NHS
Nottingham and Nottinghamshire
Integrated Care Board

Risk Management Policy

March 2023 – March 2026

CONTROL RECORD			
Reference Number GOV-001	**Version** 1.4	**Status** Final	**Author(s)** Associate Director of Governance Head of Corporate Assurance
			Sponsor Director of Nursing
			Team Corporate Assurance
Title	Risk Management Policy		
Amendments	Further detail on system risk management, including definitions and the interface of risk between ICS system partners. Additional appendices also included.		
Purpose	The purpose of this policy is to ensure that robust arrangements for risk management are embedded across the ICB and to ensure an agreed risk appetite and approach to risk tolerance.		
Associated Documents	Nottingham and Nottinghamshire ICB's Board Assurance Framework; Nottingham and Nottinghamshire ICB's Operational Risk Register; Nottingham and Nottinghamshire ICB's Fraud Risk Register.		
Superseded Documents	Risk Management Policy v1.3		
Audience	All employees and appointees of the Nottingham and Nottinghamshire ICB and any individuals working within the ICB in a temporary capacity.		
Equality Impact Assessment	Complete (see Appendix G)		
Approving Body	ICB Board	**Date approved**	July 2022
Date of issue	March 2023 (v1.4)		
Review Date	March 2026		
This is a controlled document and whilst this policy may be printed, the electronic version available on the ICB's document management system is the only true copy. As a controlled document, this document should not be saved onto local or network drives.			

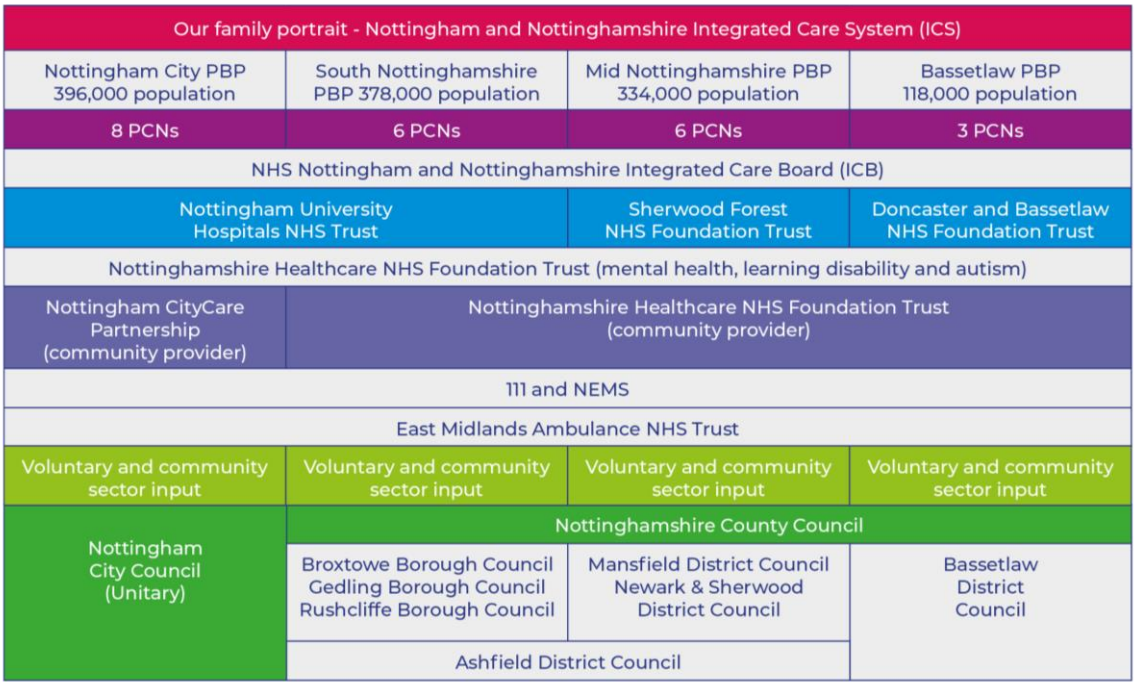
NHS Nottingham and Nottinghamshire Integrated Care Board (ICB)'s policies can be made available on request in a range of languages, large print, Braille, audio, electronic and other accessible formats from the Communications Team at nnicb-nn.comms@nhs.net

Contents

1. Introduction

1.1. This policy applies to NHS Nottingham and Nottinghamshire Integrated Care Board, hereafter referred to as 'the ICB'.

1.2. The ICB is a statutory organisation which forms part of the wider Nottingham and Nottinghamshire Integrated Care System (ICS). Whilst this policy outlines risk management arrangements for the statutory ICB, it is important that these arrangements work in partnership with other key parts of the ICS family.



1.3. The management of risk across organisational boundaries (e.g. system risk management) is complex. 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 priorities.

1.4. Risk should be an important feature within the different parts of the system architecture e.g. Place Based Partnerships (PBPs), Provider Collaboratives and health and care providers. 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.

1.5. The ICB 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.

1.6. 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.

1.7. This policy has been developed to ensure that risk management is fundamental to all of the ICB'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.
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] 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

1.8. This policy demonstrates the ICB's commitment to its total risk management function. It sets out the ICB's risk architecture (roles, responsibilities, communication and reporting arrangements) and describes how risk management is integrated into governance arrangements, key business activities and culture, both internally within the ICB and with health and care system partners.

2. Purpose

2.1. This policy describes the ICB's approach to the management of strategic and operational risks across the statutory organisation. It also references how risk arrangements within the ICB will interface with key elements of the Integrated Care System (ICS) and ICS system partners (e.g. system risk management arrangements).

2.2. The purpose of this guidance is to encourage a culture where risk management is viewed as an essential process of the ICB's activities. It provides assurance to the public, patients and partner organisations that the ICB is committed to managing risk appropriately.

3. Scope

3.1 This policy applies to all employees and appointees of the ICB and any individuals working within the ICB 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).
Assurance Framework	A (Board) 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 Board should use 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.
Integrated Care Board (ICB)	The ICB is the statutory NHS organisation within the ICS which holds responsibility for NHS functions and budgets.

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

Term	Definition
Integrated Care Partnership (ICP)	The ICP is a statutory committee which brings together all ICS system partners to produce a health and care strategy.
Integrated Care System (ICS)	The ICS is a partnership that brings together providers and commissioners of NHS services across a geographical area with local authorities and other local partners to collectively plan health and care services to meet the needs of the population.
Initial risk score	The numerical assessment of the risk (impact vs. likelihood) prior to considering any additional mitigating controls and/or actions.
Corporate risks	Operational risks which relate to the delivery of the ICB's statutory duties, functions and/or objectives.
Current (or Residual) risk score	The numerical assessment of the risk (impact vs. likelihood) after taking into consideration any mitigating controls and/or actions.
Operational Risk Register (ORR)	A tool for recording identified 'live' operational risks and monitoring actions against them. The ORR captures both ICB 'corporate' operational risks and system operational risks.
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 Operational 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. Operational risks include corporate risks (those which directly relate to the ICB's objectives/duties) and system risks (those which relate to the delivery of system priorities).
Place-based Partnerships (PBPs)	Place-based partnerships are collaborative arrangements formed by the organisations responsible for arranging and delivering health and care services in a locality or community.

Term	Definition
Risk	There are many definitions of risk, 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.
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 operational level risks at team/directorate/place/project-level which may impact on the delivery of local objectives. Examples of risk logs may include: • Directorate/Team specific Risk Logs; • Project Risk Logs; • Transformation Programme Risk Logs.
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 (Board) Assurance Framework and the ICB'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 (Board) Assurance Framework.

Term	Definition
Strategic risks	Potential, significant risks that are pro-actively identified and threaten the achievement of strategic objectives.
System risk management	The collective identification, assessment and mitigation of operational risks where improved outcomes can be achieved by system partners working together through shared accountability arrangements. System risk management does not replace risk management infrastructures in place within each ICS system partner; system risk management arrangements complement organisational risk management arrangements; they do not replace them.
System risks	• An operational risk that requires more than one system partner to manage; and/or • An operational risk that is not unique to a single system partner.
Three lines of defence model	A risk governance framework that splits responsibility for operational risk management across three functions. Individuals in the first line own and manage risk directly. See **Appendix F**.

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

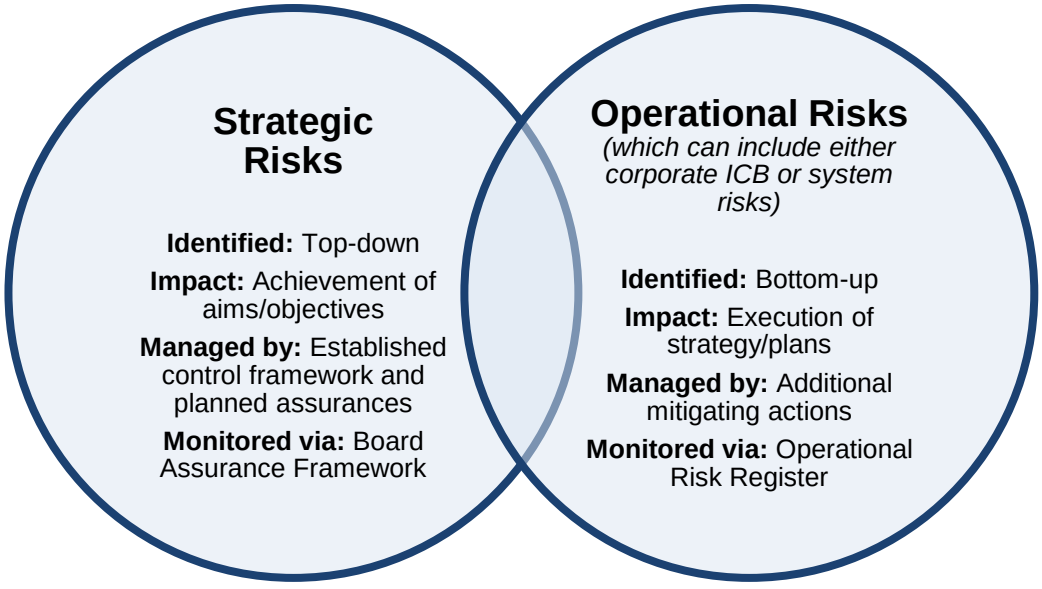


Figure 1 – The three types of risks

5. Roles and Responsibilities

Roles	Responsibilities
Forums	
Integrated Care Board	The Board 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 Board determines the ICB's risk appetite and risk tolerance levels and is also responsible for establishing the risk culture.
Audit and Risk Committee	The Audit and Risk Committee provides the Board with assurance on the effectiveness of the Board Assurance Framework and the robustness of the ICB'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 Board 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.
ICB Committees	Committees are responsible for monitoring operational risks related to their delegated duties* as outlined within their respective Terms of Reference. 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 Operational Risk Register.
Individuals	
Chief Executive	The Chief Executive has responsibility for maintaining a sound system of internal control that supports the achievement of the ICB's policies, aims and objectives, whilst safeguarding public funds and assets.

Roles	Responsibilities
Director of Nursing	The Director of Nursing is the executive lead for corporate governance and risk and assurance systems across the ICB. This includes promoting the ICB's risk culture within the Executive Team, wider directorates and across system partners.
ICB Non-Executive and Partner Members	As members of the Board and committees, Non-Executive Members will ensure an impartial approach to the ICB'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 ICB. This includes the development, implementation and co-ordination of the ICB's risk management activities and provision of training and advice in relation to all aspects of this policy.
Executive Directors	Executive Directors are responsible for ensuring effective systems of risk management are in place, and commensurate with this policy, within their respective Directorates. This includes promoting the ICB's risk culture and ensuring all senior leaders, within their respective Directorates, have a robust understanding of the organisation's risk management arrangements.
Senior Leadership Team (including Associate/Deputy Directors)	Members of the Senior Leadership Team are responsible for leading risk management arrangements within their Teams, which includes, but is not limited to, ensuring that: • Risk Logs are in place to support delivery of team, place and project/programme objectives; • Operational risks are appropriately escalated from Risk Logs to the Operational Risk Register; • Mitigating actions are in place to manage risks in line with the ICB's risk appetite statement; and that • Staff are suitably trained in relation to risk management.
Senior Information Risk Owner (SIRO)	The SIRO takes ownership of the ICB's information risks and acts as advocate for information risk on the Integrated Care Board.

Roles	Responsibilities
Risk Owners	Risk owners are responsible for ensuring robust mitigating actions are identified and implemented for their assigned risks. In relation to system risks, risk 'owners' are responsible for co-ordinating mitigating actions across relevant system partners.
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 Operational 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 ICB. 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 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. The Board has agreed to the following risk appetite statement:

Nottingham and Nottinghamshire ICB's Risk Appetite Statement
The Board of NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) 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 ICB 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 ICB's risk tolerance and where assurance is provided that appropriate controls are in place and these are robust and defensible.

The ICB 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 ICB. We will also seek to ***minimise*** any undue risk of adverse publicity, risk of damage to the ICB'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, the ICB's risk appetite will not necessarily remain static. The ICB's Board 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 ICB 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 ICB is willing to accept reflective of the risk appetite statement above).

7.2. For operational risks rated lower than 12 (**medium**), 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 ICB'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 ICB's strategic objectives and key statutory duties. Strategic risks are owned by members of the Executive Management Team and are outlined within the ICB's **Board Assurance Framework (BAF).** The ICB will work with system partners across the ICS to ensure alignment of strategic risks, where appropriate and/or relevant to do so.

8.2. The Assurance Framework provides the Board with confidence that the ICB 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*). Sources of assurance incorporate the three lines of defence, as referenced in **Appendix F**. 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 Annual Governance Statement and is the main tool that the Board should use in discharging overall responsibility for ensuring that an effective system of internal control is in place.

8.4. The Board approves the strategic risks (opening position) during the first quarter of the financial year, following agreement of the strategic objectives. The Board reviews the fully populated Assurance Framework bi-annually 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 Directors 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 Risk Committee receive a rolling programme of targeted assurance reports which, over a 12-month period, covers all of the ICB'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 ICB's **Operational Risk Register**.

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

9.4. The Operational Risk Register reflects operational risks relevant to the ICB as a corporate body (operational risks associated with delivery of the ICB's statutory duties) and operational risks associated with the delivery of system objectives/priorities (operational risks associated with the delivery of transformation programmes, for example).

9.5. The Operational 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.

10. Risk Logs

10.1. Risk logs are used to record operational risks at **individual team, directorate and programme/project-level.**

10.2. Risk logs should be used to record operational risks which are not considered significant enough to be captured on the ICB's Operational Risk Register. Such risks are identified in line with the Place/programme/team/Directorate-level objectives which have been set. A Risk Log template is in place and accessible from the Corporate Assurance Team by email: notts.corporateassurance@nhs.net

10.3. Whilst a fundamental part of the ICB'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 Operational Risk Register or Assurance Framework and, therefore, the oversight and scrutiny for team level risk logs is the responsibility of the relevant senior manager(s) (e.g., member of the Senior Leadership Team) to establish this. It may, for example include routine consideration of Risk Logs at project and/or team meetings.

10.4. When risks are added to a risk log, consideration should be given to the key elements of the risk. The risk review checklist can be used to support this exercise. See **Appendix E** for details.

10.5. When identified risks are considered to have the potential to directly impact the achievement of ICB objectives, these must be escalated from risk logs and captured on the Operational Risk Register. The Head of Corporate Assurance and Operational Risk Manager can offer support and guidance regarding risk escalation.

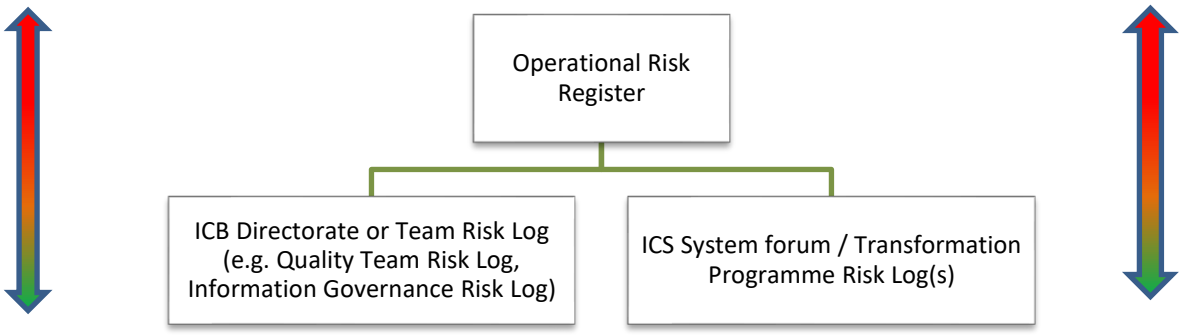


Figure 2 - Risk Log and ORR process

11. Risk Management Processes

Risk Assessments

11.1. 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, lone working, maternity, etc.), please refer to the ICB's health and safety policies.

Risk Identification

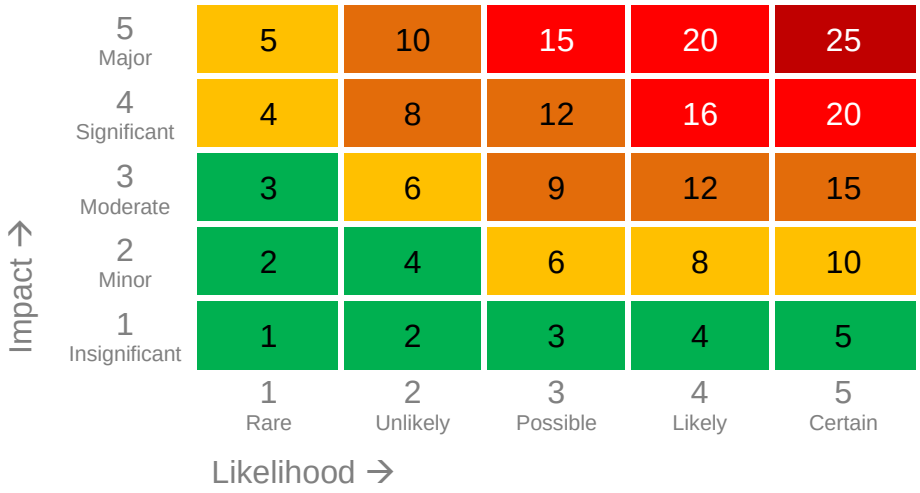
11.2. Operational risks (those which require adding to the Operational Risk Register) may be identified through an assortment of means, for example by risk assessments, external assessments, audits, complaints, during meetings and through horizon-scanning. For example, any medium (or higher) risks identified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

11.3. The ICB, its Committees, and system forums, all have a key role in the identification of risks in response to information presented to, and discussions held, at each meeting. A standing agenda item is included for every meeting to determine if there are any new risks that need to be considered for the Operational Risk Register.

11.4. Regular meetings are held with Executive Directors, members of the Senior Leadership Team, as well as operational, clinical and risk leads within ICS system partners, to discuss new or evolving risks within their respective portfolios/teams. This may include corporate or system risks.

Risk Evaluation

11.5. 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 by senior managers and/or the responsible committee.



11.6. **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).
Treat	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.*

11.7. Most 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. High and extreme operational risks (those scoring 15 or above) which are not deemed to be treatable will be highlighted to the Board as part of routine risk reporting.

11.8. 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.

11.9. Such risks will show as 'inactive' on the Operational 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.

Management and Reporting of Risks

11.10. 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 ICB's risk appetite.

- The **ICB** will oversee all risks with an overall score of 15+ (e.g. any high and/or extreme operational risks from the Operational Risk Register; both ICB and system risks) at each of its meetings.
- **Committees** will oversee all risks relevant to their remit with an overall score of 6+ (e.g. medium rating and upwards; both ICB and system risks) from the Operational Risk Register at each of their meetings.
- **System (ICS) forums** will receive reports relating to system risks that fall within their remit to enable them in their duties to oversee the identification and management of system operational risks at each of their meetings.
- The **Audit and Risk Committee** will receive bi-annual risk management updates, including the full Operational 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. This will support their duty to provide the Board with assurance on the robustness and effectiveness of the ICB's risk management processes.

	Very Low (1-5)	Low (4-10)*	Medium (8-15)*	High (15-20)	Extreme (25)
Level of risk	An acceptable level of risk that can be managed at directorate / team / project level (recorded in Risk Logs)	An acceptable level of risk that can be managed at directorate / team / project level (recorded in Risk Logs). **A risk could score 8-10 and be 'Low' if the 'Impact' score is low.*	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) to ICB Operational Risk Register). **A risk could score 8-10 and be 'Medium' if the 'Impact' score is high.*	An unacceptable level of risk which requires senior management attention and corrective action	An unacceptable level of risk which requires urgent Executive and senior management attention and immediate corrective action

	Very Low (1-5)	Low (4-10)*	Medium (8-15)*	High (15-20)	Extreme (25)
Add to ICB Operational 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	Risk Logs to be reviewed in relevant Team/Directorates Meetings or system forum.	Risk Logs to be reviewed in relevant Team/Directorates Meetings or system forum.	ICB Risk Register (full or relevant extracts) to be reviewed by the relevant committee(s) at each meeting. System risks will be reported to the relevant system forum.	ICB Risk Register (full or relevant extracts) to be reviewed by the relevant committee(s) at each meeting. System risks will be reported to the relevant system forum.	All red/high risks on the ICB Operational Risk Register to be highlighted to the ICB Board

12. Performance Risks

12.1. The ICB monitors the system performance against key delivery priorities via a separate, but parallel, process to the ICB's risk management arrangements.

12.2. To minimise duplication, failures to achieve performance standards are not routinely identified as specific risks on the ICB's Operational 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).

12.3. The consistent non-delivery of performance standards will be assessed to ensure that any specific risks this poses to the ICB's functions and/or system priorities (e.g., a detrimental impact on health outcomes, patient safety or patient experience) are identified and captured on the Operational Risk Register.

13. Interface with ICS Partner Risks (System Risk Management)

13.1. The Integrated Care System has agreed a working definition of system risk management as *'the collective identification, assessment and mitigation of risks where improved outcomes can be achieved by system partners working together through shared accountability arrangements.'*

13.2 System risk management does not replace organisational risk management requirements but is complementary. Organisations are equal partners within the system, so there is no escalation to the system level and there is a collective responsibility on all system partners for managing system risks. System risks are scored in relation to their potential impact on overall system deliverables and priorities, not individual organisations.

13.3 Processes to identify, evaluate, monitor and report operational system risks largely follow those outlined within section 11 of this Policy; however, the criteria for a system risk, and further detail on system risk management, is outlined in the below paragraphs.

13.4. An operational risk is determined to be a system risk when it meets the following criteria:

- A risk that requires more than one system partner to manage; and/or
- A risk that is not unique to a single system partner.

13.5. System risks can be identified in the following ways:

- Through individual discussions with system partner senior responsible officers, operational leads and clinical colleagues, when updating existing risks or through other general risk awareness raising discussions;
- Through discussions at system forums;
- Through discussions with system partner risk leads at local Risk Management Network meetings; and
- As reported by internal audit, as a result of system-wide audit reviews.

13.6. System risks will be managed by system partners working together through collective accountability arrangements.

13.7. System risks are captured on the ICB's Operational Risk Register. The use of the Operational Risk Register as the source risk register for system risks enables matrix reporting of relevant system risks across ICS oversight and operational groups, as appropriate. System partner representatives are responsible for feeding back on system risk discussions into their respective organisations.

13.8. Ownership of system risks is defined as the individual responsible for co-ordinating and facilitating overall progress against mitigating actions; they are not responsible for delivering all the mitigating actions themselves.

13.9. As system working arrangements mature and embed, it is likely that system risk management processes will evolve.

14. Management of Issues

14.1 Issues are not routinely recorded on the ICB's Operational Risk Register as they are managed via the organisation's performance management framework. However,

discretion may be used by senior leads/managers as to whether local issues are captured on individual risk logs.

14.2 Known issues are an important mechanism to determine if there are any new risks needed to be identified, and captured, within the ICB's risk management arrangements. Head of Corporate Assurance and Operational Risk Manager can provide further support and guidance on the management of issues.

15. Fraud Risk Assessment

15.1. The Government Functional Standard 013: Counter Fraud *Management of counter fraud, bribery and corruption activity* has applied to NHS organisations since April 2021. The standard is part of a suite of standards that promotes consistent and coherent ways of working across government, and provides a stable basis for assurance, risk management and capability improvement.

15.2. The NHS Counter Fraud Authority (NHSCFA) is a health authority charged with identifying, investigating and preventing fraud and other economic crime within the NHS. The NHSCFA requires the organisation to undertake a local risk assessment to identify fraud, bribery and corruption risks and to ensure these are recorded and managed in line with its risk management policy.

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

16. Confidentiality

16.1. Where risks are not deemed to be in the public interest, they will be clearly marked as confidential on the Operational Risk Register and reported to the ICB during its closed session. This should be for a time-limited period only and risk owners and committees are responsible for agreeing when confidentiality no longer applies.

17. Communication, Monitoring and Review

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

17.2. The policy will be highlighted to new staff as part of the local induction process and made available to all staff through the ICB's internal communication procedures (and internet/intranet sites).

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

17.4. The ICB will review the risk appetite on an annual basis.

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

18. Staff Training

18.1. The Corporate Assurance Team will proactively raise awareness of the policy across the ICB 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

18.2. The Corporate Assurance Team intranet page is under development and will include bite size training on risk management topics. This can be accessed at: https://nhs.sharepoint.com/sites/52R_Intranet/SitePages/Who%27s%20Who/Nursing/Corporate-Assurance-Team.aspx

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

19. Equality and Diversity Statement

19.1 NHS Nottingham and Nottinghamshire ICB pays due regard to the requirements of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in policy development and implementation, as a commissioner and provider of services, as well as an employer.

19.2 The ICB is committed to ensuring that, the way we provide services to the public and the experiences of our staff does not discriminate against any individuals or groups based on their age, disability, gender identity (trans, non-binary) marriage or civil partnership status, pregnancy or maternity, race, religion or belief, gender or sexual orientation.

19.3 We are committed to ensuring that our 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.

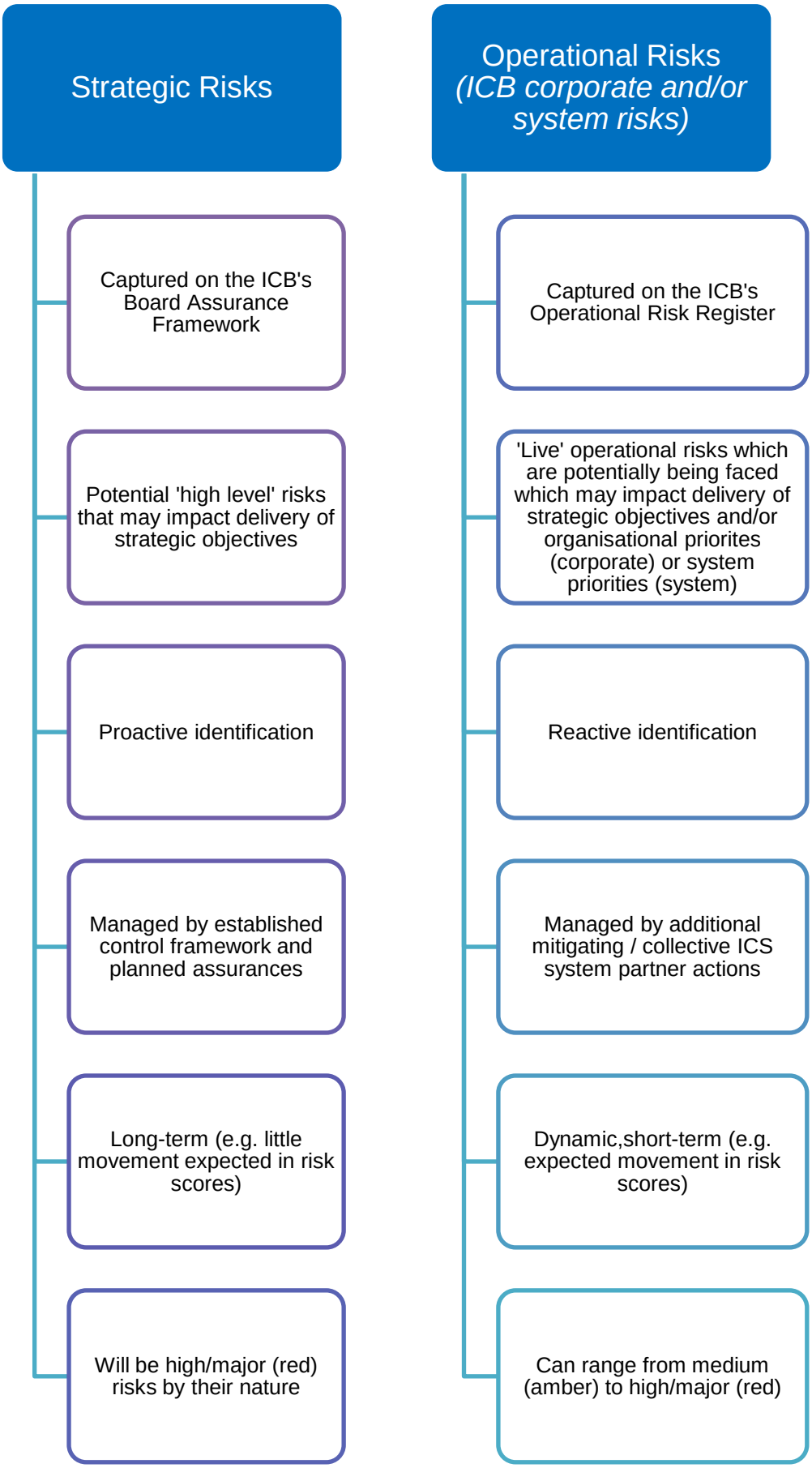
19.4 As an employer, we are committed to promoting equality of opportunity in recruitment, training and career progression and to valuing and increasing diversity within our workforce.

19.5 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.

20. 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.
- Good Governance Institute (GGI).

Appendix A: Characteristics of Strategic and Operational Risks



Appendix B

Risk Identification Guidance

The purpose of this guidance is to support staff in identifying operational risks that may require entry on to their local risk logs and/or for escalation to the ICB's Operational Risk Register. Further guidance on identifying risks can be provided by contacting the Corporate Assurance Team by email: **notts.corporateassurance@nhs.net**

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 ICB business and system activities.
- Ensure that any **operational** risks they become aware of are captured on local risk logs and/or the ICB's Operational Risk Register (dependent on score).

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 to use the is as follows:

CAUSE: '*As a result of* ….' (what will cause the risk to occur?)
EVENT: *'There is a risk ….*' (what can go wrong?)
EFFECT: *'Which may lead to ….*' (what will be the consequence/effect if the risk were to materialise?)

Training on writing risk statements can be requested from the Head of Corporate Assurance. Risk Log templates are also available.

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 C

Categories of Risk

Function	Description	Responsible Committee
Capacity	Risks associated with availability of resources to deliver services. This includes the equipment (including beds for inpatient services) and the range of appropriately qualified staff that are needed to provide care across all health and care settings.	Strategic Planning and Integration Committee
Commissioning	Risks associated with failure to commissioning appropriate services to meet the needs of the citizens of Nottingham and Nottinghamshire.	Strategic Planning and Integration 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.	Various, depending on the nature of non-compliance.
Engagement	Risk of failure to engage effectively with patients, carers, the public, clinicians and all other stakeholders leading to services which are not co-produced or based on lived experience.	Quality and People Committee
Partnership working	Risk of failure to work in partnership with wider ICS partners.	Strategic Planning and Integration Committee
Environmental	Risks relating to environmental compliance, pollution, and climate change as a result of the activities of the organisation.	Strategic Planning and Integration Committee
Demand	Risks associated with demand - the level of services required by the public.	Strategic Planning and Integration Committee
Digital	Risks that arise from the use of digital technologies, systems and processes. These can include risks related to security, access, privacy, reliability of electronic health records, medical devices and other digital tools.	Finance and Performance Committee
Finance	Risks to all areas pertaining to finance and financial control. This also includes risks related to contractual enforcement issues.	Finance and Performance 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 ICB's policy on gifts, hospitality and sponsorship.	Audit and Risk Committee

Appendix C

Function	Description	Responsible Committee
Health outcomes / inequalities	Risk of failure to ensure better outcomes for the citizens of Nottingham and Nottinghamshire.	Quality and People Committee
Information Governance	Risk of failure to comply with information governance regulatory and legal requirements.	Audit and Risk Committee
Medicines / Pharmacy	Risks relating to the safe, evidence based and cost-effective use of medicines.	Quality and People Committee
Planning / Delivery	Risks relating to the inability to robustly plan and/or deliver agreed system plans/priorities.	Strategic Planning and Integration Committee
Primary Care	Risks relating to delegated commissioning responsibilities for primary care services.	Strategic Planning and Integration Committee
Procurement	Risks relating to the process of obtaining good and services from external suppliers.	Strategic Planning and Integration Committee
Quality	Risks in maintaining and improving quality; including the safety and effectiveness of treatment and care and patient experience.	Quality and People Committee
Reputation	Risks relating to reputation that result from actions perceived as detrimental by stakeholders, employees and the general public.	Quality and People Committee
Safeguarding	Risks relating the ICB's statutory duties for safeguarding children and vulnerable adults.	Quality and People Committee
Transformation	Risk of failure to deliver required transformation programmes.	Strategic Planning and Integration Committee
Workforce	Risks relating to workforce related issues including availability, recruitment, retention along and ensuring a healthy workforce.	Quality and People Committee

Appendix D

Risk Scoring Matrix

Table 1: Impact Score (I)

These tables have been taken from National Patient Safety Agency Risk Matrix for Managers and adapted for NHS Nottingham and Nottinghamshire ICB use.

Domains	Risk Categories	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
Impact on the safety of patients, staff or public (physical/ psychological harm)	Health outcomes / inequalities	Minimal injury requiring no/ minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for <3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/ agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/ disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/ complaints/ audit	Quality Medicines / Pharmacy	Peripheral element of treatment or service suboptimal Informal complaint/ inquiry	Overall treatment or service suboptimal Formal complaint stage 1 Local resolution Single failure to meet internal standards	Treatment or service has significantly reduced effectiveness Formal complaint stage 2 Local resolution (with potential to go	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating	Totally unacceptable level or quality of treatment/ service Gross failure of patient safety if findings not acted on Inquest/ ombudsman inquiry Gross failure to meet national standards

Appendix D

Domains	Risk Categories	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
			Minor implications for patient safety if unresolved Reduced performance rating if unresolved	to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Critical report	
Human resources/ organisational development/ staffing/ competence	Workforce	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/ service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
Statutory duty/ inspections	Information Governance Governance / Probity Compliance Safeguarding	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report

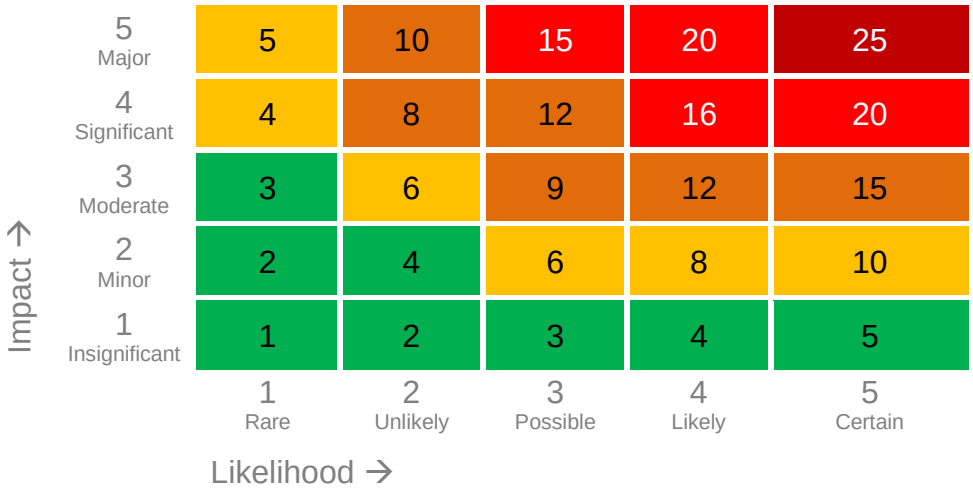
Appendix D

Domains	Risk Categories	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
Adverse publicity/ reputation	Reputation Engagement	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business Projects/ Objectives **Planning / Delivery**	Commissioning Partnership working Capacity Demand Primary Care Transformation	Insignificant cost increase/ schedule slippage Key 'political' target is being achieved and impact prevents improvement	<5 per cent over project budget Schedule slippage Key 'political' target is being achieved but impact reduces performance marginally below target in the near future or performance currently on target, but there is no agreed plan to meet the target	5–10 per cent over project budget Schedule slippage Key 'political' goal is marginally below target or is soon projected to deteriorate beyond acceptable limits or there is an agreed plan, but it does not yet meet the rising target	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key 'political' target not being achieved, and impact prevents improvement, or substantial decline in performance trend	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met Key 'political' target is not being achieved and the impact further deteriorates the position
Finance including claims	Finance Procurement	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/ Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract/ payment by results

Appendix D

Domains	Risk Categories	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
					Purchasers failing to pay on time	Claim(s) >£1 million
Service/ business interruption	Digital	Loss/ interruption of >1 hour	Loss/ interruption of >8 hours	Loss/ interruption of >1 day	Loss/ interruption of >1 week	Permanent loss of service or facility
Environmental impact	Environmental	Minimal or no impact on the environment	Minor impact on environment	Moderate impact on environment	Major impact on environment	Catastrophic impact on environment

Table 2: Impact (I) x Likelihood (L) Risk Matrix



Appendix E

Risk Review Checklist

Element	Guidance	Findings (with prompts)
Risk Description	Think about the reader when formulating the description, a clear and concise description helps the reader to understand what the risk is. A description includes: **CAUSE:** *'As a result of ….'* (what will cause the risk to occur?) **EVENT:** *'There is a risk ….'* (what can go wrong?) **EFFECT:** *'Which may lead to ….'* (what will be the consequence/effect if the risk were to materialise?)	*Q: Does the description follow the above format?*
Controls	A control is a process, policy, device, or action that acts to minimise risk and describes what is in place to reduce or manage the risk. **PLEASE REMEMBER PLANNED ACTIONS ARE NOT CONTROLS**	*Q: Are any controls identified?* *Q: Are your controls up to date?*
Gaps in Control	It is essential you consider what controls may be missing (not recorded) that would help to manage the risk.	*Q: For all instances of negative assurance, do you have a corresponding ACTION to close the gap in control*
Actions	An action will exist where you have a gap in control and completion of actions should provide assurance, strengthen existing controls, or add new controls. All gaps in control and gaps in assurance require an ACTION to close the gap.	*Q: Are you confident the actions will be delivered and on time?* *Q: Is the action owner the right action owner?* *Q: Is the action owner aware they have this action assigned to them?*
Initial Risk Score	This was the score evaluated when the risk was first recorded.	*Q: Are you confident the initial risk score was reflective of the risk when recorded?*
Current Risk Score	It is essential to consider the likelihood of the consequence being realised (see risk description - **EFFECT:** *'Which may lead to ….'*) in light of the existing controls and assurances	*Q: Does the current score consider all the controls and assurances?* *Q: Have you used the risk scoring guidance?* *Q: Have you evaluated the evidence to quantify the risk?*

Appendix F

Three Lines of Defence Model

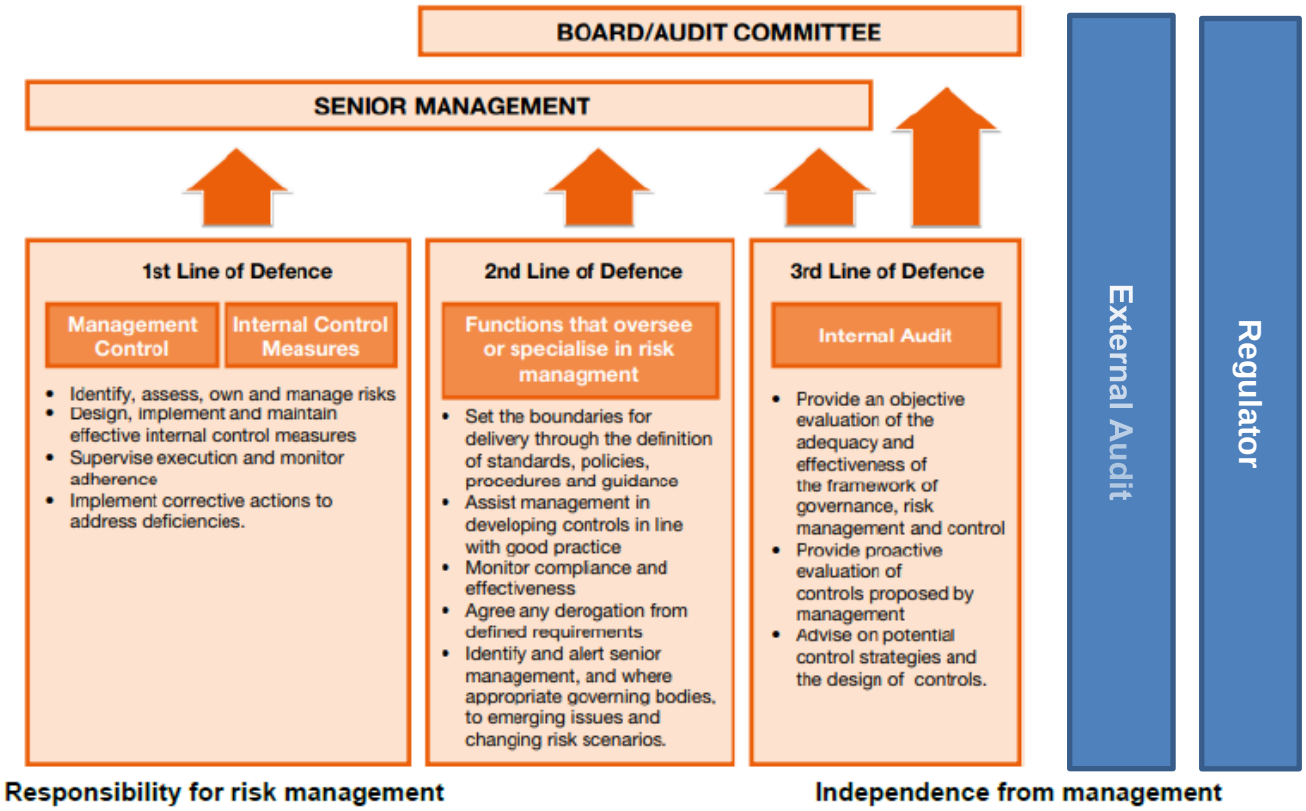


Figure 3 - Three Lines of Defence Model

Everyone in the organisation has some responsibility for risk management. The “three lines of defence” model provides a simple and effective way to help delegate and coordinate risk management roles and responsibilities within and across the organisation.

First line of defence

Under the “first line of defence”, management have primary ownership, responsibility and accountability for identifying, assessing and managing risks. Their activities create and/or manage the risks that can facilitate or prevent an organisation’s objectives from being achieved.

The first line ‘own’ the risks and are responsible for execution of the organisation’s response to those risks through executing internal controls on a day-to-day basis and for implementing corrective actions to address deficiencies.

Through a cascading responsibility structure, managers design, operate and improve processes, policies, procedures, activities, devices, practices, or other conditions and/or actions that maintain and/or modify risks and supervise effective execution.

There should be adequate managerial and supervisory controls in place to ensure compliance and to highlight control breakdown, variations in or inadequate processes and unexpected events, supported by routine performance and compliance information.

Appendix F

Second line of defence

The second line of defence consists of functions and activities that monitor and facilitate the implementation of effective risk management practices and facilitate the reporting of adequate risk related information up and down the organisation. The second line should support management by bringing expertise, process excellence, and monitoring alongside the first line to help ensure that risks are effectively managed.

The second line should have a defined and proportionate approach to ensure requirements are applied effectively and appropriately. This would typically include compliance assessments or reviews carried out to determine that standards, expectations, policy and/or regulatory considerations are being met in line with expectations across the organisation.

Third line of defence

Internal audit forms the organisation's "third line of defence". An independent internal audit function will, through a risk-based approach to its work, provide an objective evaluation of how effectively the organisation assesses and manages its risks, including the design and operation of the "first and second lines of defence".

It should encompass all elements of the risk management framework and should include in its potential scope all risk and control activities.

Internal audit may also provide assurance over the management of cross organisational risks and support the sharing of good practice between organisations, subject to considering the privacy and confidentiality of information.

External / Fourth line of defence

Sitting outside of the organisation's own risk management framework and the three lines of defence, 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.

The tend to be external independent bodies such as the external auditors and regulators.

External bodies may not have the existing familiarity with the organisation that an internal audit function has, but they can bring a new and valuable perspective. Additionally, their outsider status is clearly visible to third parties, so that they can not only be independent but be seen to be independent.

Adapted from HM Treasury Orange Book - More information is available at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/866117/6.6266_HMT_Orange_Book_Update_v6_WEB.PDF

Appendix G

Equality Impact Assessment

Date of assessment:	March 2023			
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 identity (trans, non-binary)[5]	No	N/A	N/A	N/A
Marriage or civil partnership status[6]	No	N/A	N/A	N/A
Pregnancy or maternity[7]	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'.

[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.

Appendix G

Date of assessment:	March 2023			
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.
Race[8]	No	N/A	N/A	N/A
Religion or belief[9]	No	N/A	N/A	N/A
Gender[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

[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 ICB which may have carer responsibilities.