NHS
Rotherham
Clinical Commissioning Group

Title:	**Rotherham CCG – Integrated Risk Management Framework – Policy & Procedure**
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Distribution:	All staff and GP members of the CCG. All other staff working at Oak House for the CCG (CSU staff).
Compliance:	Mandatory for all permanent & temporary employees of Rotherham CCG.
Equality & Diversity Statement:	In applying this policy, the Organisation will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

C o n t e n t s

Definitions

Assurance: Confidence, based on sufficient robust evidence, that internal controls are in place, operating effectively and objectives are being achieved e.g. internal and external audits and reviews.

Clinical Risk: Identified and managed in accordance with HSC1999/065 'Clinical Governance in the new NHS'. Clinical risk can be defined as direct risks relating to the care of the patient and the standards of care received on the patients' journey. Issues that can have an impact on the standard of clinical care received include patient safety, safeguarding, consent issues, patient research studies, infection prevention & control, medicines management, clinical audit, and ensuring that there are sufficient staffing levels and that these staff are appropriately trained.

Control: The measures and systems which are in place to control a risk and reduce its likelihood of occurring. Controls can be preventative, detective or directive. Effective control provides a reasonable assurance that the organisation will achieve its objectives reliably, and enables it to respond to significant operational, financial and compliance risks.

Environmental Risk is defined as risks associated with organisational actions which may have an impact upon the environment.

Financial Risk is managed in accordance with the codes of Resource Accounting and Budgeting, supported by Standing Orders, Standing Financial Instructions and appropriate risk management plans. Financial risk can be defined as risks that will threaten the effective financial controls, including the systems to maintain proper accounting records. It is important that the organisation is not exposed to avoidable financial risk and that financial information used within NHS Rotherham CCG and for external publication is reliable.

Governing Body Assurance Framework: A structure/document within which the Governing Body identify the risks to the organisation meeting its strategic objectives and map out both the key controls in place to manage them, how they have gained sufficient assurance about their effectiveness and identify any gaps in controls or assurances.

Hazard: A potential source of risk e.g. damage or harm

Information Risk is inherent in all activities and an information risk assurance process is set out as a requirement of the Information Governance Toolkit. Information risk management seeks to identify and control information risks in relation to business processes and functions and is led by the Senior Information Risk Owner (SIRO).

Integrated risk management: A process through which organisations identify, assess, analyse and manage all risks and incidents for every level of the organisation and aggregate the results at a corporate level e.g. patient safety, health and safety, complaints, litigation and other risks

Issue: is a present problem or concern affecting the organisation. A risk can become an issue, but an issue is not risk – it is already happening. There is a separate Issues Log which the CCG uses to manage issues.

Operational Risk is defined as risks which affect the achievement of local objectives. Operational risks are captured on the organisation's Risk Register.

Organisational / Corporate Risk is defined as risks relating to the business of the organisation such as communication, provision of goods and services, data protection, information systems, human resources, and risks that threaten the achievement of the organisation's objectives. It also includes risks relating to the delivery of the organisation's delivery plans and efficiency programme.

Reputational Risk is defined as risks which affect public and stakeholder perception of the organisation.

Risk: The combination of likelihood and consequence of hazards being realised, resulting in some form of loss or damage. The possibility that objectives will not be achieved.

Risk Analysis: The systematic use of information to identify hazards and to estimate risk

Risk Appetite: The amount and type of risk that an organisation is willing to take in order to meet their strategic objectives.

Risk assessment: A process of identifying the hazards in a workplace or system so as to effectively eliminate or adequately control the risks.

Risk Management: A process that enables organisations to identify, analyse, control and monitor risks. By doing this we can protect our patients, visitors, contractors and employees.

Risk Matrix (Risk evaluation/scoring system): Tool used to help estimate Likelihood x Consequence resulting in an overall risk score.

Strategic Objective: An overall goal of the organisation

System of Internal Control: A system, maintained by the Governing Body, that supports the achievement of the organisation's objectives. This should be based on an on-going risk management process that is designed to identify the risks to the organisation's strategic objectives, to evaluate the nature and extent of those risks, and to manage them efficiently, effectively and economically

Strategic Risk is defined as risks which affect the achievement of the organisation's strategic objectives. Strategic risks are captured on the organisation's Assurance Framework.

1 Introduction

1.1 NHS Rotherham Clinical Commissioning Group (CCG) has a responsibility to ensure that the organisation is properly governed in accordance with best practice corporate, clinical and financial governance. Every activity that the CCG undertakes or commissions others to undertake on its behalf, brings with it some element of risk that has the potential to threaten or prevent the organisation achieving its objectives.

1.2 This Integrated Risk Management Framework (policy and procedure) provides the framework that enables the organisation to have a clear view of the risks affecting each area of its activity; that may prevent it from achieving its objectives, and how those risks are being managed. This document sets out the framework for the identification and management of risk within the CCG.

1.3 This policy is intended for use by all directly employed and agency staff and contractors engaged on CCG business in respect of any aspect of that work, including clinicians and others paid by the CCG, whether employed or otherwise funded, directly employed staff, and staff managed by the Commissioning Support Unit.

2 Policy Statement, Aims & Objectives

2.1 The CCG Governing Body recognises that robust risk management and assurance is an integral part of its governance responsibilities and is committed to the management of risk throughout all its activities.

2.2 The Governing Body is committed to ensuring that risk management forms an integral part of its philosophy, practices and business plans rather than viewed or practised as a separate programme, and that responsibility for implementation is accepted at all levels of the organisation.

2.3 The purpose of this Integrated Risk Management Framework is:

- To encourage a culture where risk management is viewed by the CCG and staff, including the Strategic Clinical Executive, as an essential process of the CCG's activity.
- To ensure structures and processes are in place to support the assessment and management of risks throughout the CCG.
- To assure the public, patients and their carers and representatives, staff and partner organisations that the CCG is committed to managing risk appropriately.

2.4 The Governing Body aims to take all reasonable steps in the management of risk with the overall objective of protecting patients, staff, and publically funded resources and assets by recognising, preparing for or avoiding events or inactions, which could have a negative impact; making the organisation more effective and meeting national objectives and the local corporate, clinical and financial governance core objectives.

2.5 The aim of this policy is to ensure that all significant risks associated with the business of NHS Rotherham CCG are identified, assessed, evaluated, recorded, reviewed, managed appropriately and effectively and reduced to the minimum practicable level. In order to achieve this, it is necessary to:

- Define a coordinated approach for the management of risk across all its activities.
- Satisfy all statutory and mandatory duties.
- Promote safe working practices aimed at the reduction or elimination of risk, as far as is reasonably practicable.
- Raise awareness of risk and its management through a programme of communication, education and training.

2.6 The Governing Body's objectives for managing information risk are to:

- Protect the CCG, its staff and its patients from information risks where the likelihood of occurrence and the consequences are significant. See appendix A.
- Provide a consistent risk management framework in which information risks will be identified, considered and addressed in key approval, review and control processes
- Encourage pro-active rather than re-active risk management
- Provide assistance to and improve the quality of decision making throughout the CCG
- Meet legal or statutory requirements
- Assist in safeguarding the CCG's information assets.

3 Accountabilities & Responsibilities for Risk Management

3.1 NHS Rotherham CCG Governing Body

3.1.1 The Governing Body is accountable for the performance management of NHS Rotherham CCG's Integrated Risk Management Framework Policy & Procedure and systems of clinical, financial and organisational control, and oversees the overall system of risk management and assurance to satisfy itself that NHS Rotherham CCG is fulfilling its organisational responsibilities and public accountability.

3.1.2 The Governing Body uses the risk management processes outlined in this policy as a means to help it achieve its goals and provides a clear commitment and direction for Risk Management within NHS Rotherham CCG.

3.1.3 The Governing Body has a duty to assure itself that the organisation has properly identified the risks it faces, and that it has processes and controls in place to mitigate those risks and the impact they have on the organisation and its stakeholders. The Governing Body discharges this duty as follows:

- Identifies risks to the achievement of its strategic objectives
- Monitors these on an ongoing basis via the Governing Body Assurance Framework
- Ensures that there is a structure in place for the effective management of risk throughout the CCG
- Receives assurance regarding risk management within organisations providing services commissioned by the CCG
- Approves and reviews strategies for risk management on a biannual basis
- Receives the minutes of the Audit and Quality Assurance Committee, and any items that have been identified for escalation to the Governing Body
- Receives the Risk Register and Assurance Framework twice a year, assures itself of progress on mitigating actions and assurance regarding the significant risks identified in relation to commissioned services
- Demonstrates leadership, active involvement and support for risk management.

3.1.4 Risks are also considered at other Committees of the Governing Body relevant to their areas of delegated responsibility.

3.2 Audit & Quality Assurance Committee

3.2.1 The Audit and Quality Assurance Committee is responsible for reviewing the establishment and maintenance of an effective system of governance, risk management and internal control across the whole of the organisation's activities (both clinical and non-clinical including information and financial risk) to support the achievement of the organisation's objectives and to escalate significant strategic risks as appropriate, to the CCG Governing Body.

3.2.2 Responsible for agreeing and monitoring the Internal Audit work plan and seeking assurance to ensure development of the Annual Governance Statement.

3.2.3 In particular the group will review the adequacy of:

- All risk and control-related disclosure statements, including the Annual Governance statement, together with any accompanying head of internal audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Governing Body.
- the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and self-certification
- the policies and procedures for all work related to fraud and corruption as required by NHS Protect.

3.3 The Strategic Clinical Executive and GP Members Committee

3.3.1 The Seven GP members of the Strategic Clinical Executive and members of the GP members Committee promote risk management processes, as part of clinical governance, with all Rotherham CCG member practices. This ensures that practices continuously improve and report risks relating to commissioned services to the CCG, and risks relating to primary care to NHS England to ensure that risks are identified and managed.

3.4 The Chief Officer

3.4.1 The Chief Officer is the Accountable Officer and has overall accountability for the management of risk and is accountable/responsible for:

- Establishing and maintaining an effective risk management system within NHS Rotherham CCG, for meeting all statutory requirements and adhering to guidance issued by the Department of Health in respect of Governance.
- Ensuring a sound system of internal control is maintained that supports the achievements of the organisation's aims and objectives,
- Continually promoting risk management and demonstrating leadership, involvement and support
- Ensuring an appropriate committee structure is in place, with regular reports to the CCG Governing Body
- Ensuring that the operational executive, strategic clinical executive and senior managers are appointed with managerial responsibility for risk management
- Ensuring appropriate policies, procedures and guidelines are in place and operating throughout the CCG
- Ensuring complaints, claims and health and safety management are managed appropriately.

These responsibilities are delegated to the following individuals:

3.5 Executive Place Director

3.5.1 The Executive Place Director is the executive lead for risk management and has delegated this responsibility to the Assistant Chief Officer – these responsibilities include:

- Ensuring risk management systems are in place throughout the CCG
- Ensuring the Assurance Framework is regularly reviewed and updated and reported to the Audit and Quality Assurance Committee and the CCG Governing Body
- Ensuring that an organisational risk register is established, maintained and reported to the Audit and Quality Assurance Committee

- Ensuring that there is appropriate external review of the CCG's risk management systems, and that these are reported to the CCG Governing Body
- Overseeing the management of risks as determined by the Executive Team
- Ensuring that identified risk mitigation and actions are put in place, regularly monitored and implemented.

3.5.2 The Executive Place Director is the Senior Information Risk Owner (SIRO) for NHS Rotherham CCG with responsibility for information risk management. The SIRO is the focus for the management of information risk at Governing Body level.

3.5.2.1 The role of SIRO requires the nominated lead to:

- Lead and foster a culture that values, protects and uses information for the public good.
- Own the overall information risk policy and risk assessment process, test its outcome, and ensure it is used.
- Advise the Accountable Officer on the information risk aspects of the Annual Governance Statement.
- Understand how the strategic business goals of NHS Rotherham CCG may be impacted by information risks.
- Act as an advocate for information risk, providing a focal point for the resolution and / or discussion of information risks.
- Ensure that information security threats are followed up and incidents managed through appropriate action plans.
- Provide up-to-date information to the Accountable Officer and Governing Body on information risks.

3.6 Chief Finance Officer

3.6.1 The Chief Finance Officer has delegated responsibility for financial risk management and financial governance including those relating to efficiency programmes and the maintenance of key financial controls.

3.7 Chief Nurse

3.7.1 The Chief Nurse has delegated responsibility for managing the development and implementation of clinical risk management, clinical governance and patient safety including:

- The executive lead responsible for safeguarding adults, safeguarding children and Infection, Prevention and Control
- Managing and overseeing the performance management of serious incidents reported by the Rotherham NHS Foundation Trust and Rotherham, Doncater and South Humber NHS Trust as per delegated responsibility by NHS England.
- Ensuring that processes are in place to provide assurance with regard to clinical risk management within commissioned services, this includes (but not exclusively), patient safety regarding commissioned services in line with local and national legislation and guidance
- Collating intelligence from the Strategic Clinical Executive GPs with responsibility for quality of primary care, secondary care and mental health services.

3.7.2 The Chief Nurse is also the Caldicott Guardian. The Caldicott Guardian is an advisory role, and is the conscience of the organisation, providing a focal point for patient confidentiality & information sharing issues and is concerned with the management of patient information.

3.8 **Head of Digital**

3.8.1 The Head of Digital has delegated responsibility for the development and implementation of Information Technology risk management.

3.9 Assistant Chief Officer

3.9.1 Responsibilities include:

- Ensuring that an organisational Risk Register and a Governing Body Assurance Framework are developed and maintained and reviewed by the Executive Team
- Ensuring that risks are reviewed on a quarterly basis by the senior managers designated as risk holders
- Ensuring that the Operational Executive have the opportunity to review risks regularly
- Providing advice on the risk management process
- Ensuring that the CCG Assurance Framework and Risk Register are up to date for the CCG Governing Body and Audit and Quality Assurance Committee
- Working collaboratively with Internal Audit
- Ensuring that the Integrated Risk Management Policy is updated on a three yearly basis and approved by the CCG Governing Body
- Ensuring that systems are maintained to manage health, safety & security risk effectively.
- Being the Nominated Competent Person for all Health, Safety & Security issues.
- Providing expert advice and training on risk, health and safety and security.
- Ensuring health and safety, fire and security incidents are investigated appropriately and trends identified.
- Liaising with the Health and Safety Executive and other external organisations e.g. South Yorkshire Fire & Rescue Service.
- Ensuring that notification to external agencies regarding serious incidents takes place (e.g. RIDDOR).
- Providing update reports on health & safety, fire safety and security risk.

3.10 Clinical Chair of CCG Governing Body, Vice Chair of CCG Governing Body, GPs with lead responsibility for Primary Care Quality, Secondary Care, Mental Health Quality, Children's and Adult Safeguarding

3.10.1 The individuals identified above have responsibility for identifying risks in their specific areas and discussing these with the Chief Nurse to ensure that assessment and mitigation is carried out providing assurance to the CCG Governing Body via the Audit and Quality Assurance Committee.

3.11

3.12 All Senior and Line Managers

3.12.1 Senior and Line Managers are responsible for incorporating risk management within all aspects of their work and for directing the implementation of the CCG Integrated Risk Management Policy by:

- Demonstrating personal involvement and support for the promotion of risk management
- Ensuring that staff accountable to them understand and pursue risk management in their areas of responsibility and are included in the organisational risk register as appropriate
- Setting personal objectives for risk management and monitoring their achievement
- Identifying and monitoring risks associated with their working practices and their areas of responsibility.
- Ensuring that risk assessments are undertaken throughout their area of responsibility on a proactive basis.

- Implementing and monitoring appropriate risk control measures within their designated areas. Where implementation or risk control measures is beyond the authority or resources available to the manager this should be brought to the attention of their line manager or the Assistant Chief Officer.
- Ensuring risks are escalated where they are of a strategic nature
- Implementing the framework in relation to Health & Safety and other employment legislation by:
  a) Ensuring that they have adequate knowledge and/or access to all legislation relevant to their area and as advised by appropriate specialist officers ensure that compliance to such legislation is maintained
  b) Ensuring that adequate resources are made available to provide safe systems of work
  c) Ensuring that all employees attend appropriate mandatory training, as relevant to the role, e.g. Health & Safety, Fire, Moving and Handling and risk management training
  d) Ensuring that all staff are aware of the system for the reporting of accidents and near misses
  e) Monitoring of health and safety standards, including risk assessments, and ensuring that these are reviewed and updated regularly
  f) Ensuring the identification of all employees who require Health Surveillance according to risk assessments; ensuring that where Health surveillance is required no individual carries out those specific duties until they have attended the Occupational Health Department and have been passed fit
  g) Ensuring that the arrangements for the first-aiders and first aid equipment required within the organisation are complied with. That the location of first aid facilities are known to employees; ensuring that proper care is taken of casualties and that employees know where to obtain appropriate assistance in the event of serious injury
  h) Making adequate provision to ensure that fire and other emergencies are appropriately dealt with.

3.13 All Staff

3.13.1 All staff working for the CCG are responsible for:

- Being aware that they have a duty under legislation to take reasonable care of their own safety and the safety of others who may be affected by the CCG's business and to comply with appropriate CCG rules, regulations, instructions, policies, procedures and guidelines
- Taking action to protect themselves and others from risks
- Identifying and reporting risks to their line manager
- Ensuring incidents, claims and complaints are reported using the appropriate procedures and channels of communication
- Co-operating with others in the management of the CCG's risks
- Attending mandatory and statutory training as determined by the CCG or their Line Manager
- Being aware of emergency procedures relating to their particular locations
- Being aware of the CCG's Integrated Risk Management Policy and complying with the procedures.

3.14 Contractors, Agency and Locum Staff

3.14.1 Managers must ensure that where they are employing or contracting agency and locum staff they are made aware of and adhere to, all relevant policies, procedures and guidance of the CCG, including the CCG Incident reporting policy and procedure and the Health and Safety Policy they must also:

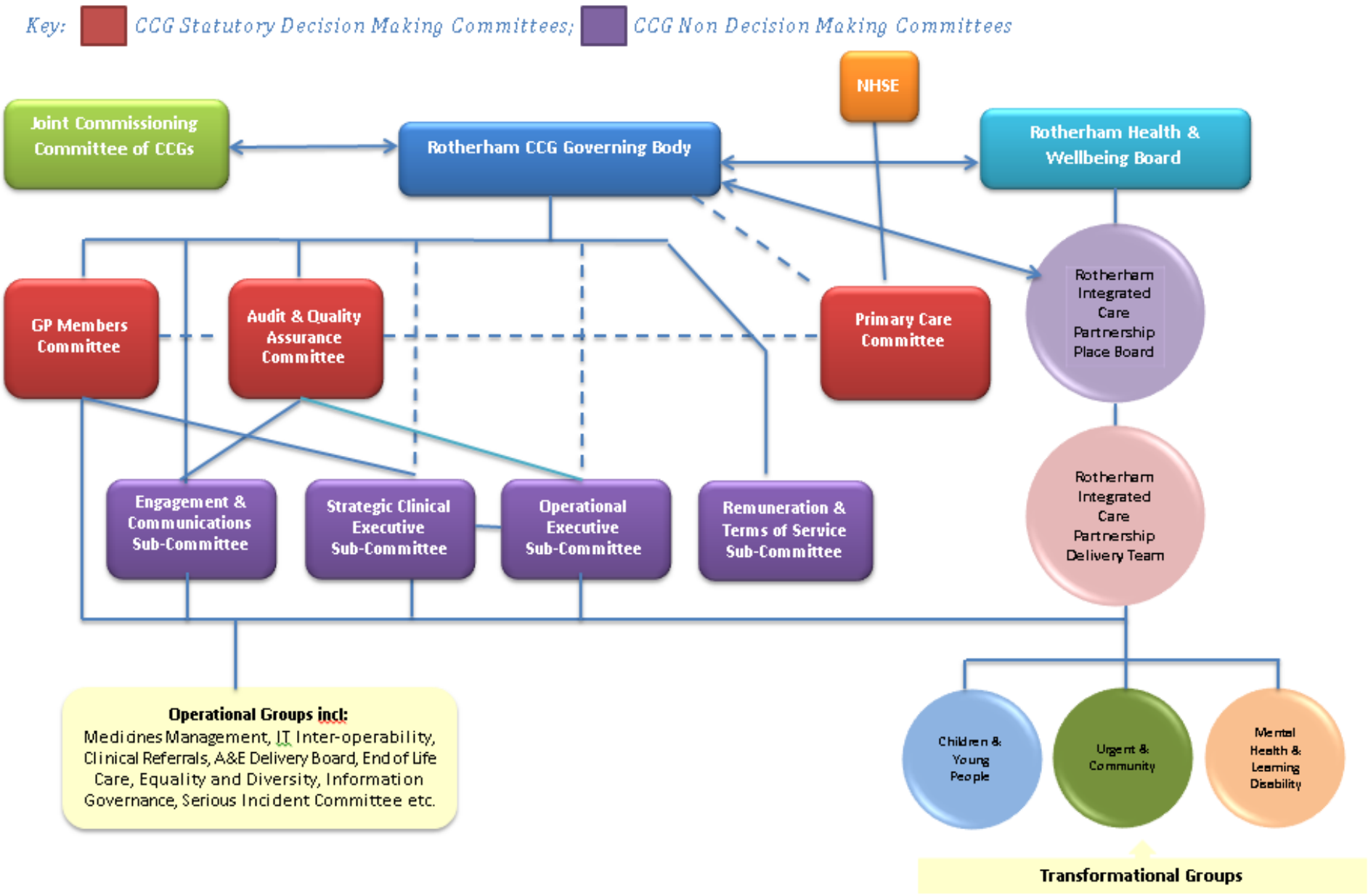
- Take action to protect themselves and others from risks
- Bring to the attention of others the nature of risks which they are facing in order to ensure that they are taking appropriate protective action.

3.15 Meeting Governance Structure.

3.15.1 Diagram 1 below shows the current Meeting Governance Structure of the CCG.

3.15.2 Any risks raised by partner organisations or via partner meetings should be brought back into the CCG via the relevant manager, discussed with the appropriate OE member and the risk register etc. updated as appropriate.

NHS Rotherham Clinical Commissioning Group – Meeting Governance Structure



4 Risk Management Framework

4.1 The CCG will put in place a framework to support the management of risk. This policy outlines this framework which includes:

4.2 Governing Body Assurance Framework

4.2.1 The CCG will establish, populate and maintain an Assurance Framework that identifies the strategic objectives of the CCG and the risks that could threaten their achievement, and is reported on a regular basis to the executive team, Audit and Quality Assurance Committee and CCG Governing Body via the Corporate Assurance Report.

4.2.2 NHS Rotherham Strategic Objectives are:

1. ***Quality*** *- improve safety, patient experience and reduce variations in outcomes and health inequalities and ensure our providers' services are safe.*

2. ***Transformation & Delivery*** *– Plan and contract for high quality, positive, equitable health outcomes within the Rotherham Place and across the wider SY&B system.*

3. ***System Sustainability –*** *Deliver system wide improvements innovation and efficiencies across the Integrated Care Partnership, SY& B system, to support sustainable services.*

4. ***Safeguarding*** *– Work with partners to ensure all children and at risk adults are protected from harm, with a continued focus on non-recent Child Sexual Exploitation.*

5. ***Leadership & Accountability*** *– Ensure that the CCG, and the Integrated Care Place Partnership is effective, well led and well governed, and fully supporting the on-going development of the wider ICS.*

4.3 Risk Register

4.3.1 The CCG will establish, populate and maintain an organisation Risk Register that profiles all operational risks relating to the business planning and delivery of services and is reported on a regular basis to the executive team, Audit and Quality Assurance Committee and CCG Governing Body via the Corporate Assurance Report.

4.4 Issues Log

4.4.1 The CCG will establish, populate and maintain an organisation Issues Log that profiles all the current issues relating to the CCG and is reported on a regular basis to the executive team, Audit and Quality Assurance Committee and CCG Governing Body via the Corporate Assurance Report.

4.5 Other Logs

4.5.1 The CCG will put in place other logs supporting other Governance systems as appropriate e.g. COVID issues Log to support the risks arising from the Covid-19 pandemic.

4.6 Corporate Assurance Report

4.6.1 The Corporate Assurance Report provides a framework which incorporate reports from individual areas within the organisation providing assurance and information on risks and possible escalation.

- A copy of the format of the organisational Risk Register is attached at appendix A
- A copy of the format of the Governing Body Assurance Framework is attached at appendix B
- A copy of the structure for risk management is attached at appendix C.

5 Open and Fair Culture

5.1 The CCG supports an open, fair and a positive learning culture. A culture of openness is central to improving patient safety and the quality of healthcare systems. Encouraging openness and honesty about how and why things have gone wrong will help improve the safety of NHS services.

5.2 However, disciplinary action may be appropriate to be considered in the following circumstances:

- Repeat occurrences of incidents involving the same individual
- Deliberate failure to report an incident
- Failure to co-operate fully in subsequent investigation.

5.3 All employees should be familiar with Rotherham CCG's whistle-blowing and bullying and harassment policies and procedures. These procedures support staff to raise concerns in accordance with the Public Interest Disclosure Act 1998.

6 Training and Support

6.1 To ensure the successful implementation and maintenance of this Integrated Risk Management Policy, Governing Body members and staff will have access to appropriate advice, guidance, information and training in order to carry out their respective responsibilities for risk control and risk assessment.

6.2 All staff will receive mandatory training annually in Health, Fire & Safety, including risk assessment and management and Information Governance, via the CCG's mandatory learning and development programme.

6.3 General awareness raising for staff is also undertaken through staff briefings, staff newsletters, induction programmes and inclusion of relevant documents on the Intranet. The Integrated Risk Management Policy is accessible to staff via Rotherham CCG's Intranet and on the public internet.

7 Consultation and Communication with Stakeholders

7.1 It is good practice to involve stakeholders, as appropriate, in all areas of Rotherham CCG's activities, and this includes informing and consulting on the management of any significant risks. Interested parties would include:

- Staff, NHS England, Patients and the Public within Rotherham CCG's area
- Local politicians and the Secretary of State for Health
- Rotherham Partnership
- Statutory and Voluntary agencies
- Local Authority Health Scrutiny Committee
- Primary Care Practices
- Patient and Public Involvement Forum/HealthWatch
- Health and Wellbeing Board.

7.2 A wide range of communication and consultation mechanisms already exist with relevant stakeholders, both internal and external. General public awareness raising of Rotherham CCG's Integrated Risk Management Policy will be achieved through its presentation at CCG Governing Body meetings, which are all open to the public, in the Annual Report, posting on Rotherham CCG's Website and through HealthWatch.

8 Monitoring the Effectiveness of this Policy

8.1 The CCG monitors and reviews its performance in relation to the management of risk, and the continuing suitability and effectiveness of the systems and processes in place to manage risk through a programme of internal and external audit work, and through the oversight of the CCG Governing Body, Executive Team and Audit and Quality Assurance Committee.

9 Review and Revision of the Policy

9.1 This Integrated Risk Management Policy is a working document and will be reviewed on a biannual basis, and in accordance with the following on an as and when required basis:

- Legislatives changes
- Good practice guidelines
- Case Law
- Significant incidents reported
- New vulnerabilities identified
- Changes to organisational infrastructure
- Changes in practice

10 Dissemination and Implementation

10.1 This document will be made available to all employees via the CCG intranet.

11 Equality and Diversity

11.1 The CCG aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. All policies and procedures should be developed in line with the CCG's Equality and Diversity policies and need to take into account the diverse needs of the community that is served.

12 Associated CCG documentation

- Policy for the reporting and management of incidents and near misses including SIs and Never Events
- Complaints Policy
- Procedure for the Management of Claims
- Health and Safety Policy.

Integrated Risk Management Procedure

13 The Risk Management Process

13.1 Risk Management is a continuous process, ensuring NHS Rotherham CCG works within the legal and regulatory framework, identifying and assessing possible risks facing the organisation, and planning to prevent and respond to these. The process of risk management covers the following 5 steps to risk assessment:

14 Risk Identification

14.1.1 Step 1 in the "Five steps to Risk Assessment" (http://www.hse.gov.uk/risk/controlling-risks.htm) is to identify the risk. We cannot manage our risks effectively until we know what the risks are. Risk identification is therefore vital to the organisational success of the risk management process.

14.1.2 All staff within NHS Rotherham CCG may identify risks through the course of their work and their interaction with patients, the public, partner organisations and other key stakeholders.

14.1.3 Risk identification should take place on a continual basis but particularly where new activities are planned, new legislation or NHS policy requirements are identified, at the initiation of projects or where incidents or near misses have taken place. Committees of the Governing Body should consider any risks emerging from discussions within the meeting.

14.2 Methods for identifying and managing levels of risk would include:

14.2.1 Internal methods, such as; Incidents, complaints, claims and audits, project risks based on the achievement of project objectives, patient satisfaction surveys, risk assessments, surveys including staff surveys, whistle-blowing. Contract quality monitoring of commissioned services.

14.2.2 External methods, such as**;** Media, national reports, new legislation, NPSA surveys, reports from assessments/inspections by external bodies, reviews of partnership working.

14.2.3 All identified risks will be recorded and managed through the organisational Risk Register and risks identified which could impact on the achievement of the CCG's strategic objectives are recorded and managed through the Assurance Framework.

14.2.4 Risk identification is also obtained from member practices through practice visits, locality meetings, GP Members Committee meetings, patient engagement forums, practice feedback forums and practice managers meetings.

15 Assess the Risk

15.1 Step two in the Five steps to Risk Assessment is identifying the people who are at risk from each of the identified risks. The main categories of people who are affected by risks are:

- Employees

- Patients
- Visitors to the premises
- Contractors working on the premises
- "Others" which covers particularly vulnerable groups who may be more at risk than others, such as pregnant women or inexperienced staff.
- The corporate body e.g. through reputational risks.

16 Evaluation of Risk

16.1 Step 3 in the Five Steps to Risk Assessment is evaluating the risk. Employees are required to make suitable and sufficient assessments of significant risks that arise out of work activity so as to implement preventative and protective measures. All new activities/programmes/projects must have a formal risk assessment undertaken as part of the implementation of the activity/programme/project. Risk analysis is also required on the coversheet of all formal papers to the Governing Body and Committees.

16.2 In order to score risks systematically so that they can be classified and remedial action can be prioritised, it is necessary for all risks to be quantified using a standard methodology. The full risk assessment scoring methodology (risk matrix) for the CCG is shown in Appendix D and should be used for all risk assessments within the organisation. To use the tool it is necessary to identify the consequences and the likelihood of occurrence of harm from the risk. From this, the level of risk can be calculated as a score.

Consequence x Likelihood = Risk Score

16.3 The consequence score is derived from the most probable consequence of a particular risk occurring, and not from the worst imaginable and extremely improbable consequence of a particular risk occurring. Once set, it is unusual for the consequence score to change over time.

16.4 The likelihood score is derived from the likelihood of the risk occurring following the implementation of controls. Controls are measures which are in place to control the risk and reduce its likelihood of occurring. Controls can be:

- Preventative (controls which stop the risk occurring e.g. access controls, financial authorisation levels).
- Detective (controls which identify if the risk is threatening to occur e.g. performance monitoring reports).
- Directive (controls such as instructions or guidance which aim to reduce the likelihood of the risk occurring e.g. policies, training).

16.5 When scoring risks, an "uncontrolled risk score" is the score if there were no controls in place. This helps the CCG to prioritise risks. The "actual risk score" is the risk score with the current controls in place.

16.6 This allows construction of a risk matrix which can be used as the basis of identifying acceptable and unacceptable risk as discussed below.

17 Risk Appetite and unacceptable risk

17.1 The UK Corporate Governance Code states that "*the board is responsible for determining the nature and extent of the significant risk it is willing to take in achieving its strategic objectives*"

17.2 Risk Appetite is defined as: "*The amount and type of risk that an organisation is willing to take in order to meet their strategic objectives*". The lower the risk appetite the more the CCG is willing to accept in terms of risk and tolerate in its efforts to achieve its strategic objectives.

17.3 The CCG understands there is a balance to be struck between risk and reward and recognises that as a Commissioner there are sometimes constraints that limit the control measures that can be established to manage risks, particularly when CCG risks relate to third parties (i.e. provider organisations)

17.4 The CCG Risk appetite and levels of unacceptable risk will be developed by the Governing Body and reviewed in line with the review of the GBAF.

17.5 The current CCG risk appetite linked to the risk matrix is shown in the table below

Table 1 – NHS Rotherham CCG Risk Appetite

Ref	Strategic Objective	Risk Appetite
1	***Quality*** *- improve safety, patient experience and reduce variations in outcomes and health inequalities and ensure our providers' services are safe.*	A score of 12 = **HIGH** **Cautious** - Preference for safe options that have a low degree of risk and may only have limited potential for reward
2	***Transformation & Delivery*** *– Plan and contract for high quality, positive, equitable health outcomes within the Rotherham Place and across the wider SY&B system.*	A score of 12 = **HIGH** **Cautious -** Preference for safe options that have a low degree of risk and may only have limited potential for reward.
3	***System Sustainability –*** *Deliver system wide improvements innovation and efficiencies across the Integrated Care Partnership, SY& B system, to support sustainable services.*	A score of 12 = **HIGH** **Cautious -** Preference for safe options that have a low degree of risk and may only have limited potential for reward.
4	***Safeguarding*** *– Work with partners to ensure all children and at risk adults are protected from harm, with a continued focus on non-recent Child Sexual Exploitation.*	A score of 10 = **MEDIUM** - **Minimal** Preference for ultra-safe options that are low risk and only have potential for limited reward.
5	***Leadership & Accountability*** *– Ensure that the CCG, and the Integrated Care Place Partnership is effective, well led and well governed, and fully supporting the on-going development of the wider ICS.*	A score of 12 = **HIGH** **Cautious -** Preference for safe options that have a low degree of risk and may only have limited potential for reward.

Table 2 – NHS Rotherham CCG Risk Matrix

Risk Matrix		**Likelihood**				
		(1) Rare	**(2) Unlikely**	**(3) Possible**	**(4) Likely**	**(5) Almost certain**
Consequence	**(1) Negligible**	**1**	**2**	**3**	**4**	**5**
	(2) Minor	**2**	**4**	**6**	**8**	**10**
	(3) Moderate	**3**	**6**	**9**	**12**	**15**
	(4) Major	**4**	**8**	**12**	**16**	**20**
	(5) Extreme	**5**	**10**	**15**	**20**	**25**

Table 3 – Risk Appetite

Risk Score	Risk Descriptor	Risk Appetite Statement
1-5	Low	**Averse** Avoidance of risk and uncertainty is a key organization objective.
6-11	Medium	**Minimal** Preference for ultra-safe options that are low risk and only have a potential for limited reward.
12-15	High	**Cautious** Preference for safe options that have a low degree of risk and may only have limited potential for reward.
16-20	Very High	**Open** Willing to consider all potential options and choose the one most likely to result in successful delivery, while also providing an acceptable level of reward and value for money.
25	Extreme	**Hungry** Eager to be innovative and to choose options offering potentially higher business rewards, despite greater inherent risk.

17.6 NHS Rotherham CCG regards any risk with a score of 11 or below to be an acceptable level of risk for toleration by the organisation. This does not preclude actions being taken to further mitigate risks to the lowest practicable level.

18 Risk Assurance/Control

18.1 In risk management terms, "assurances" are those measures which are in place to check that the key controls for the risk are operating effectively e.g. reports, audits. Assurances can be broken down into:

- Internal assurances such as internal reports.
- External assurances such as the independent External and Internal Audit Reports.
- Positive assurances: validated proof that the assurances are working and the risk is controlled.

18.2 Gaps in control or assurance are those that, if addressed, would reduce the risk score. Once scored and gaps identified, risks can be:

- **Treated** (via an action plan). In many cases action can be taken to change the way in which activities are carried out in order to reduce the risk identified. All risks scored as 12 or over must be treated. See also the risk hierarchy below.
- **Tolerated**: Low and medium risks can be accepted as requiring no further action. On reviewing this type of risk, it may however be decided that some further cost effective action would reduce the risk score still further. Action on this level of risk is a lower priority.
- **Transferred** (e.g. to another organisation). NHS Rotherham CCG is a member of the Liabilities to Third Parties (LTPS), Property Expenses Scheme (PES) and Clinical Negligence Scheme for Trusts (CNST) risk pooling schemes run by the NHS Litigation Authority (NHSLA). This membership transfers some financial risk to these risk pooling schemes. Not all risks are suitable for risk transfer.
- **Terminated.** It may be decided that a particular risk should be avoided altogether. This may involve ceasing the activity giving rise to the risk.

18.3 Risk treatment generally follows the following sequence (called the "Hierarchy of Controls"), starting at the top and working down the hierarchy.

- Can the risk be **eliminated** entirely? E.g. remove and condemn a piece of equipment that keeps shorting out and poses the risk of electric shock.
- Can we make a **substitution**, substituting one item for another that is less harmful? E.g. for example substituting a detergent for a corrosive cream cleaner.

- Can we put in place **physical or mechanical engineering controls** such as guards, barriers and isolation.
- Can we put in place **administrative controls** such as supervision or training, information and induction, policies, protocols and safe systems of work to ensure that people working with risks are suitable informed and trained and know what to do if something goes wrong.
- Finally, can we use **personal protective equipment** (PPE) such as gloves, aprons and masks.

18.4 Where risk treatment plans require significant additional funding above that available within individual budgets or within NHS Rotherham CCG contingencies under the delegated authority of the Chief Finance Officer, or changes to the working patterns of NHS Rotherham CCG, these decisions will be made by the Governing Body.

18.5 Risk assessments are carried out for a variety of activities, however, additional risk assessments must be carried out by Line Managers or other corporate persons in accordance with the following:

- Health and Safety
- Control of Substances Hazardous to Health (COSHH)
- Display Screen Equipment
- Moving & Handling
- Work Equipment
- Personal Safety
- Fire Safety
- Pregnancy & Maternity

18.6 Line Managers are responsible for implementing and monitoring any identified appropriate risk control measures within their designated areas. Where implementation or risk control measures are beyond the authority or resources available to the line manager, this should be brought to the attention of the Health & Safety Lead or Corporate Governance Manager as appropriate. Clinical risks including patient safety and safeguarding risks must be notified to the Chief Nurse (or equivalent).

19 Record the risk

All risk assessments must be recorded on NHS Rotherham CCG's approved risk assessment templates as detailed below.

Assurance Framework	The Assurance Framework is used for recording strategic risks (i.e. risks affecting achievement of the CCG's strategic objectives). The Assurance Framework is coordinated by the Assistant Chief Officer, to whom risks should be reported. The Assurance Framework will be regularly reviewed and updated (at least quarterly) by the Assistant Chief Officer/Corporate Services Manager in liaison with Leads identified on the Framework and updates reported quarterly to the Governing Body. The Framework will also be regularly reported to and reviewed by the Audit and Quality Assurance Committee. The Assurance Framework template is shown at Appendix B.

Risk Register	The Risk Register is used for recording operational directorate-level risks (risks which underpin strategic Assurance Framework risks). The Risk Register is coordinated by the Corporate Services Manager, to whom risks should be reported. The Risk Register will be regularly reviewed and updated (at least quarterly) by the Corporate Services Manager /Assistant Chief Officer in liaison with Leads identified on the Register and updates reported quarterly via the Corporate Assurance Report to the Governing Body. The Register will also be reported to and reviewed by the Audit and Quality Assurance Committee on an annual basis. The Risk Register template is shown at Appendix A.
Generic risk assessments	Generic risk assessments can be undertaken for areas where none of the other risk templates apply e.g. specific public engagement events. Risks arising out of generic risk assessments should be reported appropriately to the Assistant Chief Officer, Corporate Services Manager, Project Lead or Health & Safety Lead dependant on the nature and severity of the risk. The generic risk assessment template is shown at Appendix E.
Specific risk assessments	There are a range of specific risks assessments which may be required. This is not an exclusive list – see individual procedural documents for further details and reporting arrangements. • Health and Safety • Control of Substances Hazardous to Health (COSHH) • Display Screen Equipment • Moving & Handling • Work Equipment • Personal Safety • Fire Safety • Pregnancy & Maternity
Other Logs	The CCG will put in place other logs supporting other Governance systems as appropriate e.g. COVID issues Log to support the risks arising from the Covid-19 pandemic. These logs will be reported in line with the Governance determined at the time of inception.

20 Review the risk

20.1 All risk assessments should be reviewed on a regular basis or when activities change.

20.2 The nominated lead as detailed in Step 4 is responsible for updating any changes to the risk assessment (whether on the Assurance Framework or Risk Register) and ensuring that actions are implemented. Identified risks will be reviewed on the following basis:

Score	Category	Review frequency
1-5	**Low**	Annually
6-11	**Medium**	6-monthly
12-15	**High**	Quarterly
16-20	**Very High**	Monthly

Score	Category	Review frequency
25	Extreme	Monthly

20.3 The assurance process is the process which NHS Rotherham CCG is required to undertake to ensure a sound system of internal control is maintained which supports the achievement of the organisation's policies and objectives. The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to:

- Identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives.
- Evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

20.4 NHS Rotherham CCG is committed to establishing and maintaining assurance processes to ensure an adequate level of assurance is provided which will enable the Accountable Officer (Chief Officer) to sign the Annual Governance Statement. NHS Rotherham CCG will ensure there is Governing Body approved Assurance Framework which:

- Covers all of NHS Rotherham CCG's main activities.
- Identifies which objectives NHS Rotherham CCG is aiming to achieve.
- Identifies the risks to the achievement of those objectives.
- Evaluates and assesses those risks and records them appropriately.
- Identifies and examines the system of internal control in place to manage the risks.
- Identifies and examines the review and assurance mechanisms which relate to the effectiveness of the system of internal control.
- Records the actions taken by NHS Rotherham CCG to address gaps in control and assurance.

21. Information Risk Management

21.1 The principles of information security require that all reasonable care is taken to prevent inappropriate access, modification or manipulation of data from taking place. In the case of the NHS, the most sensitive of our data is patient record information. In practice, this is applied through three cornerstones - confidentiality, integrity and availability.

- Information must be secured against unauthorised access – confidentiality.
- Information must be safeguarded against unauthorised modification – integrity.
- Information must be accessible to authorised users at times when they require it – availability.

21.2 Information security risk is inherent in all administrative and business activities and everyone working for or on behalf of the organisation continuously manages information security risk. The aim of information security risk management is not to eliminate risk, but rather to provide the structural means to identify, prioritise and manage the risks involved in organisational activities. It requires a balance between the cost of managing and treating information security risks with the anticipated benefits that will be derived.

21.3 The Trust Information Risk Owner (SIRO) is responsible for coordinating the development and maintenance of information risk management policies, procedures and standards for the CCG.

21.4 CCG Information Asset Owners (IAOs) ensure that information risk assessments are performed regularly on all information assets where they have been assigned 'ownership', following guidance from the SIRO on assessment method, format, content, and frequency.

21.5 Information risk assessments should be performed on a regular basis for key information systems and critical information assets. Information Risk assessments must also be undertaken at the following times:

- At the inception of new systems, applications and facilities that may impact the assurance of NHS Rotherham CCG Information or Information Systems.
- Before enhancements, upgrades, and conversions associated with critical systems or applications.
- When NHS policy or legislation requires risk determination.
- When the NHS Rotherham CCG Management team / Governing Body requires it.

21.6 Information incident reporting will be in line with the organisation's Incident Management Policy. All very high and extreme information risks should be reported to and discussed with the Senior Information Risk Owner (SIRO) as soon as they are identified. The Senior Information Risk Owner (SIRO) will coordinate and monitor implementation of an annual Information Security Management and Assurance Plan.

22. Embedding Risk Management

22.1 The effective implementation of this Integrated Risk Management Framework, Policy & Procedure will facilitate the delivery of quality commissioning and, alongside staff training and support, will provide an improved awareness of the measures needed to prevent, control and contain risk.

22.2 NHS Rotherham CCG ensures stakeholders are involved in managing risks which impact on them by the following mechanisms:

- Communication, Engagement and Experience Strategy.
- Commissioning arrangements involving a wide range of partner NHS organisations.
- Joint commissioning arrangements with the local authority.
- Governing Body meetings held in public.
- Patient Experience data.
- Publication of the Integrated Risk Management Framework Strategy, Policy & Procedure with its key partners and the public through the NHS Rotherham CCG website.
- Meeting the public sector Equality Duties.

Appendix A: Risk Register Template

NHS Rotherham Clinical Commissioning Group – Risk Register

Ref	Entry date	Lead Officer	Risk Description	Risk Cause	Risk Consequence	Financial Risk	Risk rating			Assurance / Control	Actions	Date reviewed	Links to Governing Body Assurance Framework /Issues Log
							L	C	T				

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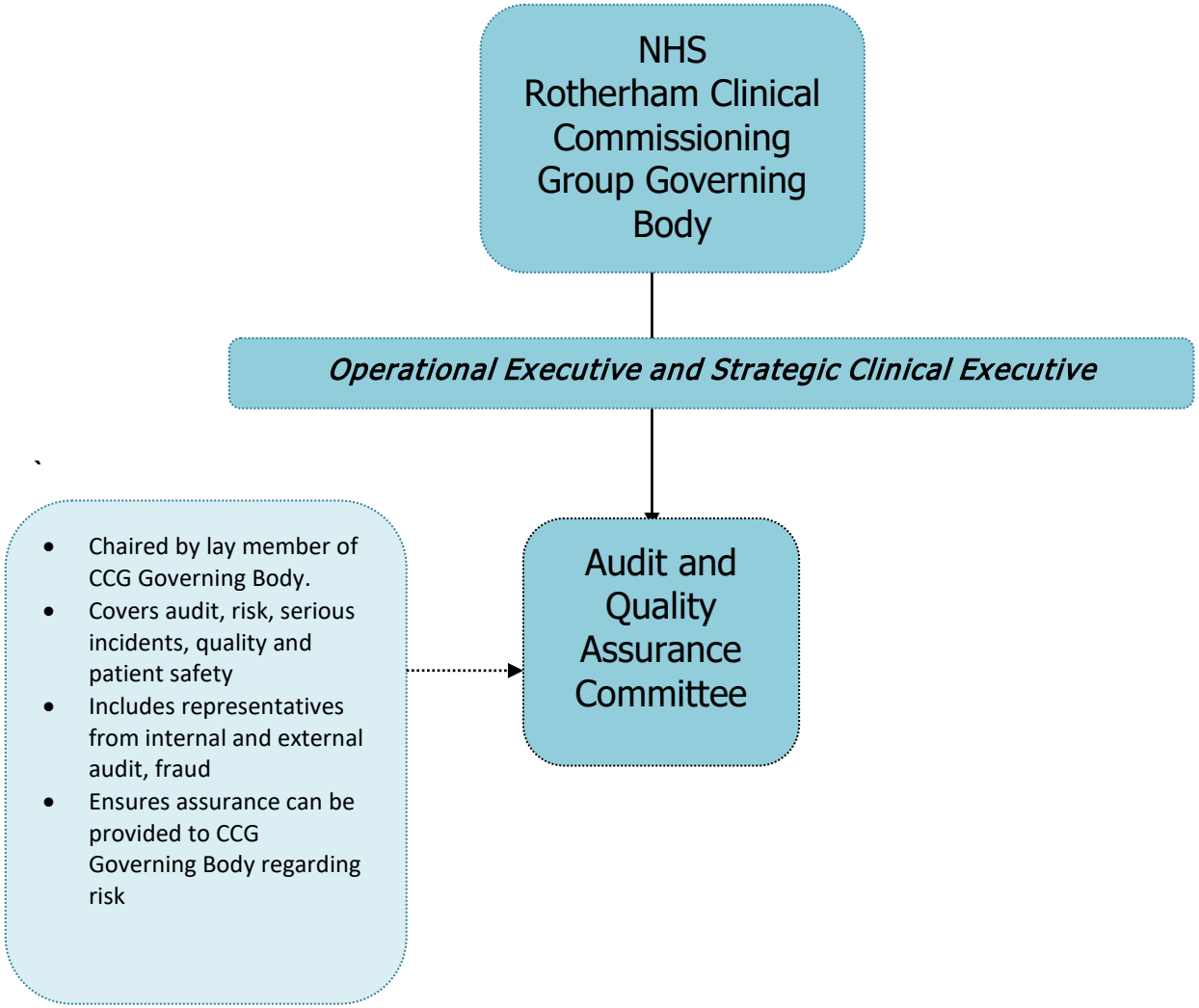
Appendix B:

NHS Rotherham CCG Governing Body Assurance Framework

Ref	How is the Governing Body Assured that	OE Lead GP/Lay Lead Committee providing Assurance	Link to NHS Assurance Framework	Link to RR/IL	1st Line of Defence - Business Operations e.g. operational processes, project risk and control activity, business level monitoring CONTROLS	2nd Line of Defence - Corporate Oversight Functions e.g. Finance, IT, Business Support, HR and Payroll INTERNAL ASSURANCE	3rd Line of Defence - External and internal audit, CIC Regulator, CQC, Monitor. e.g. Monitor compliance and provide independent challenge and assurance EXTERNAL ASSURANCE	Risk Appetite Risk Score	Assurance Level	Rationale for confidence level	Control/Assurance Gap What additional actions need to be taken to manage this risk (including timescales) or what additional assurance do we need to seek.	ACTIONS	Potential audit area
Objective 1:								Risk App 3x4=12					

Appendix C: Structure for Risk Management



Risk Scoring Matrix

Table 1 Consequence score (C)

Choose the most appropriate domain for the identified risk from the left hand side of the table. Then work along the columns in same row to assess the severity of the risk on the scale of 1 to 5 to determine the consequence score, which is the number given at the top of the column.

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	**Negligible**	**Minor**	**Moderate**	**Major**	**Extreme**
Patient and staff safety	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	Moderate injury requiring professional intervention Requiring time off work for 4-14 days. RIDDOR 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 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	Peripheral element of treatment or service suboptimal Informal complaint/ inquiry	Overall treatment or service suboptimal Formal complaint Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints / independent review Low performance rating Critical report	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
Human Resources / Organisational Development	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	Uncertain delivery of key objective/service due to lack of staff	Non-delivery of key objective/service due to lack of staff

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	**Negligible**	**Minor**	**Moderate**	**Major**	**Extreme**
			Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	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	No or minimal impact or breech of guidance/ statutory duty	Breech of statutory legislation Reduced performance rating if unresolved	Single breech in statutory duty Challenging external recommendations / improvement notice	Enforcement action Multiple breeches in statutory duty Improvement notices Low performance rating Critical report	Multiple breeches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse publicity / Reputation	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 Objectives	Insignificant cost increase / schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	**Negligible**	**Minor**	**Moderate**	**Major**	**Extreme**
Finance	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 Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Service / business interruption **Impact on environment**	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Extreme impact on environment

Table 2 Likelihood score (L)

What is the likelihood of the consequence occurring?

The frequency-based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify a frequency.

	Likelihood score				
	1	2	3	4	5
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost certain**
Frequency How often might it / does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen / recur, possibly frequently
Probability **Percentage likelihood of occurrence**	**0-5%**	**6-20%**	**21-50%**	**51-80%**	**81-100%**

Table 3 Risk scoring = consequence x likelihood (C x L)

Calculate the risk score by multiplying the consequence score by the likelihood score.

Risk Matrix		**Likelihood**				
		(1) Rare	**(2) Unlikely**	**(3) Possible**	**(4) Likely**	**(5) Almost certain**
Consequence	**(1) Negligible**	**1**	**2**	**3**	**4**	**5**
	(2) Minor	**2**	**4**	**6**	**8**	**10**
	(3) Moderate	**3**	**6**	**9**	**12**	**15**
	(4) Major	**4**	**8**	**12**	**16**	**20**

	(5) Extreme	5	10	15	20	25

1-5	Low
6-11	Medium
12-15	High
16-20	Very High
25	Extreme

The CCG risk tolerance/appetite under which risks can be tolerated is a score of 11 or below where the assessment has been undertaken following the implementation of controls and assurances.

Appendix E Generic Risk Assessment Template

Risk Assessment

Area/Task: **Date:**

Persons Assessing the Risks: **Overall Score**

Ref No:	Activity/Task/Area	Hazard Identified	Likelihood 1 – 5	Consequence 1 – 5	Risk Rating	Controls in place (including PPE as a last resort)	Recommended Additional Controls	Post Risk Rating
Note: You should rate the risks on the basis of the current controls in place								
1.								
2.								
3.								
4								
5.								
6.								
7.								
8.								
9.								
10.								