Nottingham and Nottinghamshire
Clinical Commissioning Group

Risk Management Policy

2021-2023

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CONTROL RECORD				
Reference Number GOV-001	**Version** 4.1	**Status** Final	**Author(s)** Associate Director of Governance Head of Corporate Assurance	
			Sponsor Chief Nurse	
			Team Corporate Assurance	
Title	Risk Management Policy			
Amendments	Review date extension to March 2023; approved by Governing Body on 2.2.2022			
Purpose	The purpose of this policy is to ensure that robust arrangements for risk management are embedded across the CCG and to ensure an agreed risk appetite and approach to risk tolerance.			
Associated Documents	Nottingham and Nottinghamshire CCG's Governing Body Assurance Framework; Nottingham and Nottinghamshire CCG's Corporate Risk Register; Nottingham and Nottinghamshire CCG's Fraud Risk Register.			
Superseded Documents	Risk Management Policy v4.0			
Audience	All employees and appointees of the Nottingham and Nottinghamshire CCG and any individuals working within the CCG in a temporary capacity.			
Equality Impact Assessment	Complete (see Appendix E)			
Approving Body	Governing Body		**Date approved**	April 2021
Date of issue	April 2021			
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This is a controlled document and whilst this policy may be printed, the electronic version available on the CCG's document management system is the only true copy. As a controlled document, this document should not be saved onto local or network drives.				

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Contents

1. Introduction

1.1. This policy applies to NHS Nottingham and Nottinghamshire Clinical Commissioning Group, hereafter referred to as 'the CCG'.

1.2. The CCG recognises risk management as an essential business activity that underpins the achievement of its objectives. A proactive and robust approach to risk management can:

- Reduce risk exposure through the development of a 'lessons learnt' environment and more effective targeting of resources.
- Support informed decision-making to allow for innovation and opportunity.
- Enhance compliance with applicable laws, regulations and national guidance.
- Increase stakeholder confidence in corporate governance and ability to deliver.

1.3. Risk is accepted as an inherent part of health care. Likewise, uncertainty and change in the evolving healthcare landscape may require innovative approaches that bring with them more risk. Therefore, it is not practical to aim for a risk-free or risk-averse environment; rather one where risks are considered as a matter of course and identified and managed appropriately.

1.4. This policy has been developed to ensure that risk management is fundamental to all of the CCG's activities and understood as the business of everyone. The policy has adopted the following principles of risk management as set out in the ISO 31000: 2018 standard[1].

Principle	Description
Integrated	Risk management is an integral part of all organisational activities.
Inclusive	Appropriate and timely involvement of stakeholders enables their knowledge, views and perceptions to be considered. This results in improved awareness and informed risk management.
Structured and comprehensive	A structured and comprehensive approach to risk management contributes to consistent and comparable results.
Customised	The risk management framework and process are customised and proportionate to the organisation's external and internal context related to its objectives.

[1] ISO 31000 helps organisations develop a risk management strategy to effectively identify and mitigate risks, thereby enhancing the likelihood of achieving their objectives and increasing the protection of their assets. https://www.iso.org/iso-31000-risk-management.html

Principle	Description
Dynamic	Risks can emerge, change or disappear as an organisation's external and internal context changes. Risk management anticipates, detects, acknowledges and responds to those changes and events in an appropriate and timely manner.
Best available information	The inputs to risk management are based on historical and current information, as well as on future expectations. Risk management explicitly takes into account any limitations and uncertainties associated with such information and expectations. Information should be timely, clear and available to relevant stakeholders.
Human and cultural factors	Human behaviour and culture significantly influence all aspects of risk management.
Continual improvement	Risk management is continually improved through learning and experience.

1.5. This policy demonstrates the CCG's commitment to its total risk management function. It sets out the CCG's risk architecture (roles, responsibilities, communication and reporting arrangements) and describes how risk management is integrated into governance arrangements, key business activities and culture.

2. Purpose

2.1 This policy describes the CCG's approach to the management of risk at all levels across the organisation. The purpose of this guidance is to encourage a culture where risk management is viewed as an essential process of the CCG's activities. It provides assurance to the public, patients and partner organisations that the CCG is committed to managing risk appropriately.

3. Scope

3.1 This policy applies to all employees and appointees of the CCG and any individuals working within the CCG in a temporary capacity (hereafter referred to as 'individuals').

4. Definition of Risk Management Terms

4.1 The following terms are used throughout this document:

Term	Definition
Assurance	Evidence that controls are working effectively. Assurance can be internal (e.g. committee oversight) or external (e.g. Internal Audit reports).

Term	Definition
Assurance Framework	A (Governing Body) Assurance Framework is a structured means of identifying and mapping the main sources of assurance in an organisation, and co-ordinating them to best effect. The Assurance Framework document is the key source of evidence that links the organisation's strategic objectives to risk, controls and assurances and the main tool a Governing Body uses in discharging its responsibility for internal control.[2]
Controls	The measures in place to control risks and reduce the impact or likelihood of them occurring.
Corporate Risk Register	A tool for recording identified operational risks and monitoring actions against them.
Current (or Residual) risk score	The numerical assessment of the risk (impact vs. likelihood) after taking into consideration any mitigating controls and/or actions.
Initial risk score	The numerical assessment of the risk (impact vs. likelihood) prior to considering any additional mitigating controls and/or actions.
Operational risk management	Risk management processes which focus on 'live' operational risks which the organisation is potentially facing. It relies upon the identification of risks, which are 'dynamic' in nature and are managed via additional mitigations. Operational risk management processes are centred around the Corporate Risk Register.
Operational risks	These risks are by-products of day-to-day business delivery. They arise from definite events or circumstances and have the potential to impact negatively on the organisation and its objectives.
Risk	There are many definitions of what a risk is but this policy has adopted the definition set out in ISO 31000 in that a risk is the *'effect of uncertainty on objectives'.* The effects can be negative, positive or both. It is measured in terms of impact and likelihood.
Risk assessment	An examination of the possible risks that could occur during an activity.

[2] NHS Governance, Fourth Edition 2017 (HfMA)

Term	Definition
Risk culture	The values, beliefs, knowledge and understanding of risk, shared by a group of people with a common intended purpose.
Risk logs	Risk logs are a tool for capturing low level risks which may impact the achievement of team and/or project-level objectives.
Risk management	The arrangements and activities in place that direct and control the organisation with regard to risk.
Risk mitigation	How risks are going to be controlled in order to reduce the impact on the organisation and/or likelihood of their occurrence.
Risk profile	The nature and level of the threats faced by an organisation.
Risk treatment	The process of selecting and implementing suitable measures to modify the risk.
Strategic objectives	Strategic objectives describe a set of clear organisational goals that help establish priority areas of focus. Whilst broad and directional in nature, they need to be specific enough that their achievement can be assured and progress measured. They should have direct alignment with the Governing Body Assurance Framework and the CCG's performance management processes.
Strategic risk management	Risk management processes which support the achievement of the organisation's strategic objectives. It focuses on the proactive identification of 'high level' risks which are managed by an established control framework and planned assurances. Strategic risk management processes are centred around the Governing Body Assurance Framework.
Strategic risks	Potential, significant risks that are pro-actively identified and threaten the achievement of strategic objectives.

The diagram provided at **Appendix A** summarises the differences between strategic and operational risks.

5. Roles and Responsibilities

Roles	Responsibilities
Governing Body	The Governing Body has overall accountability for risk management and, as such, needs to be satisfied that appropriate arrangements are in place and that internal control systems are functioning effectively. The Governing Body determines the CCG's risk appetite and risk tolerance levels and is also responsible for establishing the risk culture.
Audit and Governance Committee	The Audit and Governance Committee provides the Governing Body with assurance on the effectiveness of the Governing Body Assurance Framework and the robustness of the CCG's operational risk management processes. The Committee's role is not to 'manage risks' but to ensure that the approach to risks is effective and meaningful. In particular, the Committee supports the Governing Body by obtaining assurances that controls are working as they should, seeking assurance about the underlying data upon which assurances are based and challenging relevant managers when controls are not working or data is unreliable.
All Committees	All committees are responsible for monitoring operational risks related to their delegated duties*. This will include monitoring the progress of actions, robustness of controls and timeliness of mitigations. They are also responsible for identifying risks that arise during meeting discussions and ensuring that these are captured on the Corporate Risk Register.
Accountable Officer (AO)	The AO has responsibility for maintaining a sound system of internal control that supports the achievement of the CCG's policies, aims and objectives, whilst safeguarding public funds and assets.
Chief Nurse	The Chief Nurse is the executive lead for corporate governance and risk and assurance systems across the CCG. This includes promoting the CCG's risk culture within the Executive Team and wider directorates.

Roles	Responsibilities
Independent / Non-Executive Directors	As members of the Governing Body and committees, Independent / Non-Executive Members will ensure an impartial approach to the CCG's risk management activities and should satisfy themselves that systems of risk management are robust and defensible.
Associate Director of Governance (supported by the Corporate Assurance Team)	The Associate Director of Governance leads on the implementation of corporate governance and risk and assurance systems across the CCG. This includes the development, implementation and co-ordination of the CCG's risk management activities and provision of training and advice in relation to all aspects of this policy.
Nominated Executive / Strategic Leads on Partnership Boards	Executive / Strategic Leads are responsible for highlighting risks identified at meetings with strategic partners and ensuring they are captured within the CCG's own arrangements. This includes, but is not limited to, meetings in the Integrated Care System (ICS) and Integrated Care Partnership (ICP) governance structures.
Senior Information Risk Owner (SIRO)	The SIRO takes ownership of the CCG's information risks and acts as advocate for information risk on the Governing Body.
Risk Owners	Risk owners are responsible for ensuring robust mitigating actions are identified and implemented for their assigned risks.
Individuals	All individuals are responsible for complying with the arrangements set out within this policy and are expected to: • Routinely consider risks when developing business cases, commencing procurements or any other activity which could be impacted by unexpected events (undertaking specific risk assessments as necessary). • Ensure that any operational risks they are aware of are captured on the Corporate Risk Register or Directorate/Team Risk Logs as appropriate.

***** *Risks cannot always be addressed in isolation from each other. Risks may have different facets (e.g. finance and quality) and management actions may impact on different areas of the CCG. Where this is the case, a pragmatic approach will be taken and risks may be scrutinised by more than one committee.*

6. Risk Appetite

6.1. Good risk management is not about being risk averse, it is also about recognising the potential for events and outcomes that may result in opportunities for improvement, as well as threats to success.

6.2. A 'risk aware' organisation encourages innovation in order to achieve its objectives and exploit opportunities and can do so in confidence that risks are being identified and controlled by senior managers.

6.3. With this in mind, the Governing Body has agreed to the following risk appetite statement:

Nottingham and Nottinghamshire CCG's Risk Appetite Statement
The Governing Body of NHS Nottingham and Nottinghamshire CCG recognises that long-term sustainability and the ability to improve quality and health outcomes for our population, depends on the achievement of our strategic objectives and that this will involve a willingness to take and accept risks. It may also involve taking risks with our strategic partners in order to ensure successful integration and better health services for the people of Nottingham and Nottinghamshire. The CCG will endeavour to adopt a ***mature*** approach to risk-taking where the long-term benefits could outweigh any short-term losses, in particular when working with strategic partners across the Nottingham and Nottinghamshire system. However, such risks will be considered in the context of the current environment in line with the CCG's risk tolerance and where assurance is provided that appropriate controls are in place and these are robust and defensible. The CCG will seek to ***minimise*** risks that could impact negatively on the health outcomes and safety of patients or in meeting the legal requirements and statutory obligations of the CCG. We will also seek to ***minimise*** any undue risk of adverse publicity, risk of damage to the CCG's reputation and any risks that may impact on our ability to demonstrate high standards of probity and accountability. In view of the changing landscape, in particular transition over the next 12 months, the CCG's risk appetite will not necessarily remain static. The CCG's Governing Body will have the freedom to vary the amount of risk it is prepared to take, depending on the circumstances at the time. It is expected that the levels of risk the CCG is willing to accept are subject to regular review. *1 Good Governance Institute Risk Appetite for NHS Organisations – definition of '**mature**' is confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.* *2 Good Governance Institute Risk Appetite for NHS Organisations – definition of '**minimise'** is preference for ultra-safe delivery options that have a low degree of inherent risk.*

7. Risk Tolerance

7.1. Whilst risk appetite is about the pursuit of risk, risk tolerance is concerned with the level of risk that can be accepted (e.g. it is the minimum and maximum level of risk the CCG is willing to accept reflective of the risk appetite statement above).

7.2. For operational risks rated lower than 12, the responsible committee may agree that they can be tolerated. However, this is subject to the committee being satisfied that no other actions can be undertaken and that robust management and monitoring controls are in place.

7.3. Some risks are unavoidable and will be out of the CCG's ability to mitigate to a tolerable level. Where this is the case, the focus will move to the controls in place to manage the risks and the contingencies planned should the risks materialise.

8. Strategic Risk Management

8.1. Strategic risks are high-level risks that are pro-actively identified and threaten the achievement of the CCG's strategic objectives and key statutory duties. Strategic risks are owned by members of the Executive Management Team and are outlined within the CCG's **Governing Body Assurance Framework (GBAF).**

8.2. The Assurance Framework provides the Governing Body with confidence that the CCG has identified its strategic risks and has robust systems, policies and processes in place (*controls*) that are effective and driving the delivery of their objectives (*assurances*). It provides confidence and evidence to management that '*what needs to be happening is actually happening in practice'*.

8.3. The Assurance Framework plays an important role in informing the production of the CCG's Annual Governance Statement and is the main tool that the Governing Body should use in discharging overall responsibility for ensuring that an effective system of internal control is in place.

8.4. The Governing Body approves the strategic risks (opening position) during the first quarter of the financial year, following agreement of the strategic objectives. The Governing Body reviews the fully populated Assurance Framework bi-annually (mid-year and year-end) to affirm that sufficient levels of controls and assurances are in place in relation to the organisation's strategic risks.

8.5. The Assurance Framework is reviewed and updated by Executive Leads and the Head of Corporate Assurance Team throughout the year. This involves a review of the effectiveness of controls and what evidence (internal or external) is available to demonstrate that they are working as they should (assurances). Any gaps in controls or assurances will be highlighted at this point and actions identified.

8.6. The Audit and Governance Committee receive a rolling programme of targeted assurance reports which, over a 12 month period, covers all of the CCG's strategic objectives (the full Assurance Framework). This enables a focussed review on specific sections of the Assurance Framework and allows for robust discussions on the actions in place to remedy any identified gaps in controls and assurances.

9. Operational Risk Management

9.1. Operational risks are 'live' risks the organisation is currently facing which are by-products of day-to-day business delivery. They arise from definite events or circumstances and have the potential to impact negatively on the organisation and its objectives.

9.2. Operational risk management relies upon reactive identification of risks, which are 'dynamic' in nature. Operational risks are managed via additional mitigations and are captured on the CCG's **Corporate Risk Register**.

9.3. The Corporate Risk Register is the central repository for all of the CCG's operational risks. Whilst risks will feature across a number of the CCG's processes, it is important that these are captured centrally to provide a comprehensive log of prioritised risks that accurately reflects the CCG's risk profile.

9.4. The Corporate Risk Register contains details of the risk, the current controls in place and an overview of the actions required to mitigate the risk to the desired level. A named individual (risk owner) is given responsibility for ensuring the action is carried out by the chosen due date. Members of the Senior Leadership Team are assigned 'risk owners' for operational risks within the Corporate Risk Register.

9.5. The majority of operational risks should have the ability to reduce in impact and/or likelihood and the relevant risk treatment must be performed to mitigate risks to an acceptable level. Major (red) operational risks (those scoring 15 or above) which are not deemed to be treatable will be highlighted to the Governing Body as part of routine risk reporting.

9.6. For operational risks rated lower than 12, the responsible committee may agree that they can be tolerated. However, this is subject to the committee being satisfied that no other actions can be undertaken and that robust management and monitoring controls are in place.

9.7. Such risks will show as 'inactive' on the Corporate Risk Register (therefore remaining within the risk profile) but will not be subject to ongoing committee scrutiny. The relevant risk lead will be responsible for highlighting any relevant changes to 'tolerated' risks (e.g. whether they can be archived or need to be reactivated). Any 'inactive' risks will be reviewed on an annual basis.

9.8. The Audit and Governance Committee receive the full Corporate Risk Register bi-annually to support their duty to provide the Governing Body with assurance on the robustness and effectiveness of the CCG's risk management processes.

9.9. Relevant extracts of the Corporate Risk Register are presented to the Governing Body's committees in line with their delegated duties. Reports will be presented monthly to those sub-committees where risks exist within their remit.

10. Risk Logs

10.1. Risk logs are used to record **project-level risks** and are held by teams across the CCG.

10.2. Risk logs can also be used to record operational risks at **Directorate and/or team-level** which are not considered significant enough to be captured on the CCG's Corporate Risk Register. Such risks are identified in line with the team/Directorate-level objectives which have been set.

10.3. Whilst a fundamental part of the CCG's risk management arrangements (ensuring and demonstrating that project-level and/or team-level risks are being actively identified and managed), risk logs do not require the same level of management as the Corporate Risk Register or Assurance Framework and, therefore, the oversight and scrutiny for team level risk logs is established at the discretion of the relevant senior manager(s).

10.4. When identified risks are considered as needing to be escalated (e.g. may directly impact the achievement of CCG objectives), these must be transferred to the Corporate Risk Register. The Head of Corporate Assurance can provide further advice on this.

11. Fraud Risk Assessment

11.1. Standard 1.4 from the *Standards for NHS Commissioners 2020/21 Fraud, bribery and corruption (version 1.2)* requires the CCG to undertake a local risk assessment to identify fraud, bribery and corruption risks and to ensure these are recorded and managed in line with the organisation's risk management policy.

11.2. A separate fraud risk register will be maintained by the CCG and reported to the Audit and Governance Committee once a year (as a minimum), to coincide with the Counter Fraud annual planning process.

12. Confidentiality

12.1. Where risks are not deemed to be in the public interest, they will be clearly marked as confidential on the Corporate Risk Register and reported to the Governing Body (or Primary Care Commissioning Committee) during their closed sessions. This should be for a time-limited period only and risk owners and committees are responsible for agreeing when confidentiality no longer applies.

13. Risk Management Processes

13.1. **Risk Assessments and Risk Identification**

Risk assessments can be undertaken at the start of any activity and provide a helpful means of anticipating 'what could go wrong' and deciding on preventative actions. For specific risk assessments relating to workplace safety (e.g. use of display screen equipment), please refer to the CCG's health and safety policies.

13.2. Operational risks (those which require adding to the Corporate Risk Register) may be identified through an assortment of means, for example by risk assessments, external assessments, audits, complaints, during meetings and through horizon-scanning. For example, any medium (or higher) risks identified within Internal Audit reports are captured within the Corporate Risk Register.

13.3. Regular meetings are held with Executive Directors and senior managers to discuss new or evolving risks within their respective portfolios/teams.

13.4. **Risk Evaluation**

Risks are evaluated by defining qualitative measures of impact and likelihood, as shown in the risk scoring matrix, shown in **Appendix D**, to determine the risk's RAG rating. Risk scores can be subjective, therefore, the scores will be subject to review and agreement by senior managers and/or the responsible committee. The Head of Corporate Assurance can also offer support and guidance regarding risk evaluation.

13.5. **Risk Treatment**

Risk treatment (also known as risk control) is the process of selecting and implementing measures to mitigate the risk to an acceptable level. Once risks have been evaluated, a decision should be made as to whether they need to be mitigated or managed through the application of controls (as described using the 'four T' risk treatment model below).

Treatment	Description
Terminate	Opt not to take the risk by terminating the activities that will cause it (more applicable to project risks).
Treating	Take mitigating actions that will minimise the impact of the risk prior to its occurrence and/or reduce the likelihood of the risk occurring.
Transfer	Transfer the risk, or part of the risk, to a third party.
Tolerate	Accept the risk and take no further actions. This may be due to the cost of risk mitigation activity not being cost effective or the impact is so low it is deemed acceptable to the organisation. *Risks which are tolerated should continue to be monitored as future changes may make the risk no longer tolerable.*

13.6. **Management and Reporting of Risks**

The following categories of risk grading provide a high-level view of management and reporting requirements. Expected management of risks at each grading has been designed in consideration of the CCG's risk appetite.

- The **Governing Body** will oversee all risks with an overall score of 15+ (e.g. any major / red operational risks from the Corporate Risk Register) at each of its meetings.
- **Committees** will oversee all risks with an overall score of 6+ (e.g. amber rating and upwards) at each of their meetings.
- The **Audit and Governance Committee** will receive bi-annual risk management updates, including the full Corporate Risk Register, which will enable any risk themes and trends to be reviewed; ensuring any multiple, similar risks of a low impact and likelihood are not ignored.

	Green	Green/Amber	Amber	Amber/Red	Red
Level of risk	An acceptable level of risk that can be managed at directorate / team level (e.g. Risk Logs, if in place)	An acceptable level of risk that can be managed at directorate / team level (e.g. Risk Logs, if in place)	A generally acceptable level of risk but corrective action needs to be taken (e.g. new risk at score 6+ or escalated from Risk Log(s))	An unacceptable level of risk which requires urgent senior management attention and immediate corrective action	An unacceptable level of risk which requires urgent senior management attention and immediate corrective action (e.g. risk score 15+)
Add to Corporate Risk Register?	No	No	Yes, with quarterly progress updates (as a minimum)	Yes, with bi-monthly progress updates (as a minimum)	Yes, with monthly progress updates (as a minimum)
Oversight and scrutiny	N/A	N/A	Reviewed by the relevant committee(s) at each meeting	Reviewed by the relevant committee(s) at each meeting	- Reviewed by the relevant committee(s) at each meeting - Highlighted to the Governing Body

14. Performance Risks

14.1. The CCG monitors the performance of its providers against key delivery priorities via a separate, but parallel, process to the CCG's risk management arrangements.

14.2. In order to minimise duplication, failures to achieve performance standards are not routinely identified as specific risks on the Corporate Risk Register. This should not indicate its absence from the organisation's overall risk profile and poor performance from a risk perspective will be referenced as necessary when reporting externally on risks (e.g. in the Annual Governance Statement).

14.3. The consistent non-delivery of performance standards will be assessed by the Quality and Performance Committee to ensure that any specific risks this poses to the CCG's functions (e.g. a detrimental impact on health outcomes, patient safety or patient experience) are identified and captured on the Corporate Risk Register.

15. Management of Risk across Organisational Boundaries

15.1. The management of risk across organisational boundaries is complex and, even more so, during any period of transition. Governance models should allow sovereign organisations to manage their own risks independently, whilst enabling a strong and holistic partnership approach to risk management to support the delivery of system objectives. The CCG's risk management framework will develop and evolve during any period of transition.

15.2. Risk continues to be an important feature within the different parts of the system architecture e.g. Integrated Care System (ICS), Integrated Care Partnerships (ICPs) and Primary Care Networks (PCNs). Partnership working can often lead to risks regarding risk ownership and accountability. As such, it is important that there are clear inter-relationships regarding the management and ownership of risks between these different elements.

15.3. Risks identified in meetings with system partners will be fed back to the CCG's Corporate Assurance Team via relevant leads. Any such risks will be considered through the lens of a strategic commissioner and included, if appropriate, within the CCG's Corporate Risk Register.

16. Communication, Monitoring and Review

16.1. The policy will be published and maintained in line with the CCG's Policy Management Framework.

16.2. The policy will be highlighted to new staff as part of the local induction process and made available to all staff through the CCG's internal communication procedures (and Internet/Intranet sites).

16.3. The CCG's Audit and Governance Committee will review the effectiveness of this policy, and its implementation, via bi-annual risk management update reports and monthly targeted assurance reports.

16.4. The CCG's Governing Body will review the risk appetite on an annual basis.

16.5. Internal Audit will report on the implementation of this policy as part of the annual Head of Internal Audit Opinion work programme.

17. Staff Training

17.1. The Corporate Assurance Team will proactively raise awareness of the policy across the CCG and provide ongoing support to committees and individuals to enable them to discharge their responsibilities. Members of the Corporate Assurance Team can be contacted for formal training at team meetings (or other forums) by email: notts.corporateassurance@nhs.net .

17.2. Any individual who has queries regarding the content of the policy, or has difficulty understanding how this relates to their role, should contact the CCG's Corporate Assurance Team by email: notts.corporateassurance@nhs.net .

18. Equality and Diversity Statement

18.1 NHS Nottingham and Nottinghamshire CCG pays due regard to the requirements of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in policy development and implementation, both as a commissioner and as an employer.

18.2 As a commissioning organisation, we are committed to ensuring our activities do not unlawfully discriminate on the grounds of any of the protected characteristics defined by the Equality Act, which are age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

18.3 We are committed to ensuring that our commissioning activities also consider the disadvantages that some people in our diverse population experience when accessing health services. Such disadvantaged groups include people experiencing economic and social deprivation, carers, refugees and asylum seekers, people who are homeless, workers in stigmatised occupations, people who are geographically isolated, gypsies, roma and travellers.

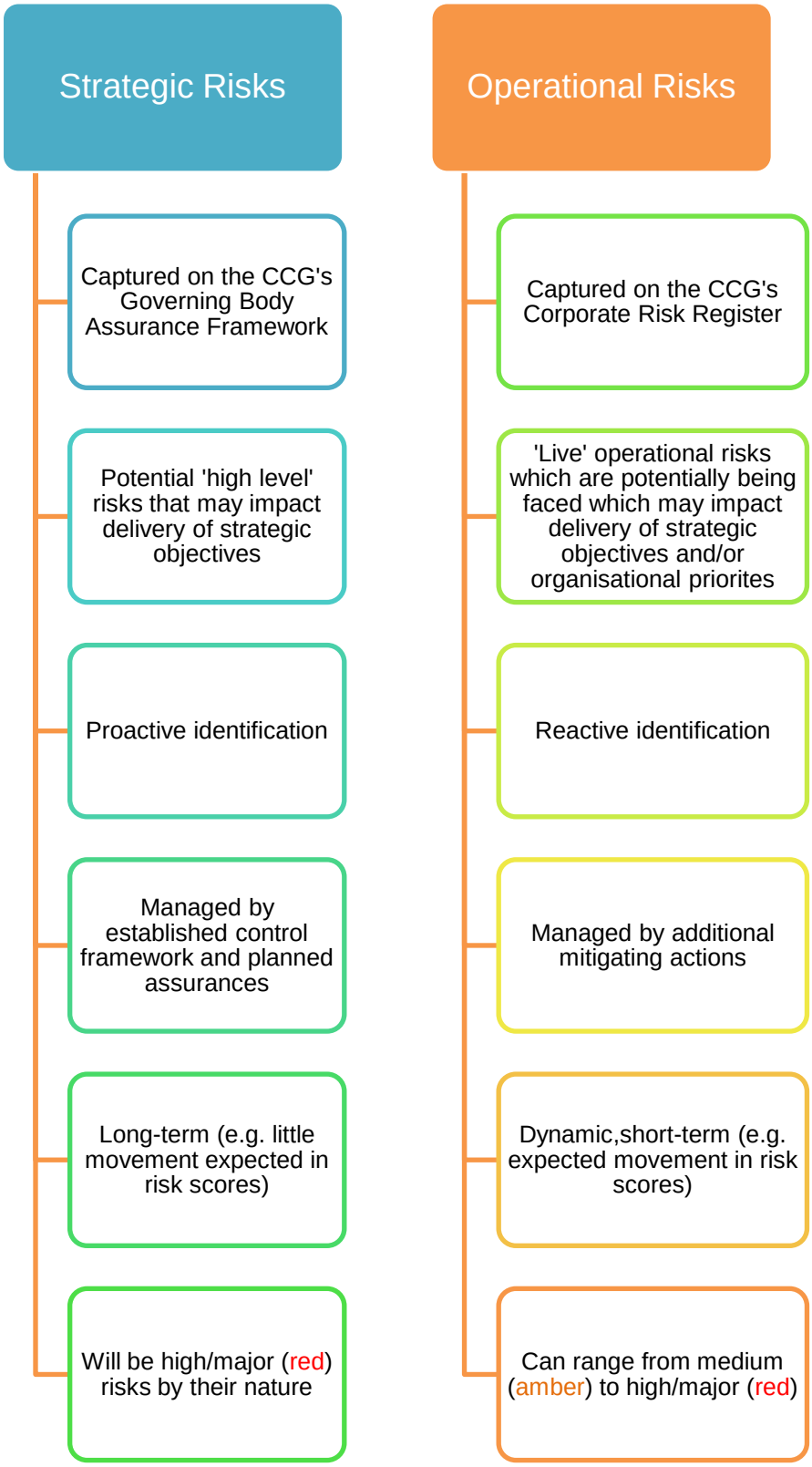
18.4 As an employer, we are committed to promoting equality of opportunity in recruitment, training and career progression and to valuing and increasing diversity within our workforce.

18.5 To help ensure that these commitments are embedded in our day-to-day working practices, an Equality Impact Assessment has been completed for, and is attached to, this policy.

19. References

- Assurance Frameworks, (2012). HM Treasury.
- A Risk Practitioners Guide to ISO 31000:2018, (2018). The Institute of Risk Management.
- Board Assurance: A toolkit for health sector organisations, (2015). NHS Providers.
- The Orange Book: Management of Risk – Principles and Concepts, (2020).
- Risk Appetite & Tolerance, (2011). The Institute of Risk Management.
- NHS Audit Committee Handbook, (2018). Healthcare Financial Management Association
- NHS Governance Handbook, (2017). Healthcare Financial Management Association
- Risk Appetite for NHS Organisations: A matrix to support better risk sensitivity in decision taking. (2012). The Good Governance Institute.

Appendix A: Characteristics of Strategic and Operational Risks



Appendix B

Risk Identification Guidance

The purpose of this form is to enable staff to report operational risks that may require entry on to the Corporate Risk Register. Further guidance on reporting risks can be provided by contacting the Corporate Assurance Team.

The general definition of a risk is "*the effect of uncertainty on objectives"* and it is the responsibility of all staff to:

- Identify risks at the conceptual stage of projects, as well as throughout the life of the project.
- Routinely consider risk within any planning, procurement or other CCG business activities.
- Ensure that any **operational** risks they become aware of are captured on the CCG's Corporate Risk Register.

Operational risks are defined as by-products of the day-to-day running of an organisation. They arise from definite events or circumstances and have the potential to impact negatively on the organisation and its objectives. The objective which may not be achieved needs to be considered in the risk wording.

Good practice for articulating risks is as follows:

a) [Event that has an effect on objectives] [**due to**] caused by [**cause/s]** resulting in [**consequence/s**]; or

b) [Event that has an effect on objectives] [**due to**] caused by [**cause/s**]. This may result in [**consequence/s**].

Training on writing risk statements can be requested from the Head of Corporate Assurance.

Categorise the risk using the categories in **Appendix C** and use the risk scoring matrix in **Appendix D** to calculate what the risk is at the moment (before any actions have been implemented). You then need to consider the controls you have in place to manage this (e.g. contract monitoring arrangements) and any additional actions that may be needed to mitigate the risk to an acceptable level.

Appendix B

Depending on the risk score, you will be contacted to provide status updates on the risk as follows:

- **Red** risks – monthly
- **Amber/red** risks – bi-monthly (as a minimum)
- **Amber** risks – quarterly (as a minimum)

Green and **amber/green** risks do not need adding to the risk register, as these can be managed at individual/team level via a **Risk Log**.

Oversight and scrutiny processes for green and green/amber risks are at the discretion of local directorates / teams. Template **Risk Logs** are available from the Corporate Assurance team. Guidance, support and training can be provided upon request via notts.corporateassurance@nhs.net .

Appendix C

Categories of Risk

CCG Function	Description	Responsible Committee
Finance	Risks to all areas pertaining to finance and financial control. This also includes risks related to contractual enforcement issues.	Finance and Resources Committee
Quality of services	Risks in maintaining and improving quality; including the safety and effectiveness of treatment and care and patient experience (not including safeguarding or primary care services).	Quality and Performance Committee
Improved outcomes / Health inequalities	Risk of failure to ensure better outcomes for patients as a result of CCG commissioned services.	Prioritisation and Investment Committee
Safeguarding	Risks relating the CCG's statutory duties for safeguarding children and vulnerable adults.	Quality and Performance Committee
Primary Care	Risks relating to delegated commissioning responsibilities for primary care services, including quality of primary care services.	Primary Care Commissioning Committee
Compliance	Risk of failure to comply with statutory duties and other regulatory and legal requirements; for example the Public Sector Equality Duty, information governance requirements, procurement regulations and employment law.	Appropriate Committee depending on area of non-compliance
Information Governance	Risk of failure to comply with information governance regulatory and legal requirements.	Audit and Governance Committee

Appendix C

CCG Function	Description	Responsible Committee
Governance / Probity	Risk of failure to comply or to demonstrate compliance with standards of business conduct. This includes transparency in decision-making, the robust management of conflicts of interest and adherence with the CCG's policy on gifts, hospitality and sponsorship.	Audit and Governance Committee
Workforce	Risk of failure to ensure a skilled and effective workforce, incorporating issues related to staff recruitment and retention, training and development (including succession planning) and organisational morale and culture.	Finance and Resources Committee
Engagement and Partnership working	Risk of failure to engage effectively with patients, carers, the public, clinicians and all other stakeholders. Risk of working with health and social care partners. Risk of reputational damage.	Appropriate Committee depending on nature of risk.

Appendix D

Risk Scoring Matrix

Table 1 - Impact scores (I)

What is the severity of the impact?					
Impact Score	**1**	**2**	**3**	**4**	**5**
Descriptor	**Insignificant or minor**	**Moderate**	**Significant**	**Very Significant**	**Major**
Impact should it happen	**No or slight impact on the CCG's objectives**	**Moderate Impact on the the CCG's objectives**	**Significant impact on the CCG's objectives**	**Impact on the CCG's objectives affectinge delivery over several areas**	**Impact on the CCG's objectives requiring radical review**

Table 2 Likelihood score (L)

What is the liklihood that harm, loss or damage from the identified hazard will occur?					
Likelihood score	**1**	**2**	**3**	**4**	**5**
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost certain**
Frequency How often might it happen?	**This will probably never happen/occur**	**Do not expect it happen/ recur but it is possible it may do so**	**Possibly may happen**	**Highly probable that it will happen**	**Likely to occur**

Table 3 Risk scoring = Impact x likelihood (I x L)

Very High - 5	**A**	**A/R**	**R**	**R**	**R**
High - 4	**A**	**A**	**A/R**	**R**	**R**
Medium - 3	**A/G**	**A**	**A**	**A/R**	**A/R**
Low - 2	**G**	**A/G**	**A/G**	**A**	**A**
Very Low - 1	**G**	**G**	**G**	**G**	**G**
	Rare - 1	**Unlikely - 2**	**Possible - 3**	**Likely - 4**	**Almost certain - 5**
			Likelihood		

G	Acceptable level of risk that can be managed at team/directorate level - does not require entry on to the organisational risk register
A/G	Acceptable level of risk that can be managed at team/directorate level - does not require entry on to the organisational risk register
A	To be entered on the organisational risk register and progress reports to be given quarterly
A/R	To be entered on the organisational risk register and progress reports to be given bi- monthly
R	To be entered on the organisational risk register and progress reports to be given monthly

Appendix E

Equality Impact Assessment

Date of assessment:	March 2021			
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
Age[3]	No	N/A	N/A	N/A
Disability[4]	Yes	Mechanisms are in place via the Communications and Engagement Team to provide this policy in a range of languages, large print, Braille, audio, electronic and other accessible formats.	N/A	N/A
Gender reassignment[5]	No	N/A	N/A	N/A
Marriage and civil partnership[6]	No	N/A	N/A	N/A

[3] A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).

[4] A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

[5] The process of transitioning from one gender to another.

[6] Marriage is a union between a man and a woman or between a same-sex couple.

Same-sex couples can also have their relationships legally recognised as 'civil partnerships'.

Appendix E

Date of assessment:	March 2021			
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
Pregnancy and maternity[7]	No	N/A	N/A	N/A
Race[8]	No	N/A	N/A	N/A
Religion or belief[9]	No	N/A	N/A	N/A
Sex[10]	No	N/A	N/A	N/A
Sexual orientation[11]	No	N/A	N/A	N/A
Carers[12]	No	N/A	N/A	N/A

[7] Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

[8] Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

[9] Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

[10] A man or a woman.

[11] Whether a person's sexual attraction is towards their own sex, the opposite sex, to both sexes or none. https://www.equalityhumanrights.com/en/equality-act/protected-characteristics

[12] Individuals within the CCG which may have carer responsibilities.