

Integrated risk management framework

Risk is inherent in all the activities NHS Bradford District and Craven CCG undertakes and in all of the services that it commissions.

This integrated risk management framework (IRMF) outlines the way in which the CCG ensures effective arrangements in place to manage risk.

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1 Introduction

Risk is inherent in all the activities NHS Bradford District and Craven CCG undertakes and in all of the services that it commissions. Effective strategic and operational risk management is therefore fundamental to support the CCG in achieving its objectives and ensuring that an effective system of governance is in place.

This Integrated Risk Management Framework (IRMF) outlines the way in which the CCG ensures effective arrangements are in place to manage risk, focussing on:

- the CCG's approach to managing risk and its risk management objectives
- the CCG's organisational and individual roles and responsibilities for risk management
- the CCG's risk management processes

The IRMF ensures that the CCG:

- escalates risks internally and with partner organisations so that action is taken at the appropriate level and the impact is monitored
- minimises risk of physical or emotional harm to our patients and workforce
- minimises the loss or wastage of resources through poor internal control procedures
- manages sensitively issues which have a reputational impact or public interest
- manages the CCG's resources effectively for the short and long term
- ensures the CCG's staff are risk aware and skilled in risk management

The CCG monitors and reports on risk in two key ways:

- the assurance framework (AF) which focusses on the most strategic and long-term risks to the delivery of the CCGs' strategic objectives
- the corporate risk register (CRR), which focusses on more operational risks that may rise and fall within relatively short time periods (and are linked, where appropriate, to risks on the AF)

Since April 2020 a separate risk register has been maintained for risks arising directly as a result of the COVID 19 pandemic.

2 Scope of the policy

The framework applies to NHS Bradford District and Craven CCG and its employees and must be followed by all those who work for the organisation, including the governing body, those on temporary or honorary contracts, secondments, pool staff, contractors and students.

Failure to adhere to this policy may result in disciplinary action and, where necessary, referral to the appropriate regulatory body.

3 Associated documentation

The implementation of this framework will be supported by a range of related policies and procedures, including the CCG's:

- incident reporting policy

- incident reporting, management and investigation procedure
- information governance framework and underpinning IG policies
- health and safety policy
- fire safety policy
- counter-fraud, bribery and corruption policy
- whistleblowing / raising concerns policy
- safeguarding adults and children policies
- business continuity plan

This list is not exhaustive.

4 Policy statement and risk appetite

4.1 Policy statement

The CCG's approach to risk management is based on ensuring a robust risk management system is in place, understood and adhered to.

Effective risk management relies on the full engagement of people in all areas of the CCG and the accurate and timely receipt, analysis and review of related information.

To support staff in embedding risk management in their day to day work, our risk management arrangements will be effective, meaningful and not unduly onerous.

4.2 Risk appetite

Acknowledging that risk is unavoidable and that the CCG needs to manage risk, risk appetite is "the amount of risk that is judged to be tolerable and justifiable by the CCG in pursuit of the achievement of its strategic objectives". The CCG's risk appetite therefore defines the amount of risk that the CCG is prepared to take, tolerate or be exposed to at any point in time.

The CCG's aim is to minimise the risk of harm wherever possible, to service users, the public, staff, members and other stakeholders. However, the CCG also recognises the need to take considered risks in some areas (for example, transformation / re-design of services) and that an overly risk averse approach can be a threat to the achievement of some strategic objectives.

All risks on both the CCGs' corporate risk register and assurance framework specify the target risk score (i.e. the level at which the risk can be tolerated). The acceptability of the target risk score is subject to review by senior management and relevant committees as part of the normal review process for the corporate risk register and assurance framework (see Section 7.1.5).

5 Aims and objectives

The CCG's objectives for risk management are to:

1. effectively identify, report and manage risk
2. effectively capture and learn from mistakes to reduce future risk
3. ensure clear accountability for the management and reporting of risk

4. ensure and evidence statutory and regulatory compliance
5. effectively manage project risks

The detail to support the delivery of these objectives is given in the remainder of this framework.

6 Definition of risk

Risk can be defined as “an uncertain event or series of events that, should it occur, would have an effect on the achievement of objectives” and is measured in terms of impact and likelihood. Risk is normally perceived as negative, i.e. as a threat. However, risk can also be positive, i.e. as an opportunity.

There has to be a degree of uncertainty for a risk to exist – if something has already happened / is happening (i.e. there is certainty), this is an issue rather than a risk. Issues generally give rise to risks, i.e. can be considered as the cause of a risk.

There are a variety of types of risks that may occur in or be faced by any CCG and this IRMF and related processes cover all types of risk. The main risk categories are given below:

6.1 Quality risks

Quality risks are defined as ‘those risks whose principal cause or effect would relate to the quality of clinical or medical care’.

Examples include risks relating to clinical care activities, medicines management, patient experience, patient safety, clinical effectiveness and equality and diversity.

6.2 Financial and performance risks

Financial and performance risks are defined as ‘those risks whose principal cause or effect would be financial or performance related’.

Examples include poor financial control, fraud, risks to delivery of cost improvements and risks to the delivery of performance standards.

6.3 Corporate risks

Corporate risks are defined as ‘those risks which primarily relate to the way in which the CCG is organised, managed and governed’.

Examples include information governance risks, health and safety / property related risks, corporate governance risks, business continuity risks and human resource risks.

7 Roles and responsibilities

Accountability arrangements for risk management can be split into two elements:

- accountability for scrutiny of risk processes and management
- accountability for the management of risk

7.1 Scrutiny of risk processes and management

This section describes the key groups and committees within the CCG that are involved in scrutinising risk management processes and confirms each group's specific remit for risk management.

7.1.1 Governing body

The governing body is responsible and accountable for setting the strategic direction for risk and ensuring that integrated risk management arrangements are in place across the organisation.

The governing body has delegated overview and scrutiny of the management of risk to its audit and governance committee, which reviews compliance with this IRMF and ensures that other committees with responsibility for risk are effective in discharging their duties. The governing body will receive assurance through reports from the audit and governance committee that the risk management process is operating effectively and will action any concerns escalated to them regarding risk management.

The governing body will receive:

- the assurance framework – the governing body will normally review and approve the assurance framework twice yearly and agree that it is a true and fair reflection of the CCG's strategic risk position
- the high level corporate risk register at each of the governing body's meetings in public (normally six per annum)
- assurance via audit and governance committee minutes and updates that a robust IRMF is in place and is complied with.

7.1.2 Audit and governance committee

The audit and governance committee's role is to review the establishment and maintenance of an effective system of integrated governance, risk management and internal control that supports the achievement of the CCG's objectives, across the whole of the CCG's activities.

The audit and governance committee has an overall "scrutiny" role and provides the governing body with assurance via its minutes, updates and annual report that risk management, internal control and governance processes are in place and working effectively. In doing so, it is supported by the work of internal and external audit.

The role of the audit and governance committee includes:

- review and approval of the IRMF
- review and approval of risk and control related disclosure statements (in particular the CCG's annual report, accounts and annual governance statements), together with any appropriate independent assurances
- review and scrutiny of the AF and underlying risk management processes

7.1.3 Finance and performance committee

The finance and performance committee has responsibility for the scrutiny of finance, performance and corporate risks. Its role in relation to risk management is to:

- review and monitor the corporate risk register in respect of finance, performance and corporate risks
- approve the content of the risk register relating to finance, performance and corporate risks as a true reflection of the current risk position for reporting to the governing body
- request action by accountable individuals to manage the aforementioned risks and any variation in performance, ensuring plans are put in place to ensure the achievement of objectives and targets
- ensure that variance against target performance levels is reflected in the corporate risk register or AF as appropriate
- ensure that effective arrangements are in place for business continuity and emergency planning
- provide assurance to the governing body that financial, performance, contracting and corporate risks are being effectively managed and highlight any significant risks and related resource implications

7.1.4 Quality committee

The quality committee has responsibility for the scrutiny of quality risks. Its role in relation to risk management is to:

- review and monitor the corporate risk register in respect of quality related risks
- approve the content of the risk register relating to quality risks as a true reflection of the current risk position for reporting to the governing body
- request action by accountable individuals to manage the aforementioned risks and any variation in performance, ensuring plans are put in place to ensure the achievement of objectives and targets
- ensure that variance against target performance levels is reflected in the corporate risk register or AF as appropriate
- provide assurance to the governing body that quality related risks are being effectively managed and highlight any significant risks and related resource implications

7.2 Management of risk

7.2.1 Chief officer

The chief officer has overall responsibility for the management of risk within the CCG. The chief officer, as accountable officer, is responsible for producing the CCG's annual governance statement (AGS) and will attend the audit and governance committee annually when the AGS is reviewed along with the financial statements and the annual report.

7.2.2 Senior leadership team

The senior leadership team and its members are responsible for the management of the CCG's risks and for:

- promoting a risk aware culture within the organisation and a supportive environment which facilitates the reporting of risks and incidents

- ensuring sufficient resource and support is available for managing risk
- ensuring organisational risk management policies and procedures are implemented within their areas of responsibility
- keeping staff informed of the significant risks faced by the organisations and what is being done to manage them
- reviewing the content of the corporate risk register for each risk reporting cycle (6 per annum), focussing on the completeness and accuracy of content, on the appropriateness of scoring and the adequacy of the risk management approach

Where appropriate, the quality committee or the finance and performance committee will highlight particular risks for consideration by the senior leadership team and / or request additional assurance on the management of a particular risk(s) on behalf of the governing body.

7.2.3 Strategic director of organisation effectiveness

The strategic director of organisation effectiveness is responsible for:

- developing and promoting a risk aware culture within the organisation and a supportive environment which facilitates the reporting of risks and incidents
- supporting the senior leadership team and staff in their identification and continuous management of risk
- co-ordinating the development and maintenance of the corporate risk register and AF and ensuring risks are appropriately recorded and reported
- ensuring access to specialist risk management knowledge, training and development for staff, senior leadership team, committees and the governing body

The strategic director of organisation effectiveness is supported in the discharge of these responsibilities by the strategic head of assurance and the head of corporate governance.

7.2.4 Risk register roles ('risk owner' and 'senior manager')

There are two defined roles relating to the CCG's corporate risk register system: risk owner and senior manager.

Risk owner

- works closely with relevant colleagues to monitor performance and activities to allow the early identification of risk
- assesses and records new risks on the risk register system;
- regularly reviews their risks in line with the review process and schedule. This includes updating information, reviewing current risk score and if appropriate closing risks that have been managed back to acceptable risk levels or are no longer relevant
- keeps their line manager informed of any significant changes that may affect any risks they have recorded on the risk register
- is prepared to discuss the risk at any group or committee as requested

Senior manager

- supports a culture of risk awareness within the CCG
- confirms ownership of the risk sits with the appropriate person at all levels

- checks that the risk owner has appropriately reflected the true nature of the risks and controls in place, etc
- ensures consistency of risk wording (there is a risk of... due to... resulting in...);
- checks scoring is appropriate to the risk faced by the CCG and as guided by the CCG risk matrix
- liaises with the risk owner where further information is required
- confirms that it is appropriate to close risks marked for closure by the risk owner.
- identifies any additional risks to be included on the risk register
- ensures that risks are discussed regularly at team meetings, 1:1s with appropriate staff members, etc
- is prepared to discuss the risk at any group or committee as requested

7.2.5 All individuals

All employees, members of the senior leadership team, members of the governing bodies, members of all committees and sub-committees and all staff from other organisations working on behalf of the CCG are responsible for

- being familiar and complying with this IRMF
- being risk aware
- identifying, recording and managing risks relevant to their areas of work
- complying with the health and safety at work act, and CCG policies to protect the health, safety and welfare of anyone affected by CCG business
- reporting all incidents and near misses in line with the incident reporting policy;
- complying with mandatory training requirements
- being aware of business continuity procedures in relation to their service / location

7.2.6 Commissioned services / providers

Healthcare providers have their own risk management systems in place, including incident reporting systems which provide information for analysis to the national reporting and learning system (NRLS).

The management of serious incidents and never events reported by providers is reviewed by the CCG serious incidents team to ensure that robust investigations have taken place and actions identified are implemented. Reporting of serious provider incidents and never events is provided to the quality committee.

7.3 Summary framework for reviewing and monitoring risks

The table below summarises the review and monitoring of risks within the CCG:

Risk type	Risk score	Frequency	Group
Strategic risks (assurance framework)	All	Twice per annum	Governing body Senior leadership team

Risk type	Risk score	Frequency	Group
Strategic risks (assurance framework)	All	AF provided to all standard meetings (3 per annum) AF risks to be reviewed individually on a rolling basis from 2020-21	Audit and governance committee
Corporate risk register – all risks	15 or more	Six times per annum (every two months)	Governing body
Corporate risk register – quality related risks	All	Six times per annum (every two months)	Quality committee
Corporate risk register – finance, performance and corporate related risks	All	Six times per annum (every two months)	Finance and performance committee
Corporate risk register – all risks	All	Bi-monthly – once per risk cycle; prior to reporting to FPC and QC. An exception report may be presented (if required) prior to reporting to the governing body.	Senior leadership team
Corporate risk register – all risks.	All	Corporate risk register provided to all standard meetings (3 per annum).	Audit and governance committee
COVID risk register – all risks	15 or more	Six times per annum (every two months)	Governing body
COVID risk register – all risks	All	Monthly as at October 2020	Senior leadership team
COVID risk register - quality related risks	All	Monthly as at October 2020	Quality committee

Risk type	Risk score	Frequency	Group
COVID risk register – finance, performance and corporate related risks	All	Monthly as at October 2020	Finance and performance committee

8 Risk management process

8.1 Risk identification

Risk can only be managed if it is identified. Triangulation of soft and hard information from different sources gives assurance that all significant risks have been captured.

The key sources of information used to check completeness of risk capture are:

- performance indicators reporting variance from plan within commissioning performance contracts and their reports
- the results of planned reviews of compliance with statutory and regulatory requirements e.g. fire regulations, care quality commission (CQC) standards and reviews, Ofsted reviews, parliamentary ombudsmen, professional standards, information governance systems including the NHS data security and protection toolkit, etc
- routine review of serious incidents, incident reports and complaints to identify emerging risks such as themes or specific concerns which can be escalated to the risk register
- utilisation of intelligence through partnership networks and from stakeholders to encourage the sharing of information to identify potential risks
- ensuring contact with regional and national groups and professional associations that provide early warning on serious or major adverse events
- risk review and discussion through operational groups and formal governance meetings which highlight problems and issues that should be reflected in the risk register

8.2 Risk description, assessment and scoring

The CCG has adopted a standardised approach to describing risks. All risks are worded as “there is a risk of....due to....resulting in....”.

- ‘there is a risk of....’ part of the description sets out the uncertain thing or event which, if it arises, would impact on the achievement of organisational objectives
- the “due to” part of the description outlines the causes of the risk
- the “resulting in” part of the description outlines the impact of the risk if it were to arise

Risk assessment is a structured process used once a risk has been identified to:

- understand its potential impact

- examine what control measures are already in place to manage the risk and evaluate their effectiveness
- score the potential of any outstanding risk after considering the effectiveness of current controls and identify the prioritisation of the risk
- identify the target risk score (i.e. the level at which the risk can be accepted, taking into account the CCGs' risk appetite)

Risk scores (both current and target) are calculated by multiplying the potential impact or severity of impact by the potential likelihood or frequency level to provide a risk score utilising a 5 x 5 matrix scoring system which produces a range of scores from 1 to 25. [Likelihood x impact = risk score]

Detailed matrices to assist with the allocation of likelihood and impact levels are provided at appendix 1.

Consequence	Likelihood				
	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Catastrophic 5	5	10	15	20	25
Major 4	4	8	12	16	20
Moderate 3	3	6	9	12	15
Minor 2	2	4	6	8	10
Insignificant 1	1	2	3	4	5

The risk score determines the prioritisation and allocation of resource. Higher scores have a higher priority for action, as the impact of failing to reduce the risk is greater. The risk scores obtained from the risk matrix set out above are assigned grades and priorities as follows:

Score	Risk Level
1-3	Low risk
4-6	Moderate risk
8-12	High risk
15-16	Serious risk
20-25	Critical risk

8.3 Risk appetite and treatment

Once a risk has been identified and assessed, the next step is to determine the target risk score (also known as 'risk appetite' or 'target risk score'). Risk appetite is assessed and scored in the same way as risk scores, using the matrices for consequent and likelihood set out in appendix 1.

The risk appetite will inform how the CCG will treat (or manage) the risk. Options for treating the risk include:

- mitigate the risk by taking action to reduce its likelihood and / or impact
- accept the risk by informed decision
- avoid the risk, e.g. by discontinuing a specific activity
- transfer the risk, e.g. to a service provider, although, accountability for the risk will normally stay with the CCG
- take or increase the risk to pursue an opportunity

8.4 Risk recording, reviewing and monitoring

The CCG monitors and reports on risk in two key ways: the corporate risk register and the assurance framework

8.4.1 Risk register

The CCG has an integrated approach to risk, with the recording and monitoring of risks co-ordinated through a single, on-line risk register hosted by NHS Wakefield CCG under a service level agreement and held on an NHS network. The corporate risk register records and reports on performance based risks that may rise and fall within relatively short term periods, i.e. more operational risks.

The on-line risk register system allows for an auditable two tiered review process of risks and supports the monitoring and updating of risks within review deadlines. The CCG operates six risk review and reporting cycles per annum.

Once every risk cycle, a corporate 'reality check' of the content of the risk register, including a moderation of the scores and review of actions planned or taken to manage the risk, is conducted, through review of the risk register by the senior leadership team, the finance and performance committee and the quality committee.

The database is archived at the end of each risk cycle, at which point any closed risks from the preceding period are removed from the new live register but remain in the archived record allowing any retrospective review or report to be published.

Risks on the risk register can also be linked on the system to AF (strategic) risks where appropriate.

Further guidance for users of the risk register system can be found at appendix 3.

8.4.2 Assurance framework (AF)

The AF is a simple but comprehensive method for the effective and focused management of the principal risks to meeting the strategic priorities of the CCG.

The AF is a high level view of risk which sits above the corporate risk register and deals with strategic and long term risks / threats, whereas the corporate risk register will identify and manage performance based risks that may rise and fall within relatively short term periods. The AF should make reference / be linked to relevant risks on the corporate risk register where appropriate/

The AF should influence the agendas of the governing body, committees and senior leadership team and provides evidence to support the CCG's annual governance statements.

Please see section 7.1.5 for a summary of arrangements for reviewing and monitoring risks within the CCG.

8.5 Learning from risk to prevent reoccurrence

An effective risk management process learns from experience so that risks do not reoccur. There are two main elements to this:

8.5.1 Learning from experience in the organisation

The CCG is committed to the following principles:

- an improvement philosophy – when things go wrong we investigate appropriately and want to learn from them
- honesty and openness
- the involvement of stakeholders, partners, patients, families and staff in our learning processes

Valuable learning information can be identified through a variety of systems and activities including:

- incident reporting
- claims made against the CCG or other NHS commissioners
- complaints received
- feedback received from service users, carers and the public

Processes to capture this learning are:

- the investigation of incidents, complaints and claims using root cause analysis techniques to identify underlying issues which require improvements or interventions to reduce the chance of reoccurrence
- feedback from operational managers who are able to triangulate intelligence on complaints, incidents and claims with soft intelligence and feed-back from stakeholders
- regular CCG incident reporting to the audit and governance committee and provider serious incident reporting to the quality committee

8.5.2 Learning from others and using best practice

The CCG will review a range of sources to identify and implement best practice where applicable. Examples of data sources are listed below:

- national patient safety agency (NPSA), national reporting and learning service (NRLS) and NHS England and Improvement guidance and learning from incidents will be implemented into organisational systems and procedures
- feedback from external reviews of organisational systems e.g. internal audit, external audit and reviews by CQC, Ofsted, ombudsman etc
- using local and national professional networks to identify best practice and benefit from the experience of others
- research and guidance published by professional bodies
- recommendations from external investigations and formal enquiries

8.6 Management of project risks

Risk registers are produced for all major CCG projects (using the same format as the corporate risk register) and are reported to the relevant project board or steering group. Individual risks from project risk registers can be escalated to the CCG corporate risk register or assurance framework at the discretion of the project board or steering group.

9 Dissemination, implementation and training

Once approved the IRMF will be made available on the intranet and CCG website and circulated via the CCG staff briefing.

Support and training, including the use of the on-line risk register system, is available upon request to the corporate governance team.

10 Review and monitoring

This framework will be reviewed at least every three years and sooner if required by changes to regulation, best practice or organisational need.

The implementation of this framework will be monitored by the audit and governance committee via:

- assurance from internal audit (an annual audit of risk management arrangements is mandated)
- a rolling programme review of strategic risks set out on the assurance framework
- the corporate risk and assurance report received at all standard committee meetings

11 Public sector equality duty

[The Equality Act 2010, available on the GOV.UK website](#), includes a general legal duty to:

- eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act
- advance equality of opportunity between people who share a protected characteristic and people who do not share it
- foster good relations between people who share a protected characteristic and people who do not share it

The protected characteristics are:

- age
- disability
- gender reassignment
- marriage or civil partnership (only in respect of eliminating discrimination)
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

The CCG aims to design and implement services, policies and measures that meet the diverse needs of our service users, population and workforce, ensuring that no one is placed at a disadvantage over others. This framework establishes how the CCG will ensure effective risk management arrangements are in place. It is not believed that this framework will impact on or affect differently or adversely any of the groups with protected characteristics.

12 References

The following guidance has been used in the development of this framework:

- AS/NZ ISO 31000: 2009 Risk Management Standard
- A Risk Matrix for Risk Managers – NPSA, January 2008
- Doing Less Harm – DoH and NPSA, 2001

13 Appendices

1. CCG risk matrix
2. Guidance for users of the risk register system

Appendix 1: Risk scoring matrices

Measures of impact

Impact ▶	1. Insignificant	2. Minor	3. Moderate	4. Major	5. Catastrophic
Financial	£1k - £10k	Up to £50k	Up to £250k	Up to £1M	Over £1M
Harm	Minor bruises/ discomfort/ affects wellbeing.	Some minor injuries/ ill-health - minor. <3 days absence	Many minor injuries/ ill-health – temporarily incapacitating. RIDDOR reportable.	Some major injuries/ ill-health - permanently incapacitating	Multiple injuries/infections Unexpected Death
Disruption	One day Service disruption/1 or 2 staff absent.	One week Service disruption/<5 staff absent.	One month Service disruption/5-10 staff absent.	Up to 6 months Service disruption/11-20 staff absent.	6 months to 1 year Service disruption/21- 50 staff absent.
Litigation	Replacement of property.	Replacement of property and finances.	Minor out-of-court settlement.	Civil action – no defence.	Criminal prosecution.
Damage	Minor property damage/ no environmental impacts.	Slight property damage/ impacts on internal environment.	Moderate property damage/impacts on local environment.	Severe property damage/impacts on local environment.	Loss of whole department/impacts on regional environment.
Reputation/ Confidentiality/Data Loss	Damage to individual's reputation. Minor breach of confidentiality. Minor complaint resolved within team.	Damage to team reputation. Temporary loss of information. Minor complaint resolved by local management.	Damage to Service reputation/local media coverage on day. Loss of information/ records. Some complaints resolved by Senior management.	Damage to Trust reputation/local media coverage <3 days. Irrecoverable loss of vital records/information. Complaints resolved by Chief Officer.	Damage to Health Authority reputation/ national media coverage <3 days. Prosecution under Data Protection legislation. Complaints resolved by Ombudsman or Healthcare Commission
Clinical care	No significant effect on quality of care provided	Noticeable effect on quality of care provided	Significant effect on quality of care provided	Patient care significantly impaired	Patient care impossible

Quality	Negligible negative impact on access, experience and /or outcomes for people with this protected characteristic. Negligible increase in health inequalities by widening the gap in access, experience and /or outcomes between people with this protected characteristic and the general population. Potential to result in minimal injury requiring no/minimal intervention or treatment, peripheral element of treatment suboptimal and/or informal complaint/inquiry	Minor negative impact on access, experience and /or outcomes for people with this protected characteristic. Minor increase in health inequalities by widening the gap in access, experience and /or outcomes between people with this protected characteristic and the general population. Potential to result in minor injury or illness, requiring minor intervention and overall treatment suboptimal"	Moderate negative impact on access, experience and /or outcomes for people with this protected characteristic. Moderate increase in health inequalities by widening the gap in access, experience and /or outcomes between people with this protected characteristic and the general population. Potential to result in moderate injury requiring professional intervention.	Major negative impact on access, experience and /or outcomes for people with this protected characteristic. Major increase in health inequalities by widening the gap in access, experience and /or outcomes between people with this protected characteristic and the general population. Potential to lead to major injury leading to long-term incapacity/disability	Catastrophic negative impact on access, experience and /or outcomes for people with this protected characteristic. Catastrophic increase in health inequalities by widening the gap in access, experience and /or outcomes between people with this protected characteristic and the general population. Potential to result in incident leading to death, multiple permanent injuries or irreversible health effects, an event which impacts on a large number of patients, totally unacceptable level or effectiveness of treatment, gross failure of experience and does not meet required standards
Performance		Internal Standards not achievable	Repeated failure to meet internal standards	National Performance not achievable (Intermittent)	National Performance not achievable (Continuous)
Enforcing action	Audit non-conformance/advice from enforcers.	Breach of procedure/ Directive from enforcers.	Improvement Notice.	Prohibition Notice.	Government Investigation.

Measures of likelihood

Level	Descriptor	Description / suggested frequency
1	Rare	The event may occur only in exceptional circumstances
2	Unlikely	The event could occur at some time
3	Possible	The event should occur at some time.
4	Likely	The event will probably occur in most circumstances.
5	Almost Certain	The event is expected to occur.

Level of risk = impact x likelihood

Consequence	Likelihood				
	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Catastrophic 5	5	10	15	20	25
Major 4	4	8	12	16	20
Moderate 3	3	6	9	12	15
Minor 2	2	4	6	8	10
Insignificant 1	1	2	3	4	5

Score	Risk Level
1-3	Low risk
4-6	Moderate risk
8-12	High risk
15-16	Serious risk
20-25	Critical risk

Appendix 2: Guidance for users of the CCG risk register system

1. System administration

The CCG risk register system is hosted by NHS Wakefield CCG on behalf of a number of local CCGs.

Locally, the risk register system is administered by the corporate governance team:

- Stacey Fleming, senior governance and resilience manager, Stacey.fleming@bradford.nhs.uk, 01274 237717
- Sarah Dick, head of corporate governance, sarah.dick@bradford.nhs.uk, 01274 237357

For access to the system, any training, queries or for support in adding and reviewing risks, please contact the corporate governance team.

2. Risk register roles

There are two allocated roles for each risk on the risk register.

Risk owner

- works closely with relevant colleagues to monitor performance and activities to allow the early identification of risk
- assesses and records new risks on the risk register system
- regularly reviews their risks in line with the review process and schedule; this includes updating information, reviewing current risk score and if appropriate closing risks that have been managed back to acceptable risk levels or are no longer relevant
- keeps their line manager informed of any significant changes that may affect any risks they have recorded on the risk register
- is prepared to discuss the risk at any group or committee as requested

Senior manager

- supports a culture of risk awareness within the CCG
- confirms ownership of the risk sits with the appropriate person at all levels
- checks that the risk owner has appropriately reflected the true nature of the risks and controls in place, etc
- ensures consistency of risk wording (there is a risk of... due to... resulting in...)
- checks scoring is appropriate to the risk faced by the CCG and as guided by the CCG risk matrix
- liaises with the risk owner where further information is required
- confirms that it is appropriate to close risks marked for closure by the risk owner
- identifies any additional risks to be included on the risk register
- ensures that risks are discussed regularly at team meetings, 1:1s with appropriate staff members, etc
- is prepared to discuss the risk at any group or committee as requested

3. Adding or reviewing risks on the risk register system

Key point

The most important thing is to ensure that risks are identified and reported.

This guidance provides help in *how* to record and score the risk on the risk register, but having the “correct content” is secondary to ensuring a risk is recorded on the register. We can refine the content of the register once a risk has been added.

Timescales for review

Risks should be added or reviewed in line with the timescales set for each risk cycle. These timescales are automatically notified to all users of the risk register ahead of the start of each cycle. The full annual timetable is available from the corporate governance team.

Whilst the system is ‘live’ and risks can be added or reviewed at any time, the time-tabled schedule ensures complete and timely reporting. **It is important that the timetable for review and update of the risk register is adhered to by all ROs and SMs.** Un-reviewed risks are marked as such for reporting to SLT and committees.

New risks are automatically flagged to the corporate governance team by the system – you do not need to inform us.

However, please inform the corporate governance team if you make any significant changes to existing risks outside the normal timetable.

Access

- access the risk register using the following link:
<http://apps.this.nhs.uk/CCGRiskRegister/Login.aspx?ReturnUrl=%2fCCGRiskRegister%2fAdministration%2fRiskManagement.aspx>

The Risk Register can be accessed via the internet from any PC with an NHS N3 connection.

we suggest you save the link to “Favourites” in your internet browser
the link is included in all emails from the system notifying users of risk cycle timescales

- enter your log-in details – this is your email address.
- password – provided by the corporate governance team for your first log-in; then you will be asked to change the password to one of your choice

Adding and reviewing risks

- select risks dashboard
- filter by CCG – there are currently two options / risk registers maintained:
 - NHS Bradford District and Craven CCG (the corporate risk register)
 - BD&C COVID 19 (the COVID risk register)
- new risks - select ‘add a new risk’
- review of existing risks – select ‘my risks’ (risk owners) or ‘risks to review’ (senior managers)

- complete or review the required information (see below)
- select 'save' or 'save and exit' before leaving the page

Heading	Action required	Clarification / guidance
CCG and related organisations		
CCG	Select from the drop-down menu.	There are currently two options / risk registers maintained: <ul style="list-style-type: none"> - NHS Bradford District and Craven CCG (the corporate risk register) - BD&C COVID 19 (the COVID risk register)
Related organisations	Select from the drop-down menu (multiple organisations can be selected).	These are partners / third parties involved with the risk.
Risk owner	Select from the drop-down menu. Select the "Send email notification" box to flag to the Senior Manager that a new risk has been added to the register.	If additional staff need to be set up on the system, please contact the corporate governance team.
Senior manager	Select from the drop-down menu.	If additional staff need to be set up on the system, please contact the corporate governance team.

Heading	Action required	Clarification / guidance
Group / committee	Select one of: <ul style="list-style-type: none"> • Finance & performance committee (FPC) • Quality committee (QC) 	For assurance purposes, risks are assigned to either FPC or QC. For the COVID RR, there is also the option of 'both committees'. This should be used as an exception (the one example currently is the PPE risk which has aspects relating to both committees).
Risk ratings It is suggested you complete the rest of the risk register entry before you consider risk scores		
Current risk rating	Likelihood: select 1 – 5. Impact: select 1 – 5. Current risk rating is calculated automatically (Likelihood x Impact).	Refer to the risk scoring matrices (attached) for guidance.
Target risk rating	Likelihood: select 1 – 5. Impact: select 1 – 5. Target risk rating is calculated automatically (Likelihood x Impact).	Refer to the risk scoring matrices (attached) for guidance. At what level (likelihood and impact) could the risk be accepted / tolerated? This is the level to which you want to reduce the current risk score.
Risk description		

Heading	Action required	Clarification / guidance
Principal risk	<p>Enter details.</p> <p>The risk should be worded as “There is a risk of....due to... resulting in....”.</p>	<p>Risks should not commence “failure to...” – this is an outcome / impact of risk crystallisation and not a risk in itself.</p> <p>‘There is a risk of....’ part of the description sets out the uncertain thing or event which if it arises, would impact on the achievement of organisational objectives.</p> <p>The “due to” part of the description outlines the causes of the risk.</p> <p>The “resulting in” part of the description outlines the impact of the risk if it were to arise.</p> <p>There has to be a degree of uncertainty for a risk to exist – if something has already happened / is happening, this is an issue or a cause of a risk, not a risk in itself.</p>
Key controls	<p>Enter details.</p> <p>What are the key controls already in place to prevent the risk from occurring?</p>	<p>Relates to systems / processes / mechanisms already be in place.</p> <p>Actions which are planned / not yet implemented should <u>not</u> be recorded as an existing control until fully in place.</p> <p>Record a maximum of 5-6 key controls.</p> <p>Explanation of why a risk rating has reduced could be recorded here.</p>
Gaps identified in control	<p>Enter details - where either:</p> <p>(i) There are no controls in place, or;</p> <p>(ii) Controls are in place but are known not to be operating effectively.</p>	<p>Where there are plans in place to close gaps in controls, specify the target timeframe.</p> <p>If there are no gaps in control currently, state this on the system.</p> <p>Explanation of why a risk rating has increased could be recorded here.</p>

Heading	Action required	Clarification / guidance
Assurance on controls	Enter details – what mechanisms are there to provide assurance (evidence) on the operation of controls?	<p>For example:</p> <ul style="list-style-type: none"> • key performance indicators • oversight groups / committees • other reporting / assurance mechanisms (for example internal audit reports, reviews by regulatory bodies, etc.)
Positive assurance	Enter specific details of what assurance mechanisms are reporting and when to support that controls are in place and operating effectively.	<p>It can be useful to distinguish between assurance from internal and external sources.</p> <p>Examples</p> <ul style="list-style-type: none"> • action plan on track for implementation to schedule – reported to november XX Quality committee. [internal assurance] • Q1 and Q2 performance has met target – reported Nov XX Finance and performance committee [internal assurance] • significant assurance from september XX internal audit report on XXX [external assurance] • green RAG rating on NHS England assurance framework Q2 [external assurance] <p>Explanation of why a risk rating has reduced could be recorded here.</p>

Heading	Action required	Clarification / guidance
Gaps in assurance	<p>Enter details - where are we failing to gain evidence on the effectiveness of controls due to:</p> <p>(i) a lack of assurance mechanisms in place</p> <p>(ii) assurance mechanisms are providing negative assurance (i.e. controls are not effective)</p>	<p>Examples:</p> <ul style="list-style-type: none"> no mechanism in place to report on project progress. programme board meetings in abeyance. Q1 and Q2 performance is below target level as reported to Finance and performance committee november XX. limited assurance from internal audit report on XX, october XX. <p>Where there are plans in place to close gaps in assurance, specify the target timeframe.</p> <p>If there are no gaps in assurance currently, state this on the system.</p> <p>Explanation of why a risk rating has increased could be recorded here.</p>
Add linked risk	Enter the linked risk number (if appropriate)	
GBAF reference number	Cross-reference to GBAF risks where appropriate	<p>NHS Bradford District and Craven CCG AF being developed as at October 2020.</p> <p>Note: the risk register system uses the term 'GBAF' which cannot be altered due to the system being shared between a number of CCGs; however, the CCG terminology is 'assurance framework (AF)'</p>
GBAF entry description	Leave blank	Do not complete – the reference number is sufficient to allow RR risks and GBAF risks to be linked
Review risk		
Review risk	Tick the relevant box ('risk owner' or 'senior manager')	If this box is not selected, the risk will be reported as un-reviewed (and you will get chaser emails automatically from the system).

<i>Heading</i>	<i>Action required</i>	<i>Clarification / guidance</i>
Reviewer comment	Enter details as appropriate	<p>This field is for dialogue between Risk Owners and Senior Managers, e.g. to query risk scores, controls or assurance, etc.</p> <p>This field is not reported as part of the Risk Register – do not include required information here.</p> <p>Rationale to support changes in scores should be recorded elsewhere (e.g. if risk ratings have increased, explain why in the gaps in control and / or gaps in assurance field; if risk ratings have reduced, explain why in the key controls or positive assurance fields).</p>
Closed	Tick this box if the risk is being closed	
Reason for closure	Select from the drop-down menu.	<p>If the “other” option is selected, please provide additional details in the box that will appear when this option is ticked.</p> <p>If “merged with other risk” option is selected, please ensure the “linked risk” field is completed.</p> <p>Current risk rating reaching the target risk rating is reason for closing a risk, but a risk does not have to be closed for this reason – it may be prudent to retain the risk on the system for one or two cycles after the target risk rating has been reached.</p>

Things to remember when adding or reviewing risks:

- ensure that changes to risk scores are explained (we suggest using the key controls or positive assurance fields for reductions in risk ratings or the gaps in controls or gaps in assurance columns for increases in risk ratings)
- remember that whatever is recorded in the “reviewer comment” box is not reported as part of the risk register – this field is for private dialogue between risk owners, senior manager and the corporate governance team

- do not use abbreviations without first explaining them

4. Searching and reporting functionality

- All users of the risk register system have the ability to search for risks on the CCG register and to run reports (but users can only amend those risks for which they are the allocated risk owner or senior manager).
- The Search options available are:
 - by risk number
 - by risk owner
 - by senior manager
 - by committee
 - by risk status (open / closed)
 - risks created between two dates
 - text search
- All reports can be filtered by all risks or by committee, risk owner or senior manager or by archive dates (the latter allows historic snapshots of the Risk Register to be reported). The following reports are available:
 - risks (risk log)
 - risk reviewers –what risks have been reviewed by Risk Owners and Senior Managers
 - heat-map
 - static description risks (risks whose description did not change during a risk cycle)
 - risk profile report – this report is available at CCG or committee level and provides:
 - a risk overview diagram (known as the ‘blobby diagram’)
 - a summary of risk movement during a risk cycle and
 - charts of risk numbers / total risk score / average risk score per cycle