



مهارات Maharat

Learning Center مركز تعليمي

RISK MANAGEMENT POLICY & PLAN

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1. Purpose and Objective

- 1.1 Risk Management is the culture, processes and structures that are created in order to ensure effective management of potential opportunities and adverse effects.
- 1.2 Risk is inherent in all social care, administrative and business activities and every staff member at Maharat Learning Center (MLC) is responsible to continuously manages risk.
- 1.3 The aim of this Risk Management Policy and Plan is not to eliminate risk, but rather strategically manage the risks involved in all MLC activities in order to maximize opportunity and minimize adversity.
- 1.4 The purpose of the Risk Management Policy and Plan is to:
 - Provide the framework for the identification of all significant operational, financial, social care and safety risks in MLC; to identify factors that present the potential for injury to clients, visitors or staff, other risk of liability or damage to center property.
 - Promote and support development of practices aimed at enhancing client outcomes while minimizing the likelihood of adverse effects of loss; to reduce, modify, eliminate and control conditions that may cause loss.
 - Minimize the occurrence of situations that can lead to injuries and liability claims.
 - Reduce risk through proactive loss control programs.
 - Control the severity of loss or potential liability when loss occurs.

2. Scope

- 2.1 The Risk Management Policy and Plan applies to all staff (full or part time) and all social care and non-social care activities at MLC.
- 2.2 Examples of significant activities include but are not limited to the following:
 - Adding new services (social care and non-social care).
 - Contracting (whether for goods or services).
 - Outsourcing, partnering, or shared service arrangements of functions.
 - Risk associated with adding new equipment or technology.
 - Risk associated with providing services to a vulnerable group of clients.
 - Community events held on MLC premises or public awareness activities or events organized by MLC.
 - Undertaking MLC business in public places.
 - Cooperative arrangements with third parties.

3. Definitions and Abbreviations

- 3.1 **MLC:** Maharat Learning Center
- 3.2 **CEO/MD:** Chief Executive Officer / Managing Director
- 3.3 **HR:** Human Resources
- 3.4 **QCBD** Quality Compliance & Business Development Manager
- 3.5 **CDA:** Community Development Authority
- 3.6 **Hazard:** any situation with the potential to cause harm.
- 3.7 **Risk:** defined as the probability that a specific adverse event will occur in a specific time period or as a result of a specific situation.
- 3.8 **Social care risk:** is the chance of an adverse outcome resulting from Social care service provision or client care.
- 3.9 **Severity:** the severity of the hazard should it occur.
- 3.10 **Likelihood:** the likelihood of occurrence, or frequency of the hazard occurring.
- 3.11 **Risk Management:** Social care and administrative activities developed and implemented to prevent and reduce or identify, evaluate and intervene with risk of injury or loss to clients, staff, visitors and the organization.
- 3.12 **Risk Assessment:** The overall process of risk analysis and evaluation.
- 3.13 **Action Plan:** Identifies the strategies that the organization intends to implement in order to reduce the risk of similar events occurring in the future. The plan should address responsibility for implementation, oversight, pilot testing as appropriate, time lines, and strategies for measuring the effectiveness of the actions.

4. Policy

- 4.1 MLC shall adopt an integrated comprehensive proactive approach designed to oversee all aspects of risk identification, risk evaluation and coordination of corrective action implementation. This shall include maintaining procedures to provide the Center with a systematic view of the risks faced in the course of academic, administrative, and business activities and shall be consistent with the Community Development Authority (CDA) Dubai Social Care Standards.
- 4.2 It is imperative that the Risk Management Policy and Plan include a framework for identifying sources of risk, establishing the approaches, creating a clear process for evaluating the risks, and ensuring appropriate actions and improvements are implemented.

5. Procedure

5.1 Responsibilities

- 5.1.1 The Risk Management Policy and Plan will be overseen and regularly reviewed by the Chief Executive Officer/Managing Director (CEO/MD) and Principal Director, who shall be responsible for the development and approval of the Risk Management Policy and Plan and setting the risk management approaches within the center.

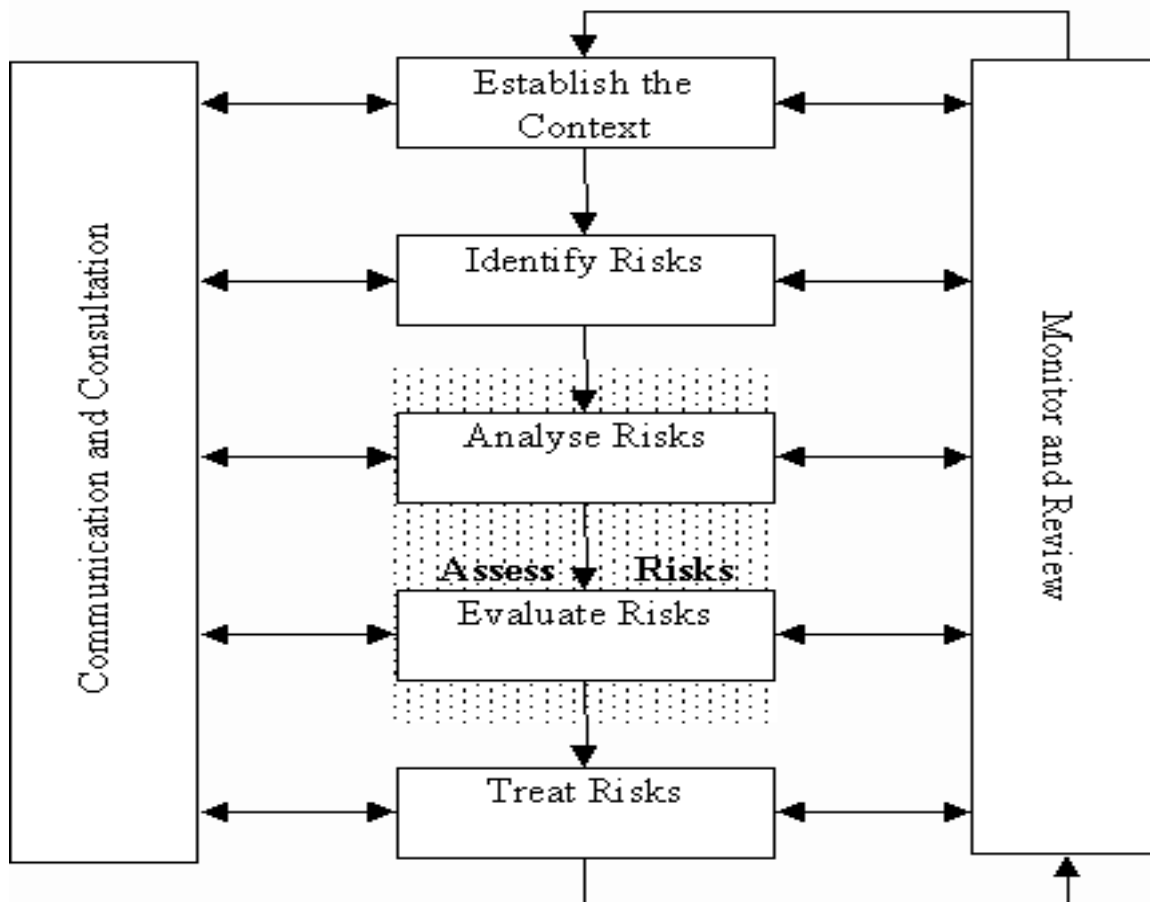
- 5.1.2 The CEO/MD shall provide all the resources and the training opportunities required for successful implementation of the Risk Management Policy and Plan. They shall also identify the potential risk areas (social care and non-social care) within the center, assign qualified staff to assess the potential risks, identify the risk reporting mechanisms and risk management approaches, approve the final action plan and provide all the required resources to effectively minimize or prevent the occurrence of risk.
- 5.1.3 The Quality Compliance & Business Development Manager (QCBD) will act as the Risk Officer and shall coordinate all risk management activities, ensure that the Risk Management Policy and Plan is implemented, maintain the risk register, organize regular meetings and report to the CEO/MD on all risk and client safety issues arising from the ongoing Risk Management Policy and Plan.
- 5.1.4 Other members of staff may be identified and assigned responsibilities and authority for particular aspects of the Risk Management Policy and Plan which will be associated with their normal work activities and responsibilities.
- 5.1.5 All staff are empowered to identify potential risks, and can utilize the Risk Assessment Form (QM025) to bring to the attention of the CEO/MD or through the QCBD, issues concerning client safety or quality of care.
- 5.1.6 All staff are expected to actively support the Risk Management Policy and Plan to achieve and assure optimal care to our clients and to promote a culture that supports continuous quality improvement.

5.2 Risk Management Basic Principles and Guidelines

- 5.2.1 The Risk Management Policy and Plan includes the following basic principles and guidelines:
- **Establish a context**. This is the strategic, organizational and risk management context against which the rest of the risk management process will take place. Criteria against which risk will be evaluated should be established and the structure of the risk analysis defined.
 - **Identify Risks**. This is the identification of what, why and how events arise as the basis for further analysis.
 - **Analyze Risks**. This is the determination of existing controls and the analysis of risks in terms of the consequence and likelihood in the context of those controls. The analysis should consider the range of potential consequences and how likely those consequences are to occur. Consequence and likelihood are combined to produce an estimated level of risk.

- **Evaluate Risks**. This is a comparison of estimated risk levels against pre-established criteria. This enables risks to be ranked and prioritized.
- **Treat Risks**. For higher priority risks, the Child Early Intervention Medical Center is required to develop and implement specific risk management plans including funding considerations. Lower priority risks may be accepted and monitored.
- **Monitor and Review**. This is the oversight and review of the risk management system and any changes that might affect it. Monitoring and reviewing occurs concurrently throughout the risk management process.
- **Communication and Consultation**. Appropriate communication and consultation with internal and external Personnel should occur at each stage of the risk management process as well as on the process as a whole.

5.2.2 Schematically, the Risk Management process is depicted in the following diagram:



5.3 Data Sources

5.3.1 Identifying sources of risk and areas of impact provides a framework for risk identification and analysis. Maintaining a comprehensive list of sources and impacts which includes both generic as well as specific data sources will focus risk identification activities and contribute to more effective and comprehensive Risk Management Plan.

5.3.2 Data that provide information about actual and potential risks can be gathered from but are not limited to the following sources:

- Incident Reports
- Performance improvement activities; self-assessments / audits, i.e. enrollment record reviews, HSE audits, infection control audits.
- External review findings
- Infection control reports
- Administration referral
- Social care staff requests
- Client/family complaints
- Client satisfaction surveys
- Maintenance reports

5.4 Generic Sources of Risk

5.4.1 Each generic source has numerous components, any of which can give rise to a risk. Generic sources of risk include but are not limited to the following:

- Commercial and legal relationships including but not limited to contractual risk, service liability, professional liability and public liability.
- Economic circumstances. These can include such sources as currency fluctuations, interest rate changes, taxation and changes in fiscal policy.
- Natural Events. These can include fire, water damage, earthquakes, vermin, disease and contamination.
- Political Circumstances. These can include legislative changes or changes in government policy that may influence other sources of risk.
- Technology and Technical Issues. Examples of this include innovation, obsolescence and reliability.
- Management Activity and Control such as poor safety management, the absence of control and inadequate security.
- Individual Activity including, misappropriation of funds, fraud, vandalism, illegal entry, information misappropriation and human error.

5.4.2 In most instances a risk source will be under the control of the person conducting or accountable for an activity or function. In some instances (and these are entirely circumstance driven) the risk may be spread across or even

outside of MLC. If this is the case then the relevant parties should be consulted during the risk assessment process.

5.5 Areas of Impact

5.5.1 A source of risk may impact one area or several areas, including but not limited to:

- Asset and resource base including personnel,
- Revenue and entitlements,
- Costs both direct and indirect,
- People,
- The community,
- Performance,
- Timing and schedule of activities,
- The environment,
- Intangibles such as reputation, goodwill and the quality of life, and
- Organizational behavior.
- Risk Management Approaches

5.6 Approaches for Risk Management

5.6.1 Reactive & Proactive Approach

5.6.1.1 MLC follows two main approaches for Risk Management, a reactive approach for managing risk and a proactive approach for managing risk.

5.6.2 Reactive Approach for Managing Risk

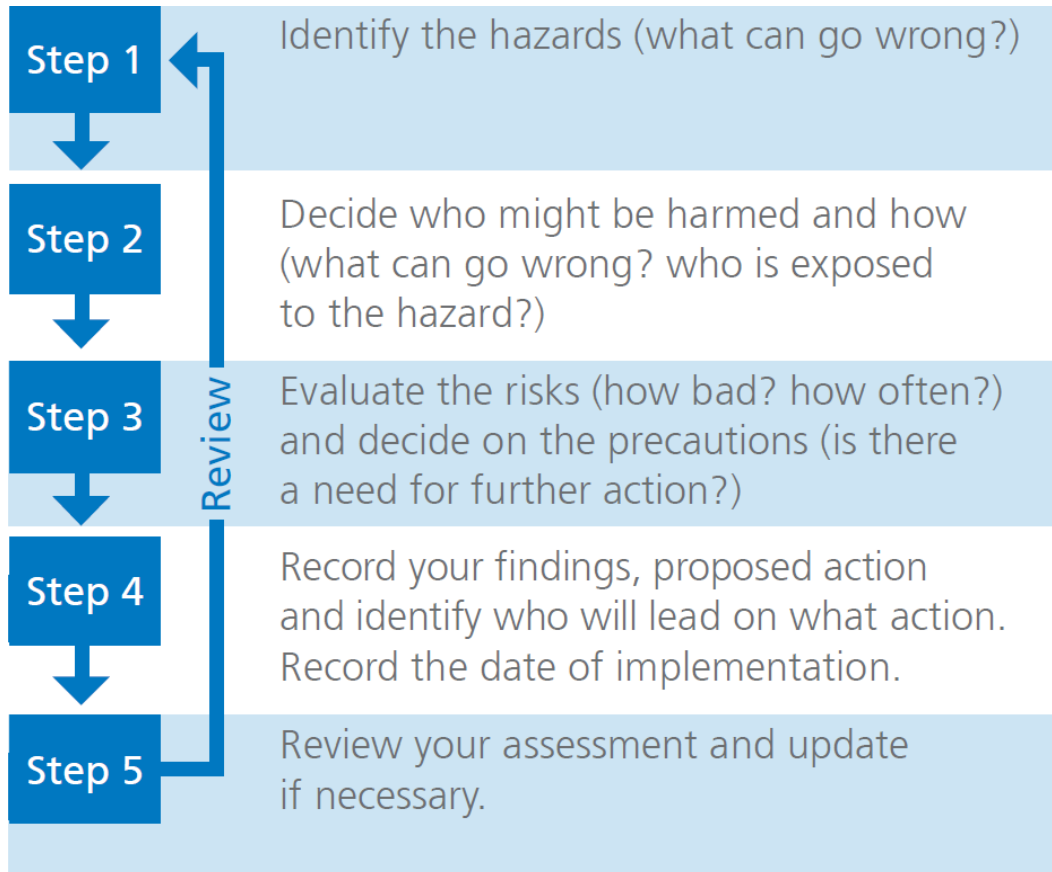
5.6.2.1 The reactive approach of risk management uses the incident reporting system adopted by MLC and to provide a mechanism of identification, tracking and follow up of all incidences that pose an actual safety risk to clients, families, visitors and staff.

5.6.2.2 Upon discovering any incident in the center, staff is required to follow the incident reporting procedure stipulated in the Incident Reporting Policy (HSE020).

5.6.2.3 Incident reports shall be reviewed and analyzed by the QACM on a quarterly basis and required action and feedback shall be provided to individuals involved in the incident. Following the incident, preventative actions shall be developed, implemented and documented to improve processes. All continuous quality improvement initiatives shall be communicated to staff and clients.

5.6.3 Proactive Approach for Managing Risk

5.6.3.1 The proactive approach for risk management falls within the scope of responsibility of all staff at MLC. The following are the five steps of the Proactive Risk Management Approach model adopted by MLC and shall be used to as guidelines to follow in risk management projects:



5.6.4 Hazard Identification (What Can Go Wrong?)

5.6.4.1 It is important to identify the potential hazards in the organizational processes and the possible causes behind those hazards in order to prevent potential risk. Potential risks are a result of a hidden failure in the system or in the process. To identify potential hazards:

5.6.4.2 Select high risk process: Using the data obtained from different resources mentioned in in this policy will provide information on high priority processes.

5.6.4.3 All identified risks will be recorded in the Risk Register, which is provided as Attachment A.

5.6.5 Decide What Can Go Wrong / Who Is Exposed to Risk

5.6.5.1 This is very important step since it will direct the project and priorities the decision making process depending who will be exposed to a potential risk. After hazard identification define:

- The possible causes leading to the hazard.
- Who will be exposed to the hazard.
- Evaluate the Risks (How Bad? How Often?)

5.6.5.2 Evaluating and prioritizing risk is dependent on determining the likelihood of occurrence and the potential severity if it were to occur. At MLC, we have adopted the following Risk Matrix based on two parameters, which includes the likelihood of occurrence and the severity. Based on this, the risk shall be classified into four main categories:

- **Low Risk (GREEN)** – Quick, easy measures implemented immediately and further action planned for when resources permit.
- **Moderate Risk (YELLOW)** – Actions implemented as soon as possible, but no later than 21 days from time of assessment.
- **High Risk (ORANGE)** – Actions implemented as soon as possible and no later than 10 days from time of assessment.
- **Extreme Risk (RED)** – Requires urgent action. The CEO/MD is made aware and immediate corrective action shall be implemented.

5.6.6 Risk Matrix

			Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Likelihood	5	Almost certain to occur in most circumstances	Medium (5)	High (10)	High (15)	Very High (20)	Very High (25)
	4	Likely to occur frequently	Medium (4)	Medium (8)	High (12)	High (16)	Very High (20)
	3	Possible and likely to occur at some time	Low (3)	Medium (6)	High (9)	High (12)	High (15)
	2	Unlikely to occur but could happen	Low (2)	Low (4)	Medium (6)	Medium (8)	High (10)
	1	May occur but only in rare and exceptional circumstances	Low (1)	Low (2)	Medium (3)	Medium (4)	Medium (5)

Rare (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%

	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Injury	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 counseling. Agency reportable, e.g. HSA, Gardaí (violent and aggressive acts). >3 Days absence 3-8 Days extended hospital Stay Impaired psychosocial functioning greater than one month less than six months	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counseling Impaired psychosocial functioning greater than six months	Incident leading to death or major permanent incapacity. Event which impacts on large number of patients or member of the public Permanent psychosocial functioning Incapacity.
Compliance with Standards	Minor noncompliance with internal standards. Small number of minor issues requiring improvement	Single failure to meet internal standards or Follow protocol. Minor recommendations which can be easily addressed by local management	Repeated failure to meet internal standards or Follow protocols. 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 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.



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
Financial Loss (per local Contact)	Less than 1000AED	1000-3000AED	3000-7000AED	7000-15000AED	More than 15000AED

5.6.7 Record Findings and Proposed Action Plan

5.6.7.1 An acceptable risk level shall be clearly defined based on the area or process audited and a preventive action plan should be developed and documented highlighting the roles and responsibilities and defined time frame for action.

5.6.8 Review Assessment and Update as Necessary

5.6.8.1 The QCBD will reassess the potential risk after the proposed action plan items have been completed throughout the year.

5.6.8.2 The QCBD is responsible to update the action plan or risk score, update the risk register on an annual basis.

5.6.8.3 The proactive risk approach is a dynamic process and will be regularly reviewed to achieve the ultimate goal.

6. Related Documents / References

QM025	Risk Assessment Form
HSE020	Incident Reporting Policy

7. Amendments

7.1 This policy will be reviewed every two years at a minimum, or as required.

8. Attachments

8.1 Attachment A: Policy Authorization Page

Attachment A – Risk Register

Function/ Activity:		Injuries/Accidents	Compiled by: Karen Evan, QCBD Manager		Date: 31 January 2018						
Date of risk review:		31 January 2018	Reviewed by: Dr Hibah Shata, CEO/MD		Date: 31 January 2018						
The Risk	Potential Failure Modes	Potential Causes	Consequences	Analysis			Risk priority	Treat risk Y/N	Action Plan	Respon- sibilities	Time Frame
				Likeli- hood	Conse- quences	Risk Level					
Accidents Injuries and Incidents	Injury	Sharp edges: desks, shelving units	Accidents	3	1	3	L	Y	Annual staff training to be conducted in 2018.	HR	Q1 2018
	Injury/ Accident	Sharp objects, desk edges, pens, pencils, scissors	Injuries	3	1	3	L	N			
	Injury/ Accident	Children access sharps from Reception desk,	Injuries	1	2	2	L	N			
	Incident	Front door Access	Access and Escape	1	2	2	L	N			
	Accident/ Injury	Swing in OT room, hard floors with mat	Slips, trips and falls	1	5	5	L	N			
	Injury	Manual Handling	Occupational Health	3	2	6	M	Y	Annual staff training to be conducted in 2018.	HR	Q1 2018
	Service provision related injuries	Scrapes, bites, falls	Injury	3	2	6	M	Y	Crisis Management Training. Incident reporting training.		2018



Function/ Activity:		Electrical & Fire	Compiled by: Karen Evan, QCBD Manager		Date: 31 January 2018						
Date of risk review:		31 January 2018	Reviewed by: Dr Hibah Shata, CEO/MD		Date: 31 January 2018						
The Risk	Potential Failure Modes	Potential Causes	Consequences	Analysis			Risk priority	Treat risk Y/N	Action Plan	Responsibilities	Time Frame
				Likelihood	Consequences	Risk Level					
Electrical & Fire	Electrical & Fire	Exposed wires.	Burns/ Electric shock	2	3	6	M	N			
		Exposed plugs.	Burns/ Electric shock	2	3	6	M	N			
		Exposed sockets.	Electric shock	2	3	6	M	N			
		Poor electrical maintenance.	Burns/ Electric shock	2	3	6	M	N			
		Improper storage of flammable materials.	Fire	1	5	5	L	N			
		Poor maintenance of fire systems – alarms, extinguishers, sprinkler system.	Fire	1	5	5	L	N			
		Spread of fire from other locations.	Loss of materials	1	3	3	L	N			



Function/Activity:		Infection & Health Hazards		Compiled by:			Karen Evan, QCBD Manager		Date:		31 January 2018	
Date of risk review:		31 January 2018		Reviewed by:			Dr Hibah Shata, CEO/MD		Date:		31 January 2018	
The Risk	Potential Failure Modes	Potential Causes	Consequences	Analysis			Risk priority	Treat risk Y/N	Action Plan	Responsibilities	Time Frame	
				Likelihood	Consequences	Risk Level						
Infection & Health Hazards	Health Hazards	Mould and fungus	Illness/sickness Absence from work Loss of business from cancellations	2	2	4	L	N				
	Infection	Spread of infection	Illness/sickness Absence from work Loss of business from cancellations	2	4	8	M	Y	Infection Control training added to HR Induction Process. To be included in H&S Training for 2018	HR	First Q 2018	
	Health Hazards/ Infection	Contaminated surfaces	Spread of infection Illness	2	2	4	L	N				
	Health Hazards	Spread of infection	Respiratory disorder	2	4	8	M	N				



مهارات تعليمي

Learning Center

Name: Risk Management Policy & Plan	
Creation Date: January 2018	Doc.#: QM003
Revision Date: N/A	Version#: V.1
Attachments: [] Yes [X] No	Page 16 of 18

Function/Activity: Management Risks		Compiled by: Karen Evan, QCBD Manager		Date: 31 January 2018							
Date of risk review: 31 January 2018		Reviewed by: Dr Hibah Shata, CEO/MD		Date: 31 January 2018							
The Risk	Potential Failure Modes	Potential Causes	Consequences	Analysis			Risk priority	Treat risk Y/N	Action Plan	Responsibilities	Time Frame
				Likelihood	Consequences	Risk Level					
Management Risks	IT/Data	Loss of data	Loss of business	1	5	5	M	Y	Proposed to have offsite backup/possible cloud backup	IT/Accounts	End 2018
		Breach of security.	Loss of security / confidentiality, Exposure to critical information	1	5	5	M	Y	Increased security precautions to include: Limited access to files on server Designated hardware for departments Password protection on files and folders on the server	IT	2018
		Breach of confidentiality	Loss of clients	1	5	5	M	Y	IT to look at all emails to be sent from CRM	IT	2018
		High Turnover of Staff/Key Personnel	Resignation of staff.	1	4	4	L	N			
		Hiring, training, recruiting failure.	Loss of resources (time, money, staff)	2	3	6	M	Y	Probation period = HR to build a system for probation and employee confirmation, 180 day plan before confirmed as employee. Interview/ screening process: improve process with greater input from line manager – essential and desirable criteria and expand recruiting network and methods.	HR/Accounts	2018



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		Poor performance /conduct of staff	Loss of clients. Loss of quality	2	2	4	L	N			
		Failure to provide technically qualified staff.	Loss of clients, Loss of quality	1	4	4	L	N			
	Operations Management / Business Continuity	Loss of partners/founders.	Loss of financial stability	1	5	5	M	Y	Ongoing monitoring. Business continuity plan to be reviewed.		
		Legal issues affecting company image and reputation.	Liability.	1	5	5	M	N			
		Increased cost of service.	Loss of clients, Loss of money	1	5	5	M	N			
		Competing in the market.	Loss of branding and reputation	1	5	15	M	Y	Ongoing market research. Diversify products/add new service lines	Marketing /CEO	2018
	Social, Economic, Political	Global Politics	Closure of Business. Loss of stability	1	4	4	L	N			
		Increased operational costs/economic downturn	Closure of Business. Loss of stability. Loss of clients (exits). Loss of money	1	5	5	M	Y	Evaluate operational cost cutting measures and improve budget planning and adherence. Market research, to ensure continued competitiveness in the market.	Acct/CEO	2018
	Accounting / Finance	Loss of financial stability.	Closure of business	1	5	5	M	N			
		Bad debts.	Loss of money, loss of opportunity	1	3	3	L	Y	Improve payment methods, including online access	Acct/IT	2018
		Implementation of VAT from January 2018 in UAE	Error in tax declaration resulting in fine	1	4	4	L	N			

Attachment B - Policy Authorization Page

Creation Date: January 2018		Created By: Karen Evans	
Revision Date	Edited By	Version Number	Next Review Date
January 2018	Dr. Hibah Shata / Karen Evans	V.1	January 2019

Approval Signatory:

Name: Dr. Hibah Shata

Designation/Title: Managing Director / Chief Executive Officer

Date: 31 January 2018

Signature: _____

Company Stamp: