North East and North Cumbria

Corporate	ICBP037 Risk Management Strategy

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STRATEGY VALIDITY STATEMENT

Strategy users should ensure that they are consulting the currently valid version of the documentation. The strategy will remain valid, including during its period of review. However, the strategy must be reviewed at least once in every 3-year period.

ACCESSIBLE INFORMATION STANDARDS

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact ~~NECSU.comms@nhs.net~~ nencicb.comms@nhs.net

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Approval

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1. Introduction

For the purposes of this strategy, NHS North East and North Cumbria Integrated Care Board will be referred to as “the ICB”.

The strategy sets out the ICB approach to risk and the management of risk in fulfilment of its overall objectives. The principles are consistent with those within the NHS England’s (NHSE) risk management framework and NHSE’s risk management strategy issued in 2019. The adoption and embedding within the organisation of an effective risk management framework and processes will ensure that the reputation of the ICB is enhanced and maintained, and its resources are used effectively to ensure business success, continuing financial strength and continuous quality improvement in its operating model.

As part of this strategy, it is also acknowledged that not all risks can be eliminated. Ultimately it is for the organisation to decide which risks it is prepared to accept based on the knowledge that an effective risk assessment has been carried out and the risk has been reduced to an acceptable level as a consequence of effective controls.

At its simplest, risk management is good management practice and risk assessment provides an effective management technique for managing the organisation (through the identification of risks and the development of mitigating action). Through this strategy the ICB is keen to ensure that risk management is not seen as an end in itself, but rather a part of an overall management approach that supports the organisation in developing achievable management action.

1.1 Status

This strategy is a corporate strategy.

1.2 Purpose and scope

The purpose of this strategy is to provide a support document to enable staff to undertake effective identification, assessment, control and action to mitigate or manage the risks affecting the normal business.

The strategy sets out an organisation wide approach to managing risk, in a simple, straightforward, clear manner and the intentions of the ICB for timely, efficient and cost-effective management of risk at all levels within the organisation.

The strategy aims to:

- Ensure that risks to the achievement of the ICB’s objectives are understood and effectively managed
- Ensure that the risks to the quality of services that the organisation commissions from healthcare providers are understood and effectively

managed

- Assure the public, patients, staff and partner organisations that the ICB is committed to managing risk appropriately

- Protect the services, staff, reputation and finances of the ICB through the process of early identification of risk, risk assessment, risk control and elimination.

This strategy applies to all employees and contractors of the ICB.

Managers at every level have an objective to ensure that risk management is a fundamental part of the approach to integrated governance. All staff at every level of the organisation is required to recognise that risk management is their personal responsibility.

NHS providers and independent contractors are responsible for ensuring compliance with relevant legislation and best practice guidelines and for the development and management of their own procedural documents.

Independent contractors are also required to demonstrate compliance with risk management processes which are compatible with this strategy.

2. Definitions of risk

To ensure consistency and understanding across the ICB, a glossary of risk management terms and definitions can be found in Appendix 2. These are based on the definitions in the NHS England and NHS Improvement Risk Management Framework 2019.

Key definitions are highlighted below:

Term	Definition
Risk	'effect of uncertainty on objectives'
Risk management	'co-ordinated activities to direct and control an organisation with regard to risk'
Controls	'measure, currently in place, that maintains and/or modifies a risk's likelihood and/or impact'
Actions	'planned / future controls not yet implemented'
Impact (also referred to as 'consequence')	'outcome of an event affecting objectives' / 'the effect (i.e., on the organisations finances, infrastructure, and/or reputation etc.) when a risk materialises'

Term	Definition
Likelihood (also referred to as 'probability' or 'frequency')	'chance of something happening' / 'evaluation or judgement regarding the chances of a risk materialising'
Risk appetite	'the amount of risk that we are willing to seek or accept in the pursuit of long-term objectives'
Inherent risk (also known as initial risk)	'uncontrolled or unmitigated level of risk' i.e. the level of a risk before any control activities are applied to change the likelihood or impact of the risk
Residual risk (sometimes referred to as net risk, managed risk or current risk)	'existing level of risk taking into account the current controls in place'
Target risk	'ultimate level of risk that is desired by executive and within resource capabilities, after planned additional actions and controls have been implemented' i.e., the position taking into account successful delivery of all mitigating actions and controls

2.1 Examples of risk

Examples of the types of risk that the ICB might encounter and need to mitigate against include:

- **Corporate risks** – operating within powers, fulfilling responsibilities, ensuring accountability to the public, governance issues.
- **Clinical risks** – associated with our commissioning responsibilities and including service standards, competencies, complications, equipment, medicines, staffing, patient information.
- **Reputational risks** – associated with quality of services, communication with public and staff, patient experience.
- **Financial** – associated with achievement of financial targets, commissioning decisions, statutory issues and delivery of the Quality, Innovation, Productivity and Prevention (QIPP) programme.
- **Environmental including health and safety** – ensuring the well-being of staff and visitors whilst using our premises.

3. Approaches to risk management: principles, aims and objectives

The strategy sets out the ICB's approach to the way in which, in general terms, risks are managed. This will be achieved by having a thorough process of risk assessment in place. It will provide a useful tool for the systematic and effective management of risk and will inform and guide staff as to the way in which all significant risks are to be controlled.

The strategy will:

- Ensure that risks to the achievement of ICB's objectives are understood and effectively managed
- Maintain a risk management framework to assure the ICB that strategic and operational risks are being effectively managed
- Ensure that risk management is a cohesive element of the internal control systems within the ICB's corporate governance framework
- Ensure that risk management is an integral part of the ICB culture and its operating systems
- Ensure that the ICB meets its statutory obligations including those relating to health and safety and data protection
- Assure all stakeholders, staff, and partner organisations that the ICB is committed to managing risk appropriately.

To achieve this, the ICB is committed to ensuring that:

- Risk management is embedded as an integral part of the management approach to the achievement of objectives
- The management of risk is seen as a collective and individual responsibility, managed through the agreed committee and management structures
- Patient feedback, complaints and staff feedback are used as an integral part of the approach to risk management
- Risk management support, training and development will be provided by the NECS Governance Team.

4. Risk management framework

This strategy sets out the ICB's risk management framework for how risk management will be implemented throughout the organisation to support the realisation of the strategic objectives. This includes the processes and procedures adopted by the ICB to identify, assess and appropriately manage risks and detailed roles and responsibilities for risk management.

4.1 Risk assessment

Whenever risks to the achievement of ICB's objectives have been identified, it is important to assess the risk so that appropriate controls are put in place to eliminate the risk or mitigate its effect. To do this, a standard risk assessment matrix is used, details of which are provided in **Appendix 2** of this strategy.

This risk matrix is based on current national guidance which has been adapted to suit the ICB's agreed risk appetite. Using this standardised tool will ensure that risk assessments are undertaken in a consistent manner using agreed definitions and evaluation criteria. This will allow for comparisons to be made between different risk types and for decisions to be made on the resources needed to mitigate the risk.

Risks are assessed in terms of the likelihood of occurrence/re-occurrence and the consequences of impact. An initial risk rating is applied to the risk based on current controls. An action plan should be developed based on any gaps identified in putting control measures in place.

The risk action plan will identify further mitigating action to ensure adequate controls are in place. Risks are reassessed to take account of the effectiveness of the controls i.e. whether they are considered to be satisfactory, have some weaknesses or to be weak. Reassessment will determine a residual risk rating.

4.2 Categories of risk**:**

- ~~**Very high**~~**Extreme** – the consequence of these risks could seriously impact upon the achievement of the organisations' objectives, its financial stability and its reputation. Examples include loss of life, extended cessation or closure of a service, significant harm to a patient(s), loss of stakeholder confidence, failure to meet national targets and loss of financial stability

- **High** – these are significant risks that require prompt action. With a concerted effort and a challenging action plan, the risks could be reduced within a realistic timescale

- **Moderate** – these risks can be reduced within a realistic timescale through reasonably practical measures, such as reviewing working arrangements, purchase of small pieces of new equipment, raising staff/patient awareness etc. These risks should be managed through the existing line management arrangements

- **Low** – these risks are deemed to be low level or minor risks which can be managed and monitored within the individual department

- ~~**Negligible** (very low) – these risks cause minimal or limited harm or concern.~~

Once the category of risk has been identified, this will be entered onto the ICB's risk register. Please refer to 'section 7' below for further guidance on risk registers.

Any risk identified through the risk assessment process (or the incident reporting process), which the ICB is required legally to report, will be reported accordingly to

the appropriate statutory body, e.g. Health and Safety Executive or Information Commissioner.

4.3 Degrees of control

The ICB can exert different levels of control or influence over risks depending on their source and type. Some risks can be largely mitigated or eliminated, however not all types of risk can be adequately or effectively dealt with in this manner. The risk management process will therefore be tailored to different risks depending on the perceived level of control and to some degree the risk appetite (how much more control to exert).

The ICB predominantly focuses on risks that are fully or partially within its sphere of control or influence (financial, operational, regulatory, compliance and strategic risks). However, there may be occasion where the source of a risk event threatening objectives is external. The ICB cannot prevent such external events from occurring and therefore management efforts will focus on the identification and mitigation of their impact, for example by putting contingency plans in place where significant external risks are identified.

The categories of control are as follows:

Risk category	Description
Category A: Full control	Preventable internal risks that can be controlled by the ICB (e.g. Health and Safety or payment processing)
Category B: Partial control	Strategic risks taken on by the organisation to achieve its corporate objectives. These risks may be partially within the control of the ICB (e.g. the risk associated with transformational change, or from investment in new sector improvement initiatives).
Category C: Limited or no control	External risk events and/or system-wide risks largely beyond the sole control or influence of the ICB. Examples may be the increasing risk of political uncertainty (e.g. EU Exit), a terrorist event or natural disaster; or from risk interdependencies across the wider health and social care system.

4.4 Fraud, bribery and corruption risks

The ICB recognises the risk that fraud, bribery and corruption pose to its resources. This risk is included in the corporate (strategic) risk register with an appropriate internal risk owner identified. Operational management and recording of detailed fraud, bribery and corruption risks will be carried out by the ICB's counter fraud provider and as agreed in the counter fraud workplan and using a bespoke fraud, bribery and corruption risk planning toolkit.

Regular meetings will be held between key ICB staff and the counter fraud specialist to review existing and emerging risks. Regular reports will be provided to

the Audit Committee or equivalent to ensure effective executive and non-executive level monitoring of fraud, bribery and corruption risks.

4.5 Risk management process as a commissioner

As the ICB focuses on its role as a commissioner of safe and high-quality services, it seeks to embed the principles and practice of risk management into its commissioning function. As a commissioner, the ICB seeks to ensure that all services commissioned meet nationally identified standards which are managed through the contracting process. Risk management within commissioning is regularly reported through the quality processes on behalf of the ICB.

4.6 Partnership working

The ICB may establish partnership working relationships with other agencies, including but not limited to other NHS organisations, local authorities, the voluntary sector, patient representatives and other ICBs.

In some cases, these arrangements will be intended to manage and reduce risk across the wider health and social care economy, for example arrangements around safeguarding. However, in other cases the existence of joint working arrangements may pose challenges that need to be managed to ensure that objectives can be delivered.

Where such partnership arrangements exist, the ICB will ensure that they work closely and collaboratively with partners to ensure that risk management is fully integrated into joint working arrangements and to identify any risks that need to be captured and reported within the ICB's internal processes.

5. Risk appetite

Risk appetite is the amount of risk that the ICB is prepared to accept, tolerate, or be exposed to at any point in time. It can be influenced by personal experience, political factors, and external events. Risks need to be considered in terms of both opportunities and threats and the consequent impact on the capability of the ICB, its performance, and its reputation.

The ICB will determine and continuously assess the nature and extent of the risks that the organisation is exposed to and is willing to take to achieve its objectives, in other words, its risk appetite, and ensure that planning and decision-making reflects this assessment. Effective risk management should support informed decision-making in line with this risk appetite, ensure confidence in the response to risks, and provide transparency over the principal risks faced and how these are managed.

The ICB aims to reduce risks to the lowest possible level reasonably practicable. Where risks cannot reasonably be avoided, every effort will be made to mitigate the remaining risk. However, it is not always practical or affordable to manage

risks to the level of the ICB's optimal position. When~~n decisions are made~~ re risks are managed that that sit ~~are~~ outside of appetite, the ~~justification and rationale should be~~controls, assurances and actions in place to manage the risk towards agreed appetite levels should be documented within the risk record. The risk register will include a column to indicate whether the residual score is within; approaching; or, outside of agreed risk appetite levels.

5.1 Risk tolerance

Risk tolerance is the threshold level of risk exposure which, when exceeded, will trigger an escalation to bring the situation to the attention of a senior manager.

Any risks with a residual score of 12 or above (i.e., high or ~~very high risk~~extreme) should be ~~escalated to the responsible ICB Executive Lead and immediately~~ added to the ICB corporate risk register in order for the appropriate committee to review and monitor the risk.

Any Place risk that has a residual score of 12 or higher will be escalated initially to the relevant ICB committee via the normal reporting process with details appended to the main committee risk report. The committee will be asked to review the Place risks to determine whether any should be transferred to the ICB for management at a corporate level or whether they should continue to be managed at Place.

Moderate risks with a score between 8 and 10 will be managed and monitored at a directorate or place-based level, led by the risk owner.

Low risks with a score of 6 or lower will be managed and monitored at team level (through the risk owner review process).

Any risks of concern, even if not scored as a high risk, can be highlighted to the Executive/appropriate Committee for further consideration.

6. Risk register

Current and potential risks are captured in the ICB's risk register and include actions and timescales identified to minimise such risks. The risk register is a log of risks that threaten the organisation's success in achieving its aims and objectives and is populated through the risk assessment and evaluation process.

The register contains a record of current and potential risks to the achievement of the corporate objectives as identified. The register is updated and reviewed on a quarterly basis at a minimum as requested by the ICB.

6.1 Corporate risk register

The ICB maintains a corporate risk register, which is a management tool to provide it with an overview of all significant 'live' risks facing the organisation and the action being taken to reduce them. The corporate risk register is underpinned

by place-based risk registers, used to monitor and manage risks at a place-based level within the organisation.

The risks included within the corporate risk register are varied and cover the entirety of the ICB's activities, from health and safety risks to risks around the delivery of services and achieving financial balance. The corporate risk register is therefore populated from a number of different sources, including:

- Principal risks identified in the assurance framework in relation to corporate objectives where action needs to be taken to close an identified gap in control measures
- Risks identified by the ICB and via committee risk registers as being high or ~~very high~~extreme and requiring escalation
- Risks that have been identified at a place-based level that require escalation to the ICB
- Any risks arising out of the annual operating framework and the development of related action plans
- Risks identified through evaluation of incident and complaints reporting
- Risks identified through the evaluation of national incident reports.

The corporate risk register is a live document, maintained on an on-going basis by the governance leads and regular reports are provided to the ICB and relevant committees. The corporate risk register is reviewed by the Audit Committee at least quarterly, or more frequently as required, with issues escalated to the Board as appropriate.

Each Place/Area is responsible for maintaining its own place-based risk register, ensuring at a minimum quarterly updating. The Place risks are aggregated into the wider Area risk register which are prepared on a quarterly basis and shared with the Chief Delivery Officer and Delivery Directors. Each place-based risk register underpins the corporate risk register and records all relevant risks facing each place, along with supporting action plans to mitigate these as far as possible.

The process for escalating Place or Area risks is set out in Appendix 3

6.2 Risk oversight at corporate level

The table below sets out the formal ICB committees with responsibility for risk oversight and the frequency of risk management activities aligned with their cycle of business. This oversight provides assurance to the Board that risk management processes are in place and remain effective.

Committee Name	Remit of the Committee	Suggested Frequency	Risk Reports
Audit Committee	Responsible for oversight and assurance of the effectiveness of risk.	Quarterly	Corporate risk register Place-based directorate risk register (12 and above) BAF (quarterly prior to Board)

Executive Committee	Responsible for day to day running of the ICB (operational and strategic)	Quarterly	Corporate risk register Place-based ~~directorate~~ risk register ~~(12 and above)~~ BAF (quarterly prior to Board)
Finance, Performance and Investment (FPI) Committee	Specific responsibility for financial risks	Quarterly	Corporate risk register FPI Committee risk register BAF (quarterly prior to Board)
Quality and Safety Committee	Risks specific to quality, safety, patient care etc	Quarterly	Corporate risk register Quality and safety risks below 12 ~~register~~ Place-based quality and safety risk register (12 and above) BAF (quarterly prior to Board)
Board	Overall accountable for the delivery of the ICB's strategic priorities.	Quarterly	BAF Corporate risk register
Place/Area Directors	Operational management responsibility for place/area specific risks	Quarterly	Place-based risk reports – North and South registers prepared quarterly

7. Risk Materialisation

If a risk materialises whilst being managed through the risk register, it should be recorded as an incident as per the agreed ICB process. Management of risks and incidents is interdependent since risks can be identified through the monitoring of incident themes and trends. If a particular type of incident continues to occur, this is an indication that there is a risk that requires management through the risk register.

If a risk materialises whilst being managed through the risk register, it should be considered whether it needs removing from the risk register. Reasons for occurrence should be analysed and evidence established as to whether a trend of similar incidents exists, that need to be managed through the risk register. If the risk is certain to materialise again or has the potential to re-occur, the risk should remain open on the risk register for on-going management in order to ensure that underlying causes are addressed. If there is no chance it could happen again, the risk should be closed with an explanation that the incident management process is being followed in order to invoke actions to deal with consequences.

~~The risk that has materialised should be recorded as an incident as per the ICB's incident reporting and management strategy.~~

8. Assurance framework

All government departments, including NHS organisations, are required to provide an annual assurance statement that they have robust systems in place across their organisation to manage risk. This assurance forms part of the organisation's statutory accounts and annual report.

In order to produce an annual assurance statement as part of the annual report, the Board must be able to demonstrate that they have been kept properly informed about the risks facing the organisation and has received assurances that these risks are being managed in practice, including that any gaps in controls intended to manage risks have been identified and action taken to address them. The Board will be able to demonstrate that it has met this requirement through the establishment of a robust and formal assurance framework.

Together with this strategy and the risk register, the assurance framework is the key document used by the Board to monitor the position in relation to risk management, providing it with a sound understanding of not only the key risks facing the organisation but also the action being taken to manage and reduce them.

The assurance framework is firmly connected to the organisation's principal objectives as set by the Board, and is a live document, maintained on an on-going basis by the governance lead. The assurance framework is monitored by the Audit Committee and Board on a quarterly basis.

The assurance framework sets out:

- the organisation's principal objectives
- any significant risks that may threaten the achievement of those objectives (detailed in the supporting strategic risk register)
- the key controls intended to manage these risks
- the assurance available to demonstrate that controls are working effectively in practice to manage risks together with the source of that assurance. Any areas where there are gaps in controls and/or assurances; and how the organisation plans to take corrective action where gaps have been identified in either controls or the assurances available.

9. Implementation

This strategy will be available to all staff to use through the public website for the ICB. It will also be available from the Corporate Governance team. All directors and managers are responsible for ensuring that relevant staff within their own directorates and teams have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

10. Training Implications

The Chief Executive (supported by the Chief Corporate Services Officer) will ensure that the necessary training or education needs, and methods needed to implement this strategy and supporting procedure(s) are identified and resourced as required. This may include identification of external training providers or development of an internal training process.

Training will be available as required on an ad hoc basis and will be tailored to individual requirements. An online risk management training video/tutorial is also

in development and hoped to be available to staff soon. ~~The availability of this ad hoc training will be advertised to staff via newsletters and in risk reports to committees and other groups involved in risk management.~~

11. Documentation

Other related strategy documents:

- ICBP020 Incident reporting and management strategy
- ICBP009 Counter fraud, bribery and corruption strategy 2023
- AuditOne Counter fraud and risk management working protocol 2023

Legislation and statutory requirements:

- NHS England Risk Management Strategy 2017
- NHS England Risk Management Framework 2019
- Health & Safety: Strategy & Corporate Procedures NHS England 2015
- NHS England Business Continuity Management Framework 2016
- Data Protection Act 2018
- Data Security and Protection toolkit
- General Data Protection Regulation (GDPR) 2016.

Best practice guidance:

- NHS Audit Committee Handbook, 4th edition (2018)
- The Healthy NHS Board: Principles for Good Governance (2013)
- Building the Assurance Framework: A practical guide for NHS Boards March 2003. Gate log Reference1054

12. Monitoring, review and archiving

13.1 Monitoring

The ICB will review the strategy in accordance with the specified review date, unless legislation or new guidance to ensure it continues to be compliant with good practice.

Risk management assurance will be reported to the appropriate ICB committee via the governance assurance report. Senior leads will ensure that teams review their risk registers on a quarterly basis (or within individually agreed review times).

The ICB's internal auditors carry out an annual audit of governance and risk management. The effectiveness of the ICB's controls in relation to risk is considered as part of this audit, the outcome of which is reported to Audit Committee.

13.2 Review

The ICB will ensure that this strategy document is reviewed in accordance with the specified review date. No strategy will remain operational for a period exceeding two years without a review taking place.

Staff who become aware of any change which may affect the strategy should advise the Chief Corporate Services Officer who will then consider the need to review the strategy or procedure outside of the agreed timescale for revision. For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the strategy must always follow the original approval process.

13.3 Archiving

The ICB will ensure that archived copies of superseded strategy documents are retained in accordance with Records Management: A guide to the management of health and care records 2021.

Appendix 1: Schedule of Duties and Responsibilities

ICB	The ICB is responsible for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.
Chief Executive	The Chief Executive has overall responsibility for the strategic direction and operational management, including ensuring that ICB process documents comply with all legal, statutory and good practice guidance requirements • ensuring the implementation of an effective risk management framework, supporting risk management systems and internal control • continually promote risk management and demonstrate leadership, involvement and support • ensuring an appropriate committee structure is in place and developing the corporate governance and assurance framework ensuring all directors and senior leads are appointed with managerial responsibility for risk management.
Chief Finance Officer	The Chief Finance Officer has a responsibility for: • providing expert professional advice to the ICB on the effective, efficient and economic use of the ICB's allocation to remain within that allocation and identify risks to the delivery of required financial targets and duties • ensuring robust risk management and audit arrangements are in place to make appropriate use of the ICB's financial resources • ensuring appropriate arrangements are in identify risks and mitigating actions to the delivery of QIPP and resource releasing initiatives incorporating risk management as a management technique within the financial performance management arrangements for the organisation.
Chief Corporate Services Officer	The Chief Corporate Services Officer is the lead for risk management and has a responsibility for: • ensuring risk management systems are in place throughout the ICB, co-ordinating risk management in accordance with this strategy • ensuring the assurance framework is regularly reviewed and updated • ensuring that there is an appropriate external review of the ICB's risk management systems and that these are reported to the Board • overseeing the management of risks as identified by the quality, safety and risk committee, ensuring risk action plans are put in place, regularly monitored and implemented • incorporating risk management as a management technique within the performance management arrangements for the organisation • ensuring that systems are place for assuring the commissioning of high quality and safe services, and the on-going monitoring of the same ensure incidents, claims and complaints are and managed used the appropriate procedures.
Executive Leadership Team	Members of the Executive Leadership Team will: • Maintain awareness of the main risks facing the organisation • Take ownership where relevant of principal (strategic) risks that pose a threat to the achievement of strategic objectives and ensure appropriate action is taken to mitigate and manage risks ensuring regular updates to the ICB • Take or delegate ownership, where relevant, of risks that pose a threat to the achievement of objectives or the business of the ICB and ensure appropriate action is taken to mitigate and manage risks ensuring regular updates are added to the risk register • Ensure the processes for managing risk within the ICB are clearly understood, appropriately delegated and effective.

Senior Information Risk Officer (SIRO)	The SIRO will: • Be accountable to the Chief Executive for coordinating the development and maintenance of information risk management policies, procedures and standards for the ICB • Be responsible for the ongoing development and day-to-day management of the ICB's programme for data security and protection • Ensure the ICB's approach to information risk is effective in terms of resource, commitment and execution and that this is communicated to all staff • Provide a focal point for the resolution and/or discussion of information risk issues • Ensure the Board is adequately briefed on information risks.
Audit Committee	The Audit Committee has overall responsibility for overseeing the implementation of this strategy and will: • Review all risks on the corporate risk register and monitor progression of stated action on a quarterly basis. Ensure the established processes to manage risk is in place and provide support for action where necessary • Ensure the processes for managing risk within the ICB are clearly understood, appropriately delegated and effective. Escalate issues to the Board as appropriate, in particular the identification of new, significant risk or areas of concern of risks graded very high or high to the ICB.
Senior Leads	All senior leads have a responsibility to incorporate risk management within all aspects of their work and are responsible for ensuring the implementation of this strategy by: • demonstrating personal involvement and support for the promotion of risk management • ensuring staff under their management are aware of their risk management responsibilities in relation to this framework • setting personal objectives for risk management and monitoring their achievement • ensuring risk are identified, managed and mitigating actions are implemented in functions for which they are accountable • ensuring a risk register is established and maintained that relates to their area of responsibility, ensuring risks are escalated where they are of a strategic in nature.
Risk owners	Responsible for managing individual risks and providing updates on the management of those risks and identifying and carrying out action plans to mitigate risks.
All Staff	Risk management is everybody's responsibility and all staff must be familiar with the main risks in their area of activity
NECS Staff	Whilst working on behalf of the ICB, CSU staff will be expected to comply with all policies, procedures and expected standards of behaviour within the ICB, however they will continue to be governed by all policies and procedures of their employing organisation.
Counter Fraud Specialist	Manages counter fraud, bribery and corruption activities on behalf of the ICB.

Appendix 2: Glossary of terms

Defined Term	Definition
Action plan (See also Risk Action Plan)	'Planned / future controls not yet implemented' I.e. actions taken to address gaps or weaknesses in controls or the management of the risk.
Assurance	An evaluated opinion, based on evidence gained from review e.g., relating to governance, risk management and the internal controls framework. In relation to controls, assurance is the internal or external evidence that risks are being managed effectively.
Board assurance framework (See Principal Risks)	The Board Assurance Framework (BAF) is developed each year once the ICB's objectives are approved. It enables the Board to consider where there are gaps in delivery and includes the key sources of assurance. The BAF is developed by mapping the ICB's risks as detailed on the Risk Register, with consideration of the controls currently in place to mitigate the risks and any further actions identified to minimise them. This process then identifies the principal or key risks to the organisation achieving its strategic objectives.
Communication	A continual and iterative dialogue across the ICB and with stakeholders. It is a two-way process that involves both sharing and receiving information about the management of risk. Discussions could be about risks, their nature, form, likelihood, and significance, and whether risks are acceptable or should be treated, and what treatment options should be considered.
Consequence	Outcome of event affecting objectives. Note: an event can lead to a range of consequences.
Context	To establish the context means to define the external and internal parameters that the ICB must consider when they manage risk. Internal context includes staff structures, governance and systems, contractual relationships, and its capabilities, culture, and standards. The ICB's external context includes all of the external environmental parameters and factors that influence how it manages risk and how it tries to achieve its objectives. It includes external stakeholders, local, national, and international environment, as well as key drivers and important trends that influence its objectives. It also includes stakeholder values, perceptions, and relationships, as well as its social, cultural, political, legal, regulatory, technological, economic, natural, and competitive environment. The ICB's external context includes patients and the public, NHS England requirements, regional local authorities and care providers, the wider NHS as well as any external factors that influence its objectives. Risks can arise from the external context from events outside the ICB's direct control/influence. For example, long-term impact of political shifts, such as EU Exit, major health policy changes or changes to the structure of the NHS; and/or the risk of immediate impact from a major incident such as a natural disaster.
Control	Measure currently in place that maintains and/or modifies a risk's likelihood and/or impact'.
Corporate risk	Corporate risks represent the ICB's most significant risks. Corporate risks tend to be broad in impact (that is, they have the potential to impact extensively on the capability, vitality or success of the organisation as a whole) or deep in impact (the effects of the risk event occurring are limited to a given area but especially serious).

Defined Term	Definition
	A corporate risk is likely to have one or more of the following characteristics: • strategic and cross-cutting, with the potential to impact on a range of different areas or functions, • related to the ICB's ability to successfully deliver one or more high priority objectives, • affects the outcomes sought from one of the organisation's major programmes, • operates over the medium or long-term, • has the potential to weaken the organisation's capacity, for example by limiting, reducing or failing to maximise financial or human resources, • linked to the organisation's ability to successfully deliver transformational change and major initiatives, while continuing with business as usual, • concerned with the wellbeing of patients and/or staff; and • may impact significantly on the ICB's reputation. The number of corporate risks will vary but in normal circumstances it is helpful to think of corporate risks as the top ten to 20 most serious risks faced by the ICB. Corporate risks are captured on the corporate risk register, which is reported to the Audit Committee.
Cumulative risk (may also be referred to as aggregate risk or total risk exposure)	Cumulative risk is the combined impact of risks when considered alongside each other, and where the aggregate across different risks is greater than the sum of the individual parts. Often risks are assessed individually without considering if they are correlated.
Emerging risk	A new risk that is in the process of being understood and quantified or risks that are poorly understood but are expected to grow greatly in significance. Note: Unlike other risks, emergent risks do not have a track record that can be used to estimate likelihood and impact. An important consideration when thinking about emerging risks is the speed at which they can become significant. Sometimes referred to as risk velocity or proximity.
Exposure	The consequences, as a combination of impact and likelihood, which may be experienced by the organisation if a specific risk is realised.
Impact	See consequence.
Incident	An incident is any unexpected, unplanned or uncontrolled event (i.e. something has actually happened or would have but for chance - "a near miss"). See the Incident Reporting and Management Policy for details. An incident can occur once or multiple times and can have several causes and several impacts/consequences. They can be linked to risks (although not always as it may only be a small part of a risk).
Inherent risk	The exposure arising from a specific risk before any action has been taken to manage it (or the risk that would crystallise if controls failed in their entirety). This is often referred to as the 'initial' risk.
Issue	All or part of the risk has begun to materialise (e.g. controls or procedures have failed, a problem has arisen which needs resolving). The approach to managing issues may well be different from management of risks, which only have the potential to happen in the future. Once a risk occurs it becomes an issue.

Defined Term	Definition
Internal Control System (ICS)	The Internal Control System (ICS) consists of a set of rules, procedures and organisational structures which aim to ensure that corporate strategy is implemented; achieve effective and efficient corporate processes; safeguard the value of corporate assets; ensure the reliability and integrity of accounting and management data; and ensure that operations comply with all existing rules and regulations.
Likelihood (also referred to as 'probability')	Chance of something happening. In risk management terminology, the word "likelihood" is used to refer to the chance of something happening, whether measured quantitatively or determined subjectively, or described mathematically (such as a probability or a frequency over a given time period).
Monitoring	To monitor means to supervise and to continually check and critically observe. It means to determine the current status and to assess whether or not required or expected performance levels are being achieved.
Operational risks (Normally these would fall under the category of 'full control')	The risk of loss resulting from inadequate or failed internal processes, people and systems, or from external events. Examples: • Process risks: payment failures, documentation which is not fit for purpose, errors in models and processes, project management failures, internal/external reporting. • People risks: fraud, breaches of employment law, loss or lack of key personnel, inadequate training, inadequate supervision. • Systems risk: failures during the development and systems implementation process, as well as failures of the system itself. • External events: external crime, outsourcing (and insourcing) risk, natural and other disasters, regulatory change risk, utilities failures etc.
Opportunity	An uncertain event that would have a favourable impact on objectives or benefit it if occurs.
Principal risks (see Board Assurance Framework)	Principal risks are defined as those that threaten the achievement of the organisation's priorities and therefore oversight by the Board through the Board Assurance Framework is essential. A principal risk is identified from a review of the organisation's risk register and is usually made up of a combination of similar risks that all relate to the achievement of a specific objective.
Programme and Project risks	The risk of loss (financial, opportunity or reputational loss) and/or disruption to business activities as a result of inability to manage magnitude of change being undertaken / risks that transformational change, improvement initiatives and other major programmes/projects (including for customers) are not aligned with strategic priorities; do not successfully and safely deliver requirements and intended benefits to time, cost and quality; and/or negatively impact business as usual (BAU) activities.
Residual risk (also known as current risk)	Existing level of risk exposure taking into account the current controls and any actions which have already been completed.
Risk	Effect of uncertainty on objectives. Note: This definition relates to uncertainty of outcome, whether positive opportunity or negative threat, of actions and events. It is the combination of likelihood and impact, including perceived importance. It recognises that we operate in an uncertain world and that potential threats, actions or events may occur (internally or externally) which could adversely or beneficially affect our ability to deliver our

Defined Term	Definition
	commitments/objectives. Objectives can have different aspects and categories and can be applied at different levels (i.e. strategic, service line or programme/project objectives).
Risk action plan (also referred to as mitigation, risk treatment plan, risk response or risk management plan)	Risk treatment is a risk modification process. It involves selecting and implementing one or more treatment options. Once a treatment has been implemented, it becomes a control, or it modifies existing controls. Note: There are many treatment options. You can avoid the risk, you can reduce the risk, you can remove the source of the risk, you can modify the consequences, you can change the likelihood, you can share the risk with others, you can simply retain the risk, or you can even increase the risk in order to pursue an opportunity.
Risk analysis	Risk analysis is a process used to understand the nature, sources, and causes of the risks that you have identified and to estimate the level of risk. It is also used to study impacts and consequences, likelihood and to examine the controls that currently exist. How detailed the risk analysis ought to be will depend upon the risk, the purpose of the analysis, the information and resources available.
Risk appetite (also known as risk tolerance or risk criteria)	The amount of risk that we are willing to seek or accept in the pursuit of long-term objectives. Note: Risk appetite represents a balance between the potential benefits of innovation and the threats that change inevitably brings. It is used to determine whether a specified level of risk is acceptable or tolerable; and should reflect organisational values, policies, and objectives, be based on external and internal context, should consider the views of stakeholders, and should be derived from standards, laws, policies, and other requirements such as delegations of authority and operating limits/thresholds.
Risk attitude/risk culture	An organisation's risk attitude defines its general approach to risk. It influences how risks are assessed and addressed. An organisation's attitude towards risk affects whether or not risks are taken, tolerated, retained, shared, reduced, or avoided, and whether or not treatments are implemented or postponed. Note: The ICB aspires to risk management becoming part of our culture and aim to achieve this by, for example: raising awareness through workshops, training, and communications; documenting risk assessment in decision-making; reviewing risk management arrangements; the corporate governance team's oversight and support; internal audit's independent assurance; promoting risk management 'top-down' and 'bottom up'; and regularly reporting risk exposures.
Risk control effectiveness rating	This is a measure that defines how effectively the risk management controls are managing the risk. Additionally, this rating is used to measure how effective further risk treatments have been in addressing the short comings of current controls when the current control had been rated as 'weak' or 'some weakness' The measurements used are: • **Satisfactory**: Nothing more to be done except continue to review and monitor the control. The control is well designed for the risk. • **Some Weakness**: The control is either not designed correctly or is not very effective. There may be an over-reliance on reactive controls. More work is needed to improve operating effectiveness or management have doubts about operational effectiveness and reliability. • **Weak**: The control has significant control gaps or is not fit for purpose. Either it fails to treat the root causes of the risk, or does not operate at all effectively. Note: Well-designed controls should include a blend of preventative and detective controls and address the root causes of the risk. Management should ensure these controls are effective and reliable at all times. Reactive controls exist only in support of other controls.

Defined Term	Definition
Risk evaluation	Risk evaluation involves deciding the risk level and the priority for attention. Not all risks are equally important, so we need to filter and prioritise them, to find the worst threats (and the best opportunities). This will help us decide how to respond. When prioritising risks, we could use various characteristics, such as how likely they are to happen, what they might do to our objectives, how easily we can influence them, when they might happen, and how might they be amplified etc.
Risk identification	Risk identification is a process that involves finding, recognising, and describing the risks that could influence the achievement of objectives. It is used to identify possible sources of risk in addition to the events and circumstances that could influence the achievement of objectives. It also includes the identification of possible causes and potential consequences. Historical data, theoretical analysis, informed opinions, expert advice, and stakeholder input can help to identify risks.
Risk management	All the processes involved in identifying, assessing and judging risks, assigning ownership, taking actions to mitigate or anticipate them, and monitoring and reviewing progress. Risk management can be defined as “a process which provides assurance that an organisation’s objectives are more likely to be achieved; that damaging things will not happen or are less likely to happen; and beneficial things will be or are more likely to be achieved.” Risk Management is not limited to identifying and mitigating negative risks. It is also concerned with recognising opportunities that may involve some risk but could lead to positive outcomes that help achieve objectives.
Risk management framework	A set of components that support and sustain risk management throughout an organisation, including risk management objectives, mandate and commitment, as well as relationships, accountabilities, and resources.
Risk matrix	Tool for ranking and displaying risks by defining ranges for consequence and likelihood.
Risk monitoring and review	Monitoring and review must be continual and repeated, so that appropriate action can be taken as new risks emerge and existing risks alter due to changes in the organisation’s objectives or the internal and external environment. This may involve environmental scanning by risk owners, control assurance, noting newly available information and learning lessons about risks and controls from analysing successes and failures.
Risk Owner	A risk owner is the person who has been given the authority to manage a particular risk and is accountable for doing so.
Risk Profile	The documented and prioritised overall assessment of the range of specific risks faced by the organisation. A risk profile is a written description of a set of risks. A risk profile can include the risks that the entire organisation must manage or only those that a particular function or part of the organisation must address.
Risk Proximity	The estimate of timescale as to when the risk is likely to occur. It helps prioritise risk and to identify the appropriate response
Risk Register	The Risk Register is a log of risks that threaten an organisation’s success in achieving its declared aims and objectives (including legislative duties, strategic priorities, major programmes, business plan objectives and business-as-usual activities). It is a dynamic living document, which is populated through the organisation’s risk management process (namely, the identification, assessment, treatment, monitoring and review of risk). This enables risk to be quantified and ranked (in terms of likelihood of occurring and seriousness of impact).
Risk source (or risk causes or drivers)	Element which alone or in combination has the potential to give rise to risk.

Defined Term	Definition
Stakeholder	Person or organisation that can affect, be affected by, or perceive themselves to be affected by a decision or activity. Stakeholders can be internal or external.
Strategic risks (usually partial control or limited control risks)	Risks arising from identifying and pursuing a strategy. This could include a strategy which is poorly defined, is based on flawed or inaccurate data and/or assumptions, is outdated or declines due to a changing external environment, fails to support the delivery of commitments, plans or objectives, and/or does not meet legal or regulatory requirements.
Target risk	Target risk provides an indication of whether following existing or planned mitigating actions that the resulting risk status will be within acceptable levels for the organisation or if there is a desire to reduce the risk further and that additional work will likely be required beyond that already in place or planned.
Uncertainty	Uncertainty is a state of being that involves a deficiency of information and leads to inadequate or incomplete knowledge or understanding. In the context of risk management, uncertainty exists whenever your knowledge or understanding of an event, consequence, or likelihood is inadequate or incomplete.

Appendix 3: Risk Assessment

To manage risks effectively, it is crucial to ensure that both the initial (inherent) and residual risk is assessed.

The initial (inherent) risk assessment gives an indication of the impact of the risk should controls fail. The residual risk assessment shows the current level of the risk remaining after mitigating controls are applied.

A standardised approach is taken across the ICB to analyse and measure risk, this is detailed below. Managers must ensure that, for their area, risk assessments are carried out and documented, and that the necessary control measures are implemented in order to reduce risks. The level of detail in the risk assessments and any subsequent action taken should be proportional to the risk.

Step 1: Determine the consequence score

This is offered as guidance when completing a risk assessment, either when an incident has occurred or if the consequence of potential risks is being considered.

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

Table 1: Consequence score

Impact	1. Very Low	2. Low	3. Moderate	4. High	5. Very High
A. Injury	Minor injury not requiring first aid.	Minor injury or illness, first aid treatment needed.	RIDDOR / Agency reportable.	Major injuries or long-term incapacity / disability.	Death or major permanent incapacity.
B. Patient experience	Unsatisfactory patient experience not directly related to patient care.	Unsatisfactory patient experience – readily resolvable.	Mismanagement of patient care.	Serious mismanagement of patient care.	Totally unsatisfactory patient outcome or experience.
C. Service / business interruption	Loss / interruption>1 hour.	Loss / interruption>8 hours.	Loss / interruption>1 day.	Loss / interruption>1 week.	Prolonged loss of service or facility.
D. Staffing and skill mix	Short term low staffing level temporarily reducing service quality	Ongoing low staffing level reducing service quality.	Late delivery of key objective / service due to lack of staff. Ongoing unsafe staffing	Uncertain delivery of key objective / service due to lack of staff.	Non-delivery of key objective / service due of lack of staff.
E. Financial / asset	Funded/partially funded between £0 and £10k. Unfunded between £0 and £10k	Funded/partially funded between £10k and £50k. Unfunded between £10k and £25k	Funded/partially funded between £50k and £100k. Unfunded between £25k and £50k	Funded/partially funded between £100k and £1m. Unfunded between £50k and £500k	Funded/partially funded over £1m. Unfunded over £500k
F. Inspection / audit	Minor recommendations. Minor noncompliance with standards and/or policies.	Recommendations given. Non-compliance with standards and/or policies.	Reduced rating. Challenging recommendations. Non-compliance with core standards and/or policies.	Enforcement action. Critical report and Low rating. Major noncompliance with core standards and/or policies.	Prosecution. Zero rating Severely critical report.
G. Adverse publicity / reputation	Rumours.	Short term damage with stakeholders Minor effect on staff morale.	Longer term damage with individual stakeholders Significant effect on staff morale.	Widespread stakeholder damage Local media > 3 days	Sustained and widespread stakeholder damage National media > 3 days
H. Data Security and Protection	There is absolute certainty that no adverse effect can arise from the breach	A minor adverse effect must be selected where there is no absolute certainty. A minor adverse effect may be: The cancellation of a procedure but does not involve any additional suffering. Disruption to those who need the data to do their job.	An adverse effect may be: Release of confidential information into the public domain leading to embarrassment. Unavailability of information leading to the cancellation of a procedure that has the potential of prolonging suffering but does not lead to a decline in health. Prevention of someone doing their job such as cancelling a procedure that has the potential of prolonging suffering but does not lead to a decline in health.	Potential pain and suffering / financial loss: Reported suffering and decline in health arising from the breach. Some financial detriment occurred. Loss of bank details leading to loss of funds. Loss of employment.	Death / catastrophic event: A person dies or suffers a catastrophic occurrence.

Step 2: Determine the likelihood score

Now determine what is the likelihood of the impact occurring. The frequency-based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify a frequency. The frequency-based score will either be classed as rare, unlikely, possible, likely or almost certain.

Table 2: Likelihood score

Likelihood score	**1**	**2**	**3**	**4**	**5**
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost certain**
Frequency How often might it/does it happen	Only occurs in exceptional circumstances, > 5-year period	Could occur at sometime within 1 to 5 years	Could occur in the next 12 months	Will probably occur in the next 6 months	Expected to occur in the next 3 – 6 months

Step 3: Assigning a risk rating

Now apply the consequence and likelihood ratings to give you a risk rating for each of the risks you have identified. Calculate the risk rating by multiplying the consequence by the likelihood: C (consequence) x L (likelihood) = R (risk score)

Table 3: Risk rating = consequence x likelihood (C x L)

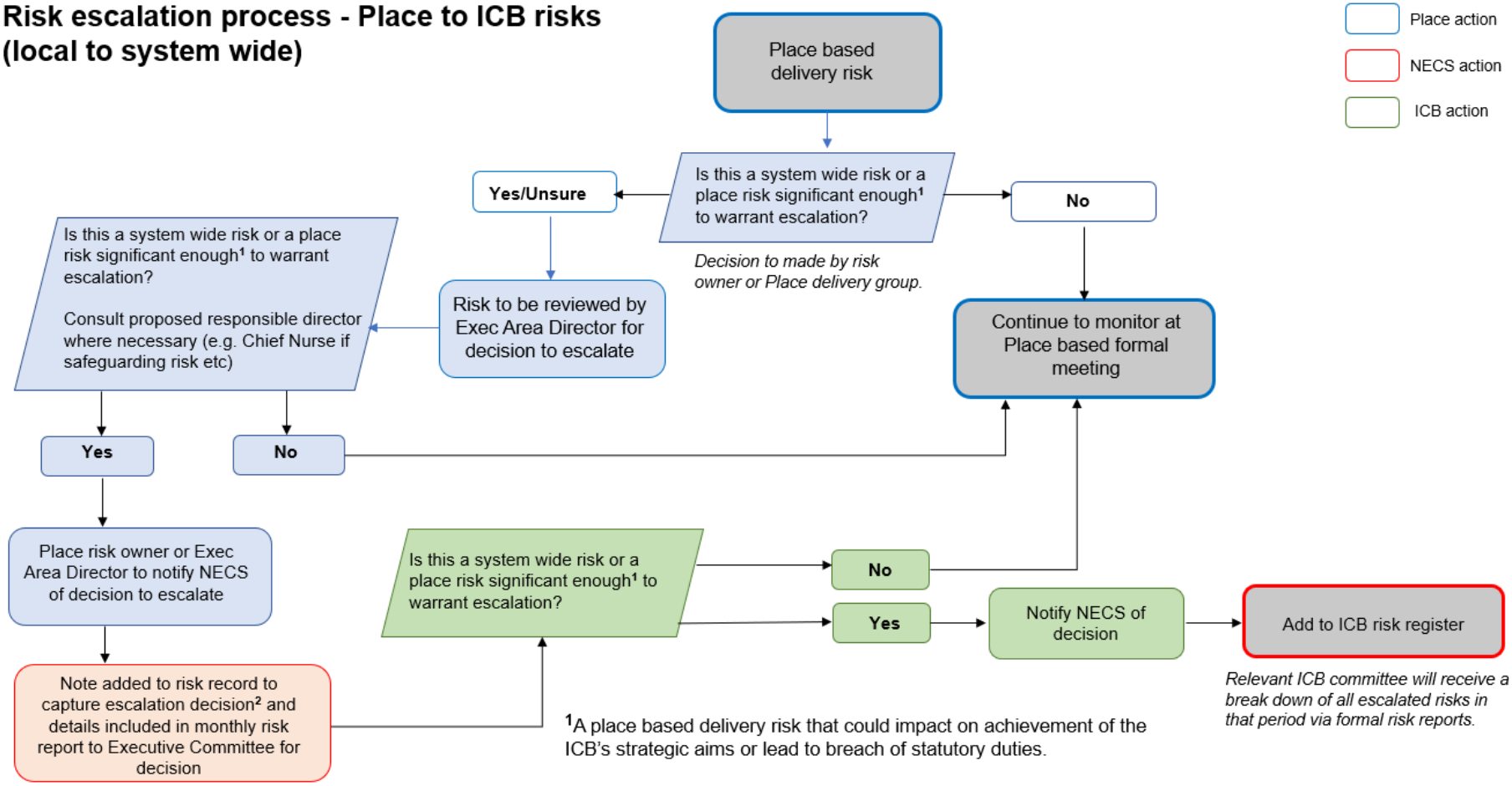
	Likelihood				
	1	**2**	**3**	**4**	**5**
Consequence	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost certain**
5 Catastrophic	**5**	**10**	**15**	**20**	**25**
4 Major	**4**	**8**	**12**	**16**	**20**
3 Moderate	**3**	**6**	**9**	**12**	**15**
2 Minor	**2**	**4**	**6**	**8**	**10**
1 Low	**1**	**2**	**3**	**4**	**5**

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

	1 - 6	Low risk
	8 - 10	Moderate risk
	12 - 16	High risk
	20 - 25	Extreme risk

Appendix 4 Escalation of Place or Area risks

Risk escalation process - Place to ICB risks (local to system wide)



[1] A place based delivery risk that could impact on achievement of the ICB's strategic aims or lead to breach of statutory duties.

[2] NECS Gov team will manage this process via risk register and email inboxes, keeping a log of all requests

Appendix 5: EQIA initial screening tool

Title	
Risk Management Strategy – minor amends	
Directorate	
Corporate Governance	
Brief Description of the proposed change	
Minor amends are being made to the risk management strategy following the approval of the risk appetite statement for 2025/26 and the proposal to remove target risk scoring with an indicator which describes whether the residual risk score is within; approaching; or, outside of agreed risk appetite levels.	
Who will the project/service/policy/decision impact?	
Staff	☒
Service User / Patients	☐
Carers	☐
Other Public Sector Organisations	☐
Voluntary / Community groups / Trade Unions	☐
Others, please specify below:	☐
Integrated Impact Assessment Review Panel	
Members of the panel:	Corporate governance, quality and equality and inclusion teams.
Date:	04/11/25
Equalities Impact	

For each protected characteristics group, consider whether the proposed change has:

No Impact: **N,** Negative Impact: **N,** Neutral Impact: **Ne,** Positive Impact: **P,** Unknown: **U**

Impact	No Impact	Negative	Neutral	Positive	Unknown
Age	☒	☐	☐	☐	☐
Disability	☒	☐	☐	☐	☐
Gender Re-assignment	☒	☐	☐	☐	☐
Marriage/Civil Partnership	☒	☐	☐	☐	☐

Pregnancy and Maternity	☒	☐	☐	☐	☐
Race and ethnicity	☒	☐	☐	☐	☐
Religion or belief	☒	☐	☐	☐	☐
Sex	☒	☐	☐	☐	☐
Sexual Orientation	☒	☐	☐	☐	☐
Other (see appendix 6 and provide detail)	☒	☐	☐	☐	☐

Summarise the overall impact:

No impact to protective characteristics as a result of the minor changes proposed.

Summarise the evidence used to make the judgement:

Updated risk management strategy includes on very minor changes to the process for recording and updating risks that will have negligible impact on protected characteristics.

If there are negative impacts; how might these be mitigated:

Not applicable.

Health Inequalities Impact

For each listed group at risk of health inequalities, consider whether the proposed change has:

No Impact: **N,** Negative Impact: **N,** Neutral Impact: **Ne,** Positive Impact: **P,** Unknown: **U**

Impact	No Impact	Negative	Neutral	Positive	Unknown
CORE 20	☒	☐	☐	☐	☐
CORE 20 PLUS	☒	☐	☐	☐	☐
Health Inclusion Groups	☒	☐	☐	☐	☐
Combined Overall	x				

Summarise the overall impact:

No impact to health inequalities as a result of the minor changes proposed.

Summarise the evidence used to make the judgement:

Updated risk management strategy includes on very minor changes to the process for recording and updating risks that will have negligible impact on health inequalities as a result.

If there are negative impacts; how might these be mitigated:

Not applicable.

Quality Impact Assessment

For each domain of quality, consider whether the proposal has:

No Impact: **N,** Negative Impact: **N,** Neutral Impact: **Ne,** Positive Impact: **P,** Unknown: **U**

Impact	No Impact	Negative	Neutral	Positive	Unknown
Patient Safety	☐	☐	☐	☒	☐
Clinical Effectiveness	☐	☐	☐	☒	☐
Patient Experience	☐	☐	☐	☒	☐
System/ Operational Impacts	☐	☐	☐	☒	☐
Combined Overall				X	

Summarise the overall impact:

The inclusion of an indicator which describes whether the residual risk score is within; approaching; or, outside of agreed risk appetite levels provides risk owners, directors and committee members a clear indication of whether current risks are within agreed appetite levels. This helps to bring all risks within agreed appetite levels and removes some of the variation within how the current target risk scores have been applied in some cases – further improving the risk management process.

Summarise the evidence used to make the judgement:

Updated risk management strategy includes on very minor changes to the process for recording and updating risks that will improve the process for identifying of risks are within agreed risk appetite levels.

If there are negative impacts; how might these be mitigated:

Not applicable.

Overall Conclusion

Summarise the overall outcome of the screening tool, any key potential impacts identified, and any key mitigations, and tick the relevant score under each domain below.

Impact	No Impact	Negative	Neutral	Positive	Unknown
Equality	☒	☐	☐	☐	☐
Health Inequality	☒	☐	☐	☐	☐
Quality	☐	☐	☐	☒	☐
Combined Overall				X	

Any negative impact outcomes will need a full impact assessment.

Recommendation	Tick Applicable
Proceed	☒

More information needed	☐	
Full Impact Assessment required	☐	
Stop	☐	

Any other key issues to record	
Completion	
Name and Job Title of the person completing the screening tool:	
Neil Hawkins, Strategic Head of Corporate Governance	
Date:	04/11/25
Authorisation	
Name and Job Title of the Accountable Lead:	
Deb Cornell, Director of Corporate Governance and Board Secretary	
Date:	04/11/25