

RISK MANAGEMENT POLICY AND FRAMEWORK

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1.0 Purpose and scope

1.1 NHS West Yorkshire Integrated Care Board (hereafter referred to as the ICB), as a publicly accountable organisation, needs to take many informed, transparent and complex decisions and manage the risks associated with these decisions. NHS West Yorkshire ICB therefore needs to ensure that it has a sound system of internal control working across the organisation.

1.2 The ICB recognises that the principles of good governance must be underpinned by an effective risk management system designed to ensure the proactive identification, assessment and mitigation of risks to ensure that the ICB achieves its strategic priorities and in doing so maintains the safety of its staff, patients, and members of the public.

1.3 Effective risk management processes are central to providing the ICB with assurance that all required activities are taking place to ensure the delivery of the ICB's strategic priorities and compliance with all legislation, regulatory frameworks and risk management standards.

2.0 Statement of Intent and Principles of Risk Management

2.1 The aim of this document is to support a dynamic approach to risk management enabling the ICB to be sighted on the highest-level risks and to be assured that appropriate mechanisms of control are in place across the West Yorkshire Integrated Care System.

2.2 The Board acknowledges that:

- As a large, complex organisation working within a complex system, where risk is managed at different levels, it is recognised that some risks are held collectively for example by provider collaboratives and there are risks over which the ICB does not have direct control.
- Identification and recognition of risks should clearly define those risks over which the ICB has direct control and those affecting the wider

system.

- Risk management supports efficient and effective delivery of safe and high-quality services, whilst enabling opportunities to be taken where within risk appetite.
- Effective risk management is not an end in itself, but an integral part of the ICB's quality, governance and performance management processes.
- All staff have a role in considering risk and helping to ensure it does not prevent the delivery of safe and high-quality services; and that

2.3 The Board with the support of its committees has a key role:

- in ensuring a robust risk management system is maintained and effectively resourced,
- in encouraging a culture whereby risk management is embedded across the ICS, and
- through its plans, set out its appetite and priorities in respect of the mitigation and taking of risk, and
- in supporting staff to work collaboratively with colleagues, stakeholders and the public to support the provision of high-quality safe services.

Principles of Risk Management

2.4 The ICB operates the principle of subsidiarity. As the statutory body the ICB is accountable for delivery of its priorities, but delegates responsibility for delivery to the five places (Bradford District and Craven, Calderdale, Kirklees, Leeds and Wakefield). Risks associated with delivery at Place will be managed at Place unless it is agreed to manage centrally. An example might be if there is a risk which requires mitigation across multiple places, or for which there is a need for intervention at ICB level.

2.5 Risks are categorised as follows:

- **Place** – a risk that affects and is managed at place.
- **Common** – common to more than one place but not a corporate risk.
- **Corporate** – a risk that cannot be managed at place and is managed

centrally.

There are corporate and place level risk registers. The ICB Board risk report will include:

- Corporate risks.
- Place risks with a score of 15+.
- All risks common to more than one place but not a corporate risk.

2.6 Risks with a score of 15+ that are unique to one place partnership will remain managed and reported to the place partnership committee but will be referred to in all risk reports to the ICB Board and committees.

Risks will be aligned to appropriate ICB Committees and Place sub-committees for oversight. Categorisation of risks will support alignment. Risks will be categorised as Quality or Finance, Investment and Performance.

2.7 For a comprehensive list of risk management definitions refer to the Glossary of Terms at Appendix A.

3.0 Risk Appetite

3.1 Risk appetite refers to the level of risk that an organisation is willing to tolerate or expose itself to when controlling risks as they arise or when embarking on new projects. An organisation may accept different levels of risk appetite for different types of risk, or in relation to different projects. The organisation's risk appetite ensures that risks are considered in terms of both opportunities and threats.

3.2 The Risk Appetite Statement for the West Yorkshire ICB can be found at Appendix B.

3.3 Risk appetite informs the risk tolerance levels, which are considered for individual risks. Based on the risk appetite a target risk score is set for individual

risks, this is the level to which the risk is to be managed to. The benefits of this approach include:

- Focus on risks that can be managed / reduced.
- Identification of actions to reduce risks to target.
- Timely reduction of risks.
- Identification of static risks / ineffective actions.
- Focus on risks that are not reducing.

4.0 Embedding Risk Management Across the Integrated Care System

4.1 As the scale and complexity of the organisation is recognised the organisational form is set out at

[West Yorkshire functions and decisions map 28.06.22.jpg \(3508x2480\)](#) (wypartnership.co.uk) to provide a visual representation of reporting structures.

4.2 Through the establishment of a fully integrated Board Assurance Framework (BAF) and Corporate and Place Risk Registers the ICB is able to gain assurance that risks across the Integrated Care System (ICS) are being managed appropriately.

4.3 The Board Assurance Framework summarises how the Board knows that the controls it has in place are effectively managing the strategic risks, together with references to documentary evidence/assurance and current mitigation action plans.

4.4 The ICB and the Place Partnership Committee of each of the five places will maintain an integrated Board Assurance Framework and Corporate and Place Risk Registers through which risk management activities are prioritised and managed. The BAF and Corporate and Place risks are monitored and managed via committee led assurance and governance arrangements.

4.5 Operational risks will be owned and managed where the risk is identified, unless it is agreed that a risk needs to be managed centrally (corporate risk).

Each of the five places and the ICB Core team will maintain a risk register. The six risk registers will be regularly reviewed by the Risk Management Operational Group to identify common risks across the ICB.

4.6 Each of the provider collaboratives will be invited to escalate key risks to the Corporate Risk Register each cycle, in order to ensure the Board is sighted on key system risks.

5.0 Risk Management Process

5.1 The Risk Management Process outlined below describes how risks will be identified, assessed, controlled and monitored across the ICS. This will support consistent risk management across the ICS.

Risk Identification

5.2 Risk has been defined as the threat that an event or action will adversely affect an organisation's ability to achieve its objectives and to execute its strategies successfully.

5.3 A risk is an event that might occur and that could have an effect (usually negative) upon the organisation and/or its stakeholders. A risk is not an event that has already happened. This is an incident. A risk is not something that will occur or that is already happening (on-going). These are issues. Incidents and issues have their own management processes.

5.4 The identification of risk involves examining all sources of potential risk that the ICB may be exposed to from the perspective of all stakeholders throughout the organisation. When identifying potential risk, there are two key approaches: the top-down and the bottom-up approach.

Top Down (Identifying Strategic Risk) – Strategic Risk Management is undertaken through Executive Management and Committee structures and enables the identification, assessment and recording of strategic risks which threaten the

achievement of the ICB's strategic priorities (Strategic Risks may also be identified through the reporting and escalation of Operational Risks.)

Bottom Up (Identifying Operational Risk) – Operational Risk Management activity is supported by staff working in adherence to organisation's policies and procedures. Operational Risks may present themselves, via incidents, complaints, claims, patient feedback, safety inspections, external reviews, ad hoc assessments etc. which may impact on the organisation's ability to meet its objectives and targets.

For a more comprehensive list of sources of risk see Appendix C.

Risk Description, Assessment and Scoring

5.5 In order to ensure that all risks are clearly articulated and understood by staff and stakeholders the ICB has adopted a standardised approach to describing risks, following the construct of **Cause, Risk, Effect**.

All risks are worded as:

There is a risk of...due to...resulting in...

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

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

- Understand the cause and its potential impact on the achievement of objectives;
- Examine what control measures are already in place to manage the risk and

evaluate their effectiveness;

- Score the potential of any outstanding risk (residual risk) after considering the effectiveness of current controls;
- Identify the target risk score (i.e. the level at which the risk can be accepted, taking into account the risk appetite and tolerance).

A risk assessment flowchart is provided at Appendix D.

5.7 Risk scores (both current and target) are calculated by multiplying the potential **Impact** by the potential **Likelihood** of the risk. The ICB uses a 5 x 5 matrix scoring system, which produces a range of scores from 1 to 25.

- Likelihood of occurrence - How likely it is to happen?
- Impact - How serious will it be if it does?
- Tolerance – What level can the risk be accepted?

Detailed matrices to assist with the allocation of Impact and Likelihood levels are provided at Appendices E and F.

Risk Prioritisation and Treatment

5.8 Once a risk has been identified and assessed, the next step is to decide how to treat the risk. Options for treating the risk include:

- **Mitigate** the risk by taking action to reduce its likelihood and / or impact;
- **Accept** the risk by informed decision;
- **Avoid** the risk, e.g. by discontinuing a specific activity;
- **Transfer** the risk, e.g. to a service provider, although accountability for the risk will normally stay with the commissioning organisation;
- **Take or increase** the risk to pursue an opportunity.

The risk score and tolerance level determine the prioritisation and allocation of resource.

Risk Recording, Reviewing and Monitoring

5.9 The ICB monitors and reports on risks in two key ways; the Risk Registers and the Board Assurance Framework.

Risk Registers (Operational Risks)

5.10 All operational risks are recorded on the Risk Management System. Each of the five places and the ICB Core team will maintain a risk register on the Risk Management System. New risks must be approved on the risk management system by a senior reviewer.

5.11 A risk register is a record of all the risks faced by an organisation. The ICB's Risk Register contains an individual ID number for the risk, a brief description of the risk; the owner; any controls currently in place; any action(s) to be completed and by when to reach the target risk score; and a current and target risk rating score.

Management and Oversight of Operational Risks

5.12 Management responsibility is dependent on the level of the risk. The impact of some risks, or the actions needed to mitigate them, can be such that it is necessary to escalate the risk to a higher management level, for example from Service and/or Organisational level to Place Partnership level, or Place Partnership to ICB level.

5.13 An integral part of effective risk management is ensuring that risks are escalated through the organisation in line with the relevant governance committee structures. This will ensure visibility of risks throughout the organisation, the appropriate level of management and prioritisation of resources. Irrespective of the level of review and escalation the ownership of risks does not change.

5.14 Risks are managed according to their residual risk score as summarised in the table below.

Risk Score	<u>Management Action</u>	Oversight and Assurance
<p>1-3 Minor</p>	<p>Managed at a service level by the Risk Owner.</p> <p>Recorded on the Place / Corporate Operational Risk Register.</p> <p>Reviewed at least annually.</p>	<p>Assurance provided to the local Accountable Manager on the management of the risk.</p>
<p>4-6 Moderate</p>	<p>Managed at a service level by the Risk Owner.</p> <p>Recorded on the Place / Corporate Operational Risk Register.</p> <p>Risks above the target risk score to be reviewed quarterly until the risk reaches the target risk score.</p>	<p>Assurance provided to the local Accountable Manager on the management of the risk.</p> <p>This includes static risks which will be reviewed to provide assurance on the effectiveness of actions and controls.</p>
<p>8-9 High</p>	<p>Managed at a service level by the Risk Owner.</p> <p>Recorded on the Place / Corporate Operational Risk Register.</p> <p>Risks above the target risk score to be reviewed quarterly until the risk reaches the target risk score.</p>	<p>Assurance provided to the local Accountable Manager on the management of the risk.</p> <p>This includes static risks which will be reviewed to provide assurance on the effectiveness of actions and controls.</p>
<p>12 High</p>	<p>Managed at a service level by the Risk Owner.</p>	<p>Risks above the target risk score and rated 12 and above are regularly reviewed by</p>

Risk Score	<u>Management Action</u>	Oversight and Assurance
	<p>Recorded on the Place / Corporate Operational Risk Register.</p> <p>Risks above the target risk score to be reviewed as a minimum quarterly until the risk reaches the target risk score.</p>	<p>Directorates, relevant place/core executive management team and the relevant ICB committee / place sub-committee (or equivalent).</p> <p>Static risks will be reviewed to provide assurance on the effectiveness of actions and controls.</p>
<p>15 – 16 Serious</p>	<p>Risks to be placed on the Place / Corporate Operational Risk Register</p> <p>Red risks will be subject to ongoing review by management until they are reduced below Red.</p>	<p>Place Partnership: Significant risks must be reported to the relevant place executive and overseen by the Place Partnership Committee, via the relevant sub-committee (or equivalent) at each meeting.</p> <p>ICB Level: Significant risks must be reported to the Executive Management Team and overseen by the relevant committee.</p> <p>Reported to and managed through ICB Committees.</p>
<p>20 – 25 Critical</p>	<p>Overseen by the Executive Lead.</p>	<p>Place Partnership: Critical risks must be:</p>

Risk Score	<u>Management Action</u>	Oversight and Assurance
	<p>Risks to be placed on the Place / Corporate Operational Risk Register and escalated on identification to the relevant place committee or ICB Board (as appropriate)</p> <p>Black risks will be subject to ongoing review by management until they are reduced below Black/Red.</p>	<p>escalated to the relevant place executive and overseen by the Place Partnership Committee, via the relevant assurance and risk sub-committee (or equivalent) at each meeting.</p> <p>ICB Level: Critical risks must be escalated to the Executive Management Team and overseen by the ICB Board, via the Quality or Finance, Investment and Performance Committee.</p> <p>Reported to and managed through ICB Committees.</p>

Corporate Risk Report to the ICB

5.15 The Corporate Risk report includes all Corporate and Place risks with a residual score of 15+ and all risks that have been identified as being common to more than one place.

Risks with a score of 15+ that are unique to one place partnership will remain managed and reported to the place partnership committee but will be referred to in all risk reports to the ICB.

Board Assurance Framework (BAF) / Place Level Assurance

5.16 The Board Assurance Framework (BAF) is a simple but comprehensive method for the effective and focused management of the principal risks to meeting the strategic priorities and objectives of the ICB. It brings together evidence that risks to the delivery of priorities have been identified, and documents available assurance to demonstrate that the controls for such risks are in place and effective. These risks are owned by members of the Executive Management Team.

5.17 There should be a clear link between the BAF and each of the Places. This is achieved through the cascade of priorities from Place Health and Wellbeing Strategies and the West Yorkshire integrated care strategy to operating plans at Place and West Yorkshire level.

5.18 The BAF provides the Board with confidence that the ICB has identified its strategic risks and has robust systems, policies and processes in place (controls) that are effective and driving the delivery of their objectives (assurances).

5.19 The BAF plays an important role in informing the production of the ICB's Annual Governance Statement and is the main tool that the Board should use in discharging overall responsibility for ensuring that an effective system of internal control is in place.

5.20 The Board approves the strategic risks (opening position), following agreement of the strategic objectives. The Board reviews the fully populated BAF bi-annually (mid-year and year-end) to affirm that sufficient levels of controls and assurances are in place in relation to the organisation's strategic risk. This is complemented by a bi-annual review of the action plan (detailing all mitigating actions) and the heatmap (which details the current and target score of each strategic risk).

5.21 The BAF is reviewed and updated by the Executive Management Team quarterly. This involves a review of the effectiveness of controls and what evidence (internal or external) is available to demonstrate that they are working as they should (assurances). Any gaps in controls or assurance will be highlighted at this

point, actions identified, and the action plan updated.

5.22 The Board is supported in this work by the West Yorkshire Quality Committee, West Yorkshire Finance, Investment and Performance Committee, West Yorkshire Transformation Committee and the five place partnership committees.

5.23 The Audit Committee will receive the full BAF annually, complemented by quarterly updates on progress against the action plan and the heatmap. A rolling programme of targeted 'deep dives' will be undertaken, to enable a focused review on specific sections of the BAF and allow robust discussions on the actions in place to remedy any identified gaps in controls and assurances.

Risk Management Reporting Cycle

5.24 The ICB operates four risk review and reporting cycles per annum. Risk review is undertaken by risk owners to:

- Check progress on the actions.
- Check the success or failure of the agreed risk management actions.
- Check if the likelihood of a risk occurring has increased or decreased.
- Check if the impact has increased or decreased.
- Identify any new risks.

The risk management cycle process is illustrated at Appendix H.

5.25 As part of the risk review and reporting cycle, the Risk Management Operational Group will review all operational risks across the five places to identify for inclusion on the ICB Corporate Risk report:

- Operational risks common to more than one place, and
- Emerging risks in the risk review period / from sub-committee and place committee discussions.

Risks	Place Committee	ICB Exec Team	ICB Committees	Audit Committee	Integrated Care Board
Strategic Risks (BAF)	Each meeting	Quarterly	Those relevant to committee remit - each meeting	Periodic 'deep dives' to test arrangements.	Action Plan / Heatmap – bi-annually; full BAF bi-annually
Corporate Risk Register (15-25)	Quarterly prior to ICB Board meetings	Quarterly	Quarterly	Periodic 'deep dives' to test arrangements	ICB Corporate and Place Risks to each meeting

Closure of Risks

5.26 Following the routine monitoring of risks, if it is considered that the risk is managed within tolerance or the risk has been removed, this should be approved by the risk owner and the responsible Director, update the risk register to ensure the risk register and reporting reflects the change to the risk. Significant changes to the risk profile will be highlighted to the responsible Director and the nominated Committee.

5.27 If a risk still exists but is being managed within tolerance then it should be reviewed at least annually. If a risk no longer exists then it can be closed.

5.23 If a risk has crystallised and has become an issue or an incident, the risk should be closed on the risk register, the reason for closure given and an indication of where and by who the issue / incident is being managed. Any additional risks arising from the issue should be considered and added to the risk register where appropriate.

6.0 Integrated Care Board Governance Structure

6.1 The ICB has a robust governance structure in place to ensure that the organisation's Risk Management activity is subject to appropriate levels of oversight and scrutiny.

6.2 The governance structure described below supports the accountability arrangements for Risk Management and ensures that all risks are properly considered and escalated to the Board as required.

6.3 Through this structure, the Board ensures that adequate resources and support systems are in place to enable the organisation to effectively manage threats to its business objectives.

West Yorkshire ICB Board

Has accountability for the oversight of all risks across the ICB. The Chief Executive, supported by the Board Members, has responsibility for this Risk Management Policy and Framework and for ensuring adequate systems of internal control which support the achievement of the ICB's strategic priorities, including:

- Establishing the ICB Board Assurance Framework and Corporate Risk Register and ensuring they are effectively managed across the ICS.
- Cascading the ICB principal priorities across the Integrated Care System.
- Identifying principal risks to the delivery of the annual business plan objectives.

Audit Committee

The Audit Committee's responsibilities include:

Reviewing the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the ICB's activities that support the achievement of ICB objectives.

Ensuring alignment between the Board Assurance Framework and the Internal Audit Programme.

Quality Committee

The ICB Quality Committee will support the ICB in delivering its statutory quality functions in a way that secures continuous improvement in the quality of services.

It will review and monitor those risks on the Board Assurance Framework and Corporate Risk Register which relate to quality, and high-risk operational risks which could impact on care. It will ensure that the ICB is kept informed of significant risks and mitigation plans, in a timely manner.

Finance, Investment and Performance Committee

The ICB Finance, Investment and Performance Committee will support the ICB in delivering its strategic objectives by providing oversight and assurance on the management of relevant risks.

It will review and monitor those risks on the Board Assurance Framework and Corporate Risk Register which relate to finance and performance and ensure that the ICB is kept informed of significant risks and mitigation plans, in a timely manner.

Place Committees

Each place-based partnership within West Yorkshire is required to have governance arrangements and structure in place that fulfil the requirements in regard to risk management outlined below:

The Place Committees are established as a committee of the ICB Board, in accordance with the ICB's Constitution, Standing Orders and Scheme of Delegation. They are responsible for supporting the delivery of health improvement priorities identified in the local Health and Wellbeing Strategy and contributing to the Board Assurance Framework that captures the risks to its delivery through:

- Oversight of the operational implementation of the Risk Management Strategy at Place.
- Providing assurance to the ICB that a comprehensive Risk Register is maintained, and all risks are effectively managed.

7.0 Roles and Responsibilities

7.1 Chief Executive is responsible for ensuring that the ICB has in place the required systems and processes that support risk management across the

organisation and that these systems and processes are approved and monitored by the Board. Effective implementation of this Strategy will support the Chief Executive to sign the Annual Governance Statement.

7.2 Non-Executive Members are responsible for providing independent judgement in relation to risk management issues and satisfying themselves that the ICB systems of risk management are robust and defensible.

7.2 Director of Nursing is the joint executive lead (with the Medical Director) for the mitigation of risks that relate to the delivery of clinical activities (Clinical Risk). The Director of Nursing works closely with the Chief Executive and other Executive Directors to ensure a whole systems approach to the management of Clinical Risk. The Director of Nursing is accountable to the Chief Executive for risks arising from areas linked to their executive responsibilities.

7.3 Medical Director is the joint executive lead (with the Director of Nursing) for the mitigation of risks that relate to the delivery of clinical activities. The Medical Director works closely with the Chief Executive and other Executive Directors to ensure a whole systems approach to the management of Clinical Risk. The Medical Director is accountable to the Chief Executive for risks arising from areas linked to their executive responsibilities including risk relating to the confidentiality of patient information in their role as Caldicott Guardian.

7.4 Director of Finance holds overall fiscal responsibility for the Integrated Care System and is responsible for ensuring a sound system of internal financial control, establishing effective financial systems and providing adequate financial information. S/he is the key contact for the auditors and responsible for providing assurances to the Audit Committee.

7.5 Director of Corporate Affairs is responsible for the implementation of the Risk Management Policy and Framework and the risk management system. They are also the Senior Information Risk Officer, responsible for identifying and managing information risks across the organisation.

7.6 All Directors (not specified above); Director of People, Director of Strategy and Partnerships are accountable to the Chief Executive for risks arising from areas linked to their responsibilities.

7.7 Place Accountable Officers and Place Leadership Teams are responsible for the local deployment and management of governance processes set by the ICB in relation to Risk Management, including

- Setting relevant Place based principal objectives, which collectively ensure the delivery of the ICB principal objectives as set out in the annual plan.
- Identifying Principal Risks to the achievement of the ICB principal objectives and establishing links to the Board Assurance Framework and Risk Register.
- Monitoring the Risk Register and links to the ICB Board Assurance Framework and escalating risks where appropriate.
- Ensuring that there is a robust process in place in order to effectively escalate, approve and manage risks appropriately through the Place Partnership governance arrangements
- Ensuring that the ICB Assurance Framework/ Place Risk Registers are owned and reviewed by the Senior Leadership Team and ICB Place Committee as required.

7.8 ICB Head of Corporate Governance and Risk Management Team are responsible for:

- Maintaining the risk system and ensuring that it supports the management of risk across the organisation in line with the Risk Management Policy and Framework.
- Supporting all staff to access the Risk Management Policy and Framework through publication and dissemination.
- Providing support in the development and management of risks.
- Providing risk reports for relevant committees including relevant risks from place and analysis of the ICS position.
- Working with the Risk Management Operational Group to develop and deliver a training programme of risk management for board members and staff
- Ensuring data quality within the risk system for their area of responsibility.

7.9 Risk Management Operational Group (risk management team) is responsible for:

- Sharing emerging risks across the five places and the ICB, for consideration at each place.
- Mapping of common risks across the ICB.
- Facilitating deep dives into risk themes.
- Developing risk training materials.
- Sharing expertise and providing support in risk management.
- Providing challenge to support consistent risk assessment.
- Peer review of KPIs.

7.10 Risk Managers are responsible for:

- Working with the appropriate Governance Manager for each Place to ensure that the Risk Management Policy and Framework is effectively conveyed to all staff and is translated into operational practice.
- Leading on the development and maintenance of the ICB Board Assurance Framework linked to Places and Risk Register on behalf of the Place Leadership Team working with partners to ensure that all risks are identified, recorded and reported.
- Supporting the Accountable Officer for Place in maintaining a Risk Register that accurately reflects risks and is up to date.
- Providing governance reports for relevant committees and forums, collating risks to support assurance mechanisms and demonstrate compliance with key standards.
- Regularly review risk owners and director leads to ensure named leads are still in an applicable post and re-assign the risks as required.
- Delivering training in risk management for relevant committee members, managers and staff.
- Ensuring data quality within the risk system for their area of responsibility.

7.11 All ICS employees and volunteers have a responsibility to:

- Be familiar with and comply with the Risk Management Policy and Framework.

- Take reasonable care for the health, safety and welfare of themselves and others.
- Report any incidents and identify and escalate any risks they feel exist within their department/area or during the delivery of their functions.
- Ensure that they comply with all organisation strategies, policies and procedures.
- Undertaking mandatory training and other relevant training appropriate to their role.

8.0 Monitoring and Effectiveness

8.1 The Director of Corporate Affairs (supported by the Risk Management Team) will ensure that the processes described in this document are being applied throughout the organisation.

8.2 All levels of the organisation will be expected to measure their risk activity against the following Key Performance Indicators (KPIs):

- Percentage of risk reviews completed.
- Percentage of risks with review overdue.
- Percentage of static risks

The Risk Management Operational Group will peer review the KPIs at each risk cycle.

8.3 An Independent audit will be undertaken annually by Internal Audit and will be monitored through the Audit Committee.

8.4 Delivery and records of attendance of risk management awareness training, in line with the training needs analysis, will be reviewed annually by the Risk Management Team.

8.5 The Risk Management Policy and Framework will be reviewed on an annual basis to ensure that it remains fit for purpose.

Appendix A – Glossary of Terms

Assurance	Information used to ascertain whether controls are effective.
Controls	The available systems and processes, which help, minimise / manage the risk.
Current (Residual) Risk Rating	The remaining risk that exists following implementation of existing measures or controls to reduce the risk.
Impact	The consequence or outcome component of a risk, on a scale of 1 - 5
Likelihood	The probability of a risk occurring or recurring, on a scale of 1 - 5
Risk	The threat that an event or action will adversely affect an organisation's ability to achieve its objectives and to execute its strategies successfully.
Risk Appetite	The level of risk that an organisation is willing to tolerate or expose itself to when controlling risks as they arise or embarking on new projects. An organisation may accept different levels of risk appetite for different types of risk, or in relation to different projects. Risk appetite is a description and not a score e.g. Averse / Cautious / Open.
Risk Assessment	A process by which information is collected about an event, process, organisation or service area, in order to identify existing risks, the impact and the likelihood of the risk and what control measures and assurances are in place, to identify the current (residual) risk rating.
Risk Owner	The person with the responsibility of ensuring that actions to control the risk are implemented.
Risk Register	A record of risks faced by an organisation, the controls in place, additional controls that are required and responsibility for control activities.

Risk Score	Each risk is scored, using a 5 x 5 matrix, (impact x likelihood), which determines whether the risk is ranked as low, moderate, high, serious and critical.
Target Risk	The level at which individual risks are to be managed to through risk management. The target risk score considers the risk appetite and practicality of reducing the risk.
Unmitigated Risk Rating	The level of risk if no controls / mitigation were in place. Assessment of unmitigated risk helps to focus risk management resource, identify risks that are over controlled, the effectiveness of controls and support risk acceptance of low risks with no mitigation.

Appendix B – Risk Appetite Framework

The West Yorkshire Integrated Care Board (ICB) has developed a risk appetite framework to reflect its approach to risk. By defining its risk appetite, the ICB can maximise opportunities for improvement as well as effectively mitigate against risk.

Risk appetite: **“the amount and type of risk that an organisation is prepared to pursue, retain or take in pursuit of its strategic objectives” ISO31000**

The ICB’s risk appetite is not a single, fixed concept – and a single high level risk appetite statement would not be sufficient to articulate the ICB’s approach to risk.

The ICB Board has therefore agreed to set four levels of risk appetite:

Risk Appetite	Description
Averse	<ul style="list-style-type: none">• Avoidance of risk is a key organisational objective• Our tolerance for uncertainty is very low• We will always select the lowest risk option• We would not seek to trade off against achievement of other objectives
Cautious	<ul style="list-style-type: none">• We have limited tolerance of risk with a focus on safe delivery• Our tolerance for uncertainty is limited• We will accept limited risk if it is heavily outweighed by benefits• We would prefer to avoid trade off against achievement of other objectives
Open	<ul style="list-style-type: none">• We are willing to take reasonable risks, balanced against reward potential• We are tolerant of some uncertainty• We may choose some risk, but will manage the impact• In the right circumstances, we will trade off against achievement of other objectives

Risk Appetite	Description
Bold	<ul style="list-style-type: none"> • We will take justified risks. • We expect uncertainty • We will choose the option with highest return and accept the possibility of failure • We are willing to trade off against achievement of other objectives

In the first iteration of the ICB Board's Assurance Framework (BAF), the Board has agreed that the articulation of the ICB's principal risks be based on the core mission of the ICS and local and national priorities. Priorities have been mapped against the mission, and a series of key strategic risks have been identified. As the ICB refreshes its strategy and associated objectives in the coming months, the BAF will evolve to reflect the ICB's strategic objectives.

Appendix C – Sources of Risk

This involves examining all sources of risk from the perspective of all stakeholders, both internal and external. Risks can be systematically identified using a number of sources, including;

- Incidents, complaints and claims reporting.
- Work orders and environmental maintenance backlog.
- Patient satisfaction and staff surveys.
- Public perceptions/Local feedback via the Communications Department.
- Health and safety risk assessments.
- SWOT analysis.
- Training data.
- Recommendations from Clinical/Quality Audits.
- Recommendations from Internal Audit/External Audit.
- Whistleblowing.
- New programs or services programs in new areas.
- Business process re-engineering or redesign of operating processes.
- Disruption of information system processing.
- Lack of qualified employees.
- Inadequately trained employees.
- Succession planning and retention of key employees.
- Failure to meet budget limitations.
- Improper program expenditures.
- Areas of current non-compliance.
- Major change in managerial responsibilities.
- Employee access to vulnerable assets of the organisation.
- Funding changes.

External methods may also be used, such as:

- Coroner reports.
- Media reviews and contact with the media.
- National reports.
- New legislation and guidance.

- National Patient Safety Agency (NPSA).
- Advice issued by the Health & Safety Executive (HSE).
- Reports from assessments / inspections by external bodies.
- CAS broadcasts which are responded to and co-ordinated by the Head of Risk.
- New technological developments and applications incorporated into the operating process.
- Changing expectation of regulatory bodies/ commissioners.
- New legislation or regulations.
- Natural catastrophes.
- Political or economic changes

It should be noted that these lists are not exhaustive.

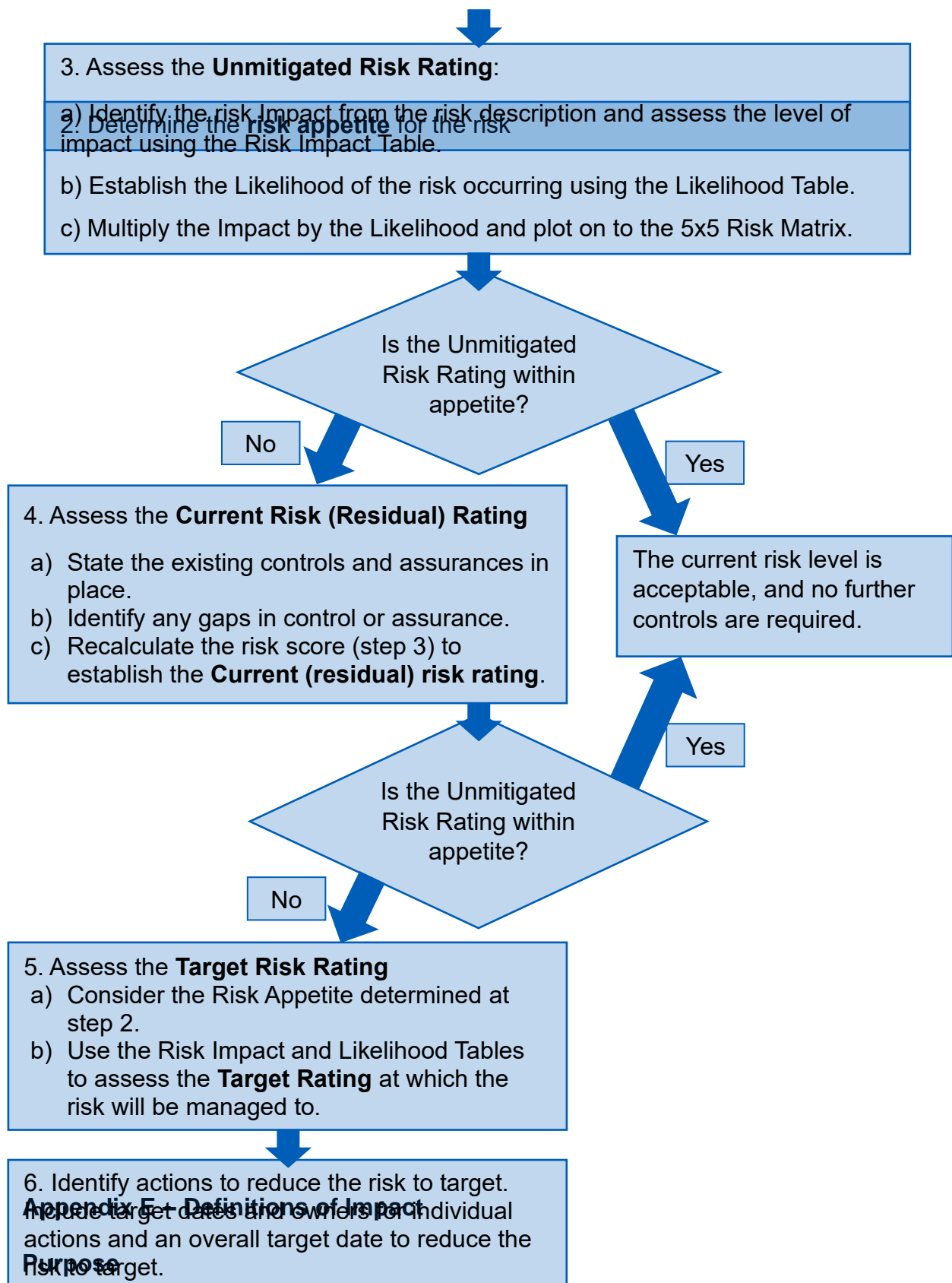
It is unlikely that one particular method of identification will be sufficient to address all the risks faced by the ICB, therefore a combination of methods will be required to ensure that there are no gaps in risk identification.

Appendix D – Risk Assessment Flowchart

1. Identify the risks to the objective (e.g. ICB, PBP, team, project)

Describe the risk as follows: "there is a risk of... due to... resulting in..."





Risk Impact	Insignificant	Minor	Moderate	Major	Catastrophic
Achievement of the ICB mission	A decision affecting contracts finance, collaborations, quality or governance has no impact on the ICB mission.	A decision affecting contracts finance, collaborations, quality or governance does not support the ICB mission.	A decision affecting contracts finance, collaborations, quality or governance delays the achievement of the ICB mission.	A decision affecting contracts finance, collaborations, quality or governance impedes or significantly delays the achievement of the ICB mission.	A decision affecting contracts finance, collaborations, quality or governance majorly impedes and / or delays the achievement of the ICB mission.
Health Outcomes and Life Expectancy	Marginal reduction to health outcomes and / or life expectancy for >5% of a given population.	Minor reduction to health outcomes and / or life expectancy for >15% of a given population.	Moderate reduction to health outcomes and / or life expectancy for >30% of a given population.	Significant reduction to health outcomes and / or life expectancy for >50% of a given population.	Major reduction to health outcomes and / or life expectancy for >75% of a given population.
Health Inequalities	Marginal increase in the health inequality gap in up to all of the six most deprived Local Care / Community	Minor increase in the health inequality gap in up to all of the six most deprived Local Care / Community	Moderate increase in the health inequality gap in up to all of the six most deprived Local Care/	Significant increase in the health inequality gap in up to all of the six most deprived Local Care/	Major increase in the health inequality gap in up to all of the six most deprived Local Care/

Risk Impact	Insignificant	Minor	Moderate	Major	Catastrophic
	Partnerships (PCNs).	Partnerships (PCNs) and / or a minor increase in the number of deprived Local Care / Community Partnerships (PCNs).	Community Partnerships (PCNs) and / or a minor increase in the number of deprived Local Care/ Community Partnerships (PCNs).	Community Partnerships (PCNs) and / or a significant increase in the number of deprived Local Care/ Community Partnerships (PCNs).	Community Partnerships (PCNs) and / or a major increase in the number of deprived Local Care/ Community Partnerships (PCNs).
Service Quality and Performance (includes patient experience, safety and clinical effectiveness)	Informal complaint.	Formal complaint. Local resolution.	Investigation by Health Service Ombudsman. Minor out-of-court settlement.	Multiple complaints. Judicial review. Litigation expected. Civil action – no defence.	Litigation certain. Criminal prosecution.
Service Quality and Performance (includes patient experience, safety and clinical	Negligible effect on quality of clinical care.	Noticeable effect on quality of care. Single failure to meet internal standards.	Significant effect on quality of care / significantly reduced effectiveness.	Non-compliance with national standards with significant risk to patients if unresolved.	Totally unacceptable level or quality of treatment / service. Gross failure of patient

Risk Impact	Insignificant	Minor	Moderate	Major	Catastrophic
effectiveness)		Minor implications for patient safety if unresolved.	Repeated failure to meet internal standards. Major patient safety implications if findings are not acted on.		safety if findings not acted on. Gross failure to meet national standards.
Service Quality and Performance (includes patient experience, safety and clinical effectiveness)	Commissioned local or national targets not achievable – single episode.	Commissioned local or national targets not achievable – 1-3 episodes.	Repeated failure to meet commissioned local or national targets > 3 episodes.	Commissioned national targets not achieved resulting in involvement of external bodies / regulator.	Commissioned national targets not achieved resulting in special measures.
Financial Efficiency	Small loss.	Loss of 0.1-0.25 percent of budget.	Loss of 0.25-0.5 percent of budget.	Uncertain delivery of key objective/loss of 0.5-1.0 percent of budget.	Non-delivery of key objective/loss of >1 percent of budget.

Capability

Risk Impact	Insignificant	Minor	Moderate	Major	Catastrophic
Compliance (includes H&S and other legal or governance factors such as procurement, information governance etc.)	Negligible injury or ill health requiring no absence from work.	Minor injury or ill health requiring up to 2 days absence from work.	Moderate injury or illness resulting in the submission of a RIDDOR report.	Single fatality. HSE improvement notice received.	Multiple fatalities. HSE or police investigation resulting in imprisonment or Chief Executive or other implicated staff.
	Negligible damage to equipment on property. No or minimal impact or breach of guidance / statutory duty	Minor damage to equipment or property. Breach of statutory legislation. Reduced performance rating if unresolved.	Moderate damage to equipment or property. Single breach in statutory duty. Challenging external recommendation / improvement notice.	Major damage to property. Enforcement action. Multiple breaches in statutory duty. Improvement notices. Low performance rating. Critical report	Other implicated staff. Multiple breaches in statutory duty. Prosecution. Complete systems change required. Zero performance rating. Severely critical report.

Risk Impact	Insignificant	Minor	Moderate	Major	Catastrophic
Reputation	Rumours. Potential for public concern / media interest. Damage to an individual's reputation.	Local media coverage – short term reduction in public confidence. Elements of public expectation not being met. Damage to a team's reputation.	Local media coverage – long term reduction in public confidence. Damage to a service's reputation.	National media coverage with < 3 days service well below reasonable public expectation. Damage to an organisation's reputation.	National media coverage with > 3 days service well below reasonable public expectation. MP concerned (questions in the House). Total loss of public confidence (NHS reputation)
Public Engagement	Informal complaint.	Formal complaint. Local resolution.	Multiple complaints, involvement of Scrutiny Board. Negative media coverage.	Referral to Security for onward consideration by Independent Reconfiguration Panel (IRP)	Breach in statutory duty. Judicial review.
Partnership working	Minor interruption or delay to a service or	Partnership working leading to short-term dip	Partnership working resulting in delay in	Partnership model issues leading to inability to	Partnership model issues leading to inability to

Risk Impact	Insignificant	Minor	Moderate	Major	Catastrophic
	commissioning of a service through partnership model.	in service performance. Some service fragmentation or duplication	delivery of a number of plans leading to gaps in service. Service performance unsatisfactory. Significant time to resolve.	deliver on a single major area of work set out in a commissioning plan. Service performance impaired leading to poor rating or report.	deliver a number of major areas of work in its commissioning plans. Service performance such that external intervention required.
ICS Workforce capability, capacity and health.	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. Low staff morale.	Uncertain delivery of key objective / service due to lack of staff. Loss of key staff. Very low staff morale.	Non-delivery of key objective / service due to lack of staff. Loss of several key staff.
Operations – day to day issues faced by the ICS	Loss / interruption of >1 hour	Loss / interruption of >8 hours	Loss / interruption of >1 day	Loss / interruption of >1 week	Permanent loss of service or facility.
Wider Community	Minimal or no impact on the	Minor impact on the wider	Moderate impact on the	Major impact on the wider	Catastrophic impact on the

Risk Impact	Insignificant	Minor	Moderate	Major	Catastrophic
Benefit (Environment, employment, volunteering etc.)	wider community / environment.	community / environment.	wider community / environment.	community / environment.	wider community / environment.
Enablers (City Workforce, Digital and Estates)	Minor work- rounds required to ensure services are delivered in- line with plans. Negligible impact on existing service delivery.	Significant work-rounds incurring moderate additional costs to ensure services are delivered in line with place. Occasional moderate impact on existing service delivery.	Significant work-rounds incurring moderate additional costs to ensure services are delivered in line with place. Existing service delivery impaired on a regular basis.	Major delays in implementing new service models. One major change not deliverable. Reduced service in critical area / loss of service in non-critical area.	A number of major plans not implement- table. Loss of critical service(s) for sustained period of time.

Appendix F – Risk Scoring

Descriptors for Risk Likelihood

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

Overall Risk Matrix Scoring

Risk Scoring = Impact x Likelihood (I x L)

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

Appendix G – Guidance for Users of the Risk Management System

Contents

1. System Administration
2. Risk Register Roles
3. Adding or Reviewing Risks
4. Search & Reporting Options

System Administration

The Risk Register system is administered by the Risk Management Teams. For access to the system, any queries or for support in adding and reviewing risks, please contact the Team.

Risk Register Roles

There are two allocated roles for each risk on the Risk Register.

Risk Owner

- Identifies, assesses and records new risks on the Risk Register system;
- Regularly reviews their risks in line with the review process and schedule which includes updating information, reviewing current risk score and if appropriate closing risks that have been managed back to acceptable risk levels or are no longer relevant;
- Works closely with clinical leads, performance managers and other service providers to monitor performance and activities to allow the early identification of risk;
- Keeps their line manager informed of any significant changes that may affect any risks they have recorded on the Risk Register.

Senior Manager

- Supports a culture of risk awareness within the ICB/Place;
- Checks that the Risk Owner has appropriately reflected the true nature of the risks and controls in place, etc;
- Ensures consistency of risk wording (there is a risk of... due to... resulting in...);

- Confirms ownership of the risk sits with the appropriate person at all levels;
- Checks scoring is appropriate to the risk faced and that it is consistent with the score of other risks on the Risk Register;
- Liaises with the risk owner to amend/correct any changes (this will support the Risk Owner when they complete the next review cycle);
- Is prepared to discuss the risk at any group, sub-committee, committee or board;
- Confirms that the risk is correctly reflected;
- Confirms that it is appropriate to close risks marked for closure by the Risk Owner;
- Identifies any additional risks to be included on the Risk Register;
- Ensures that risks are discussed regularly at team meetings and potentially at 1:1s with appropriate staff members.

Adding or Reviewing Risks on the Risk Register System

Key Point

The most important thing is to ensure that risks are identified and reported. The rest of this guidance provides help in *how* to record and score the risk on the Risk Register, but having the “correct content” is secondary to ensuring a risk is recorded on the Register on a timely basis. We can refine content of the Register once a risk has been added.

Timescales

Risks should be added or reviewed in line with the timescales set for each risk cycle (four cycles per annum). These timescales are notified to all users of the Risk Register ahead of the start of each cycle.

Please do NOT add or make changes to existing risks outside of these timescales, since this will impact upon the integrity of reporting. If urgent changes need to be made to the Risk Register outside of set timescales, please contact the Risk Management Team.

Access

- Access the Risk Register using the following link:

<http://apps.this.nhs.uk/CCGRiskRegister/Default.aspx>

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

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

- Enter your log-in details – this is your email address and your Risk Register password (contact the Risk Management Team if you or any of your colleagues require access to the system).

Adding and Reviewing Risks

- Select Risks Dashboard
- New risks – select Add a New Risk, or:
- Review of existing risks – select My Risks (Risk Owners) or Risks to Review (Senior Managers)
- Complete or review the required information (see below)
- Select Save or Save & Exit before leaving the page

Please note that much of the terminology throughout the system still refers to CCGs, reflecting the arrangements in place when it was developed. This does not adversely affect its functionality, but wherever you see “CCG” with reference to a risk register, this may be read as either “Place” or “Corporate”.

Heading	Action Required	Clarification / Guidance
<u>Place/Corporate and Related Organisations</u>		
CCG	Select from the drop-down menu.	The field is labelled CCG but the choice will be one of the five places within the ICB or corporate.
Related Organisations (optional)	Select from the drop-down menu (multiple organisations may be selected).	Select a related organisation where the cause of the risk is primarily due to a related organisation (third party risks).

Heading	Action Required	Clarification / Guidance
Risk Owner	<p>Select from the drop-down menu.</p> <p>Select the "Send email notification" box to flag that a new risk has been added to the register.</p>	<p>If additional staff need to be set up on the system, please contact the Risk Management Team.</p> <p>If you want to add a new risk to the system outside of the specified review dates for that risk cycle, please contact the Risk Management Team before doing so.</p>
Senior Manager	As above.	As above.
Committee	Select the appropriate Committee.	A risk can be aligned with one or two committees – think about whether the cause and / or effect of the risk is primarily financial / performance / corporate or quality / clinical (and reflect this in the risk description).
<p><u>Risk Ratings</u></p> <p>It is suggested you complete the rest of the Risk Register entry BEFORE you consider risk ratings.</p>		
Current Risk Rating	<p>Likelihood: select 1 – 5.</p> <p>Impact: select 1 – 5.</p> <p>Current risk rating is calculated automatically (Likelihood x Impact).</p>	<p>Refer to the Risk Scoring Matrices (Appendices 1 & 2) for guidance.</p> <p>If the current risk rating has not reduced over 2 or 3 risk cycles, consider (i) whether the Key Controls are as effective as hoped and (ii) whether the original score was appropriate.</p>
Target Risk Rating	<p>Likelihood: select 1 – 5.</p> <p>Impact: select 1 – 5.</p> <p>Target risk rating is calculated automatically (Likelihood x Impact).</p>	<p>Refer to the Risk Scoring Matrices (attached) for guidance.</p> <p>At what level (likelihood and impact) could the risk be accepted / tolerated? This is the level to which you want to reduce the current risk score.</p>
<p><u>Risk Description</u></p>		

Heading	Action Required	Clarification / Guidance
Principal Risk	Enter details. The risk should be worded as “There is a risk of....due to... resulting in....”.	<p>Risks should not commence “Failure to...” – this is an outcome / impact of risk crystallisation and not a risk in itself.</p> <p>There has to be a degree of uncertainty for a risk to exist – if something has already happened / is happening, this is an issue or a cause of a risk, not a risk in itself.</p> <p>The “due to” part of the description outlines the causes of the risk.</p> <p>The “resulting in” part of the description outlines the impact of the risk if it were to arise.</p>
Key Controls	Enter details. What are the key controls already in place to prevent the risk from occurring?	<p>Relates to systems / processes / mechanisms already be in place.</p> <p>Actions which are planned / not yet implemented should <u>not</u> be recorded as an existing control until fully in place.</p> <p>Record a maximum of 4-5 key controls.</p> <p>Explanation of why a risk rating has reduced could be recorded here.</p>
Gaps identified in Control	Enter details – where either: (i) There are no controls in place, or; (ii) Controls are in place but are known not to be operating effectively.	<p>Where there are plans in place to close gaps in controls, specify the target timeframe.</p> <p>If there are no gaps in control currently, state this on the system.</p> <p>Explanation of why a risk rating has increased could be recorded here.</p>

Heading	Action Required	Clarification / Guidance
Assurance on Controls	Enter details – what mechanisms are there to provide assurance (evidence) on the operation of controls?	<p>For example:</p> <ul style="list-style-type: none"> • Key performance indicators • Reports • Papers to oversight groups / committees • Minutes of meetings • Other reporting mechanisms
Positive Assurance	Enter specific details of what assurance mechanisms are reporting and when to support that controls are in place and operating effectively.	<p>It can be useful to distinguish between assurance from internal and external sources.</p> <p>Examples</p> <ul style="list-style-type: none"> • Action plan on track for implementation to schedule – reported to Nov '23 Clinical Quality Group. [Internal assurance] • Q1 and Q2 performance has met target – reported Nov '23 Finance, Performance and Contracting Committee. [Internal Assurance] • Significant Assurance from Sept '23 Internal Audit Report on XXX [External assurance] • Green RAG rating on NHS England assurance framework Q2 23-24 [External assurance] <p>Explanation of why a risk rating has reduced could be recorded here.</p>

Heading	Action Required	Clarification / Guidance
Gaps in Assurance	Enter details – where are we failing to gain evidence on the effectiveness of controls due to: (i) A lack of assurance mechanisms in place (ii) Assurance mechanisms are providing negative assurance (i.e. controls are not effective)	Examples: <ul style="list-style-type: none"> • No mechanism in place to report on project progress. • Q1 and Q2 performance is below target level as reported to Finance, Performance and Contracting Committee Nov '23. • Limited Assurance from Internal Audit Report on XX, October '23. Where there are plans in place to close gaps in assurance, specify the target timeframe. If there are no gaps in assurance currently, state this on the system. Explanation of why a risk rating has increased could be recorded here.
Add Linked Risk	Enter the linked risk number (if appropriate)	
<u>Review Risk</u>		
Review Risk	Tick the relevant box (Risk Owner or Senior Manager)	If this box is not selected, the risk will be reported as unreviewed.
Reviewer Comment	Enter details as appropriate	This field is for dialogue between Risk Owners and Senior Managers, eg to query risk scores, controls or assurance. This field is <u>not</u> reported as part of the Risk Register. Rationale to support changes in scores should be recorded elsewhere (eg if risk ratings have increased, explain why in the gaps in control and / or gaps in assurance field; if risk ratings have reduced, explain why in the key controls or positive assurance fields).

Heading	Action Required	Clarification / Guidance
Closed	Tick this box if the risk is being closed	
Reason for Closure	Select from the drop-down menu.	<p>If “Other” is selected, please provide additional details in the box that will appear when this option is ticked.</p> <p>If “Merged with Other Risk” is selected, please ensure the “Linked Risk” field is completed.</p> <p>Current risk rating reaching the target risk rating is reason for closing a risk, but a risk does not have to be closed for this reason – it may be prudent to retain the risk on the system for one or two cycles after the target risk rating has been reached.</p>

Key Points to remember when Adding or Reviewing Risks

- Ensure that changes to risk scores are explained (we suggest using the key controls or positive assurance fields for reductions in risk ratings or the gaps in controls or gaps in assurance columns for increases in risk ratings).
- Remember that whatever is recorded in the “Reviewer Comment” box is not reported as part of the Risk Register.
- Do not use abbreviations without first explaining them.

Search Risk Dashboard and Report Risk Dashboard

- All users of the Risk Register system have the ability to search for risks on Place/Corporate Register(s) to which they have access and to run reports (but can only amend those risks for which they are the allocated Risk Owner or Senior Manager).
- The Search options available are:
 - By risk number
 - By Risk Owner

- By Senior Manager
 - By Committee
 - By risk status (open / closed)
 - Risks created between two dates
 - Text search
- All reports can be filtered by all risks or by Committee, Risk Owner or Senior Manager or by archive dates (the latter allows historic “snapshots” of the Risk Register to be reported). The following reports are available:
 - Risks (Risk Register)
 - Risk Reviewers –what risks have been reviewed by Risk Owners and Senior Managers
 - Heatmap
 - Static Description Risks (risks whose description did not change during a risk cycle)
- Risk Profile – this provides a risk overview diagram, a summary of risk movement during a risk cycle and charts of risk numbers / total risk score / average risk score. This report is available at Place/Corporate or Committee level. Please contact the Risk Management Team for a copy of the Risk Profile Report.

Appendix H – Risk Management Cycle Process

