ul>	Patient rights
<p><b>Accident on duty</b></p> <p><b>Score: 3</b></p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>• Train staff members and relevant volunteers in OHS, risk and emergency policies and procedures.</li> <li>• Ensure First Aid trained staff on site at each venue.</li> </ul>	Health and safety of staff

	<ul style="list-style-type: none"> <li>• Ensure First Aid kits are well stocked and available to staff.</li> <li>• Highlight areas of potential risk at staff meetings.</li> <li>• Regular inspections of buildings carried out by OHS team and reported to QAPI.</li> <li>• Staff trained in WCA procedures.</li> </ul> <p><b>Mitigation strategies:</b></p> <ul style="list-style-type: none"> <li>• Initiate WCA procedures</li> <li>• Ensure incident procedures are followed and incident analysed to prevent future incidents.</li> <li>• Analyse incidents to identify trends on a quarterly basis at QAPI meetings.</li> </ul>	
<p><b>Staff burnout</b></p> <p><b>Score: 9</b></p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>• Staff encouraged to take all annual leave and to take at least two weeks consecutively.</li> <li>• Monthly staff-support sessions to be encouraged.</li> <li>• Ensuring adequate resources and adequate numbers of staff – annual staff plan.</li> <li>• Job satisfaction questionnaires, annual appraisals.</li> <li>• Ensuring proper functioning of the interdisciplinary team, structures, systems and policies and procedures to protect individuals</li> <li>• Three week sabbatical available to Prof. staff after 5 years service.</li> <li>• Personal development plans.</li> </ul> <p><b>Mitigation strategy:</b></p> <ul style="list-style-type: none"> <li>• Staff members experiencing symptoms of burnout identified and supported by the interdisciplinary team, CEO and MANCO. Individual action plan devised to address the situation in a way that is mutually beneficial to both the staff member and the organisation.</li> </ul>	<p>Staff health retention &amp; quality patient care</p>
<p><b>Car accidents</b></p> <p><b>Score: 8</b></p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>• Ensure proper maintenance of cars planned and in the event of a fault being detected.</li> <li>• Weekly checks of cars.</li> </ul>	<p>Safety &amp; protection of resources</p>

	<ul style="list-style-type: none"> <li>Ensure all staff using vehicles have valid drivers licences and PDP licences as required.</li> </ul> <p><b>Mitigation strategy:</b></p> <ul style="list-style-type: none"> <li>Ensure that all staff are trained in policies and procedures of what to do in the event of an accident occurring.</li> <li>Ensure adequate insurance to cover damage and liability.</li> </ul>	
<p><b>Sexual Assault and Harassment</b></p> <p><b>Score: 10</b></p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>Regular training and talks</li> <li>Appointment and training of gate monitors</li> <li>Working in pairs, never alone</li> <li>Children seperated in age groups and in different areas, gates on toilets</li> <li>Police clearance on all staff and long term volunteers</li> <li>Policies and procedures in place and updated</li> </ul>	<p>Safety and protection of patients and BH children</p>

### Risk 3. Environmental

<b>Risk and Score</b> (Probability x Impact)	<b>Strategy</b>	<b>Objective</b>
<p><b>Natural disaster/ Fire</b></p> <p><b>Score: 10</b></p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>Ensure that all fire and emergency equipment is serviced and available.</li> <li>Have up to date emergency plan that is known to all staff – training and drills.</li> <li>Ensure no smoking policy is a known to all staff, visitors and volunteers.</li> </ul> <p><b>Mitigation strategy:</b></p> <ul style="list-style-type: none"> <li>Ensure understanding of staff of what to do in the event of emergency situation arising at yearly meeting and training.</li> <li>Ensure up to date and adequate insurance to cover all eventualities.</li> <li>Have up to date emergency plan that is known to all staff – training and drills.</li> </ul>	<p>Safety &amp; on-going service delivery</p>

<p><b>Structural damage</b></p> <p><b>Score: 6</b></p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>• Regular maintenance checks (3 mthly)</li> <li>• Occupancy certificate available.</li> <li>• Emergency plan and regular rehearsals executed.</li> </ul> <p><b>Mitigation strategy:</b></p> <ul style="list-style-type: none"> <li>• Have building professionally inspected to ascertain safety of use if needed.</li> <li>• Ensure up to date and adequate insurance.</li> </ul>	<p>Safety</p>
<p><b>Xenophobia / Gang violence</b></p> <p><b>Score: 10</b></p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>• Ensure good relations with Municipal emergency response team and police</li> <li>• Ensure good relationships with the community</li> </ul> <p><b>Mitigation strategy:</b></p> <ul style="list-style-type: none"> <li>• Call meeting of Board Executive Committee.</li> <li>• All decisions for assistance to be in line with the vision and mission of DPH &amp; BH</li> <li>• Policy in place that needs to be followed.</li> </ul>	<p>Safety &amp; mission</p>
<p><b>Extraneous effects</b> (e.g. tik addicts &amp; viruses)</p> <p><b>Score: 6</b></p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>• MANCO and Board to stay abreast of trends.</li> </ul> <p><b>Mitigation strategy:</b></p> <ul style="list-style-type: none"> <li>• Call meeting of Board Executive Committee to come up with a contingency plan that is in line with the vision and mission of the organisation.</li> </ul>	<p>Mission</p>

## Risk 4: Medico-legal

<p><b>Risk and Score</b> (Probability x Impact)</p>	<p><b>Strategy</b></p>	<p><b>Objective</b></p>
<p><b>Morphine misuse</b></p> <p><b>Score: 8</b></p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>• Ensure proper record keeping and policies and procedures to put checks and balances in place to minimise the risk of medication abuse. (E.g. Doctors prescriptions, signature of patients, measuring of medication. Labelling bottles clearly. Not leaving medication in cars.</li> </ul>	<p>Legal Medication Control</p>

	<p><b>Mitigation strategy:</b></p> <ul style="list-style-type: none"> <li>• If Morphine misuse comes to light - immediate disciplinary and police action to be taken.</li> </ul>	
<p><b>Physical &amp; emotional injury to patient</b></p> <p><b>Score: 10</b></p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>• Patients seen by more than one staff member and discussed at the IDT.</li> <li>• Patients made aware of rights and how they can report abuse.</li> <li>• All staff trained in patient handling and care.</li> </ul> <p><b>Mitigation strategy:</b></p> <ul style="list-style-type: none"> <li>• Written procedure to be followed.</li> <li>• All incidents of injury to patient to be reported immediately. Incident to be investigated by management. Appropriate action to be taken.</li> <li>• In case of incident of abuse coming to light - immediate disciplinary and police action to be taken.</li> </ul>	<p>Protection of Hospice, patients &amp; BH clients</p>
<p><b>Patient / Client taking legal action against DPH or BH</b></p> <p><b>Score: 8</b></p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>• Ensure good care/record keeping/policies and procedures and checks and balances.</li> <li>• Follow up on all complaints, invite patient feedback.</li> <li>• Patients informed of rights and responsibilities.</li> <li>• Patients to sign consent and indemnity.</li> <li>• All nurses registered and all HBCarers properly supervised by Nurses.</li> <li>• All staff trained and qualified.</li> <li>• All staff dealing with children police checked.</li> </ul> <p><b>Mitigation strategy:</b></p> <ul style="list-style-type: none"> <li>• Seek legal advice.</li> <li>• Call meeting of Board Executive Committee.</li> <li>• Conduct and internal investigation.</li> </ul>	<p>Protection of Hospice</p>

<p><b>Lack of record keeping</b></p> <p><b>Score: 8</b></p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>• Regular record keeping audits for Patient files.</li> <li>• IDT meeting and Patient Round.</li> <li>• Ongoing training on record keeping and MER.</li> <li>• External spot check audit – visit to patient’s home</li> <li>• Staff working in teams</li> </ul> <p><b>Mitigation strategy:</b></p> <ul style="list-style-type: none"> <li>• QAPI programme initiated</li> </ul>	<p>Protection of patients &amp; accreditation</p>
---	--	---

## Risk 5: Operational

<b>Risk and Score</b> (Probability x Impact)	<b>Strategy</b>	<b>Objective</b>
<p><b>Patient neglect</b></p> <p><b>Score: 4</b></p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>• Ensure good care/record keeping/policies and procedures and checks and balances. Regular external audits of patient care to be done – including file checks and visit to patients homes.</li> <li>• Patients seen by more than one staff member and discussed at the IDT.</li> <li>• Patients made aware of rights and reporting procedure.</li> <li>• All staff and volunteers trained in holistic patient care.</li> <li>• Patients to be informed of rights and have guidelines for complaining - signed by patient.</li> <li>• All staff and relevant volunteers to sign code of conduct and receive training in patient rights and patient care.</li> </ul> <p><b>Mitigation strategy:</b></p> <ul style="list-style-type: none"> <li>• Written procedure to be followed.</li> <li>• In case of incident of neglect coming to light – internal investigation to be launched.</li> <li>• Quality, holistic care of patient to be resumed.</li> </ul>	<p>Health &amp; safety of patients</p>

<p><b>Poor quality care</b></p> <p><b>Score: 4</b></p>	<p><b>Prevention: See Patient Neglect</b>  <b>Mitigation strategy: See Patient Neglect</b></p>	<p>Good quality care</p>
<p><b>Loss of key staff</b></p> <p><b>Score: 9</b></p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>• See staff burnout.</li> <li>• Staff allocation to areas and tasks managed and reviewed.</li> <li>• Adequate numbers of staff in key departments and job sharing/shadowing.</li> <li>• Succession planning.</li> <li>• Document all protocols and procedures for key staff.</li> </ul> <p><b>Mitigation strategy:</b></p> <ul style="list-style-type: none"> <li>• Arrange meeting of Board EXCOM and HR committee to develop and implement contingency plan.</li> </ul>	<p>Continuation and sustainability of quality service</p>
<p><b>Loss of accreditation</b></p> <p><b>Score: 5</b></p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>• Ensure continued attention to quality and the maintenance of standards.</li> </ul> <p><b>Mitigation strategy:</b></p> <ul style="list-style-type: none"> <li>• Work to regain accreditation status.</li> </ul>	<p>Credibility</p>
<p><b>Poor governance</b></p> <p><b>Score: 8</b></p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>• Ensure the maintenance of an active, transparent and representative Board.</li> <li>• Upkeep of accreditation, NPO/NGO registration and meeting of funder and legislative requirements.</li> <li>• Mission, vision and policies and procedures clearly documented.</li> <li>• Organisational culture of responsible governance amongst staff and volunteers on all levels.</li> <li>• External Audits</li> </ul> <p><b>Mitigation strategy:</b></p> <ul style="list-style-type: none"> <li>• Mission, vision and policies and procedures clearly documented.</li> </ul>	<p>Accountability &amp; realisation of mission &amp; vision</p>

	<ul style="list-style-type: none"> <li>Organisational culture of responsible governance amongst staff and volunteers on all levels.</li> </ul>	
<p><b>Bad public relations event</b></p> <p><b>Score: 10</b></p>	<p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>Maintenance of accreditation to ensure that quality in all areas of work to protect the organisation from disrepute.</li> <li>Well trained staff.</li> <li>Train staff and volunteers in PR policies and procedures.</li> <li>Ensure all event planning and risk management protocols are followed.</li> </ul> <p><b>Mitigation strategy:</b></p> <ul style="list-style-type: none"> <li>Inform board sub committee.</li> <li>Build up a team of experts who may be called on when needed for advice.</li> </ul>	<p>Good image &amp; community support</p>