

Integrated Risk Management Framework

2018 - 2021

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CONTROL RECORD			
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Title	Integrated Risk Management Framework		
Amendments	N/A		
Purpose	The purpose of this framework is to ensure that robust arrangements for risk management are embedded across the Greater Nottingham CCGs and to ensure a mutually agreed risk appetite and approach to risk tolerance.		
Associated Documents	<ul style="list-style-type: none"> • CCG Risk Reporting Form • CCG Generic Risk Assessment Form • CCG Risk Scoring Matrix 		
Superseded Documents	<ul style="list-style-type: none"> • NHS Nottingham City CCG Integrated Risk Management Framework 2017 – 2022 • NHS Nottingham North and East CCG Integrated Risk Management Framework 2017 – 2018 • NHS Nottingham West CCG Risk Management Strategy and Policy 2015 – 2018 • NHS Rushcliffe CCG Integrated Risk Management Policy 2016 – 2018 		
Audience	All employees and appointees of NHS Greater Nottingham Clinical Commissioning Partnership and any individuals working within the CCGs in a temporary capacity.		
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1. Introduction

1.1. NHS Nottingham City CCG, NHS Nottingham West CCG, NHS Nottingham North and East CCG and NHS Rushcliffe CCG (hereafter referred to as 'the CCGs') recognise 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.

1.2. Risk is accepted as an inherent part of health care. Likewise, uncertainty and change in the evolving health care 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.

1.3. This framework has been developed to ensure that risk management is fundamental to all of the CCGs' activities and understood as the business of everyone. The framework has adopted the following principles of risk management as set out in the ISO 31000:

Principle	Description
Proportionate	Risk management activities must be proportionate to the level of risk faced by the organisation.
Aligned	Risk management activities need to be aligned with other activities in the organisation.
Comprehensive	In order to be fully effective, the risk management approach must be comprehensive.
Embedded	Risk management activities need to be embedded within the organisation.
Dynamic	Risk management activities must be dynamic and responsive to emerging risks.

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

2. Scope

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

3. Definition of Risk Management Terms

The following terms are used throughout this document:

Term	Definition
Risk	There are many definitions of what a risk is but this framework has adopted the definition set out in ISO 31000 in that a risk is the “ <i>effect of uncertainty on objectives</i> ”. The effects can be negative, positive or both.
Risk management	The arrangements and activities in place that direct and control the organisation with regard to risk.
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 capacity	The amount of risk an organisation can actually bear. Risk capacity should be fully considered when agreeing risk appetite and risk tolerance levels.
Risk mitigation	How risks are going to be controlled in order to reduce the likelihood of their occurrence and/or their impact on the organisation.
Risk treatment	The process of selecting and implementing suitable measures to modify the risk.
Risk profile	The nature and level of the threats faced by an organisation.
Risk Register	A tool for recording identified operational risks and monitoring actions against them.
Risk Logs	A tool for capturing potential risks that could impact on the delivery of a project.
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.

Term	Definition
Strategic risks	High-level risks that threaten the achievement of strategic objectives.
Assurance Framework	A document that brings together all of the relevant information on risks to strategic objectives.
Controls	The measures in place to control risks and reduce the likelihood of them occurring.
Assurance	Evidence that controls are working effectively. Assurance can be Internal (eg. committee oversight) or external (eg. Internal Audit reports).

4. Roles and Responsibilities

Roles	Responsibilities
The CCG Governing Bodies	The Governing Bodies have overall accountability for risk management and as such; need to be satisfied that appropriate arrangements are in place and that internal control systems are functioning effectively. The Governing Bodies determine the CCGs' risk appetite and risk tolerance levels and are also responsible for setting the risk culture.
The Audit and Governance Committees	<p>The Audit and Governance Committees will provide the Governing Bodies with assurance on the effectiveness of the Assurance Framework and the robustness and effectiveness of the CCGs' risk management processes.</p> <p>The committee's role is not to 'manage risks' but to ensure that the approach to risks is effective and meaningful. In particular, the committees support the Governing Bodies 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.</p>
All committees, sub-committees and joint committees	<p>All committees, sub-committees and joint committees are responsible for monitoring operational risks related to their delegated duties*. This will include monitoring the progress of actions, robustness of controls and timeliness of mitigations.</p> <p>They are also responsible for identifying and risks that arise</p>

Roles	Responsibilities
	during meeting discussions and ensuring that these are captured on the Corporate Risk Register.
The Executive Management Team (EMT)	<p>The EMT will be alerted to, and have oversight of, all major and significant operational risks. It will ensure executive direction to risk owners as necessary and consider and agree additional resources that may be required to mitigate risks appropriately.</p> <p>As individuals, Executive Managers will ensure that robust internal controls are maintained within their areas of responsibility and that this framework is applied consistently within their directorates.</p>
The Accountable Officer (AO)	The AO has responsibility for maintaining a sound system of internal control that supports the achievement of the CCGs' policies, aims and objectives, whilst safeguarding public funds and assets.
The Chief Finance Officer (CFO)	The CFO has overall responsibility for the management of risk associated with finance. This includes ensuring the adequacy of counter fraud arrangements and the implementation of the CCGs' Prime Financial Policies and Detailed Financial Policies.
Independent Members	As members of the Governing Body and its committees, Independent Members will ensure an impartial approach to the CCGs' risk management activities and should satisfy themselves that systems of risk management are robust and defensible.
The Corporate Director (supported by the Corporate Assurance Team)	The Corporate Director leads on the implementation of corporate governance and risk and assurance systems across the CCG. This includes the development, implementation and co-ordination of the CCGs' risk management activities; and providing training and advice in relation to all aspects of this framework.
The Senior Information Risk Owner (SIRO)	The SIRO takes ownership of the CCGs' information risks and acts as advocate for information risk on the four Governing Bodies.
Nominated Strategic Leads	Strategic Leads are responsible for highlighting risks identified at meetings with strategic partners and ensuring

Roles	Responsibilities
on Partnership Boards	they are captured within the CCGs' own arrangements.
Individuals	<p>All individuals are responsible for complying with the arrangements set out within this framework and are expected to:</p> <ul style="list-style-type: none"> • Routinely consider risks when developing business cases, commencing procurements or any other activity which could be impacted by unexpected events (undertaking specific risk assessments as necessary). • Ensure that any operational risks they are aware of are captured on the Corporate Risk Register.

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

5. Risk Appetite

- 5.1. 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. A “risk aware” organisation encourages innovation in order to achieve its objectives and exploit opportunities and can do so in confidence that risks are being identified and controlled by senior managers.
- 5.2. With this in mind, the four Greater Nottingham CCG Governing Bodies and the Greater Nottingham Joint Commissioning Committee have agreed to the following risk appetite statement:

Greater Nottingham CCGs' Risk Appetite Statement

The Governing Bodies of the Greater Nottingham CCGs recognise that our long-term sustainability and ability to improve quality and health outcomes for our populations 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 Greater Nottingham.

The CCGs will endeavour to adopt a *mature*¹ approach to risk-taking where the long-term benefits could outweigh any short-term losses; however, risks will always be

considered in the context of the current environment, in line with the CCGs' risk capacity and where assurance is provided that appropriate controls are in place and these are robust and defensible.

The CCGs will *avoid*² risks that could impact negatively on the health outcomes and safety of patients or in meeting the legal requirements and statutory obligations of the CCGs; particularly those relating to our financial positions. We will also avoid any undue risk of adverse publicity, risk of damage to the CCGs' reputations and any risks that may impact on our ability to demonstrate high standards of probity and accountability.

In view of the changing landscape, the CCGs' risk appetite will not necessarily remain static. The CCGs' Governing Bodies, and where appropriate to its delegated commissioning responsibilities, the Greater Nottingham Joint Commissioning Committee, will have the freedom to vary the amount of risk we are prepared to take depending on the circumstances at the time.

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 'avoid' is *avoidance of risk and uncertainty is a key organisational objective.*

6. Risk Tolerance

- 6.1. Whilst risk appetite is about the pursuit of risk, risk tolerance is concerned with the level of risk that can be accepted.
- 6.2. Some risks are unavoidable and will be outwith of the CCGs' 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 risk materialise.
- 6.3. Strategic risks are high-level risks that are more likely to be influenced by the environment (e.g. regulatory requirements, economic factors etc.) and therefore, may be more difficult to mitigate. Strategic risks which are not deemed to be treatable will be specifically highlighted to the CCGs' Governing Bodies and the Greater Nottingham Joint Commissioning Committee (GNJCC) during their reviews of the Assurance Framework.
- 6.4. The majority of operational risks should have the ability to reduce in likelihood and/or impact and the relevant risk treatment must be performed to mitigate risks to an acceptable level. Significant and major operational risks (those scoring 12 or above) which are not deemed to be treatable (as agreed by the Executive Management Team) will be highlighted to the Governing Bodies and/or the GNJCC as part of routine risk reporting.

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

7. The Assurance Framework

7.1. It is essential that an effective and efficient framework is in place to give sufficient, continuous and reliable assurance on organisational stewardship and the management of the major risks to success and the delivery of improved, cost effective, public services (HM Treasury, 2012).

7.2. Therefore, the purpose of the Assurance Framework (framework) is to provide the CCGs' Governing Bodies and the GNJCC with confidence that the organisation has identified its strategic risks and has robust systems, policies and processes in place (controls) that are effective and driving the delivery of the CCGs' strategic objectives (assurances).

7.3. The framework plays an important role in informing the production of the CCGs' Annual Governance Statements and is the main tool that the Governing Bodies should use in discharging their overall responsibility for ensuring that an effective system of internal control is in place.

7.4. The framework is updated by Executive Leads and the Corporate Assurance team on a quarterly basis. 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. Any gaps in controls or assurance will be highlighted at this point and risk rated. Risks rated as amber/ red or red will be translated into operational risks and added to the Corporate Risk Register.

7.5. The GNJCC and CCG Governing Bodies will be responsible for monitoring the framework in line with their specific responsibilities.

7.6. The GNJCC and CCG Governing Bodies review the framework bi-annually and are requested to affirm that sufficient levels of controls and assurances are in place in relation to the organisation's strategic risks.

8. The Corporate Risk Register

- 8.1. Whilst risks will feature across a number of the CCGs' processes, eg. committee papers, independent reviews etc. it is important that these are captured centrally to provide a comprehensive log of prioritised risks that accurately depicts the CCGs' risk profile
- 8.2. The Corporate Risk Register is the central repository for all of the CCGs' operational risks. Where risks may not be applicable across all of the CCGs, this will be clearly reflected on the document.
- 8.3. The Corporate Risk Register contains details of the risk, the current controls in place and an overview of the actions required to mitigate the risk to the desired level. A named individual (risk owner) is given responsibility for ensuring the action is carried out by the chosen due date.
- 8.4. The Corporate Risk Register is managed and co-ordinated by the Corporate Assurance Team.

9. Risk Logs

- 9.1. Risk logs are used to record project-level risks (eg. procurements, service improvements etc.) and are held by teams across the CCG. Whilst a fundamental part of the CCGs' risk management arrangements (ensuring and demonstrating that project-level risks are being actively identified and managed), risk logs do not require the same level of scrutiny as the Corporate Risk Register or Assurance Framework and are therefore maintained and managed at team level.
- 9.2. Where identified risks may impact directly on the CCG, risks must be transferred to the Corporate Risk Register. The Corporate Assurance Team can provide further advice on this if required.

10. Confidentiality

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

11. Risk Management Processes

11.1. Risk Assessments and Risk Identification

Risk assessments can be undertaken at the start of any activity and provide a helpful means of anticipating ‘what could go wrong’ and deciding on preventative actions. For specific risk assessments relating to workplace safety (eg. use of display screen equipment), please refer to the CCGs’ Health and Safety Policies.

11.2. Operational Risks (those which require adding to the Corporate Risk Register) may be identified through an assortment of means, for example by risk assessments, external assessments, audits, complaints, during meetings and through horizon-scanning.

11.3. Risk Evaluation

Risks are evaluated by defining qualitative measures of impact and likelihood, as shown in the risk scoring matrix shown in the CCG Risk Identification Form (Page 3 of **Appendix 1**), to determine the risk’s RAG rating. Risk scores can be subjective; therefore, the scores will be subject to review and agreement by Senior Managers and/or the responsible committee.

11.4. Template Risk identification forms (**Appendix 1**) and generic risk assessment forms (**Appendix 2**) are available from the Corporate Assurance Team to help staff with identifying, structuring and scoring risks. Members of the team can also offer support and guidance where needed.

11.5. Risk Treatment

Risk treatment is the process of selecting and implementing measures to modify the risk to an acceptable level. The options are:

Treatment	Description
Terminate	Opt not to take the risk by terminating the activities that will cause it (more applicable to project risks).
Reduce	Take mitigating actions that will reduce the risk likelihood and/or impact to an acceptable level.
Transfer	Transfer the risk, are part of the risk, to a third party.
Tolerate	Accept the risk and take no further actions (see section 6)

11.6. Management and Reporting of Risks

The following categories of risk grading provide a high-level view of management and reporting requirements:

	Green	Green/Amber	Amber	Amber/Red	Red
Level of risk	An acceptable level of risk that can be managed at directorate / team level	An acceptable level of risk that can be managed at directorate / team level	A generally acceptable level of risk but corrective action needs to be taken.	An unacceptable level of risk which requires urgent senior management attention and immediate corrective action	An unacceptable level of risk which requires urgent senior management attention and immediate corrective action
Add to Corporate Risk Register?	No	No	Yes, with quarterly progress updates	Yes, with bi-monthly progress updates	Yes, with monthly progress updates
Oversight and scrutiny	N/A	N/A	Reviewed by the relevant committee(s) on a quarterly basis.	<ul style="list-style-type: none"> Reviewed by the Executive Management Team on identification. Reviewed by the relevant committee(s) on identification and following updates. Highlighted to the CCG Governing Bodies and/or GNJCC as necessary. 	<ul style="list-style-type: none"> Reviewed by the Executive Management Team on identification. Highlighted to the CCG Governing Bodies and/or GNJCC at every meeting.

11.7. Operational monitoring of risks will also be supported by issuance of reports to directorate and/or team meetings.

12. Performance ‘Risks’

12.1. The CCG monitors the performance of its main providers against key delivery priorities via a separate but parallel process to the CCGs’ risk management arrangements.

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

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

13. Communication, Monitoring & Review

13.1. This framework will be highlighted to new staff at their induction and made available to all staff through the CCGs' internal communication procedures.

13.2. The CCGs' Audit and Governance Committees will review the effectiveness of this framework and its implementation on an annual basis.

13.3. The CCGs' Governing Bodies and the GNJCC will review the risk appetite on an annual basis.

13.4. Internal Audit will report on implementation of this framework as part of the Head of Internal Audit Opinion

14. Staff Training

14.1. The Corporate Assurance Team will proactively raise awareness of this framework across the CCG and provide ongoing support to committees and individuals to enable them to discharge their responsibilities.

14.2. Any individual who has queries regarding the content of this framework, or has difficulty understanding how this framework relates to their role, should contact the CCGs' Corporate Assurance Team.

15. Equality & Diversity Statement

15.1. The Greater Nottingham Clinical Commissioning Partnership is committed to commissioning services which embrace diversity and that promote equality of opportunity including the aims of the public sector equality duty.

- 15.2. As an employer, we are committed to equality of opportunity and to valuing diversity within our workforce. Our goal is to ensure that these commitments are embedded in our day-to-day working practices with our population, colleagues and partners.
- 15.3. We will provide equality of opportunity and will not tolerate unlawful discrimination on grounds of age, disability, gender identity, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, sexual orientation, or as a result of being any of the following: people with carer responsibilities, people experiencing economic and social deprivation, vulnerable migrants, homeless people, sex workers or gypsies and travelers.

16. References

- Assurance Frameworks, (2002). HM Treasury.
- A Risk Practitioners Guide to ISO 31000:2018,(2018). The Institute of Risk Management.
- The Orange Book: Management of Risk – Principles and Concepts, (2004).
- Risk Appetite & Tolerance, (2011). The Institute of Risk Management.
- NHS Audit Committee Handbook, (2018). Healthcare Financial Management Association
- Risk Appetite for NHS Organisations: A matrix to support better risk sensitivity in decision taking. (2012). The Good Governance Institute.

Appendix 1

Risk Identification Form

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

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

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

Operational risks are defined as by-products of the day-to-day running of an organisation. They arise from definite events or circumstances and have the potential to impact negatively on the organisation and its objectives. These type of risks can be articulated as follows:

Cause – due to.....**Condition** – There is a risk that.....**Consequence** – which could result in....(it doesn’t necessarily matter which order these factors go in, as long as all three are reflected.

Categorise the risk using the categories on page 2 and use the risk scoring matrix on page 3 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 (eg. contract monitoring arrangements) and any additional actions that may be needed to mitigate the risk to an acceptable level.

The form on page 4 then needs to be completed with this information. The current risk score is what the score is once the actions start to take effect.

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

- Red risks – monthly
- Amber/red risks – bi-monthly
- Amber risks – quarterly

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

Appendix 1

Risk Register Category	Description
Finance	Risks to all areas pertaining to finance and financial control. This also includes risks related to data quality and contractual enforcement issues.
Quality of services	Risks in maintaining and improving all aspects of quality; including safeguarding, the safety and effectiveness of treatment and care and patient experience.
Improved outcomes	Risk of failure to ensure better outcomes for patients as a result of CCG commissioned services
Delivery	Risk of failure in meeting specific organisational objectives and short term / long term plans and strategies
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
Probity	Risk of failure to comply or to <i>demonstrate</i> compliance with standards of business conduct. This includes transparency in decision-making, the robust management of conflicts of interest and adherence with the CCGs' policy on gifts, hospitality and sponsorship
Workforce	Risk of failure to ensure a skilled and effective workforce, incorporating issues related to staff recruitment and retention, training and development (including succession planning) and organisational morale and culture.
Partnership working	Risk of working with health and social care partners. Risk of reputational damage
Engagement	Risk of failure to engage effectively with patients, carers, the public, clinicians and all other stakeholders. Risk of reputational damage

Appendix 1

Risk Scoring Matrix

Table 1 - Impact scores (I)					
What is the severity of the impact?					
Impact Score	1	2	3	4	5
Descriptor	Insignificant or minor	Moderate	Significant	Very Significant	Major
Impact should it happen	No or slight impact on the CCG's objectives	Moderate Impact on the the CCG's objectives	Significant impact on the CCG's objectives	Impact on the CCG's objectives affecting delivery over several areas	Impact on the CCG's objectives requiring radical review
Table 2 Likelihood score (L)					
What is the likelihood that harm, loss or damage from the identified hazard will occur?					
Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it happen?	This will probably never happen/occur	Do not expect it happen/ recur but it is possible it may do so	Possibly may happen	Highly probable that it will happen	Likely to occur
Table 3 Risk scoring = Impact x likelihood (I x L)					
Very High - 5	A	A/R	R	R	R
High - 4	A	A	A/R	R	R
Medium - 3	A/G	A	A	A/R	A/R
Low - 2	G	A/G	A/G	A	A
Very Low - 1	G	G	G	G	G
	Rare - 1	Unlikely - 2	Possible - 3	Likely - 4	Almost certain - 5
<u>Likelihood</u>					
G	Acceptable level of risk that can be managed at team/directorate level - does not require entry on to the organisational risk register				
A/G	Acceptable level of risk that can be managed at team/directorate level - does not require entry on to the organisational risk register				
A	To be entered on the organisational risk register and progress reports to be given quarterly				
A/R	To be entered on the organisational risk register and progress reports to be given bi- monthly				
R	To be entered on the organisational risk register and progress reports to be given monthly				

Appendix 1

Risk Information

Date risk was identified	Risk Description	Risk Category	Initial Rating (before any actions have been implemented)			Existing controls (where applicable)	Additional Risk Management Actions	Current Rating			Risk Owner	CCG Team	Target risk score
			Impact	Likelihood	Score			Impact	Likelihood	Score			
		Select category.									Select Team.		

RISK ASSESSMENT FORM

GUIDANCE – The Greater Nottingham Clinical Commissioning Partnership has adopted the Health and Safety Executive (HSE) guidance for risk assessments “Five steps to risk assessment”. Please contact the Corporate Assurance Team if further support is required.

SCORE the risk using the CCGs’ risk scoring matrix.

REVIEW - If there is any significant change you should add to the assessment to take account of the new hazard. It is good practice to review your assessment from time to time and at least annually. It is not necessary to amend your assessment for every trivial change.

Reason for Risk Assessment:

What are the risks	List who/what is at risk from the hazards you have identified:	List the existing controls here	What further action is necessary and how will this be implemented? (Include timescales, person responsible etc.)

Risk rating before controls are implemented: Impact () X Likelihood () = Risk Score ()

Date controls implemented/ action complete:

Risk rating after controls Implemented: Impact () X Likelihood () = Risk Score ()

Review date for risk assessment:

Signature of assessor:

Signature of person being assessed (if applicable):