Bolton Clinical Commissioning Group

Risk Management Strategy

Policy Number	**RM001**
Target Audience	**CCG Members and Staff**
Approving Committee	**Governance and Risk Committee**
Date Approved	
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Policy Author	**Diane Sankey**
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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	

Analysis of Effect completed:	By: D. Sankey	Date: 14.11.14

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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 all 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. The Risk Management Strategy has been developed as part of the organisation's commitment to having a proactive approach to managing risk that aims to prioritise this so that the CCG can mitigate any possible adverse consequences.

Risk management is not seen as an end in itself but as part of the overall management approach. 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. This 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	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.
Financial	These concern the effective management and control of the finances of the organisation. Risk events can range from insufficient funding, poor budget management, 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.
Legal Compliance	These concern Health and Safety compliance, consumer protection, 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. The strategic risks are in the main significant risks that have the potential to impact on the organisation as a whole. They are also in some cases cross cutting risks that impact across the organisation rather than just one area.
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, the CCG commissions healthcare services 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 involve.
- 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.
- Ensure the Board is aware of all risks rated 15 or above i.e. High risks. Having considered the evidence 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.
- Define a systematic and consistent approach towards the management and mitigation of risk which is reflected in services commissioned by the CCG.
- 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. 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. Effective partnership working requires collaborative risk identification and management.
- Integrate risk management within Directorates and effectively manage all known risks associated with the delivery of key objectives.
- Support the use of effective risk management arrangements particularly with the Independent Treatment Sector Providers/Any Qualified Provider organisations who deliver NHS care commissioned by the CCG.
- 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 commissioning safe, effective and personalised healthcare services on behalf of the registered population.

5.1 Bolton CCG Board

The Board will oversee the development of the organisational aims, objectives and profile and ensure that the CCG's Commissioning Plan 2012-2015 adequately reflects areas of strategic 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 Board is supported in this task by the following committees (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 Governance & Risk Committee (GRC) on the management of strategic and corporate risk and this will inform the business planning process at both corporate and directorate levels. The Board will receive details of any High risks (assessed 15 or above) by the Chief Officer or the Chair of the Governance and Risk Committee. These risks will also be captured within the Board Assurance Framework (BAF) which will be considered by the Board 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 Executives 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 Governance and Risk Committee

The Governance and Risk Committee (GRC) is a Committee of the CCG Board and is responsible for ensuring that the organisation has the essential components in place to promote effective governance through the development and implementation of a robust system of internal control. The GRC oversees the development, implementation and monitoring of an integrated governance approach which encompasses both clinical and corporate governance. The GRC will routinely monitor the management of all risks placed on the Risk Register and provide opinion regarding acceptable risk and residual risk.

The GRC 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 GRC will ensure that the principal risks associated with the implementation of the Commissioning Plan are identified, that mitigation plans are in place and that, where necessary, a risk is escalated to the CCG Board via its regular reporting mechanisms.

5.4 CCG Executive

The CCG Executive will routinely review progress on the annual priorities of the CCG and identify risks and areas of concern to the organisation, identify and implement solutions.

5.5 Quality & Safety Committee

The Quality & Safety Committee reports direct to the CCG 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 appropriate risks contained in the Risk Register. This information will be reported to the Governance and Risk Committee as part of the GRC's routine review of the Risk Register.

5.6 Other management or project groups and sub committees

Other management, project groups or sub committees of CCG (for example the IM&T Operations) is required to identify and monitor risks in their respective area and to report risks as appropriate for inclusion in the Risk Register.

Management or project 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 in line with good practice.

6.4 Associate Director of Integrated Governance and Policy

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

The Associate Director of Integrated Governance and Policy will provide risk management expertise and advice on corporate governance processes to support the Board, 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 Risk and Complaints Manager

The Risk and Complaints Manager will support the Associate Director of Integrated Governance and Policy and is responsible for ensuring that processes and procedures described in this policy are in place across the organisation. He/she will ensure that effective mechanisms are in place for reporting incidents and that appropriate action is taken as a result of any risks identified and reported to the relevant management group as necessary.

6.6 Clinical Directors/Associate Directors

All Clinical Directors and Associate Directors within the CCG 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 and the delivery of objectives and for ensuring all risks are appropriately assessed and graded. 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 develop treatments where necessary in line with the processes set out in paragraph 7.

6.7 All Managers

All Managers are required to implement the Risk Management Strategy and associated policies within their sphere of responsibility, and to promote risk management principles and health and safety awareness amongst all their staff groups. Manager 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 organisations business activities. Employees should report all incidents/accidents and near miss events ensuring compliance with the Incident Reporting policy and attend mandatory training.

7 Risk Management Process

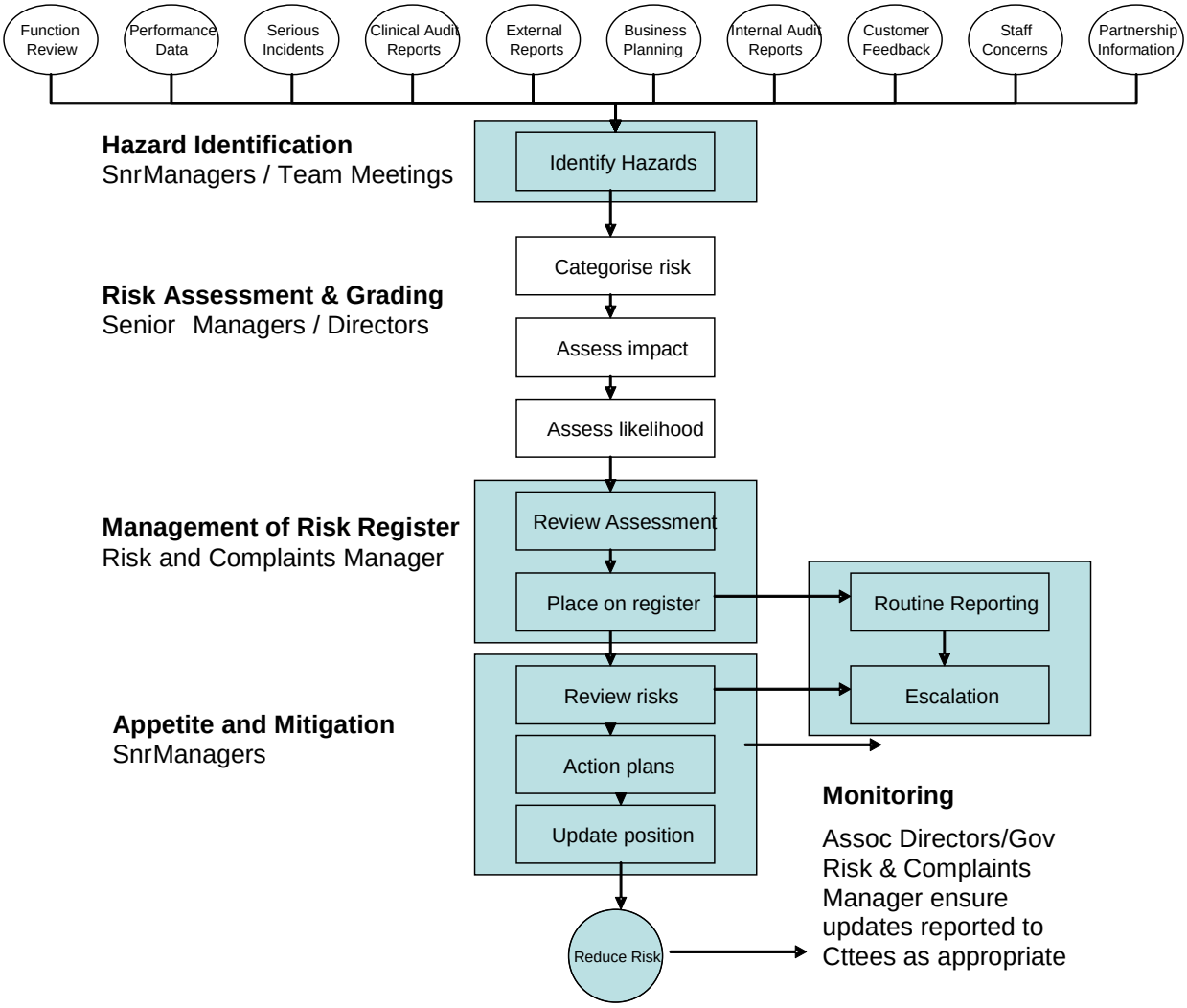
The risk management process adopted by Bolton CCG is based on the AS/NZS 1S0, 31000/2009 Risk Management principles and guidelines. Key steps are outlined in the diagram overleaf.

Managers should notify the Risk and Complaints Manager of any new risk who will ensure the risk is logged on the CCG Risk Register. Managers/Risk Owners should ensure risks are reported to appropriate committees and will be required to provide updates on the controls in place and any changes in the assessment of the level of risk. Any risk assessed at a score of 8 Significant or above should be reported to the CCG Executive.

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

The Board Assurance Framework identifies strategic (inc financial) risks relating to the delivery of its objectives and those risks assessed as Significant 12 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 the 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 will 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 National Patient Safety Agency (NPSA - NHS England). This principle uses a numerical scale based on a 5x5 matrix, in accordance with the Risk Assessment Tool and Grading Matrix (Appendix 2).

A Risk Assessment Form should be used for the assessment of risks and documenting necessary controls and action plan to manage a risk (Appendix 3).

8. Reporting and monitoring risks

The CCG Executive will review the Risk Register at least 3 times a year prior to submission to the Governance and Risk Committee and will consider the management of ongoing and new risks presented to it.

The Governance and Risk Committee will submit minutes of its meeting to the Audit Committee and to the CCG Board.

The CCG Executive and/or Governance and Risk Committee 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.

A Risk Management Plan for Bolton CCG will be agreed once an updated Governance/Committee structure has been agreed.

9. Training

Risk Management training is available for all employees of CCG via CSU Peoples Services

All new staff members will attend Mandatory Corporate Induction Training which will include a module on Risk Management and Health and Safety. This is then followed by Compliance Training, which includes a refresher module on Risk Management and will be required to be completed every three years.

10. Evaluation and monitoring compliance

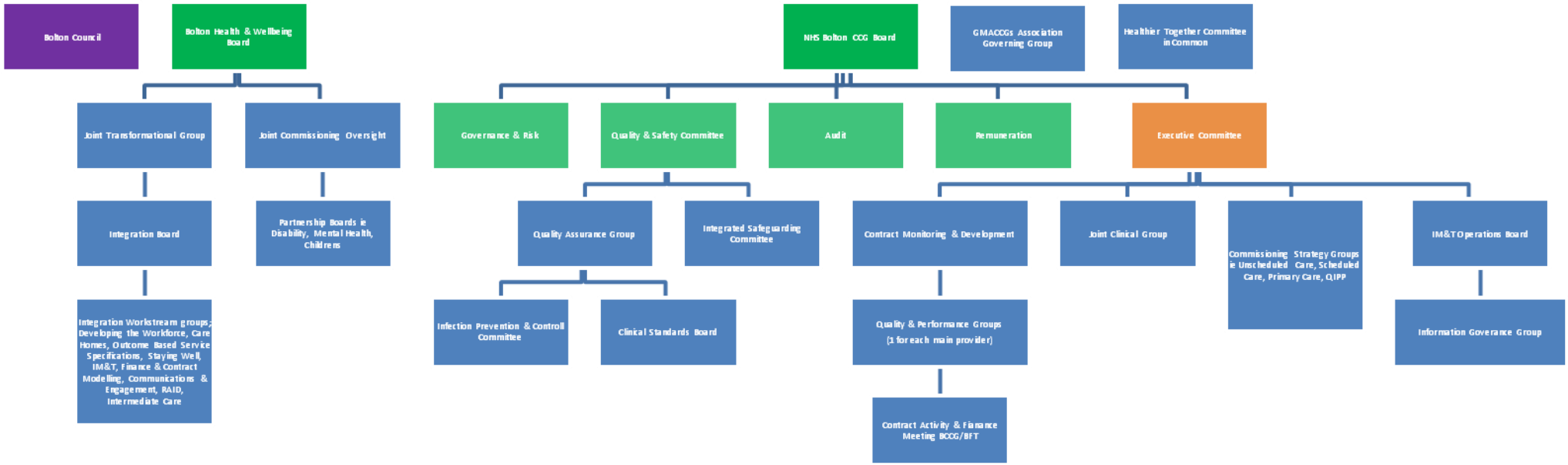
The CCG will monitor and review its performance in relation to the management of risk and to the continuing suitability and effectiveness of the systems and processes in place to manage risk. This will be achieved in two ways. The Audit Committee will receive reports outlining high level risks assessed 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.

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.

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.

- Anti Fraud and Corruption Policy
- Conflicts of Interests Policy
- Prime Financial Policies
- Commissioning Plan 2012-15
- Safeguarding Children and Vulnerable Adults Policy
- Quality Strategy
- Accident & Incident Reporting Policy
- Health and Safety and People Service policies
- Policy for the Performance of Serious Untoward Incidents
- Compliments PALS and Policy
- Claims Handling Policy and Procedure
- Information Governance Policies
- Whistleblowing Policy
- Risk Assessment Tool and Grading Matrix
- Risk Assessment Form
- CCG Board Assurance Framework


Bolton Council
Bolton Health & Wellbeing Board
Joint Transformational Group
Joint Commissioning Oversight
Integration Board
Partnership Boards ie Disability, Mental Health, Childrens
Integration Workstream groups; Developing the Workforce, Care Homes, Outcome Based Service Specifications, Staying Well, IM&T, Finance & Contract Modelling, Communications & Engagement, RAID, Intermediate Care
NHS Bolton CCG Board
GMACCGs Association Governing Group
Healthier Together Committee in Common
Governance & Risk
Quality & Safety Committee
Audit
Remuneration
Executive Committee
Quality Assurance Group
Integrated Safeguarding Committee
Infection Prevention & Controll Committee
Clinical Standards Board
Contract Monitoring & Development
Joint Clinical Group
Commissioning Strategy Groups ie Unscheduled Care, Scheduled Care, Primary Care, QIPP
IM&T Operations Board
Quality & Performance Groups (1 for each main provider)
Information Goverance Group
Contract Activity & Fianance Meeting BCCG/BFT

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.

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 *Firstly you need to detail the potential risk/s? Identify what, where, when, why and how events could prevent, delay or degrade the achievement of the intended action/outcome.*
2: Analyse the Risk/s *Identify and evaluate existing controls. Determine the impact and likelihood and hence the risk rating. This analysis should consider the potential impacts and how these could occur.*
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 precautions (controls)? Consider the balance between potential benefits and adverse outcomes. This will enable decisions to be made in respect of the extent and nature of actions required and about priorities.*
List the existing controls
List any additional controls that may be required

RISK RATING TAKING INTO ACCOUNT THE EXISTING CONTROLS ONLY:						
		x	**Impact level**		**=**	

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 & Policy	(01204 46) 2398
Risk & Complaints Manager Bolccg.incidents@nhs.net	(01204 46) 2023
Customer Services Officer (PALS & Complaints) Bolccg.complaints@nhs.net	(01204 46) 2022
Chief Financial Officer (SIRO/Estates)	(01204 46) 2039
Estates (Propco)/SPH Reception	(01204 46) 2000
People Services (CSU)	0161 212 4902
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.

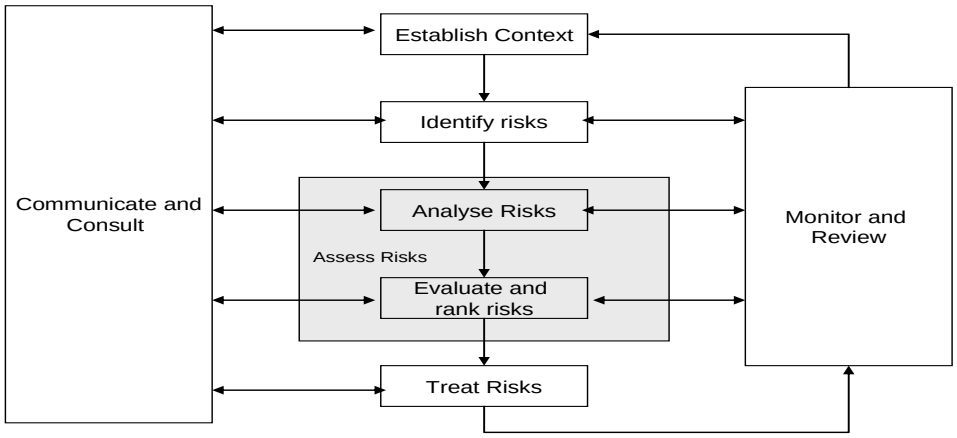
Controls are actions already underway to mitigate against the likelihood or impact of the event.

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 Trusts providing services for the NHS in the UK, 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

In line with the wider NHS, Bolton CCG has adopted the Australian/New Zealand Standard, Risk Management (AS/NZ Standard 4360 1999: Revised Ed. 2004)

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.