Healthier Together
Improving health and care in Bristol, North Somerset and South Gloucestershire

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

BNSSG ICB Risk Management Framework

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Policy Review Checklist

	Yes/ No/NA	Supporting information
Has an Equality Impact Assessment Screening been completed?	Yes	See section 14.1
Has the review taken account of latest Guidance/Legislation?	Yes	
Has legal advice been sought?	N/A	
Has HR been consulted?	N/A	
Have training issues been addressed?	Yes	
Are there other HR related issues that need to be considered?	No	
Has the policy been reviewed by Staff Partnership Forum?	N/A	
Are there financial issues and have they been addressed?	No	
What engagement has there been with patients/members of the public in preparing this policy?	N/A	
Are there linked policies and procedures?	No	
Has the lead Executive Director approved the policy?	Yes	
Which Committees have assured the policy?	Yes	Audit and Risk Committee will review this policy in February 2025
Has an implementation plan been provided?	Yes	See section 14.1
How will the policy be shared?		Published on website

	Yes/ No/NA	Supporting information
Will an audit trail demonstrating receipt of policy by staff be required; how will this be done?	No	
Has a DPIA been considered in regards to this policy?	Yes	
Have Data Protection implications have been considered?	Yes	

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Risk Management Framework

1 Introduction

This framework describes the arrangements that NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board (ICB) has in place to manage risk. The framework supports the consistent, robust identification and management of risks and opportunities within accepted levels across the ICB. The framework supports openness, challenge, innovation and excellence in the achievement of the ICB's objectives. The Risk Management Framework sets out the ICB approach to risk management including the systematic identification, assessment, treatment and monitoring of risk.

The ICB is a sovereign organisation withing the Integrated Care System (ICS) which is made up of many other partner organisations which will each have their own risk management arrangements. For effective delivery of health and care to the population in BNSSG as set out in our ICS Strategy, it is important that system risks are appropriately identified, recorded and mitigated. This framework sets out the approach to doing this.

This framework incorporates the key principles described in "The Orange Book – Management of Risk – Principles and Concepts" (HM Government 2020)

- Risk management is an essential part of governance and leadership, fundamental to how the organisation is directed, managed and controlled at all levels
- Risk management is integral to all organisational activities, supporting decision-making and the achievement of objectives, incorporated within strategic and operational planning processes at all levels across the organisation
- Risk management is collaborative and informed by the best available information and expertise
- Risk management processes include: risk identification and assessment, risk treatment, risk reporting and continual improvement

The ICB will:

- ensure all staff are provided with appropriate guidance and training on the principles of risk management and their responsibilities to implement risk management effectively
- foster a culture of openness that encourages organisation wide learning.

- develop an appropriate risk management culture and will regularly review and monitor the implementation and effectiveness of the risk management process.

The ICB recognises it is impossible to eliminate all risk from its activities and that systems of control should not stifle innovation and the imaginative use of limited resources to achieve health benefits for the population of Bristol, North Somerset and South Gloucestershire. To this end the ICB Board has agreed its risk appetite which is intended to inform decision making.

The ICB acknowledges the need for all of its commissioned services to have in place rigorous risk management systems and processes as described in the Francis Report (May 2013).

Our risk culture and our risk management framework supports our values through an open, fair and positive learning culture.

2 Purpose and scope

This framework applies to all areas of our operations and to all ICB staff, regardless of whether they are directly employed or not . For the purposes of this document 'employees' includes BNSSG ICB staff, ICB Board members, executive officers, Independent Non Executive Members (including co-opted members), those with honorary contracts, volunteers, contractors and trainees. The scope of the framework also encompasses arrangements relating to functions delegated by NHS England to the ICB.

The purpose of this framework is to:

- Ensure robust governance and risk management arrangements to support the delivery of the ICB's and the ICS's strategic and operational objectives
- Ensure commissioning of high quality and safe patient care and maximise the resources available for patient services
- Develop a proactive approach to identification of understanding of risks inherent in and external to the ICB
- Minimise the ICB's exposure to financial risk
- Maintain an effective system of internal control across the ICB
- Reduce risks to the health, safety and welfare of patients, staff and those who may be affected by the ICB's activities, to the lowest level it is reasonably practicable to achieve
- Ensure that risks are managed effectively, consistently and systematically throughout the ICB
- Set a risk appetite, ie the extent to which the ICB accepts levels of risk exposure in the pursuit of their objectives. Risk appetite is contextual, for

example, the acceptance level may be higher in cases where significant change is involved

- Clearly define roles, responsibility, ownership of risks and associated action plans for the management of risk
- Comply with national standards regarding risk management

The ICB is committed to the continued development of partnership working and will work closely with all partner organisations to achieve a shared ownership of risks facing the health economy and the solutions that are implemented.

The ICB expects risk management to be a priority for all those organisations from whom the ICB commissions services and will require evidence of robust risk management systems.

Risks will fall into one of four categories as defined in the table below:

ICB Risk Register	Operational
	Strategic
ICS Risk Register	Operational
	Strategic

3 Definitions/explanations of terms used

The following definitions are taken from the Australian/New Zealand Standard for Risk Management AS/NZS 4360:2004

Risk: “the chance of something happening that will have an impact on objectives.” Risk may have a positive or negative impact.

Risk identification: “the process of determining what, where, when, why and how something could happen”

Risk analysis: “the systematic process to understand the nature of and to deduce the level of risk”

Risk evaluation: “the process of comparing the level of risk against risk criteria”

Risk criteria: “the terms of reference used to assess the significance of risk”. These can include costs and benefits, legal and statutory requirements, and other aspects such as the concerns of stakeholders.

Risk assessment; “the overall process of risk identification, risk analysis and risk evaluation”

Risk management: “the culture, processes and structures that are directed towards effective management of potential opportunities and adverse effects.”

Risk management process: “the systematic application of management policies, procedures and practices to the tasks of establishing the context, identifying and analysing, evaluating, treating, monitoring and reviewing risk’.

Risk Appetite: ‘the amount of risk that an organisation is prepared to accept, tolerate or be exposed to at any point on time’ (HMT Orange Book 2005).

In addition, to the above, with the introduction of the ICB and the ICS in July 2022, it is recognised that there will be risks to the delivery of ICS business that require mitigation through collective responsibility. The following is the definition of an ICS risk.

An ICS risk is a risk **held in common** between health and/or care partner organisations which cannot be controlled or mitigated by sovereign partners in isolation.

ICS risks will be managed through the collective identification, assessment and mitigation of risks where improved outcomes can be achieved by ICS partners working together through shared accountability arrangements.

4 Risk Appetite

We recognise that decisions about our level of exposure to risk must be taken in context. We are committed, however, to a proactive approach and will take risks where we are persuaded that there is potential for benefit to patient outcomes/experience, service quality and/or value for money. We will not compromise patient safety; where we engage in risk strategies we will ensure they are actively monitored and managed. We will not hesitate to withdraw our exposure if benefits fail to materialise.

Our risk appetite takes into account our capacity for risk, that is, the amount of risk we are able to shoulder before we breach our statutory obligations and duties. Our capacity for risk is also delineated by the risks our stakeholders are willing to bear.

Our risk appetite statement is dynamic and its drafting is an iterative process that reflects the challenging environment facing the ICB and the wider NHS. We will review our risk appetite statement at least annually.

The risk appetite is set by the ICB Board.

The Good Governance Institute has produced Board guidance on risk appetite which has been used to develop the following risk appetite statements for use across the ICS which were agreed by the ICB Board.

Domain	Risk Appetite Statement 2025/26	Risk Appetite Level 2025/26
Finance How will we use our resources? Value for money	We will invest for the best possible return and accept the possibility of increased financial risk.	SEEK
Regulatory How will we be perceived by our regulators? Compliance	We are willing to take decisions that will likely result in regulatory intervention if we can justify these and where the potential benefits outweigh the risks	SEEK
Quality How will we delivery safe services? Quality of services Outcomes	We are prepared to accept the possibility of a short-term impact on quality outcomes with potential for longer-term rewards. We support innovation	OPEN
Reputational How will we be perceived by the public	We are willing to take decisions that are likely to bring scrutiny of the organisation. We outwardly promote new ideas and innovations where potential benefits outweigh the risks.	SEEK

and our partners?		
People How will we be perceived by our workforce?	We are willing to take decisions that are likely to bring scrutiny of the organisation. We outwardly promote new ideas and innovations where potential benefits outweigh the risks.	SEEK

5 ICB Governance Structure

The ICB has in place a constitution that describes the governance arrangements established to ensure that it meets its duties and obligations. These arrangements include the ICB Board underpinned by supporting committees. Key committees with responsibility for the management of risks are the Audit and Risk Committee, the Outcomes, Quality and Performance Committee, Finance, Estates and Digital Committee, Primary Care Committee and the Strategic Health Inequalities, Prevention and Population Health (SHIPPH) Committee. The Joint Committee, hosted by Somerset ICB as principal commissioner, convened to support the regionally delegated Specialised Commissioning arrangements, is also a formal committee of BNSSG ICB. These committees are responsible for the review and scrutiny of specific risks, seeking assurance that risks are properly managed and setting agendas for meetings accordingly. If a committee is not assured that risks are being properly managed that concern is to be escalated to the ICB Board.

The ICB Board

The ICB Board has a duty to assure itself that the ICB has properly identified the risks it faces and that the ICB has appropriate controls in place to manage those risks. The ICB Board will:

- Demonstrate leadership, active involvement and support for risk management
- Ensure roles and responsibilities for risk management are clear
- Ensure it is satisfied that key and emerging risks to the ICB have been identified and managed appropriately
- Ensure that there is a structure in place for the effective management of risk throughout the ICB
- Review and approve the Risk Management Framework on an annual basis
- Identify strategic objectives and the principal risks to these
- Establish a ICB Board Assurance Framework

- Review and approve the level of risk the ICB is willing to accept
- Review ICB and ICS risks – strategic and operational reported via the Corporate Risk Register at least quarterly and
- Exercise challenge regarding risks and the effectiveness of controls and mitigations
- Seek assurance regarding risks and the effectiveness of controls and mitigations
- Ensures the ICB's risk appetite is defined and clearly communicated

Notwithstanding the requirements set out above, significant issues will be bought to the ICB Board's attention more rapidly when required and all ICB Board reports include a section for the balanced assessment of risks. The ICB Board will monitor the quality of information received to ensure it is sufficient to allow for effective decision-making.

The ICB Board must be informed of and where necessary, consulted on all significant risks that arise from the commissioning of services. Risks associated with commissioned services must be systematically identified, assessed and analysed in the same way as other risks to the organisation. Risks relating to commissioned services assessed as scoring 15 or over will be escalated to the Corporate Risk Register to provide a complete risk profile of the organisation to ICB Board. The Corporate Risk Register will also include those risks scoring 15 and above which relate to functions delegated to the ICB from NHS England. Such risks will be identified through the use of the ICB directorate risk registers utilising information supplied by external parties engaged in activities to support BNSSG discharge its delegated commissioning responsibilities.

The Audit and Risk Committee

The Audit and Risk Committee is accountable to the ICB Board and provides an independent and objective view of our systems, information and compliance with laws, regulations and obligations. The Committee is responsible for agreeing the scope of the annual internal audit programme to obtain assurance regarding the ICB's internal system of control. The Audit and Risk Committee reviews the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the ICB's activities. The Audit and Risk Committee reviews the Corporate Risk Register as standing agenda items at its meetings.

The Outcomes, Performance and Quality Committee

The Committee is accountable to the ICB Board. It oversees and seeks assurances on the systems and processes which the ICB uses to ensure patient safety and improve the quality of services for its population. The Committee also oversees and seeks assurance on the delivery of outcomes and matters related to performance.

The Committee is responsible for the review and scrutiny of risks that are relevant to its business, and ensuring that appropriate and effective mitigating actions are in place. The Committee reviews and monitors risks relating to outcomes, performance quality, patient safety and patient experience. Risks assigned to the Committee for review are indicated the Corporate Risk Register. .

The Finance, Estates and Digital Committee

The Committee is accountable to the ICB Board and makes recommendations to the ICB Board so that set financial objectives are achieved. The Committee monitors financial activity and budgets and progress against plan. The Committee has oversight of risks that relate to strategic financial risks. The Committee is responsible for the review and scrutiny of risks that are relevant to its business, and ensuring that appropriate and effective mitigating actions are in place Risks assigned to the Committee for review are indicated on the Corporate Risk Register

The Primary Care Committee

The Primary Care Committee oversees and seeks assurance on issues relating to the commissioning of primary care services under delegated authority from NHS England. The Committee is responsible for the review and scrutiny of risks that are relevant to its business, and ensuring that appropriate and effective mitigating actions are in place.

The People Committee

The People Committee oversees and seeks assurance on matters associated with system and ICB workforce. It challenges and scrutinises workforce risks, ensuring they are understood and mitigating actions are identified and implemented.

The SHIPPH Committee

The purpose of the SHIPPH committee is to provide oversight, assurance and support for the ICS's efforts towards tackling health inequalities and embedding preventative approaches.

The Joint Committee for Specialised Commissioning

The role of the Joint Committee is to provide strategic decision-making, leadership and oversight for the Joint Specialised Services and any associated activities. The Joint Committee will safely, effectively, efficiently and economically discharge the Joint Functions and deliver the Joint Specialised Services.

ICS Governance and the management of system risks

The System Executive Group (SEG) will oversee the delivery of the of the ICS Strategy will identify and take mitigating action for ICS strategic risks. These will be shared with the ICB Board as part of routine reporting.

SEG has established groups comprising members from partner organisations. These groups, including the Health and Care Improvement Groups and their subordinate Operational Delivery Groups will prioritise activities and deliver defined outputs. They will also be responsible for identifying ICS operational system risks.

ICS operational risks can also be identified through other sources, including those relating to quality and Emergency Planning, Resilience and Response.

ICS risks will be held in the ICB on a central risk register which will be compiled in the Office of the Chair and Chief Executive directorate alongside the ICB risk register.

6 Responsibilities and Accountabilities

All staff

The management of risk is one of the fundamental duties of all employees who must have a sense of ownership for, and commitment to, identifying and minimising risks. The day to day management of risk is the responsibility of all staff

All staff must:

- Accept personal responsibility for maintaining a safe environment, which includes being aware of their duty under legislation to take reasonable care of their own safety and all others that may be affected by the ICB's business
- Comply with the ICB's policies, procedures and guidelines
- Ensure incidents, claims and complaints are reported using the appropriate procedures
- Be responsible for completing/attending mandatory, statutory and relevant education and training events
- Participate in the risk management process in a timely way, including the assessment of risk within their area of work and the notification to their line manager of any perceived risk which may not have been assessed
- Be aware of the Risk Management Framework, risk appetite and processes and comply with them.

- Engage with system partners to ensure the common understanding of ICS risk description and responsibilities for mitigating actions. One organisation cannot describe a system risk and/or its treatment without engaging stakeholders effectively.

Project Management

The ICB has adopted a Programme Management Office (PMO) approach and the management of risk is embedded in this process. Project risk management enables the systematic identification, clarification and management of risk through the lifespan of a project. Project risk management helps to both control the probability of an adverse event materialising and mitigate the impact of an adverse risk event. Where Projects are managed as a Programme then there may be a need for risk assessment at both Project and Programme level as Projects may be interdependent.

Managers

Managers at all levels have a responsibility to ensure that they are familiar with the Risk Management Framework, including the timely maintenance of risk registers, risk assessment methods and risk scoring.

- Managers are accountable for the day-to-day management of risks within their respective areas of responsibility, including assurance that appropriate controls are in place and that action plans are owned, being progressed and monitored.
- Managers with line-management responsibilities must ensure that their staff are aware of the Risk Management Framework and their individual responsibilities for managing risks. This requirement is important when delivering local induction for new starters.

Risk Leads

Risk leads responsibilities include:

- embedding risk management processes across their directorates/teams.
- raising awareness of the Risk Management Framework across their directorates/teams
- Taking a lead role in the maintenance of risk registers and ensuring risks that meet the tolerance level of 15 or higher are escalated and managed on the Corporate Risk Register

The Chief of Staff

The Chief of Staff is responsible for:

- Developing and overseeing effective risk management systems including timetabling activities for others' contributions
- Developing a Risk Management Framework and associated policies and procedures
- Working with Executives, Risk Owners and Senior Managers to co-ordinate and implement the Risk Management Framework
- Establishing and maintaining an effective risk register process which captures ICB and ICS risks
- Raising awareness regarding the management of risk, the Risk Management Framework and the tools used by the ICB to facilitate risk management
- Support staff in the implementation of the Risk Management Framework and Policy and the tools used by the ICB to facilitate risk management
- Ensure appropriate training and development for staff is in place as required
- Convening the ICS Risk Managers Network.

ICS Risk Managers Network

To support the collaborative approach to the oversight, identification, management and control of ICS Risks, the ICS Partner Risk Managers Network will:.

- Share collective responsibility for the identification, controls and mitigations of ICS Risks and the maintenance of an ICS Risk Register.
- Share insights and learning.
- Moderate and standardise ICS Risk assessments and provide feedback..

The network will be coordinated and supported by the ICB's Chief of Staff. It will report to the System Executive Group and seek scrutiny/assurance from the ICBs Audit & Risk Committee. The network will meet on a quarterly basis at least.

The ICB Executive Team

The Executive team is responsible for identifying operational and strategic risks to be placed on the Corporate Risk Register. The Executive Team meetings are the forum for peer review of the Corporate Risk Register at least quarterly. Directors will incorporate risk management within all aspects of their work and are responsible for directing the implementation of the ICB Risk Management Framework by:

- Demonstrating leadership, active involvement and support for risk management
- Ensuring that staff accountable to them understand and pursue risk management in their areas of responsibility
- Setting personal objectives for risk management and monitoring their achievement
- Ensuring risk are identified and managed, and mitigating actions implemented in functions for which they are accountable
- Ensuring action plans for risks relating to their respective areas and associated committees are prepared and reviewed on a regular basis
- Ensuring that the agendas for committee meetings are driven by the risk associated with the terms of reference of each committee, and that sponsored reports to the committees contain relevant information about risks and their mitigations associated with that committee.
- Ensuring a Directorate Risk Register is established and maintained that relates to their areas of responsibility and to involve staff in this process to promote ownership of the risks identified
- Signing off Directorate Risk Registers
- To ensure Directorate Risk Leads and Directorate Risk Administrators are identified to support the implementation of the Risk Management Framework within the directorate.
- Ensuring risks are escalated when they are of a strategic nature to the Corporate Risk Register, and the attention of the ICB Board and its committees..

The Chief Executive - Accountable Officer

The Chief Executive has overall responsibility for having an effective risk management system in place within the ICB and across the ICS that enables the maintenance of a sound system of internal control. The system of internal controls supports the achievement of the ICB's strategic objectives. The Chief Executive has responsibility for ensuring the ICB meets all statutory requirements and adheres to guidance issued by the Department of Health in respect of Governance. The Chief Executive is specifically responsible for:

- Continually promoting risk management and demonstrating leadership, involvement and support,
- Ensuring an appropriate committee structure is in place with regular reports to the ICB Board and Primary Care Committee
- Ensuring roles and responsibilities regarding risk management are communicated, understood and embedded at all levels,
- Ensuring that directors and senior managers are appointed with managerial responsibility for risk management

- Ensuring appropriate policies, procedures and guidelines are in place and operated throughout the ICB
- Chairing the SEG and its oversight of ICS risks

The Director with Lead for Risk Management

The Director with lead for risk management is the Chief Executive. The Director with lead for risk management facilitates the risk management process and:

- Ensures there is an effective risk management system in place throughout the ICB
- Ensuring all risk registers are regularly reviewed and updated
- Ensuring that there is appropriate external review of the ICB's risk management systems and that any recommendations are acted on
- Has responsibility for Information Governance arrangements within the ICB and is the Senior Information Risk Owner (SIRO).

The Independent Non Executive Member with lead role for Audit and Risk

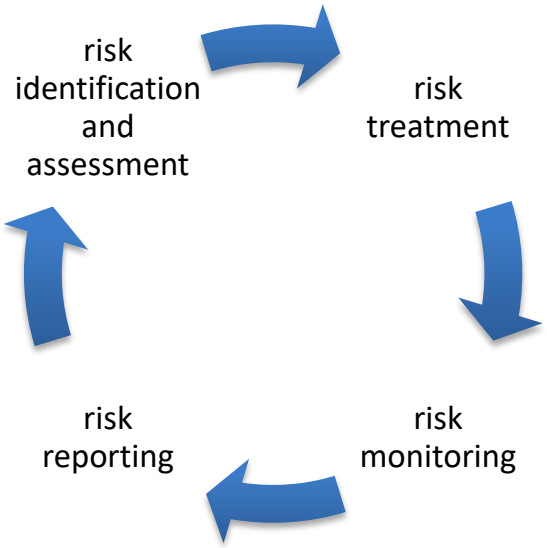
The INEM on the ICB Board with the lead role for overseeing audit, governance and risk will have the skills, knowledge and experience to assess and confirm that appropriate systems of internal control and assurance are in place for all aspects of governance including financial and risk management.

7 Risk Management Process

Risk management processes will be conducted systematically, iteratively and in collaboratively. They will draw on the knowledge and views of experts and stakeholders. To support risk management there will be appropriate communication and consultation with internal and external stakeholders. Communication will support sharing of information and promoting awareness and understanding of risks. Communication and consultation with appropriate stakeholders will assist the understanding of the risks faced, the basis for decision-making and the reasons why particular actions are required. Communication and consultation will:

- Bring together different functions and areas of professional expertise in the management of risk
- Ensure that different views are appropriately considered
- Provide sufficient information and evidence to support oversight and decision-making
- Build a sense of ownership and inclusion among those affected by risk

The risk management process structure



(HM Government 'The Orange Book')

Risk assessment incorporates risk analysis and risk evaluation

7.1 Risk Identification

The following factors and the relationships between them should be considered when identifying risks:

- Tangible and intangible sources of risk
- Changes in the internal and external context
- Uncertainties and assumptions within options, strategies and plans
- Indicators of emerging risks
- Limitations of knowledge and reliability of information

Each Directorate will ensure that risks are identified within their area of business and escalated where appropriate. This will include risks identified by external parties involved in supporting the ICB discharge its functions delegated by NHS England including Somerset ICB utilising risk management frameworks agreed as part of delegation arrangements which support this framework and feed into the ICB directorate risk register process. The description of risks will follow best practice:

If (cause) **then** (risk event) **resulting in** (effect/impact)

Risks will be proactively identified through (but not limited to):

- Top-down assessment of strategic risks involving ICB Board, System Executive Group, ICB Committees, ICB Executive Team and wider management, Health Care Improvement Groups and the wider ICS for a.
- Bottom up reporting and risk discussions
- Project risks identified by the Programme Management approach

- Assessment of emerging risks and horizon scanning
- Risk identification to support business planning and determining strategic priorities

When a risk has been identified and described, risk ownership needs to be agreed and assigned. A member of the Executive Team will own the ICB risk and identify an appropriate lead. ICS risk ownership will be identified as part of the risk identification process and may be shared.

7.2 Risk Analysis

Risk analysis supports a detailed consideration of the nature and level of risk. To ensure a consistent interpretation and application when defining the level of risk the ICB has adopted a risk scoring matrix and the categories of risk set out in the NPSA "A Risk matrix for Managers" (2208)

The risk analysis takes into account an assessment of the likelihood of a risk occurring and the consequences should the event happen.

7.3 Risk Evaluation and Treatment

Risk evaluation involves comparing the results of a risk analysis with the ICB's tolerance and appetite for risk. This supports decisions regarding what action is required. Options may involve:

- Avoiding the risk by deciding not to start or continue with the activity (terminating)
- Taking or increasing the risk in order to gain an opportunity (tolerating)
- Retaining the risk by informed decision making (tolerating)
- Changing the likelihood or consequences (treating)
- Sharing the risk with partners (transferring)

The risk assessment process will result in:

- A risk description – including whether the risk affects the ICS or ICB and whether it is strategic or operational.
- Risk scores for the unmitigated risk and for the current risk
- The controls already in place to manage the risk
- The actions required to treat the risk
- The risk owner and risk lead who are accountable and responsible for implementing the actions
- Key performance measures and control indicators
- When actions are expected to be undertaken and completed
- The target level of risk, which is the level of risk following the application of existing controls and additional mitigations.

The outputs of the risk assessment are reported through the ICB and ICS risk registers.

7.4 Risk Monitoring

The ongoing monitoring of risks and risk treatments provides an understanding of the extent to which the controls in place and additional mitigating actions are operating. This provides assurance about the management of risks. The outcomes of the management actions taken will be reported in performance reports and in other subject specific reports received by the ICB Board, its Committees, System Executive Group, HCIGs and other ICS fora. The impact of management actions will also be reported as the current risk score on registers.

7.5 Risk Reporting

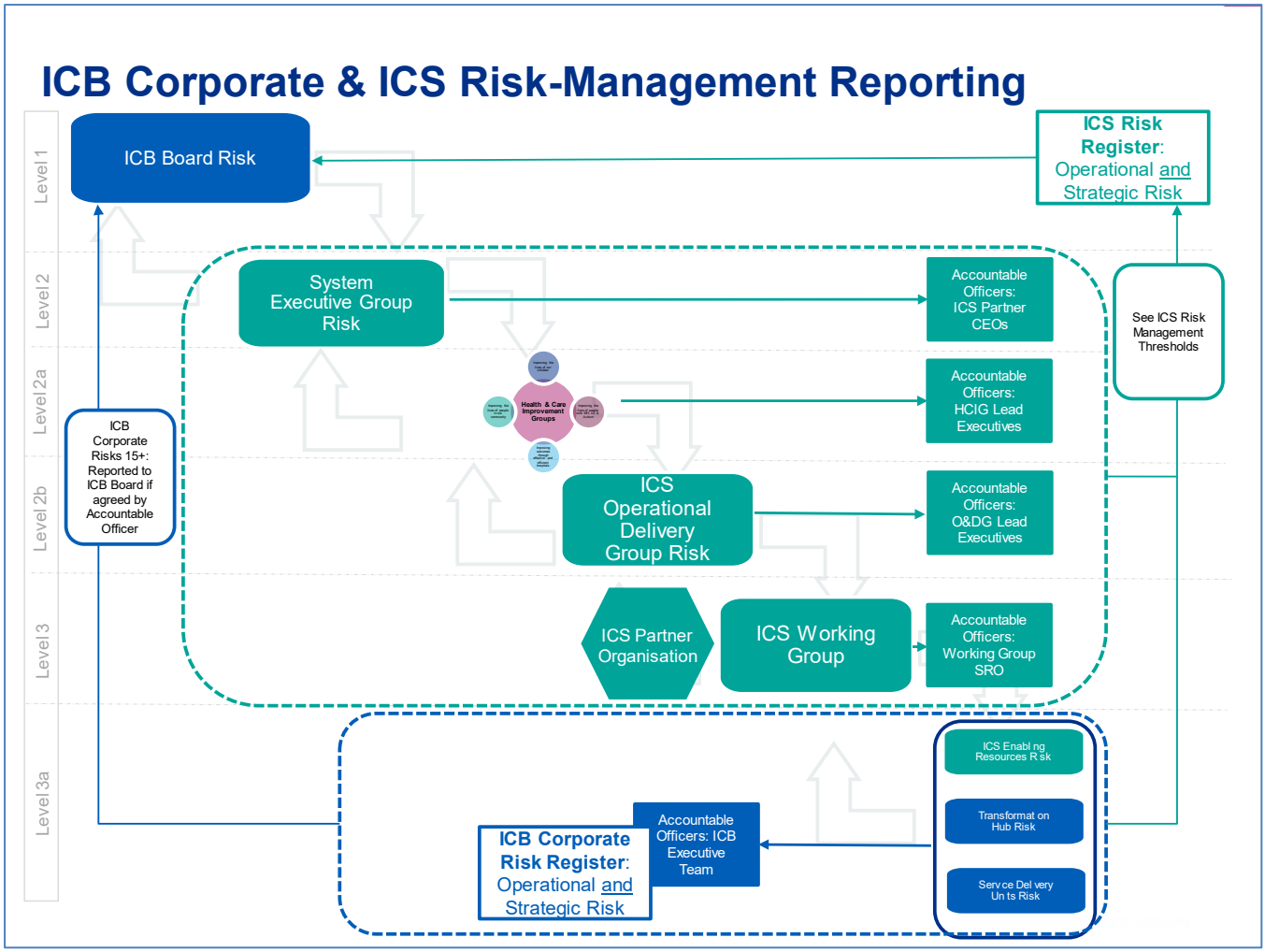
Risks are reported to the ICB Board and Committees through the Corporate Risk Register and the ICB Board Assurance Framework. Risks are also highlighted in specific reports to the ICB Board and Committees; in this case risks will also be reported on the appropriate registers.

The ICB Corporate Risk Register is underpinned by Directorate Risk Registers. Directorate, Project and Corporate Risk Registers. Information on risks sourced from external parties including Somerset ICB feeds into the directorate risk registers.

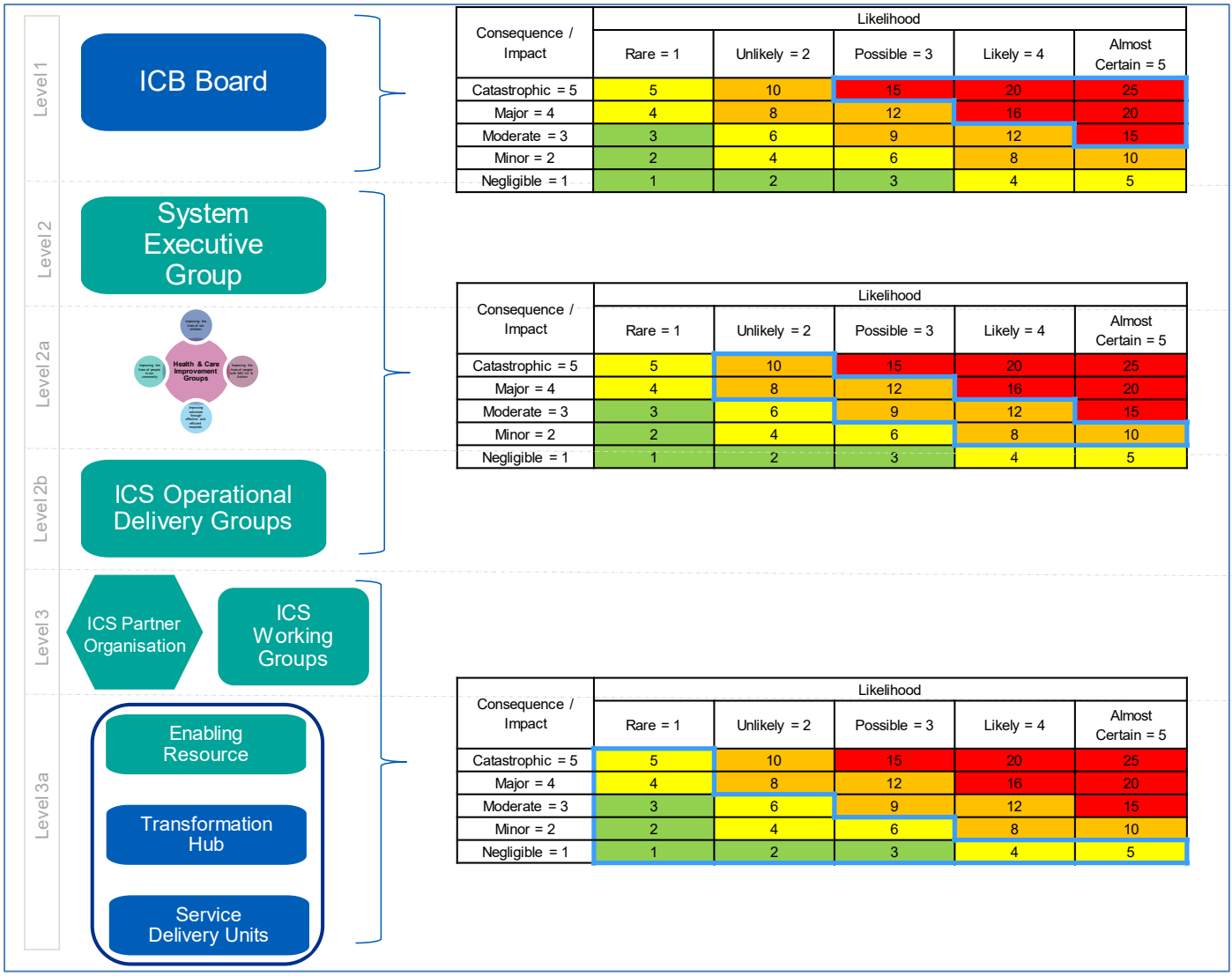
ICS risk registers will be underpinned by registers produced by Health and Care Improvement Groups and other system fora

Risk registers are ‘live’ documents and will be updated whenever a new risk is identified or the level of a risk is considered to have changed, as well as at defined points in the risk reporting cycle..

The diagram below sets out the reporting arrangements for ICB and ICS risks.



Risks will be escalated in line with the following thresholds



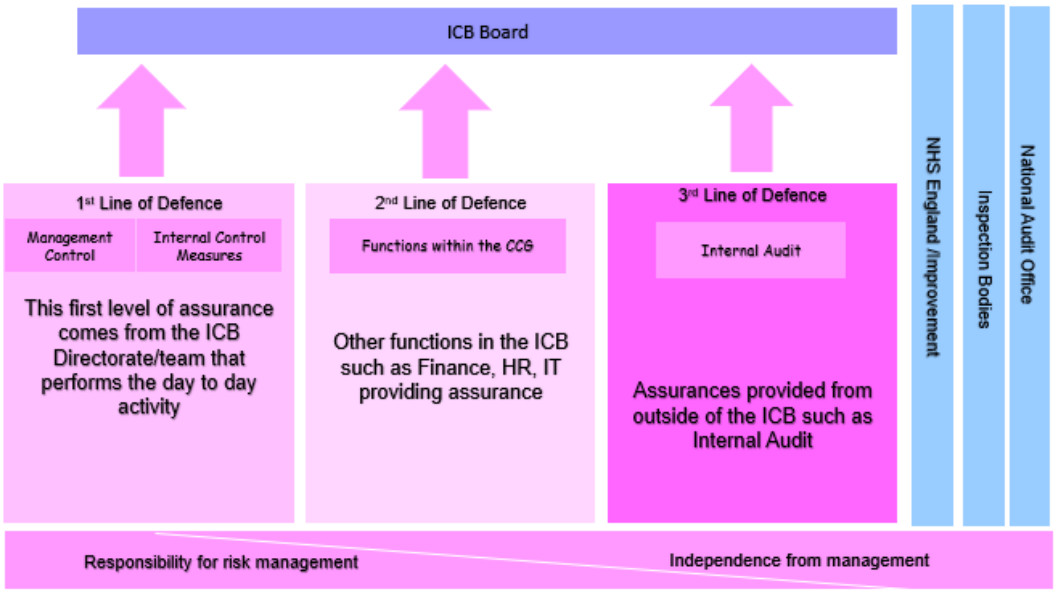
Consequence / Impact	Likelihood				
	Rare = 1	Unlikely = 2	Possible = 3	Likely = 4	Almost Certain = 5
Catastrophic = 5	5	10	15	20	25
Major = 4	4	8	12	16	20
Moderate = 3	3	6	9	12	15
Minor = 2	2	4	6	8	10
Negligible = 1	1	2	3	4	5

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

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

7.6 Levels of Assurance

Assurance is the sufficient and appropriate evidence that a risk is well managed and being mitigated. Assurance may be either positive or negative and may be generated either internally or externally. Assurance provided by external bodies is considered to be stronger sources of assurance. The “three lines of defence” model (HM Government ‘The Orange Book’) describes how risk management responsibilities and assurances combine. The ICB Board is not a line of defence as it has responsibility and accountability for setting the ICB’s objectives, strategies to achieve these objectives and establishing roles, structures and process to manage risks in achieving objectives. The following diagram explains the relationship between the challenge and scrutiny function of the ICB Board and the three sources of assurance it receives.



(Adapted from HM Government "The Orange Book" 2020)

8 Training requirements

To ensure the successful implementation of the Risk Management Framework employees will receive risk management training relevant to their roles and responsibilities. Additionally the ICB will ensure:

- Annual Risk Management Training for the ICB Board and Executive
- Risk management training as part of the Programme Management Office approach with support from the Corporate Services function
- Annual awareness sessions for Directorates provided by the Corporate Services function with support from the Directorate Risk Leads

9 Equality & Health Inequality Impact Assessment

A completed Equality Health Impact Assessment has been completed separate to this document..

10 Implementation and Monitoring Compliance and Effectiveness

The ICB will monitor compliance and the effectiveness of this Framework through the overview and scrutiny of the ICB Board and the Audit, and Risk Committee and through the annual review of governance arrangements. An implementation plan is included below.

11 Countering Fraud, Bribery and Corruption

The ICB is committed to reducing and preventing fraud, bribery and corruption in the NHS and ensuring that funds stolen by these means are put back into patient care. During the development of this policy document, we have given consideration to how fraud, bribery or corruption may occur in this area. We have ensured that our processes will assist in preventing, detecting and deterring fraud, bribery and corruption and considered what our responses to allegation of incidents of any such acts would be.

In the event that fraud, bribery or corruption is reasonably suspected, and in accordance with the Local Counter Fraud, Bribery and Corruption Policy, a referral will be made to the ICB's Local Counter Fraud Specialist for investigation. The ICB reserves the right to prosecute where fraud, bribery or corruption is suspected to have taken place. In cases involving any type of loss (financial or other), the ICB will take action to recover those losses by working with law enforcement agencies and investigators in both criminal and/or civil courts.

12 References, acknowledgements and associated documents

ICB Constitution, Standing Orders and Scheme of Reservation and Delegation

Standing Financial Instructions

Conflicts of Interest Policy

Gifts and Hospitality Policy

Health and Safety Policy

Incident Report Policy

Serious Incident Reporting Policy

Freedom to Speak Up Policy

Management of Compliments, General Enquiries and Complaints Policy

13 Appendices

Appendix 1 Implementation Plan

13.1 Implementation Plan

Target Group	Implementation or Training objective	Method	Lead	Target start date	Target End date	Resources Required
Executive Directors	Ensure awareness of responsibilities of • ICB process to ensure compliance • Individual Executive Director responsibilities • Directorate responsibilities	Risk Management included on Exec Team agenda ongoing support in 1:1 with Chief of Staff	Chief of Staff	May 2025	May 2025	
Risk Leads	ensure risk leads aware of requirements of role including supporting directorates with risk management process and risk management training	updates through risk leads meetings	Chief of Staff	May 2025	May 2025	
All Staff	Ensure awareness of ICB processes and procedures	Once agreed by Board in May 2025: Framework to be placed on website/Hub Information about the policy and ICB process to be communicated through internal newsletter Awareness raising with directorates at appropriate team meetings	Chief of Staff	May 2025	May 2025	