

Patient and Client Council

Your voice in health and social care

Title: Risk Management Strategy and Policy

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1.0 INTRODUCTION

- 1.1 The Patient and Client Council was established in legislation as a Public Body. As a public body it must comply with
- Departmental Circulars,
 - Regulations and
 - Legislation
- 1.2 The Patient and Client Council has a responsibility to manage risks to its operations and strategies so as to ensure that it can achieve its objectives and maximize the use of its resources.
- 1.3 This document provides a framework for managing risk within the Patient and Client Council and will apply to all actual and potential risks the Patient and Client Council may face.

2.0 Risk Management Strategic Statement

- 2.1 The Patient and Client Council is committed to fulfilling its statutory role. Critical to this commitment is the control of risks in a strategic and organised manner, to ensure that risks can be eliminated or reduced, to an acceptable level
- 2.2 Systematic identification, analysis and control of risk will be given a high priority within the Patient and Client Council.
- 2.3 This will include the assessment of information risk in any project planning and new processes undertaken in the PCC. Any risks identified through this process will be incorporated into the appropriate risk register and reviewed regularly on an on-going basis.
- 2.4 As a general principle the Patient and Client Council will seek to mitigate the effects of any risk by its elimination, reduction or transfer. However, it also recognises that the cost of eliminating the risk should be proportionate to its potential consequences or the likelihood of the risk being realised.
- 2.5 Risks graded as low on the grading matrix are generally regarded as acceptable. A High graded risk may also be considered acceptable by the Patient and Client Council Board when controls are robust and there is valid and relevant assurance on the controls.

3.0 Risk Appetite

- 3.1 The Patient and Client Council would classify itself in regard to the above as '**Open Risk Appetite**' and this therefore will influence the behaviour of the decision makers when considering the various risks.

3.2 An Open Risk Appetite is defined as ‘Willing to consider all options and will choose the one that is most likely to result in successful delivery and acceptable level of reward whilst avoiding unacceptable levels of risk to the organisation.

4.0 Risk Management Strategy

4.1 The Patient and Client Council will manage risk by:

- undertaking an annual assessment to identify the principal risks to the Patient and Client Council achieving its objectives to inform the operation of the Assurance Framework;
- monitoring and reviewing the effectiveness of the Assurance Framework annually. This will be undertaken by the Governance and Audit Committee and presented to the Board and informed by information from external review activities;
- ensuring that risk management policies are developed to define risk management responsibilities and to embed an ethos of learning and improvement following adverse incidents;
- integrating risk management into the annual planning process, ensuring that risks inform the planning process;
- Listing ‘Risk’ as a standard item for all team meetings;
- completing and annually reporting on compliance with the DHSSPS Controls Assurance Standards, so as to provide evidence that the Patient and Client Council is doing its “reasonable best” to manage itself in order to meet objectives and protect service users, staff and other stakeholders against risks of all kinds;
- empowering staff at all levels in the organisation to identify, assess and notify risks and
- developing and maintaining a no blame culture. In such a culture, staff are accountable for their actions, but it is recognised that individuals can and do make mistakes. The Patient and Client Council Board is committed to having an open and honest approach in all matters and to be a supportive, open and learning organisation.

Risks for the Patient and Client Council should be managed appropriately in line with the size of the organization and the inherent risk to the organization. The Patient and Client Council has a strong commitment to the principles of governance as a public body. However it also adopts an “open” approach to risk management. An “open” approach is defined as “willing to consider all potential options in regards to a risk and choose the one most likely to result in successful delivery, while also providing an acceptable level of reward and value for money. This is underpinned by the Patient and Client Council’s corporate goals, annual business plans and governance framework.

5.0 Definitions

5.1 ‘Hazard’

Anything that could cause harm to the organisation or pain and suffering

to people.

5.2 'Risk'

The chance of something happening (an event or set of circumstances) which, should it occur, will have an impact on the achievement of objectives. It is measured in terms of consequences and likelihood.

6.0 The Risk Management Process

6.1 The Patient and Client Council seeks to adhere with guidance from the Department of Health, Personal Social Services and Personal Safety and with the Health and Safety Executive's document 'Successful Health and Safety Management' (HSG65). It is a cyclical process for managing risk and can be used to demonstrate continuous self-assessment and improvement.

7.0 The Risk Register

7.1 Risk Registers are developed at corporate and local office levels to record all forms of risk. The Risk Registers will describe the risk in enough detail for it to be understood and assess the impact/consequences and likelihood of realisation of the risk as well as the action necessary to manage the risk. Identification of the officer responsible for ensuring that the risk management action and the expected completion date will be detailed in the register. The Corporate Risk Register is presented to the Governance and Audit Committee and Board formally four times a year.

7.2 Risks are managed at local and corporate level through risk registers. Risks are monitored.

7.3 'High' graded risks associated with Patient and Client Council objectives need to be identified and included in the organisation's risk registers. Risks can be identified by any staff member and raised through team meetings or directly to line management if the risk requires immediate attention.

7.4 Local risks by their nature will be more operational in nature and may not have an impact on the Corporate Risk Register which is more strategic and reflects the priorities of the Board. The following factors should be considered to in assessing emerging risks and issues

Strategic impact

From decisions of Board and Senior Management Team

- e.g. changing public views on value of bodies such as PCC
- e.g. emergence of new patient advocacy organisation

Operation impact

Comes from activities of the PCC

- e.g. business plan too demanding
- e.g. staff mistakes

Financial impact

Comes from resources available and their use

- e.g. insufficient budget for work
- e.g. Fraud

Hazard impact

- Any source of potential damage, harm or adverse health effects on something or someone under certain conditions at work.
- e.g. lone working
- e.g. dealing with challenging patient behaviours

7.5 Risks in the first instance are raised with staff line managers to be possibly added to the local risk register. Subsequently risks are notified to the Head of Development and Corporate Services for possible inclusion on the Corporate Risk Register.

Local Risk Registers are forwarded to the Head of Development and Corporate Services on completion for assessment and consideration for escalation. Risks identified on Local Risk Registers as affecting the organisation as a whole will be added to the Corporate Risk Register by the Head of Development and Corporate Services.

Copies of all Risk registers are held and monitored and reviewed by the Head of Development and Corporate Services four times a year. This includes a review of planned actions and their completion.

7.6 Risk management actions provide details of the action required to manage individual risks. The Chief Executive will ensure that all actions are taken within recommended timescales to manage the risk, and when appropriate have it removed from the relevant risk registers.

7.7 Risks will be noted on the risk register as closed if the risk is eliminated or ceases to exist. This should be supported with evidence noted on the risk register.

7.8 Risks are evaluated using a matrix as set out below

RISK RATING MATRIX

		CONSEQUENCE				
		Insignificant	Minor	Moderate	Major	Catastrophic
LIKELIHOOD	Almost Certain	Low	Significant	High	High	High
	Likely	Low	Significant	Significant	High	High
	Possible	Low	Low	Significant	High	High
	Unlikely	Very Low	Low	Significant	Significant	Significant
	Rare	Very Low	Very Low	Low	Low	Significant

8.0 The Assurance Framework

8.1 The Patient and Client Council Assurance Framework provides the Board with a strategic model for the effective and focused management of the principal risks which could impact on the Patient and Client Council achieving its objectives. It also provides a structure to demonstrate assurances to support completion of the annual Statement of Internal Control.

8.2 The Assurance Framework can help the Patient and Client Council Board decide where to allocate resources to secure its business objectives and add value to health and social care services. Through the Assurance Framework the Board can:

- identify which of the Patient and Client Council's 'Principal Objectives' are at risk because of inadequate controls or insufficient assurance; and
- receive assurances on where risks are being managed effectively and objectives are being achieved and identify areas where there are gaps in assurance impacting on the achievement of its objectives.

9.0 Roles and responsibilities

9.1 The Patient and Client Council Board

The Patient and Client Council Board is responsible for ensuring that there is an effective system of internal control for all aspects of its business. The Board is also responsible for ensuring an annual Statement

of Internal Control confirming that it is doing its reasonable best to manage its affairs efficiently and has an effective risk management strategy in operation.

9.2 The Governance and Audit Committee

The Governance and Audit Committee provide independent advice to the Board on the risk management systems and processes of the Patient and Client Council.

9.3 Chief Executive

The Chief Executive is the Accounting Officer of the Patient and Client Council. The Chief Executive has overall responsibility for ensuring that all aspects of the Patient and Client Council:

- meet its statutory and legal requirements
- adheres to guidance issued by the Department of Health and Personal Social Services in respect of governance and risk.

9.4 Head of Development and Corporate Services

The Head of Development and Corporate Services provides objective advice based on sound evidence and analysis to the Chief Executive, the PCC and relevant sub-committees on corporate services and corporate governance, ensuring that all standards of corporate governance are complied with. The Head of Development and Corporate Services is responsible for maintaining an appropriate corporate risk register to ensure that the PCC is able to take all required actions to minimise risks.

9.5 Operations Management

Operations management are responsible for maintaining appropriate risk registers to ensure that the PCC is able to take all required actions to minimise risks.

9.6 Risk Champion

The PCC have nominated a Non-Executive Director to be the organisation's Risk Champion. They have particular responsibility for overseeing the culture of raising risks within the PCC and ensuring appropriate governance arrangements are in place to manage risks.