Bolton Clinical Commissioning Group

Risk Management Strategy

Policy Number	**RM001**
Target Audience	**CCG Members and Staff**
Approving Committee	**Governing Body**
Date Approved	**29 June 2018**
Last Review Date	**13 June 2018**
Next Review Date	**May 2020**
Policy Author	**Diane Sankey and Mike Robinson**
Version Number	**V5.2**

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Version Control Sheet

Version	Date	Reviewed By	Comment
1.0	Oct 2012	Governance & Risk Committee	
2.0	Nov 2012	CCG Board	
3.0	23.10.13	CCG Executive	Approved updated strategy and progress to Governance and Risk Committee
3.1	30.10.13	Governance & Risk Committee	Approved at meeting, subject to Internal Auditor wording of Paragraph 10 and submission to CCG Board to note amendments.
3.1	22.11.13	CCG Board	Noted at Board meeting 22.11.13.
4.0	7.11.14	Governance & Risk Committee	No changes to Strategy made but some references, list of policies and key contacts updated.
4.0	28.11.14	CCG Board	Risk Strategy approved
5.0	July-Aug 2017	Diane Sankey, Mike Robinson, and Annette Walker	Board refresh of CCG BAF risks May 2017 – internal consideration whether RM Strategy needed to link with those risks in delivering Bolton Locality 5 Year Plan – decision made to keep RM Strategy generic.
5.1	May 2018	Diane Sankey, Mike Robinson and Su Long	New governance structure inc Co-Commissioning and reference to Locality Plan. Proposal for Risks with score Total 9 Significant (3 Possible Likelihood x 3 Moderate Impact Grade) as per CCG Risk Grading Matrix to be included in Corporate Risk Register
5.2	13 June 2018	Approved by CCG Executive	
5.2	29 June 2018	Approved by Governing Body	

Analysis of Effect completed:	By: D. Sankey	Date: 13.6.2018

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1 Introduction

Bolton Clinical Commissioning Group (CCG) recognises that risk management is integral to the effective running of the organisation. The Board remains committed to providing assurances that the health services commissioned for local people are of a good quality and that any known risks to patients, staff and/or the organisation are mitigated by a process of identification, assessment, management, and where reasonably practicable the elimination of those risks.

Bolton CCG will ensure that all decisions made on behalf of the organisation are taken with consideration to the effective management of risk. It is accepted that the CCG cannot create an entirely risk free environment, but the CCG can create one in which risk is considered as an integral part of everything it does and is appropriately identified, managed and controlled.

The Risk Management Strategy sets out how the management of risks will be integrated into the governance arrangements for the organisation.

2 Scope

The Risk Management Strategy encompasses all types of risk inherent in the business activities of the organisation. These can be broadly categorised as follows.

TYPE	DESCRIPTION
Change/Transformation	These concern risks that programmes and projects do not deliver the agreed benefits on time and within agreed budgets, and/or introduce new or changed risks that are not identified and managed. The Bolton Locality 5 Year Plan is an example of this.
Financial	These concern the effective management and control of the finances of the organisation. Risk events can range from insufficient funding, poor budget management, failure to meet planned QIPP savings, mismanagement of assets and liabilities and failure to collect due revenues.
Governance	These concern the establishment of an effective organisational structure with 'clear lines of authorities and accountabilities'. The risks may include inappropriate decision making and delegation of authorities, lack of appropriate tone set by leadership and lack of Board cohesiveness. All can result in sub optimal performance and losses.
Statutory and Legal Compliance	These concern risks related to compliance with NHS statutory duties and NHS Constitution and legal compliance e.g. Health and Safety, data protection, employment practices, failure to comply with employment legislation, management of complaints and claims.
Operations	These concern the day-to-day concerns the organisation may be confronted with as it strives to deliver its objectives. They can include loss of staff to process failures. It covers risk events such as failure by partners to deliver on contractual/service agreements, irretrievable breakdown of a partnership, failure to effectively manage internal change etc.

Information and Technology	These concern the day-to-day concerns the organisation may be confronted with as it strives to deliver its objectives. They can include events such as technical breakdown, loss of hard or soft copy data, failure by partners to deliver service, irretrievable breakdown of a partnership, failure to effectively manage internal change etc.
People	These concern insufficient human capacity, capability and inappropriate staff behaviour. These risks can have a significant impact on the performance and reputation of the organisation.
Strategic	These concern the long term strategic objectives of the organisation. They can be affected by external factors such as the economy, political environment, technological change, changes in customer needs, legal and regulatory changes, missing opportunities and mismanagement by an Executive/Management Team. Strategic risks are significant risks that have the potential to impact on the organisation as a whole, rather than just one area and may impact on other organisations.
Quality/Performance	These concern risks that arise directly from the commissioning, provision and delivery of health care. This also includes clinical errors and negligence.

As a commissioning organisation, NHS Bolton CCG commissions healthcare services for over 300,000 patients from a wide number of Providers on behalf of the patients and public of Bolton. Whilst not directly responsible for either risk management or health and safety in these Provider organisations, the CCG will ensure that it has appropriate mechanisms through which to identify and where appropriate, respond to any significant concerns in regards to commissioned services, and to take reasonable steps to ensure that providers of NHS care are meeting acceptable standards.

Risk management arrangements apply to all staff employed by both the CCG and other agencies/organisations working on its behalf.

3 Purpose of the Strategy

The purpose of the Risk Management Strategy is to:

- Create a culture in which managers are supported to make decisions based on a balanced assessment of the risks involved.
- Describe the systems and processes in place for risk management within the organisation and define the reporting relationships between the key committees with responsibility for the management of risk within the organisation.
- Define a systematic and consistent approach towards the management and mitigation of risk which is reflected in services commissioned by the CCG.
- Ensure the Board is aware of key risks rated 15 or above i.e. High risks. Having considered the information provided, the Board will be able to make decisions and prioritise the allocation of resources appropriately. This will allow the effective management and mitigation of the risk/s to ensure, as far as is reasonably practicable, that the organisation is able to meet its objectives.

- Provide a framework for an organisation-wide risk management process that will lend support to the decision making processes during organisational change, the aim being the protection of the organisation's key functions.
- Support the organisation to lead the health agenda across Bolton health economy and the delivery of the Bolton 5 Year Locality Plan. This will include the broadening of collaborative working with community partners to enable the commissioning of services that meet health priorities and reduce health inequalities.
- Integrate risk management within Directorates and effectively manage all known risks associated with the delivery of key objectives.
- Ensure the CCG develops the use of risk management tools to enable the assessment of risk and the development of actions required to bring the level of risk to an acceptable level.

4 Aims

The Risk Management Strategy aims to:

- Support the achievement of the organisation's strategic aims and objectives.
- Provide assurance in respect of compliance with statutory duties and national guidance.
- Assist with the planning and commissioning of services to patients and carers, supporting a wider health economy whole system approach.
- Minimise waste, fraud and error and support the efficient and effective use of resources.
- Support the improvement and refinement of decision-making.
- Support policy development.
- Assist with business continuity.

5 Responsibilities of Committees

An effective risk management system requires a clearly defined structure that performs a number of functions:

- To make explicit the scheme of responsibility.
- To make explicit the scheme of accountability.
- To make explicit the lines of reporting.
- To support the delivery of corporate and directorate risk management objectives.
- To reinforce the CCG's commitment to deliver the Bolton Locality Plan 2016/2021, commission safe, quality and effective healthcare services on behalf of the registered population and achieve financial balance.

5.1 Bolton CCG Board

The Board will oversee the development of the organisational aims, objectives and profile and ensure that the CCG's Board Assurance Framework adequately reflects areas of risk. It will discuss at regular intervals the most

significant areas of strategic risk and approve and monitor the implementation of plans to control or mitigate any risks. The CCG's governing body is supported in this task by having a sound framework of governance in place and by the CCG Executive and other formal sub-committees and groups with formally delegated responsibility (See Appendix 1).

The Board is required to gain assurance that healthcare services commissioned on behalf of its patients are safe, effective and personalised. The Board will demonstrate its Risk Management Strategy and associated policies, and ensure the appropriate implementation and monitoring of agreed policies.

The Board will receive reports from the CCG Executive on the management of strategic and corporate risk, which will inform the business planning process at both corporate and directorate levels. The Board will receive details of any operational High risks (assessed 15 or above) by the CCG Executive. These risks will be reported to the Board alongside the Board Assurance Framework (BAF) which will be considered by the governing body on a quarterly basis.

The Board hold ultimate responsibility for identifying and authorising management actions and access to appropriate resources to mitigate High risks. The actions will depend upon the individual risk posed to the organisation.

5.2 Audit Committee

The Audit Committee provides the CCG Board with assurance that risk management systems are working and that adequate controls are in place for all significant risks. To help with this it takes advice from Internal and External Audit.

Where gaps in control or assurance are identified, it will seek assurance from the CCG Executive that action plans are being put in place, prioritised and implemented, with progress regularly reviewed.

The Audit Committee will receive details of risks identified as Significant 12 or above at least twice a year and details of the controls in place to mitigate against those risks.

5.3 CCG Executive

The CCG Executive oversees the development, implementation and monitoring of an integrated governance approach which encompasses both clinical and corporate governance. The Executive will routinely monitor the management of all risks placed on the corporate Risk Register and provide opinion regarding acceptable risk and residual risk.

The CCG Executive will receive assurance on all aspects of risk management and is responsible for ensuring that CCG Board/Audit Committee are fully informed of all significant threats to the organisation and its objectives.

The CCG Executive will ensure that principal risks associated with the implementation of the 5 Year Locality Plan are identified, programme risk logs are developed and mitigation plans in place and that, where necessary, a risk is escalated to the CCG Board via its regular reporting mechanisms.

5.4 Quality & Safety Committee

The Quality & Safety Committee reports direct to the Board. The Quality & Safety Committee is responsible for reviewing Quality/Performance risks relating to the quality of NHS care commissioned by the CCG. It will review and update quality risks. Any key risk identified as 15 or above will be included in the quarterly BAF report submitted to the governing body.

5.5 Finance & QIPP Committee

The Finance & QIPP Committee reports directly to the Board and monitors the CCG's Financial Plan 2018/19, including financial position and QIPP scheme delivery and savings targets. It will monitor and report on any key risks associated with the delivery of the agreed Financial Plan and the CCG's strategic objective to achieve financial balance. The governing body will receive a monthly finance report which outlines key risks.

5.5 CCG sub-committees, operational boards and sub-groups

Other formal sub-committees, operational boards or sub-groups of CCG (for example the Conflicts of Interest Committee, Primary Care Commissioning, IM&T Operations Board – see Appendix 1) are required to identify and monitor risks in their respective area and report risks scored as 9 (Significant) or above using the CCG Risk Grading Matrix (Appendix 2) for inclusion in the corporate Risk Register.

Sub-committees or operational groups should ensure that appropriate controls are in place to mitigate against any identified risks.

6 Risk Management Responsibilities and Accountability – Individuals

6.1 Chief Officer

The Chief Officer is accountable to the CCG Board and has overall accountability and responsibility for risk management within the CCG and for the health and safety of staff and members.

6.2 Chief Finance Officer

The Chief Finance Officer is accountable to the CCG Board and is designated as the accountable and responsible officer for implementing the systems of internal control. This responsibility extends to coordinating finance-based

reviews conducted by both internal and external audit, and for the implementation of action plans arising from these inspections.

6.3 Members of the Board

Members of the Board have a corporate responsibility to ensure that the Risk Management Strategy is fit for purpose, that it is implemented effectively and that controls are in place to illustrate that all reasonable care has been taken to manage risk proactively. Board Members will undergo training on the principles of Risk Management and on an annual basis agree the CCG strategic objectives and key risks in delivering those objectives.

6.4 Associate Director of Governance and Safety

The Associate Director of Governance and Safety is accountable to the Chief Officer and is responsible for the Risk Management Strategy and for overseeing its implementation.

The Associate Director of Governance and Safety will provide risk management expertise and advice on corporate governance processes to support the Board, CCG Executive, Senior Managers and CCG staff and will ensure systems and processes are in place to address health and safety requirements for the organisation.

6.5 Governance, Risk and Complaints Manager

The Governance, Risk and Complaints Manager will support the Associate Director of Governance and Safety and is responsible for ensuring that processes and procedures described in this policy are in place across the organisation. They will ensure that effective mechanisms are in place for reporting risks, actual or potential incidents and that risk owners record appropriate action taken as a result of identified risks and reported to appropriate sub-committee or groups.

6.6 Clinical Directors/Associate Directors

All Clinical Directors and Associate Directors within the CCG are responsible for the delivery of agreed CCG objectives and for ensuring any risks identified are appropriately assessed and graded. They have responsibility for the management of risk and the health and safety of staff within their directorate. Responsibilities include identifying major risks to the health and safety of staff.

They will ensure effective plans are put in place for managing identified risks, reviews are undertaken on a proactive basis and that controls are carried out or plans are put in place to mitigate or eliminate risks in line with the processes set out in paragraph 7.

6.7 All Managers

All CCG line managers are required to implement the Risk Management Strategy and associated policies within their sphere of responsibility, and to promote risk management principles, health and safety awareness amongst all their staff groups.

Managers should also ensure that appropriate Induction and Mandatory training is attended by employees and a record of attendance is maintained on personal files to endure and underpin safe systems of work.

6.8 Senior Information Risk Owner (SIRO)

The SIRO is responsible for the ownership of the organisation's Information Risk policy, and associated agendas. The SIRO will act as an advocate for Information Risk at Board level, and will provide advice to the Chief Officer on the content of the CCG's Annual Governance Statement.

6.9 All employees

All employees are required to accept personal responsibility for maintaining a safe environment, which includes being aware of their duty under the current legislation and regulations. Also to take reasonable care of their own safety and all others that may be affected by the organisation's business activities.

Employees should report all incidents/accidents and near miss events ensuring compliance with the CCG's Accident & Incident Reporting Policy & Procedure and complete mandatory training.

7 Risk Management Process

The risk management process followed by Bolton CCG is based on the AS/NZS IS0, 31000/2009 (International Organisation for Standardisation, of which the UK is a member) Risk Management principles and guidelines. Key steps are outlined in the diagram overleaf.

Managers should notify the Governance & Safety Team of any new operational risk assessed with a CCG corporate score of 9 Significant (3 Possible Likelihood x 3 Moderate Impact) using the Risk Grading Matrix at Appendix 2 and ensure it is included in the relevant risk log/risk register.

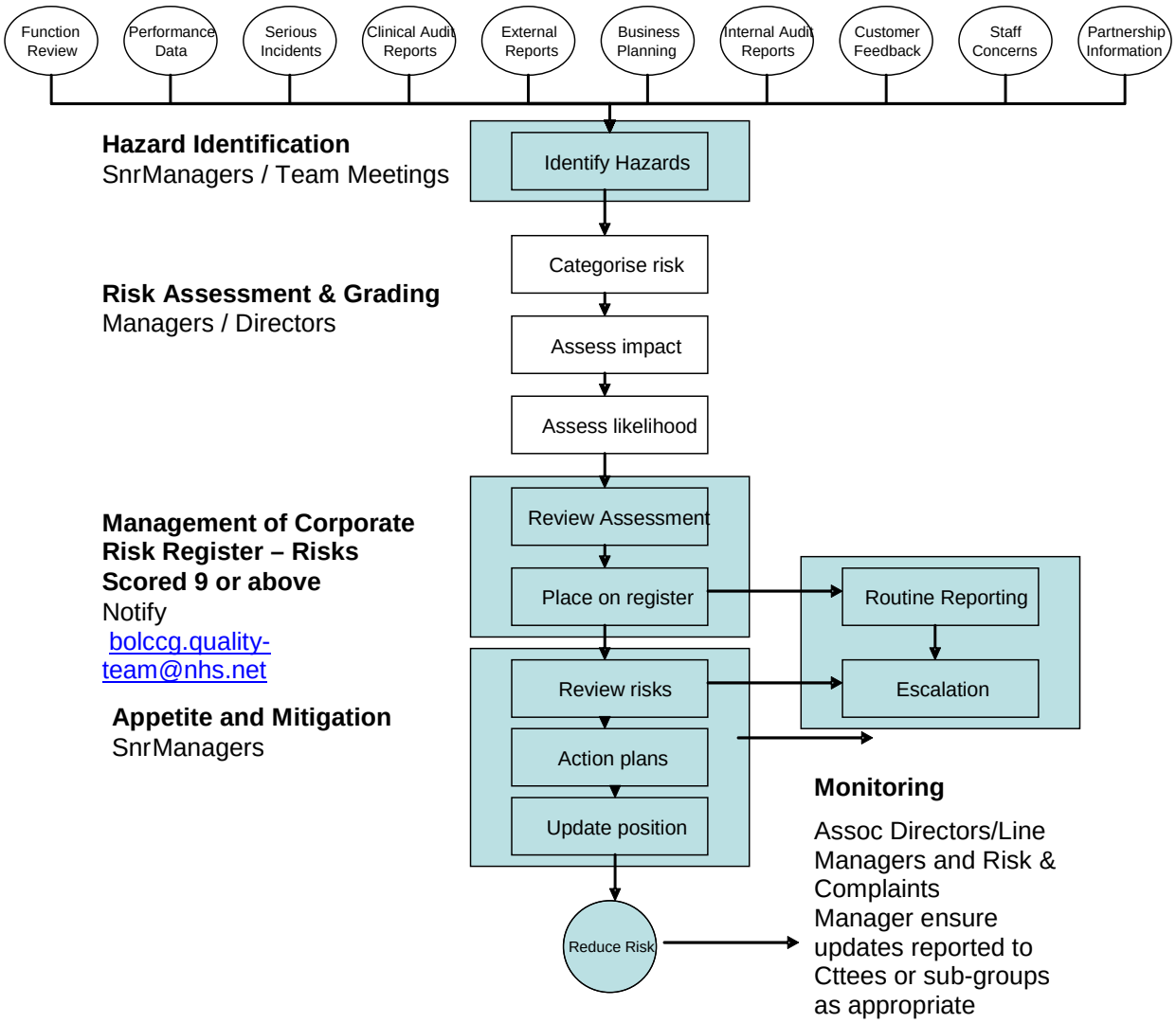
Managers/Risk Owners should ensure risks are reported to appropriate committees or sub-groups and will provide updates on the controls in place and any changes in the assessment of the level of risk.

Risks assessed as Significant at a score of 12 or above will be included in the **Board Assurance Framework** (BAF) report which is be submitted to the Audit Committee at least twice a year.

The Board Assurance Framework identifies strategic (including financial) risks relating to the delivery of its objectives and those risks assessed with as risk score of 12 (significant) or above that have a severe impact on the quality of

the care commissioned for patients or the organisation's ability to comply with statutory regulation or legislation.

The BAF will identify the principal objectives of the organisation and risks related to the delivery of those objectives. Controls will be outlined within the BAF together with the assurances on those controls. The BAF will be presented to the Board on a quarterly basis and contain information on risks assessed as High 15 or above.



7.1 Identifying and monitoring risks

Risks are identified through feedback from many sources, e.g. corporate objectives, proactive risk assessments, incident reporting and trends, audit data, complaints, legal claims, patient and public feedback, stakeholders/partnership feedback and internal and external audits.

Through the Directorates and Management teams, the organisation has systems in place to identify risks, assess their impact and devise strategies to manage and evaluate them. This system provides a central steer, whilst supporting local ownership in managing and controlling risks, to which the organisation may be exposed.

For risk assessments, the organisation has adapted a risk assessment model supported by the former National Patient Safety Agency (NPSA - NHS England). This principle uses a numerical scale based on a 5 x 5 matrix, in accordance with the Risk Assessment Tool and Grading Matrix (Appendix 2).

A Risk Assessment Form may be used for the assessment of risks and documenting necessary controls and mitigating actions (Appendix 3). Alternatively, directorates may develop internal risk registers to log and monitor their team's or individual programmes risks.

8. Reporting and monitoring risks

The CCG Executive will review the BAF and corporate risk register at least 3 times a year prior to submission to the Board and will consider the management of ongoing and new risks presented to it.

The CCG Executive will report to the Audit Committee and to the CCG Board via reports or minutes of meetings.

The CCG Executive may request reports from individuals, committees or partner organisations as required in relation to significant/high risks and provide progress on these risks to the Audit Committee and the CCG Board as necessary.

9. Training

All new staff members will complete Mandatory Corporate Induction Training which will includes risk management and health and safety.

Risk Management training is available for all employees via the CCG's e-learning package. Employees will be required to comply with their mandatory training and risk management and health & safety training will be required at least every three years.

10. Evaluation and monitoring compliance

The CCG will monitor and review its performance in relation to the management of risk and to the continuing suitability and effectiveness of the systems and processes in place to manage risk. This will be achieved in two ways:-

As part of the annual internal audit plan, internal auditors will review the effectiveness of CCG's risk management and Board Assurance Framework arrangements. The results of this review will be reported to the Audit Committee and any actions arising will be implemented and monitored by the CCG Executive Committee. The results of the internal audit review will also contribute to the CCG's Annual Governance Statement.

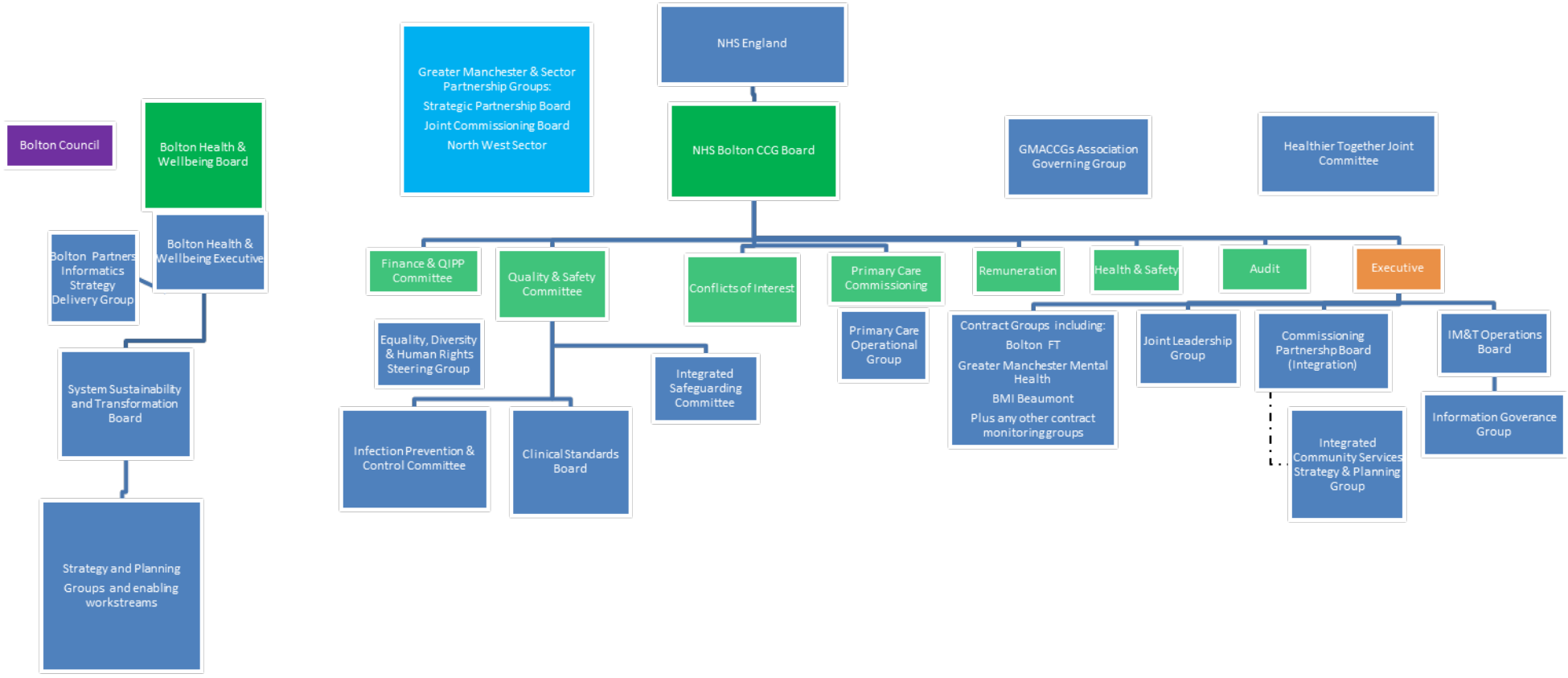
The Audit Committee will receive reports outlining high level risks assessed Significant (12 or above). Information will be considered by the Audit Committee at least twice in a financial year. From these, the Audit Committee will be able to provide a view to the CCG Board as to whether systems and processes are working effectively.

11. Associated policies and procedures and key documents

The following policies, processes and procedural guidance form part of Bolton CCG's Risk Management Strategy and should be referred to and followed by all managers and employees;

- Bolton Locality Plan 2016-2021
- Local Anti-Fraud, Bribery & Corruption Policy
- Conflicts of Interests Policy
- Prime Financial Policies
- Safeguarding Children and Adults at Risk Policy
- Quality Strategy
- Accident & Incident Reporting Policy
- Health and Safety and HR policies
- Policy for the Performance of Serious Untoward Incidents
- Compliments, PALS and Complaints Policy
- Claims Handling Policy and Procedure
- Information Governance Policies
- Whistleblowing Policy
- Risk Assessment Tool and Grading Matrix
- Risk Assessment Form
- CCG Board Assurance Framework
- CCG Risk Matrix

Governance Committee Structure including Co-Commissioning (March 2018)



Bolton CCG **Risk Grading Matrix** **Appendix 2**

Table 1 Impact scores (I)

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 impact score, which is the number given at the top of the column. Based on

Grade Category	1 Very Low	2 Minor	3 Moderate	4 High	5 Severe
People and Change **(Human resources/ organisational development/staffing/ competence)**	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory training	Uncertain delivery of key objectives due to lack of staff Unsafe staffing level (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/ service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
Strategic **(Business objectives/ projects)**	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
Clinical Quality - Patient Safety	No medical attention required. No impact beyond 1 day.	Single person requiring medical attention but not hospital admission, multiple minor incidents.	Single hospital admission, multiple minor injuries requiring medical attention.	Single fatality or permanent disability; or multiple injuries requiring hospital admission.	Multiple fatalities or permanent disabilities.
Clinical Quality – Clinical Effectiveness	Minor breach of guidance – no impact on patient outcomes.	Significant breach leading to harm for a small number of patients.	Significant breach of guidance leading to harm for a number of patients.	Breach leading to reduced life expectancy for multiple people.	Multiple fatalities or permanent disabilities.
Clinical Quality – Patient Experience	Minor inconvenience to single individual.	Minor inconvenience to many individuals, significant inconvenience to single individual.	Significant inconvenience to many individuals, patient experience impact on health outcomes for a few.	Patient experience impact on health outcomes for a significant number.	Multiple fatalities or permanent disabilities.
Health Inequalities	Possible increase to inequalities.	Probable small increase to inequalities.	Probable significant increase to inequalities.	Actual small increase to inequalities.	Actual substantial increase to inequalities.
Health Improvement	Possible slowing of decline of prevalence.	Probable slight slowing in rate of improvement in death rates, No decline or significant	Probable significant slowing in improvement of death rates. Slight increase in	Slight increase in death rates. Substantial increase in prevalence.	Substantial increase in death rates.

		slowing in prevalence.	prevalence.		
Health Protection	Minor injury or illness requiring no medical attention.	Injury or illness requiring medical attention for a few.	Injury or illness requiring a few hospital admissions, or multiple numbers requiring medical attention.	Single fatality or permanent disability; or multiple injuries requiring hospital admission.	Multiple Fatalities.
Operational **and** **Legal Compliance**	Minor breach of standards with no impact on organisation.	Breach of broader health standards or minor targets.	Breach leading to discussion with NCB.	Breach leading to DH improvement team intervention. Breach leading to threat of court action.	Breach leading to court action against executive.
Financial Balance	<£1,000 loss.	£1,000 - £25,000 loss.	£25,001 - £250,000 loss.	£250,001 - £2,000,000 loss.	>£2million loss.
Financial Governance	Isolated technical breach with minimal impact.	Numerous minor technical breaches. Technical breach leading to financial loss.	Limited assurance on single key financial systems.	Failure to get Statement on Internal Control agreed. Fraud leading to imprisonment of staff member. No assurance on single key financial system. Limited assurance on multiple systems.	Fraud >£2million. Investigation by the Audit Commission. No assurance on multiple financial systems.
Information and Technology **(Information Governance)**	Minor technical breaches of standards not directly impacting on members of the public.	Single loss of data or other breach affecting a single individual.	Multiple losses of data or other breaches of governance standards impacting on small numbers of people. Single loss of data impacting on many people.	Multiple losses of data or other breaches of governance standards each impacting on hundreds of individuals.	Breach leading to court action against executive.
Staff Safety and Wellbeing	Minor cuts and bruises. Isolated incidence of low morale	Medical treatment required. Less than three days' absence. Low morale among a number of staff groups.	Single admittance to hospital for less than 24 hours. Absence of three days or longer. Sickness rates increasing.	Single fatality or permanent disability. Rapid increase in sickness rates threatening service delivery	Multiple fatalities or cases of permanent disability.
Governance and reputation	Complaint /concern only	Failure to follow agreed procedures. Minor out of court settlement. Two days or less coverage in local press.	Inappropriate decision making. Local press coverage longer than two days. Two days or less of national media coverage	National media coverage longer than two days. NCB/DoH intervention. Questions in the House. Class action, Criminal prosecution.	Imprisonment of executive officer. Full public enquiry.

Table 2 Likelihood score (L)

What is the likelihood of the impact/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 Not expected to occur for years	Do not expect it to happen/recur but it is possible it may do so Expected to occur annually	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

3. Overall Risk Grading/Score (R)

	IMPACT / CONSEQUENCE					
LIKELIHOOD		**1**	**2**	**3**	**4**	**5**
	1	**Low 1**	**Low 2**	**Low 3**	**Moderate 4**	**Moderate 5**
	2	**Low 2**	**Moderate 4**	**Moderate 6**	**Significant 8**	**Significant 10**
	3	**Low 3**	**Moderate 6**	**Significant 9**	**Significant 12**	**High 15**
	4	**Moderate 4**	**Significant 8**	**Significant 12**	**High 16**	**High 20**
	5	**Moderate 5**	**Significant 10**	**High 15**	**High 20**	**High 25**

Overall risk key

1-3	Low risk
4-6	Moderate risk
8-12	Significant risk
15-25	High risk

Risk Assessment

1 Define the risk(s) explicitly in terms of the adverse impact/consequence (I) that might arise.

2 Use Table 1 to determine the impact/consequence score(s) for the potential adverse outcome(s) relevant to the risk being evaluated.

3 Use Table 2 to determine the likelihood score(s) (L) for those adverse outcomes. If possible, score the likelihood by assigning a predicted frequency of occurrence of the adverse outcome. If this is not possible, assign a probability to the adverse outcome occurring within a given time frame, such as the lifetime of a project or a patient care episode. If it is not possible to determine a numerical probability then use the probability descriptions to determine the most appropriate score.

4 Calculate the risk score the risk multiplying the impact/consequence by the likelihood: I (Impact) x L (Likelihood) = R (Risk score).

5 Identify the level at which the risk will be managed in the organisation, assign priorities for remedial action, and determine whether risks are to be accepted on the basis of the colour bandings/risk rating, and the organisation's risk management system. Include the risk in the CCG's Risk Register.

Bolton CCG **Risk Assessment Form** **Appendix 3**

1: Identify the Risk/s
2: Analyse the Risk/s *Identify and evaluate existing controls. Determine the impact and likelihood and hence the risk rating.*
3: Evaluate the Risk/s *(How bad and how often) and decide on the existing precautions (controls) and decide if there is a need for further controls*
List the existing controls
List any additional controls that may be required
RISK SCORE TAKING INTO ACCOUNT THE EXISTING CONTROLS ONLY:

Likelihood		**x**	**Impact level**		**=**		**DATE**

Risk Assessment No	ACTION/s *(Additional control measures required to reduce the risk to the lowest possible level)*	Designated Lead *(Action by)*	Review Date	Deadline

RESIDUAL RISK RATING AFTER ADDITIONAL CONTROLS HAVE BEEN IMPLEMENTED:						
Likelihood level		**x**	**Impact level**		**=**	

5: MONITOR AND REVIEW				
Date of review	**Reviewer/s**	**Findings**	**Revised Risk Score**	**Risk Register Reference/ date revised**

Appendix 4

KEY CONTACTS

DESIGNATION	TELEPHONE EXTENSION
Clinical Director, Clinical Governance & Safety	01204 46 2030
Associate Director, Governance & Safety	01204 46 2398
Governance Risk & Complaints Manager Bolccg.incidents@nhs.net	01204 46 2023
Quality & Safety Support Officer Bolccg.quality-team@nhs.net	01204 46 2013
Chief Financial Officer (SIRO/Estates)	01204 46 2039
Estates (Propco)/SPH Reception	01204 46 2000
HR/People Services, Bolton NHS Foundation Trust	01204 390390
Occupational Health, RBH	01204 390607
Director on Call, Bolton CCG	0345 113 00 99 (Ask for Director on call for Bolton)

Appendix 5

Definitions

Risk can be described as something with an unwanted consequence that needs to be avoided at all cost or anything that could negatively impact the ability of an organisation to deliver corporate aims and objectives. It is measured in terms of **likelihood** (frequency or probability of the event occurring) and **impact** (severity or magnitude of the effect of the event).

Acceptable Risks are those risks assessed as being highly unlikely to occur or having only minor consequences, which would require disproportionate resource to further reduce the risk.

Risk Appetite describes the level of risk the organisation will accept in order to ensure that it continues to develop and seize opportunities presented without undue delay.

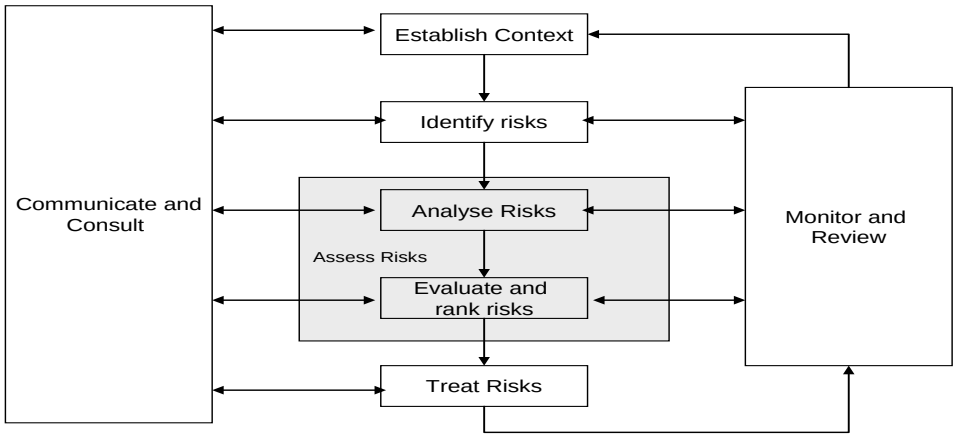
Controls are actions already underway to mitigate against the likelihood or impact of the event.

Treatments are intended actions (which are not yet in place) to mitigate against the likelihood or impact of a risk.

Risk Management describes "the culture, processes and structures that are directed towards the effective management of potential opportunities and adverse effects".

Risk Management Process describes "the systematic application of management policies, procedures and practices to the tasks of establishing context and identifying, analysing, evaluating, treating, monitoring and communicating risk".

Integrated Governance Systems describes processes and behaviours by which NHS organisations providing services for the NHS lead, direct and control their functions in order to achieve organisational objectives, safety and quality of service and in which they relate to patients and carers, the wider community and partner organisations.



Risk Management Overview from AS/NZS 4360:1999

Analysis of Effect (AoE) Tool RM001 Risk Strategy Appendix 6

To be completed and to accompany any procedural document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	**Does the document/guidance affect one group less or more favourably than another on the basis of:**		Operational Strategy
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
	• Gender Reassignment	No	
	• Marriage and civil partnership	No	
	• Pregnancy and maternity	No	
	• Race (including gypsies and travellers)	No	
	• Religion or belief	No	
	• Sex	No	
	• Sexual orientation	No	
2.	**Is there any evidence that some groups are affected differently?**	No	
3.	**If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?**	No	
4.	**Is the impact of the document/guidance likely to be negative?**	No	
5.	**If so, can the impact be avoided?**	-	
6.	**What alternative is there to achieving the document/guidance without the impact?**	-	
7.	**Can we reduce the impact by taking different action?**	-	

If you have identified a potential discriminatory impact of this procedural document, please refer it to Mike Robinson, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Mike Robinson michael.robinson1@.nhs.net 01204 462398.