NIPEC/23/01
(replacing NIPEC/22/02)

NORTHERN IRELAND PRACTICE AND EDUCATION COUNCIL FOR NURSING AND MIDWIFERY

Risk Management Strategy & Action Plan

2023-24

February 2023

Any request for the document in another format or language will be considered

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Contents

1. Introduction

1.1 This document outlines the Risk Management strategy and action plan for NIPEC for 2023-24. It is an update of the previous Risk Management Strategy and Action Plan (NIPEC/22/02) which was approved by NIPEC Audit & Risk Committee on 24th May 2022.

1.2 NIPEC continues to adopt an approach to Risk Management appropriate to its business, scale and culture[1,3]. We monitor our Risk Management arrangements to ensure that they comply with the Regional Risk Management framework adopted in 2018 (including a Regional Risk Matrix)[2] and recognised best practice guidance[3]. This model is based on the principles of the ISO 31000:2018 which has largely the same broad principles, framework and processes as the former AS/NZ standard used. All HSC organisations have decided to adopt the 'spirit' of ISO 31000:2018 i.e. they will follow the principles of the standard, but will not be seeking accreditation. In addition, the NIPEC approach takes account of the 2020 version of the HM Government's updated 'Orange Book' (Principles and Concepts in the Management of Risk). NIPEC also has in place a number of policies which assist with ensuring risk management is mainstreamed within the organisation, some of which are listed below:

- Complaints Policy
- Health & Safety
- Business Continuity Plan
- ICT Security Policies
- Fraud Response Policy & Plan
- Policy on your right to raise a concern (Whistleblowing)
- Conflict, Bullying and Harassment in the Workplace
- Social Media Policy
- Information Governance/Information Risk Management Policies
- Adverse Incident Policy

2. Key Objectives for Managing Risks

2.1 The Risk Management Strategy is integral to NIPEC's business objectives for 2023-24 and beyond. NIPEC's business objectives are broadly as follows:

[1] HM Government: The Orange Book: Management of Risk - Principles and Concepts 2020
[2] Proposal for a Health and Social Care Regional Model for Risk Management (including a Regional Risk Matrix, 2018
[3] HM Government: The Orange Book:2020

1. Promote high standards of practice among nurses and midwives;
2. Promote high standards of education among nurses and midwives;
3. Promote the professional development of nurses and midwives;
4. Provide advice, guidance and information on best practice and matters relating to nursing and midwifery;
5. Governance and Performance.

The primary aim of this strategy is to identify and manage the risks that may prevent the achievement of these objectives. The key objectives of managing risks are to:

- provide assurance to the Council that risk control arrangements are effective;
- establish and review the risks inherent in NIPEC's objectives;
- establish and review effective communication of risk management across NIPEC;
- protect the employees, visitors and assets of NIPEC.

3. Risk Management in NIPEC

3.1 A key part of Risk Management is the delegation of risk management activity throughout the organisation. The Regional Risk Management framework (2018) includes a number of principles to make the risk management process effective. One of these, Integration, states that *"Risk management should be integrated within all organisational activities"* and that *"Everyone in an organisation has responsibility for managing risk."*

3.2 NIPEC's policy statement on risk is:

"NIPEC will ensure that the management of risk is an integral element of its work in relation to customers, staff and the public (where relevant)".

3.3 NIPEC has developed this Strategy to set out the organisational arrangements for overseeing systems for managing risk, and explains how risks are identified, analysed, evaluated and managed.

3.4 NIPEC's system of internal control is designed to identify the principal risks which may prevent the achievement of corporate aims and objectives, and to evaluate the nature and extent of those risks and manage them efficiently, effectively and economically.

3.5 Types of risk:

NIPEC has identified four types of risk that could affect the strategic business objectives of the organisation (as outlined in para 2.1. above):

Financial: the risk that the budget agreed may be exceeded; and/or that there is poor value for money. Also, consideration of risks in regard to regularity and propriety of public funds;

Performance: the risk that the outcomes for an agreed programme may not be achieved;

Reputational: the risk that unwanted actions of a provider may bring themselves, the programme or NIPEC into disrepute;

Opportunity: the risk that NIPEC or the provider, because they have not assessed risks accurately and are risk averse, decide not to take a business opportunity and so damage their effectiveness.

4. Setting the Risk Appetite

Risk appetite can be defined as the *"amount and type of risk that an organisation is prepared to seek, accept or tolerate."* ISO defines risk appetite as an *"organisation's approach to assess and eventually pursue, retain, take or turn away from risk."* The Senior Management Team is responsible for setting the organisational attitude regarding risk and the Council is responsible for determining whether the risk attitude is aligned with the best interests of the organisation. NIPEC defines the risk appetite of the organisation as the extent of exposure to risk that is judged tolerable for it. Risk Appetite can be classified in five common classifications:[4]

- AVERSE – *Avoidance of risk and uncertainty is a key objective;*
- MINIMALIST – *Preference for ultra-safe business delivery options that have a low degree of inherent risk and may only have potential for limited reward;*
- CAUTIOUS – *Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward;*
- OPEN - *Willing to consider all options and choose the one that is most likely to result in successful delivery while also providing on acceptable level of reward;*
- HUNGRY – *Eager to be innovative and to choose options based on potential higher rewards (despite greater inherent risk).*

NIPEC is conscious of the guidance contained within the introduction to the 'Orange Book' (2020)[5] to the effect that '*Public sector organisations cannot be risk averse and be successful. Risk is inherent in everything we do to deliver high-quality*

[4] Adapted from *Managing your Risk Appetite – a Practitioner's Guide*, HM Treasury 2006
[5] HM Government, *The Orange Book* Management of Risk – Principles and Concepts \92020)

services". NIPEC would classify its overall risk appetite in regard to the above as 'Open'. However, it is conscious of the environment in which NIPEC operates and is cognisant of its role as an Arm's Length Body and the obligations that come with spending public money. A more cautious approach in areas of compliance e.g. legal, fraud, health and safety, may therefore be adopted. The Risk Appetite will also be reviewed in relation to the Regional Risk Scoring Matrix: the organisation may not accept any risks that will be a 'high risk' after mitigation. The NIPEC Senior Management Team will be responsible for reviewing the appetite of each risk on the Register.

5. Addressing the Risk

5.1 There are a number of valid responses to addressing a risk - those outlined in the 'Orange Book' (2020)[6] can be summarised as: Terminate, Tolerate, Transfer, Treat or Take the opportunity. For each risk, the Risk Owner should select one or a combination of the following responses:

- **Terminate – '***A decision is made not to take the risk or cease the activity which causes the risk. Where the risks outweigh the possible benefits, risk can be terminated by doing things differently and thus removing the risk, where it is feasible to do so. This is not always possible in the provision of public services or mandated or regulatory measures but the option of closing down a project or programme where the benefits are in doubt must be a real one'*

- **Tolerate –** *'Accept the risk. This may be where the risk is external and therefore the opportunity to control it is limited, or where the probability or impact is so low that the cost of managing it would be greater than the cost of the risk being realised. This option may be supplemented by contingency planning for handling the impacts that will arise if the risk is realised'*

- **Transfer –** *'Where another party can take on some or all of the risk more economically or more effectively. For example, through another organisation undertaking the activity or through obtaining insurance. It is important to note that some risks are not (fully) transferable – in particular it is generally not possible to transfer reputational risk even if the delivery of the service is contracted out. The relationship with the third party to which the risk is transferred needs to be carefully managed to ensure successful transfer of risk'*

- **Treat –** *'Mitigate the risk. In practice, this is the most common response to risk. It is achieved by eliminating the risk or reducing it to an acceptable level by prevention or another control action'*

- **Take the opportunity** – *Decide if there are any positive opportunities to be taken as part of the risk management process.*

[6] HM Government: *The Orange Book:* (2020)

The choice of approach taken will be dependent on factors such as cost, feasibility, probability and potential impact.

5.2 Realistically it is never possible to eliminate all risks, and there will be a range of risks identified within NIPEC that would require the organisation to go beyond 'reasonable action' in order to eliminate or reduce them, i.e. the cost in time or resources required to reduce the risks may outweigh the potential for harm. These risks would be considered 'acceptable' by NIPEC. Examples are frequent, low consequence events such as minor property loss or damage, unavoidable injuries requiring first aid only or potentially serious events that are unlikely to occur and for which reasonable preventative measures are already in place.

6. Risk Management Strategy

6.1 This Strategy practically demonstrates how NIPEC will implement its policy on risk. Key elements of this strategy are:

i. Responsibility for Risk Management

ii. Arrangements for Identifying Risk

iii. The NIPEC Corporate Risks and NIPEC Objectives

iv. The Risk Register (evaluating & scoring Risks)

v. Analysis and Quality Assurance of Risk Register

vi. The Risk Action Plan

7. Responsibility for Risk Management

7.1 In line with the HSC Code of Conduct and Accountability (2012) and the 'Orange Book' (2020) the NIPEC Council, informed and advised by their Audit and Risk Committee, is responsible for ensuring that NIPEC has robust and effective arrangements in place for governance and risk management. The Council is similarly responsible for ensuring that NIPEC has effective systems for identifying and managing all risks. The Council has established a risk management structure to help deliver its responsibility for implementing a risk management system throughout NIPEC (see Appendix A). The programme of risk management is approved and monitored by the Audit and Risk Committee on behalf of NIPEC.

7.2 The Audit and Risk Committee of NIPEC will act as the body responsible for reviewing the arrangements and systems in place for Risk Management activity. The Committee will review the Corporate Risk Register at the quarterly meeting along with any other risk management issues. The Audit and Risk Committee will update Council at each quarterly Council meeting

and present an ‘Annual Report of Activity’ for the consideration of the Council.

7.3 The Chief Executive as Accounting Officer has overall responsibility for Risk Management. The Head of Corporate Services, who is a member of the Senior Management Team, is the designated officer on behalf of the Chief Executive for co-ordinating Risk Management activities throughout NIPEC

7.4 The co-ordination of the strategic and operational elements of Risk Management is managed by NIPEC’s Senior Management Team and is reviewed at the monthly Business Team meeting. The current Risk Management Structure for NIPEC is shown in Appendix A.

7.5 NIPEC places its Corporate Risk Register on its website which is updated on a monthly basis.

7.6 The Head of Corporate Services is the designated officer at the Senior Management Team Meetings with responsibility for Risk Management issues, and will ensure that key stages are approved in the development of the work (e.g. the allocation of responsibility). The Head of Corporate Services co-ordinates the practical work associated with identifying, analysing and ensuring risks are being properly captured and managed. He/she will have particular responsibility for co-ordinating work with staff and will liaise directly with the Chief Executive at the corporate level.

7.7 Everyone has a role to play: all employees, agency and contractors (‘staff’) are encouraged to use the risk management process to highlight areas they believe need to be addressed and regular training will be provided for staff and Council members to ensure they can participate fully. However, it is important to emphasise that each member of staff has a responsibility to safeguard their own health, safety and welfare and that of others in the discharge of their duties.

7.8 The NIPEC Health and Safety Group is responsible for the commissioning, monitoring and review of a programme of Health and Safety Risk Assessments throughout the organisation. On the basis of the assessment outcomes, the Group devises and implements an Action Plan aimed at mitigating or reducing risks which have been identified. Relevant health and safety issues are reported to the Senior Management Team of NIPEC. Relevant issues from the NIPEC Risk Register are also placed on the agenda for Group meetings.

The primary objective of Internal Audit is to provide independent assurance on the effectiveness of the risk management internal control framework (and therefore risk management) to both NIPEC management and the NIPEC Council through the Audit and Risk Committee. It does this by carrying out

audits focused on the key risks in the organisation. Internal Audit also has a key role to play in strengthening the overall process by monitoring, reporting and providing assurance on the effectiveness of the risk and control mechanism in operation. The system of control over risk management is subject to regular audit.

7.9 Sitting outside of the organisation's own risk management framework are a range of other sources of assurance that support an organisation's understanding and assessment of its management of risks and its operation of controls. These sources of external assurance include external auditors, chiefly the NI Audit Office (NIAO) who have a statutory responsibility for certification audit of the financial statements.

8. Arrangements for Identifying Risks

8.1 The Risk Owner will take responsibility for co-ordinating an approach to identifying risk to the achievement of NIPEC objectives. This will involve two elements:

i. Review of the Risk Register; and

ii. Acting as a point of reference for collecting information on new risks. It is expected that the Risk Owners will work closely with colleagues in the area of risk identification, and will liaise with the Head of Corporate Services as and when necessary. In conjunction with the Head of Corporate Services, the risk identified will be captured and documented in terms of sources of risk, areas of impact, potential events and their causes and consequences.

9. The Risk Register and NIPEC's Objectives

9.1 The Register should be used as part of the decision-making processes throughout NIPEC. For example, new policies and changes to resource requirements should include reference to potential effects on NIPEC's risk profile. As part of this process, NIPEC will develop a set of High-Level Business Objectives as shown within the NIPEC Corporate Risk Register. Risks on the NIPEC Corporate Risk Register should be linked to these Business Objectives. If the issue identified does not impact on a Business Objective then it does not constitute a risk as defined by the NIPEC Risk Management Strategy. Risks can relate to one or more objective.

9.2 The approach adapted by NIPEC for the compilation of the Register is based on the need to identify the risks likely to impede the achievement of NIPEC's corporate objectives either in terms of meeting those objectives or targets as set out in NIPEC's Business Plan. In other words, the Register must be flexible enough to allow NIPEC to respond to unforeseen risks and/or changes to Departmental policy.

10. The Risk Register (Evaluating and Scoring Risks)

10.1 All new and existing risks identified are assessed in terms of root causes and are individually scored against the HSC Regional Risk Matrix (Appendix B). Risk scoring involves an assessment in terms of the impact on NIPEC against the likelihood of the risk occurring. The HSC Regional Impact Table is shown in Appendix C.

10.2 In order to ensure that all risks are evaluated consistently, every risk is analysed using a combination of likelihood and impact so that the risk can be prioritised. The cumulative effect of likelihood and impact is derived from the HSC Regional Risk Matrix (Appendix B) using the risk scores and is an assessment of the risk's seriousness. Risks are assessed in accordance with the ISO 31000:2018 standard guidance[7] and classified as Extreme, High, Medium and Low. This is referred to as the 'Risk Score.'

If, after existing mitigation, NIPEC believes that the risk status is acceptable then the risk will be tolerated; there is nothing more which can be done. But if the status remains unacceptable then NIPEC will identify further mitigating actions.

10.3 A further 'Target' score should be assessed to give a score for the level of risk which is likely to remain after all planned action has been taken. This will allow consideration of whether or not further control action is required. This should be indicated on the Risk Register along with Target Date for Completion.

11. Risk Escalation and De-Escalation

11.1 The timescale in which risks are escalated or assurance on the management of a risk varies according to the significance of the risk. The Audit and Risk Committee and the Senior Management Team use judgement to determine the timescale for escalation, influenced by the impact the issue has on the financial aspects or organisational reputation.

11.2 An escalation of a risk would normally be initiated by the Senior Management Team to the Audit and Risk Committee. However, other routes can fast track risk escalation, for example counter fraud allegation or whistle blowing.

11.3 If a risk is to be escalated, to ensure timely resolution, it should be reconsidered in the context of other risks already included in the Risk Register. This will assess any impact on other risks and whether action will identify new risks and affect the scoring of existing risks.

[7] BSI ISO 31000: 2018 Risk Management Guidelines

11.4 When actions to reduce a risk have been completed and the risk score is lowered then the risk can be de-escalated from the risk register.

12. Analysis and Quality Assurance of Risk Register

12.1 In order for all risks to be presented in an effective and timely manner to Council, there is a common framework of risk analysis, whether those risks are strategic, operational, financial or organisational. The Senior Management Team has the responsibility of co-ordination of risk management, to include a moderation exercise of the scores against each risk.

12.2 To enhance the quality assurance process, Risk Management is an agenda item on the following groups across NIPEC:

i. NIPEC Council
ii. The Audit and Risk Committee
iii. Business Team meetings
iv. *The Health & Safety Group *(when appropriate)*
v. *Internal Business Unit meetings of Senior Managers *(when appropriate)*

13. Risk Action Plan

The NIPEC Risk Action Plan for 2023-24 can be found in Appendix D and includes Actions to be taken and a Timetable for Implementation. The work will be led by the Head of Corporate Services and progress will be reported to the Audit & Risk Committee in February 2024.

14. Equality Screening

This policy has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998.

No significant equality implications have been identified therefore the policy will not be subject to an equality impact assessment.

The equality screening has been published and can be accessed here http://www.hscbusiness.hscni.net/services/2166.htm.

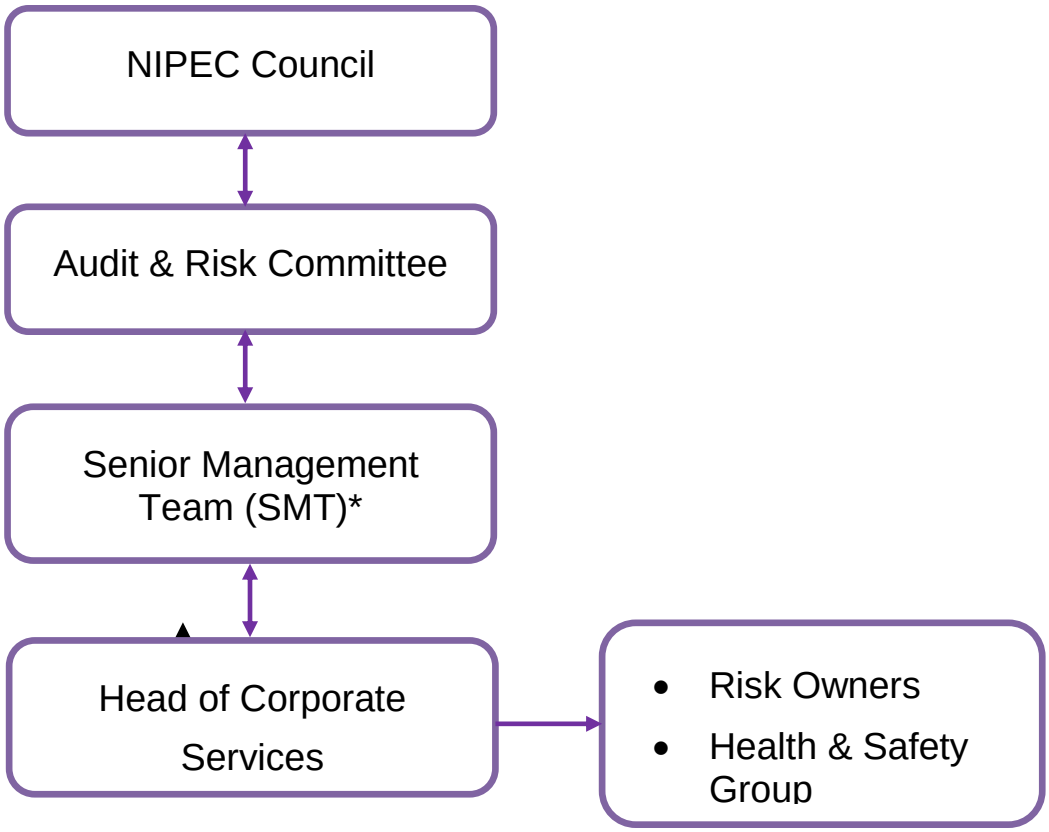
15. Review

We are committed to ensuring that all policies and procedures are kept under review to ensure they remain compliant with relevant legislation and guidance.

This policy is based on a regional HSC approach to risk management and will be monitored and reviewed annually by Audit and Risk Committee.

Appendix A

FIGURE 1: Risk Management Structure for NIPEC



Note: * Membership of NIPEC's current Senior Management Team (SMT) is as follows:

Linda Kelly	Chief Executive
Brenda Carson	Senior Professional Officer
Dr Carole McKenna	Senior Professional Officer
Cathy McCusker	Senior Professional Officer
Eunice Strahan	Senior Professional Officer
Fiona Bradley	Senior Professional Officer
Geraldine McKendry	Senior Professional Officer
Jill Jackson	Head of Corporate Services

Appendix B

HSC Regional Risk Matrix – with effect from April 2013 *(updated June 2016 and August 2018)*

Risk Likelihood Scoring Table			
Likelihood Scoring Descriptors	**Score**	**Frequency** (How often might it/does it happen?)	**Time framed Descriptions of Frequency**
Almost certain	5	Will undoubtedly happen/recur on a frequent basis	Expected to occur at least daily
Likely	4	Will probably happen/recur, but it is not a persisting issue/circumstances	Expected to occur at least weekly
Possible	3	Might happen or recur occasionally	Expected to occur at least monthly
Unlikely	2	Do not expect it to happen/recur but it may do so	Expected to occur at least annually
Rare	1	This will probably never happen/recur	Not expected to occur for years

	Impact (Consequence) Levels				
Likelihood Scoring Descriptors	**Insignificant (1)**	**Minor (2)**	**Moderate (3)**	**Major (4)**	**Catastrophic (5)**
Almost Certain (5)	**Medium**	**Medium**	**High**	**Extreme**	**Extreme**
Likely (4)	**Low**	**Medium**	**Medium**	**High**	**Extreme**
Possible (3)	**Low**	**Low**	**Medium**	**High**	**Extreme**
Unlikely (2)	**Low**	**Low**	**Medium**	**High**	**High**
Rare (1)	**Low**	**Low**	**Medium**	**High**	**High**

HSC Regional Impact Table – with effect from April 2013 (updated June 2016)

Appendix C

DOMAIN	IMPACT (CONSEQUENCE) LEVELS [can be used for both actual and potential]				
	INSIGNIFICANT (1)	**MINOR (2)**	**MODERATE (3)**	**MAJOR (4)**	**CATASTROPHIC (5)**
PEOPLE *(Impact on the Health/Safety/Welfare of any person affected: e.g. Patient/Service User, Staff, Visitor, Contractor)*	• Near miss, no injury or harm.	• Short-term injury/minor harm requiring first aid/medical treatment. • Any patient safety incident that required extra observation or minor treatment e.g. first aid • Non-permanent harm lasting less than one month • Admission to hospital for observation or extended stay (1-4 days duration) • Emotional distress (recovery expected within days or weeks).	• Semi-permanent harm/disability (physical/emotional injuries/trauma) (Recovery expected within one year). • Admission/readmission to hospital or extended length of hospital stay/care provision (5-14 days). • Any patient safety incident that resulted in a moderate increase in treatment e.g. surgery required	• Long-term permanent harm/disability (physical/emotional injuries/trauma). • Increase in length of hospital stay/care provision by >14 days.	• Permanent harm/disability (physical/ emotional trauma) to more than one person. • Incident leading to death.
QUALITY & PROFESSIONAL STANDARDS/ GUIDELINES *(Meeting quality/ professional standards/ statutory functions/ responsibilities and Audit Inspections)*	• Minor non-compliance with internal standards, professional standards, policy or protocol. • Audit / Inspection – small number of recommendations which focus on minor quality improvements issues.	• Single failure to meet internal professional standard or follow protocol. • Audit/Inspection – recommendations can be addressed by low level management action.	• Repeated failure to meet internal professional standards or follow protocols. • Audit / Inspection – challenging recommendations that can be addressed by action plan.	• Repeated failure to meet regional/ national standards. • Repeated failure to meet professional standards or failure to meet statutory functions/ responsibilities. • Audit / Inspection – Critical Report.	• Gross failure to meet external/national standards. • Gross failure to meet professional standards or statutory functions/ responsibilities. • Audit / Inspection – Severely Critical Report.
REPUTATION *(Adverse publicity, enquiries from public representatives/media Legal/Statutory Requirements)*	• Local public/political concern. • Local press < 1day coverage. • Informal contact / Potential intervention by Enforcing Authority (e.g. HSENI/NIFRS).	• Local public/political concern. • Extended local press < 7 day coverage with minor effect on public confidence. • Advisory letter from enforcing authority/increased inspection by regulatory authority.	• Regional public/political concern. • Regional/National press < 3 days coverage. Significant effect on public confidence. • Improvement notice/failure to comply notice.	• MLA concern (Questions in Assembly). • Regional / National Media interest >3 days < 7days. Public confidence in the organisation undermined. • Criminal Prosecution. • Prohibition Notice. • Executive Officer dismissed. • External Investigation or Independent Review (e.g., Ombudsman). • Major Public Enquiry.	• Full Public Enquiry/Critical PAC Hearing. • Regional and National adverse media publicity > 7 days. • Criminal prosecution – Corporate Manslaughter Act. • Executive Officer fined or imprisoned. • Judicial Review/Public Enquiry.
FINANCE, INFORMATION & ASSETS *(Protect assets of the organisation and avoid loss)*	• Commissioning costs (£) <1m. • Loss of assets due to damage to premises/property. • Loss – £1K to £10K. • Minor loss of non-personal information.	• Commissioning costs (£) 1m – 2m. • Loss of assets due to minor damage to premises/ property. • Loss – £10K to £100K. • Loss of information. • Impact to service immediately containable, medium financial loss	• Commissioning costs (£) 2m – 5m. • Loss of assets due to moderate damage to premises/ property. • Loss – £100K to £250K. • Loss of or unauthorised access to sensitive / business critical information • Impact on service contained with assistance, high financial loss	• Commissioning costs (£) 5m – 10m. • Loss of assets due to major damage to premises/property. • Loss – £250K to £2m. • Loss of or corruption of sensitive / business critical information. • Loss of ability to provide services, major financial loss	• Commissioning costs (£) > 10m. • Loss of assets due to severe organisation wide damage to property/premises. • Loss – > £2m. • Permanent loss of or corruption of sensitive/business critical information. • Collapse of service, huge financial loss
RESOURCES *(Service and Business interruption, problems with service provision, including staffing (number and competence), premises and equipment)*	• Loss/ interruption < 8 hour resulting in insignificant damage or loss/impact on service. • No impact on public health social care. • Insignificant unmet need. • Minimal disruption to routine activities of staff and organisation.	• Loss/interruption or access to systems denied 8 – 24 hours resulting in minor damage or loss/ impact on service. • Short term impact on public health social care. • Minor unmet need. • Minor impact on staff, service delivery and organisation, rapidly absorbed.	• Loss/ interruption 1-7 days resulting in moderate damage or loss/impact on service. • Moderate impact on public health and social care. • Moderate unmet need. • Moderate impact on staff, service delivery and organisation absorbed with significant level of intervention. • Access to systems denied and incident expected to last more than 1 day.	• Loss/ interruption 8-31 days resulting in major damage or loss/impact on service. • Major impact on public health and social care. • Major unmet need. • Major impact on staff, service delivery and organisation - absorbed with some formal intervention with other organisations.	• Loss/ interruption >31 days resulting in catastrophic damage or loss/impact on service. • Catastrophic impact on public health and social care. • Catastrophic unmet need. • Catastrophic impact on staff, service delivery and organisation - absorbed with significant formal intervention with other organisations.
ENVIRONMENTAL *(Air, Land, Water, Waste management)*	• Nuisance release.	• On site release contained by organisation.	• Moderate on-site release contained by organisation. • Moderate off-site release contained by organisation.	• Major 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.

Appendix D

NIPEC Risk Action Plan for 2023-24			
Description	**Action(s)**	**By Whom**	**By When**
1. Council to hold a risk management workshop to facilitate a 'deep dive' of NIPEC's risks and processes.	• Organise a session prior to a Council meeting**.**	Chair / CEX / HoCS	March 2024
2. Produce NIPEC's Corporate Risk Register 2023-24.	• Review the 2022-23 Risk Register, closing down completed risks and carrying forward unresolved risks; • Prepare a draft Risk Register based on Business Objectives for 2023-24 and other identified activity; • Discuss the draft at BTM including potential new risks.	HoCS & Senior Team	April 2023
3. Monitor and update the Risk Register.	• Update on an ongoing basis considering the risk level of current risks and assessing any new activity or issues; • Present to monthly BTM, quarterly A&R Committee, Council Meeting and other meetings where relevant.	HoCS & Senior Team	May 2023 to March 2024
4. Complete the Risk Management assurance framework template (post CAS) and identify any gaps in NIPEC's risk management process.	• Draft an action plan and present progress updates to BTM and A&R committee.	HoCS	April to March 2024
5. Promote awareness of Risk Management to all staff including through the review of any risk related policies.	• Monitor the completion by staff of the NIPEC e-learning Risk module; • Continue to monitor and update policies and communicating updates with staff.	HoCS & Senior Team	April to March 2024