RISK MANAGEMENT REPORT TEMPLATE

March 2023

Nuffield Department of Surgical Sciences

RISK APPETITE: The University has a high appetite for risk in the context of encouraging and promoting critical enquiry, academic freedom, freedom of expression, and open debate. The University has a very low appetite for risk where there is a likelihood of significant and lasting damage to its provision of world-class research or teaching; loss of life or harm to students, staff, collaborators, partners or visitors; significant and lasting reputational damage; significant financial loss or significant negative variations to financial plans; or illegal or unethical activity.
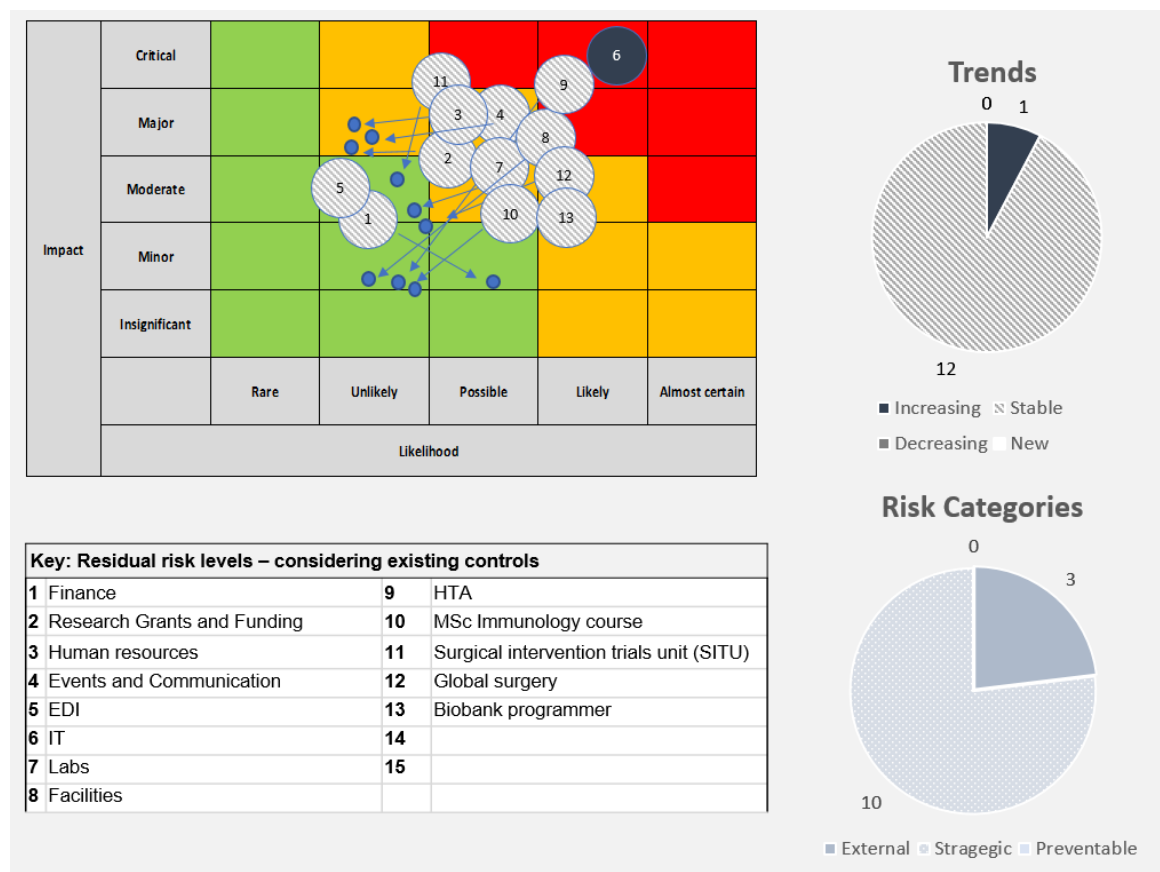
Executive Summary

This report summarises the principal risks identified at **October 2024** for the **Nuffield Department of Surgical Sciences**, along with an assessment of how well the risk is being managed, an indication of the resulting residual risk and the target risk level.

Principal risks are defined as those with a residual risk rating of 8 or above on the likelihood/impact matrix (see Appendix 2).

The risks were identified through interviews/feedback from the **Business Administration Unit** as well as input from **the wider department**.

Full details of each identified risk, plus risk owners and required actions, are set out in Appendix 1. Appendix 2 sets out the grading criteria used to assess likelihood and impact and at Appendix 3 are risks which were considered by the **Nuffield Department of Surgical Sciences**, but fall below the residual risk threshold rating of 8.

This report follows the last risk report of **October 2024**

Key: Residual risk levels – considering existing controls		
1 Finance	**9**	HTA
2 Research Grants and Funding	**10**	MSc Immunology course
3 Human resources	**11**	Surgical intervention trials unit (SITU)
4 Events and Communication	**12**	Global surgery
5 EDI	**13**	Biobank programmer
6 IT	**14**	
7 Labs	**15**	
8 Facilities		

No current plans for any treatment decisions.

Risk #	Risk name	Treatment decision
1	Finance (6)	Tolerate
2	Research Grants (8)	Tolerate
3	Human Resources (8)	Tolerate
4	Events and communication (8)	Tolerate
5	Equality, diversity and inclusion (6)	Tolerate
6	IT (20)	Tolerate
7	Laboratories (6)	Tolerate
8	Facilities (4)	Tolerate
9	HTA (4)	Tolerate
10	MSc Immunology (4)	Tolerate
11	SITU (12)	Tolerate
12	Global Surgery (6)	Tolerate
13	Biobank programmer (8)	Tolerate

Key findings from this exercise are:

From this exercise the NDS accepts that there is an element of risk in all areas within the department. All of these are tolerated due to the provisions put in place to ensure that risk factors are not increased.

The highest at risk area identified is IT; despite training and precautions taken by the University we believe that if systems were to go down the effect on the department will surely result in the potential inability to continue working. Another moderately high-risk area was SITU due to the nature of the work.

A single point of failure was also identified where in some cases staff members have valuable knowledge of processes that perhaps others would take time to source if they were unable to work at short notice. The NDS are working to set up some standard operating procedures with regards to role specificity to assist with this. It will act as an initial guide for business continuity.

The NDS is aware that an emergency action plan and contact cascade needs to be established in the event that systems are compromised and staff/students need to be contactable for information to be disseminated. The University are currently setting up a mass alert system – Safe Zone.

The Head of Department accepts overall responsibility for these risks but has devolved responsibility to members of the department that have specialised knowledge within those areas.

Key actions resulting from this exercise are:

1. Write SOPs to help others in the event that you are unable to work
2. Establish an emergency action plan (EAP)
3. Set up an emergency calling cascade

Appendix 1: Risk management summary
See appendices 2-5 for definitions. For further guidance on completing the template and what to include see the current risk guidance & FAQ document. Colour coding in the impact/ likelihood cells should be adjusted to reflect the ratings selected i.e. impact x likelihood =1-6: GREEN, 8-14: AMBER, 15-25: RED.

Risk 1: **Finance department** Category: Preventable/ **Strategic**/ External Approach: Fix-Treat / Fix-Transfer / Fix-Terminate / **Tolerate** / Exploit / Treated- no further action proposed	Risk owner	Assessment of inherent risk [1]		Assessment of residual risk (after controls)		Residual risk trend since last report
	Head of Department and Head of Finance	**Impact**	**Likelihood**	**Impact**	**Likelihood**	NEW / **=** / ↑ / ↓
		1/ 2/ **3**/ 4/ 5	1/ **2**/ 3/ 4/ 5	1/ 2/ **3**/ 4/ 5	1/ **2**/ 3/ 4/ 5	
Risk that Oracle or central University not working, NDS not able to continue to work, invoices unpaid, funding conditions not met, possibility of fraudulent activity.						

Current controls (what is <u>already in place</u> to manage the risk)	Control owner	Effectiveness of controls	
1. MDS IT working to ensure systems are working correctly	Central University	**Rating: Satisfactory** / Partially satisfactory / Weak / Too early to assess	
2. Work carried out in a timely way to avoid last minute disruption	Individual		
3. Employ reliable, honest staff. Follow University guidelines and procedures.	Interview panel	**Comment on effectiveness (optional): Wait for the system to be working. Cannot operate without controls in place.**	

Risk 2: **Research grants and funding** Category: Preventable/ Strategic/ **External** Approach: Fix-Treat / Fix-Transfer / Fix-Terminate / **Tolerate** / Exploit / Treated- no further action proposed	Risk owner	Assessment of inherent risk [2]		Assessment of residual risk (after controls)		Residual risk trend since last report
	Head of Department and Grants Manager	**Impact**	**Likelihood**	**Impact**	**Likelihood**	NEW / **=** / ↑ / ↓
		1/ 2/ 3/ **4**/ 5	1/ 2/ **3**/ 4/ 5	1/ 2/ 3/ **4**/ 5	1/ **2**/ 3/ 4/ 5	
Risk that grants are not awarded due to funding conditions, bad reputation or ethics. No money to groups leading to cuts or loss of personnel.						

Current controls (what is <u>already in place</u> to manage the risk)	Control owner	Effectiveness of controls
1. Apply in good time to meet deadlines including reports	Group leaders/post docs	**Rating: Satisfactory** / Partially satisfactory / Weak / Too early to assess
2. Keep a widespread diverse portfolio of funders	Grants team	
3. Information advertised in Bulletin	Communications	
4. Ensure delivery of what has been agreed for the Grant	Group leaders	

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[1] **IMPACT**: 1=insignificant, 2=minor, 3=moderate. 4=major, 5=critical. **LIKELIHOOD**: 1=rare, 2=unlikely, 3=possible, 4=likely, 5=almost certain. See definitions in appendix 2.

[2] **IMPACT**: 1=insignificant, 2=minor, 3=moderate. 4=major, 5=critical. **LIKELIHOOD**: 1=rare, 2=unlikely, 3=possible, 4=likely, 5=almost certain. See definitions in appendix 2.

5. The time at which budgets are spent could be disallowed by terms and conditions or insufficient record keeping	Groups and Grants team	Comment on effectiveness (optional): Ensure Grants team can cope with growing department needs.	
Action		**Action owner**	**Action due date**
1. HAF sends out funding opportunities		Head of Admin and Finance	Ongoing
	Target Risk:	By: ongoing	**Impact** 1/ **2**/ 3/ 4/ 5 **Likelihood** 1/ **2**/ 3/ 4/ 5

Risk 3: **Human Resources** Category: Preventable/ **Strategic**/ External Approach: Fix-Treat / Fix-Transfer / Fix-Terminate / **Tolerate** / Exploit / Treated- no further action proposed	**Risk owner**	**Assessment of inherent risk** [3]		**Assessment of residual risk (after controls)**		**Residual risk trend since last report**
	Head of Department and HR Manager	**Impact**	**Likelihood**	**Impact**	**Likelihood**	NEW / **=** / ↑ / ↓
		1/ 2/ 3/ **4**/ 5	1/ 2/ **3**/ 4/ 5	1/ 2/ 3/ **4**/ 5	1/ **2**/ 3/ 4/ 5	

Risk of employment issues (visa, legislation, staff turnover), personal data - GDPR, payroll/wage changes, due to personnel or legislative changes, storage of sensitive information or systems going down. This could result in work unable to be carried out, payments not made, breach of information, reputation damage.

Current controls (what is already in place to manage the risk)	**Control owner**	**Effectiveness of controls**
1. Working with central University to meet deadlines and expectation	HR Manager	**Rating: Satisfactory** / Partially satisfactory / Weak / Too early to assess **Comment on effectiveness (optional):**
2. Personal data stored in a safe area, correct procedures followed	HR team	
3. Working with third parties – Horus security screening	HR team	
4. Electronic info, or systems going down	IT Manager and Central University	

Risk 4: **Events and communication** Category: Preventable/ **Strategic**/ External Approach: Fix-Treat / Fix-Transfer / Fix-Terminate / **Tolerate** / Exploit / Treated- no further action proposed	**Risk owner**	**Assessment of inherent risk** [4]		**Assessment of residual risk (after controls)**		**Residual risk trend since last report**
	Head of Department and Communications Manager	**Impact**	**Likelihood**	**Impact**	**Likelihood**	NEW / **=** / ↑ / ↓
		1/ 2/ 3/ **4**/ 5	1/ 2/ **3**/ 4/ 5	1/ 2/ 3/ **4**/ 5	1/ **2**/ 3/ 4/ 5	

Risk that social media, the website, work experience, photography/filming or events could misrepresent the brand of NDS and the University. Could lead to bad press and reputational damage to the department.

Current controls (what is already in place to manage the risk)	**Control owner**	**Effectiveness of controls**

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1. Ensure correct permissions are in place for filming and open release	Communications Manager	**Rating: <u>Satisfactory</u>** / Partially satisfactory / Weak / Too early to assess
2. Keep information correct and up to date	Communications Manager	**Comment on effectiveness (optional):**
3. Follow safety advice with work experience students	Communications Manager and demonstrator	

Risk 5: <u>Equality, Diversity and Inclusion</u> **Category:** Preventable/ **<u>Strategic</u>**/ External **Approach:** Fix-Treat / Fix-Transfer / Fix-Terminate / <u>**Tolerate**</u> / Exploit / Treated- no further action proposed	**Risk owner**	**Assessment of inherent risk [5]**		**Assessment of residual risk (after controls)**		**Residual risk trend since last report**
	Head of Department and EDI Manager	**Impact**	**Likelihood**	**Impact**	**Likelihood**	NEW / = / ↑ /↓
		1/ 2/ **<u>3</u>**/ 4/ 5	1/ **<u>2</u>**/ 3/ 4/ 5	1/ 2/ **<u>3</u>**/ 4/ 5	1/ **<u>2</u>**/ 3/ 4/ 5	

Risk that personal data/surveys (third party), ethics, Athena Swan and permissions to photograph/film are lost or disrupted. Due to single point of failure or incorrect storage of data, resulting in reputational damage and loss of confidence in the department.

Current controls (what is <u>already in place</u> to manage the risk)	**Control owner**	**Effectiveness of controls**
1. Store and handle sensitive data – give a good handover if leaving 2. Get permissions	EDI Manager	**Rating: <u>Satisfactory</u>** / Partially satisfactory / Weak / Too early to assess **Comment on effectiveness (optional):**

Risk 6: <u>IT</u> **Category:** Preventable/ Strategic/ **<u>External</u>** **Approach:** Fix-Treat / Fix-Transfer / Fix-Terminate / <u>**Tolerate**</u> / Exploit / Treated- no further action proposed	**Risk owner**	**Assessment of inherent risk [6]**		**Assessment of residual risk (after controls)**		**Residual risk trend since last report**
	Head of Department and IT Manager	**Impact**	**Likelihood**	**Impact**	**Likelihood**	NEW / = / ↑ /↓
		1/ 2/ 3/ 4/ **<u>5</u>**	1/ 2/ 3/ **<u>4</u>**/ 5	1/ 2/ 3/ 4/ **<u>5</u>**	1/ 2/ 3/ **<u>4</u>**/ 5	

Risk of University systems going down, security breaches/computer virus/ransomware, personal data, research, emails, phones going down due to possible cyber-attack and devices not working. Could lead to complete shutdown of the department and release of personal information if procedures are not followed.

Current controls (what is <u>already in place</u> to manage the risk)	**Control owner**	**Effectiveness of controls**
1. Staff trained in info security is mandatory for all staff, follow procedures e.g. do not share passwords	Individual	**Rating: <u>Satisfactory</u>** / Partially satisfactory / Weak / Too early to assess
2. Central University procedures in place	Central University	

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3. Keep updates current	IT Manager	**Comment on effectiveness (optional):**
4. Awareness of phishing emails	Individual	
5. Use encrypted devices	Individual	

Action N.B. for risks with residual rating of 15+ (impact x likelihood) appearing on a Committee Risk Register DELETE this section and insert a more detailed Risk Action Plan per the next template (this does not apply to Divisional risk registers)	Action owner	Action due date
1. Check everyone has done info sec training	IT Manager	Annual
2. Make a contingency plan, or find out scenarios action	Senior leadership/University	2027
3. Storage data, make sure individuals are aware of back ups	Individual	2027
4. Have an emergency call out strategy procedure	Department	ASAP

		Impact	Likelihood
Target Risk:	By: **2027**	1/ 2/ 3/ 4/ 5	1/ 2/ 3/ 4/ 5

Risk 7: <u>Laboratories</u> **Category:** Preventable/ **Strategic**/ External **Approach:** Fix-Treat / Fix-Transfer / Fix-Terminate / <u>**Tolerate**</u> / Exploit / Treated- no further action proposed	Risk owner	Assessment of inherent risk [7]		Assessment of residual risk (after controls)		Residual risk trend since last report
	Head of Department and Laboratory Manager	**Impact**	**Likelihood**	**Impact**	**Likelihood**	NEW / **=** / ↑ / ↓
		1/ 2/ 3/ **4**/ 5	1/ 2/ **3**/ 4/ 5	1/ 2/ **3**/ 4/ 5	1/ **2**/ 3/ 4/ 5	

All aspects of health and safety, training and supervision, lone working, follow procedures and SOPs, carry out risk assessments, ensure equipment is serviced and safe to use, and handle substances – with knowledge of emergency protocols and use of appropriate PPE. Sensitive lab work may be taking place, clinical trials, in vivo, liquid nitrogen, or radiation work. Failure to follow correct procedures may lead to unsafe working environments resulting in potential harm to staff/students or damage to premises. Reputation damage to the department/University, cessation of work/inability to work and possible legal action.

Current controls (what is <u>already in place</u> to manage the risk)	Control owner	Effectiveness of controls
1. Follow University procedures	Laboratory Manager	**Rating: <u>Satisfactory</u>** / Partially satisfactory / Weak / Too early to assess
2. Complete SOPs and RAs, ensure training is adequate for required work	Laboratory Manager	
3. Service equipment	Laboratory Manager	**Comment on effectiveness (optional):**

Risk 8: <u>Facilities</u>	Risk owner	Assessment of inherent risk [8]	Assessment of residual risk (after controls)	Residual risk trend since last report

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Category: Preventable/ **Strategic**/ External Approach: Fix-Treat / Fix-Transfer / Fix-Terminate / **Tolerate** / Exploit / Treated- no further action proposed	Head of Department and Facilities Manager	**Impact**	**Likelihood**	**Impact**	**Likelihood**	NEW / **=** / ↑ /↓
		1/ 2/ 3/ **4**/ 5	1/ 2/ **3**/ 4/ 5	1/ **2**/ 3/ 4/ 5	1/ **2**/ 3/ 4/ 5	

No formal lease agreement with OUH Trust, department security, loss of assets, fire safety compliance and facilities fit for purpose. Could lead to eviction from premises, staff safety compromised due to security issues, or theft, risk of fires or unsafe working place.

Current controls (what is <u>already in place</u> to manage the risk)	Control owner	Effectiveness of controls
1. Door security, remind staff about safety	Facilities Manager	**Rating: Satisfactory** / Partially satisfactory / Weak / Too early to assess
2. Carry out PAT testing	Facilities Manager	
3. Fire safety training	Facilities Manager	Comment on effectiveness (optional):
4. Medical Sciences aware of lease agreement issues	Facilities Manager	

Risk 9: <u>HTA</u> Category: Preventable/ **Strategic**/ External Approach: Fix-Treat / Fix-Transfer / Fix-Terminate / **Tolerate** / Exploit / Treated- no further action proposed	Risk owner	Assessment of inherent risk [9]		Assessment of residual risk (after controls)		Residual risk trend since last report
	Head of Department and Persons Designated	**Impact**	**Likelihood**	**Impact**	**Likelihood**	NEW / **=** / ↑ /↓
		1/ 2/ 3/ **4**/ 5	1/ 2/ 3/ **4**/ 5	1/ **2**/ 3/ 4/ 5	1/ **2**/ 3/ 4/ 5	

Risk holding samples without appropriate documentation, consent issues, training staff, compliance and ethics, could be due to lack of understanding of the legal implications or not following procedures. Inspections carried out for monitoring and this could have a huge impact if our licence was revoked and work could not be done affecting many studies and the reputation of the department and University.

Current controls (what is <u>already in place</u> to manage the risk)	Control owner	Effectiveness of controls
1. Follow University procedures and work with the HTA Governance	Persons designated	**Rating: Satisfactory** / Partially satisfactory / Weak / Too early to assess
2. SOPs and training, regulated and controlled Biobanks with tracking	Biobank Managers	
3. Quality assurance and guidance	Managers assigned	Comment on effectiveness (optional):
4. Material transfer part of Governance	Governance managers	

Risk 10: <u>MSc Immunology course</u> Category: Preventable/ **Strategic**/ External Approach: Fix-Treat / Fix-Transfer / Fix-Terminate / **Tolerate** / Exploit / Treated- no further action proposed	Risk owner	Assessment of inherent risk [10]		Assessment of residual risk (after controls)		Residual risk trend since last report
	Head of Department course director	**Impact**	**Likelihood**	**Impact**	**Likelihood**	NEW / **=** / ↑ /↓
		1/ 2/ **3**/ 4/ 5	1/ 2/ **3**/ 4/ 5	1/ **2**/ 3/ 4/ 5	1/ **2**/ 3/ 4/ 5	

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Students doing an MSc course risks of handling personal data, student safety, following University student guidelines, eVision system going down, recruitment of students and teachers, government changes to funding or fee increases and single point of failure. All of these could hinder the program, cause stress to the students and lead to reputational damage for the department and University.

Current controls (what is already in place to manage the risk)	Control owner	Effectiveness of controls
1. Follow University guidance and policies	Course director	**Rating: Satisfactory** / Partially satisfactory / Weak / Too early to assess
2. Administration to follow deadlines and manage workload	Course administrator	
3. Finance and funding	Central University	**Comment on effectiveness (optional):**
4. eVision system	Student support centre	

Risk 11: <u>Surgical Intervention Trials Unit (SITU)</u> **Category:** Preventable/ **Strategic**/ External **Approach:** Fix-Treat / Fix-Transfer / Fix-Terminate / **<u>Tolerate</u>** / Exploit / Treated- no further action proposed	Risk owner	Assessment of inherent risk [11]		Assessment of residual risk (after controls)		Residual risk trend since last report
		Impact	**Likelihood**	**Impact**	**Likelihood**	NEW / **=** / ↑ /↓
	Head of Department and Head of SITU	1/ 2/ 3/ 4/ **5**	1/ 2/ 3/ **4**/ 5	1/ 2/ 3/ **4**/ 5	1/ 2/ **3**/ 4/ 5	

Risk of trials losing funding (26 trials, with 25 staff approx.), rely on external funding for staffing and senior management. Researchers rely on SITU, funding failures could result in reputational damage or inability to continue work.

Current controls (what is already in place to manage the risk)	Control owner	Effectiveness of controls
1. Funding, NIHR – big funder	Grants Team and HR	**Rating: Satisfactory** / Partially satisfactory / Weak / Too early to assess
2. Time/deadlines to meet	Individuals	
3. Staff to support grant submissions in appropriate ways	H of S/Operational Lead	**Comment on effectiveness (optional):**
4. Manage expectations	H of S/Operational Lead	
5. Once agreed, responsible for life cycle of trial, data security	H of S/Operational Lead	
6. Working with third party for devices - OCTRU	H of S/Operational Lead	
7. Loss of personnel, staffing levels, permanent contracts	H of S/Operational Lead	

Action N.B. for risks with residual rating of 15+ (impact x likelihood) appearing on a Committee Risk Register DELETE this section and insert a more detailed Risk Action Plan per the next template (this does not apply to Divisional risk registers)	Action owner	Action due date
Transparency with Finances	HR	
Plan for the future, fixed term contracts (5 year contract, staff for 2 years)	Department	Working on possible permanent contracts?
Target Risk:	By: **2027**	**Impact**	**Likelihood**

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					1/ **2**/ 3/ 4/ 5	1/ 2/ **3**/ 4/ 5

Risk 12: Global Surgery

Category: Preventable/ Strategic/ **External**

Approach: Fix-Treat / Fix-Transfer / Fix-Terminate / **Tolerate** / Exploit / Treated- no further action proposed

Risk owner	Assessment of inherent risk [12]		Assessment of residual risk (after controls)		Residual risk trend since last report
	Impact	**Likelihood**	**Impact**	**Likelihood**	NEW / **=** / ↑ / ↓
Head of Department and Head of Global Surgery	1/ 2/ **3**/ 4/ 5	1/ 2/ **3**/ 4/ 5	1/ 2/ **3**/ 4/ 5	1/ **2**/ 3/ 4/ 5	

Global surgery is a group of clinicians and researchers working together to contribute to the provision of high quality surgical care globally, particularly in low and middle income countries. All contributors have another job and work voluntarily. Money all raised from donations and charities, there are some paid staff but all work to the same ethos and passionate to continue its success.

Current controls (what is already in place to manage the risk)	Control owner	Effectiveness of controls
1. Money is there, all resources available – working with external partners	Lead of Global Surgery	Rating: **Satisfactory** / Partially satisfactory / Weak / Too early to assess
2. No risk, succession planning in progress	Lead of Global Surgery	
3. Profits get put back into Global Surgery – consider audit trail and fraud	Lead of Global Surgery	**Comment on effectiveness (optional):**
4. Self-funding, no cost to the department	Lead of Global Surgery	
5. Working with low and middle income countries systems and processes	Lead of Global Surgery	
6. Staff security, field work and travel assessments carried out	Lead of Global Surgery	

Risk 13: Biobank programmer

Category: Preventable/ **Strategic**/ External

Approach: Fix-Treat / Fix-Transfer / Fix-Terminate / **Tolerate** / Exploit / Treated- no further action proposed

Risk owner	Assessment of inherent risk [13]		Assessment of residual risk (after controls)		Residual risk trend since last report
	Impact	**Likelihood**	**Impact**	**Likelihood**	NEW / **=** / ↑ / ↓
Head of Department and Senior Programmer	1/ 2/ 3/ **4**/ 5	1/ **2**/ 3/ 4/ 5	1/ 2/ 3/ **4**/ 5	1/ **2**/ 3/ 4/ 5	

The NDS has a Senior Programmer who develops databases for studies many of which are biobanking. Single point of failure risk.

Current controls (what is already in place to manage the risk)	Control owner	Effectiveness of controls
1. Single point of failure – aware this risk may impact a number of trials	Senior Programmer	Rating: **Satisfactory** / Partially satisfactory / Weak / Too early to assess
		Comment on effectiveness (optional):

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Appendix 1 continued: Risk Action Plan for Committee risks with residual rating 15+ (impact x likelihood)

- The Risk Action Plan below should be used by Risk Owners and Committees of the University to document the action being taken to mitigate each risk where the residual risk rating (impact x likelihood) is 15+. More detailed Risk Action Plans have been requested by Council & ASC and will enable greater oversight of our most significant risks, including a clearer view of progress over time where there are multi-year programmes to bring a risk down to target. For each principal risk on a committee Risk Register delete the 'Action' rows from the preceding risk register template and insert the more detailed Action Plan below. The actions documented on the Risk Action Plan should cumulatively bring the risk to target.
- **Risk Action Plans are not required on divisional risk registers**, the relevant committee will document the action across the University as a whole on their register.
- The colour coding in the impact/ likelihood cells should be adjusted to reflect the ratings selected i.e. impact x likelihood =1-6: GREEN, 8-14: AMBER, 15-25: RED.

Risk Actions: progress since previous report			
In the period since the previous risk register review have actions to address this risk progressed as planned?		Yes / No / n/a (new risk)	
If no, provide further detail (including e.g. any barriers to progress):			
Risk Action Plan: next 12 months List planned actions below, ensuring dates are realistic and actions are proportionate to the risk reduction targetted. The actions & target should be achievable within available resources (if actions/ target are therefore constrained this can be noted in 'Further comments' below)	**Target risk after 12 months:**	**Impact** 1/2/3/4/5	**Likelihood** 1/2/3/4/5
Action details	**Action owner**	**Target date**	
1.			
2.			
3.			
4.			
Risk Action Plan: 12 months onwards List planned actions below, ensuring dates are realistic and actions are proportionate to the risk reduction targetted. The actions & target should be achievable within the resources reasonably expected to be available (if actions/ target are therefore constrained this can be noted in 'Further comments' below)	**Target risk when all actions complete (usually within a maximum of 3 years):**	**Impact** 1/2/3/4/5	**Likelihood** 1/2/3/4/5
Action details	**Action owner**	**Target date (usually within a maximum of 3 years)**	
1.			
2.			
3.			
4.			

Further comments (optional):
Please note any other significant information relating to mitigation of this risk e.g. potential for further risk reduction subject to additional resource/ investment.

Appendix 2: Assessment criteria Please read carefully and apply in the context of your unit (e.g. department, division or committee)

Risk assessment criteria for inherent ('gross') risk and residual ('net' – after taking into account existing controls) risk

LIKELIHOOD ASSESSMENT:

Select the likelihood of the assigned impact being felt in the <u>current</u> or <u>next academic year</u>.

Select the likelihood descriptor which is most suitable, taking into account the frequency and probability guidance descriptions.

Example: It's likely that we could face a small fine because legislative changes have been suddenly announced which we have not prepared for and the regulator has announced it will audit universities. This is not something that could occur every 6 months (the same frequency rating as 'likely') but is still seen as being 'likely' to occur in the current or next academic year. In this instance the probability description is more applicable to the risk than the frequency description.

Please also note if a risk is **'emerging'***

LIKELIHOOD	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency	May not occur for several years (i.e. more than 5)	Could occur at least once in a 5 year period	Could occur at least once a year	Could occur at least once every 6 months	Could occur at least once per month
Probability	1 - 10%	11 - 24%	25 - 50%	51 - 85%	>85%
	Could only occur in exceptional circumstances	Unlikely to occur	Reasonable chance of occurring	Likely to occur	More likely to occur than not
*Emerging	A risk is emerging if it is 'rare' or 'unlikely' to have an impact of level 4 or 5 in the current or next academic year, but IS 'possible', 'likely' or 'almost certain' to have that level of impact in the 3 - 5 years after that based on the existing controls. For example: For 2019/20 and 2020/21 the risk that we are non-compliant with X tax legislation with a resulting impact of the stipulated 2% of revenue fines is unlikely because the government has granted a grace period of 18 months for implementation. However, in 2021/22 that law will come into full force and the government have advised that they are likely to audit higher education institutions and we have not got a programme in place to get prepared for this. Therefore, based on our current controls, in 2021/22 -or the 2 years after it is likely that we may face a level 4 or 5 impact.				

IMPACT ASSESSMENT:

Select the impact descriptor which is most realistic, taking into account likelihood of occurring in current or next academic year.

Where you have more than one potential impact criteria (e.g. reputational impact at 'critical' and strategic objectives at 'minor') select the higher result ('critical').

The impact should be assessed from the perspective of the unit completing the risk assessment (e.g. the budgeted income for the department, if the department is completing the assessment, and the impact on the department's strategic objectives).

IMPACT	Descriptor		Financial impacts losses (including fines) or loss of income of:	Reputational impacts	Service delivery impacts	Strategic objectives impacts
5	**Critical**	A very serious issue, the impact of which could: - cause **critical** financial damage across the University, or - cause **critical** reputational damage across the University, or - have a **critical** impact on service delivery, or - **critically** constrain the University's ability to achieve strategic objectives	£5m + **OR** >20% of the unit in question's operating budget (whichever is greater)	Widespread loss of confidence and calls for senior dismissals. Loss of credibility & stakeholder withdrawal. Sustained adverse national and international media coverage.	Critical activity or service failure (e.g. key technology service unavailable for > 2 weeks) Total loss of service for >3 days at one or more buildings Serious decline / impact on performance indicators or academic quality standards Critical project failure Critical forced re-prioritisation of resources and / or priorities Serious adverse outcome of inspection or assessment.	More than three strategic objectives significantly adversely affected (unlikely to be achieved)
4	**Major**	A serious issue, the impact of which could: - cause **major** financial or reputational damage across the University, or - cause **major** reputational damage across the University, or - have a **major** impact on service delivery, or - **majorly** constrain the University's ability to achieve strategic objectives	£1m - 4.9m **OR** 15% - 19% of the unit in question's operating budget (whichever is greater)	A number of serious complaints from the public, with potential for government to investigate. Major impact on community standing and serious concerns raised by key stakeholders. On-going adverse national media coverage with short-term international coverage.	Serious disruption to core service / activity (e.g. key technology service unavailable for 1 - 2 weeks) Total loss of service for 1 - 3 days at one or more buildings Notable decline / impact on performance indicators or academic quality standards Material threat to a major project Requirement to re-prioritise some resources/priorities in the short-term Adverse outcome of inspection or assessment	Two - three strategic objectives significantly adversely affected (unlikely to be achieved)

3	Moderate	An issue whose impact could: - cause **moderate** financial or reputational damage across the University, or - cause **moderate** reputational damage across the University, or - have a **moderate** impact on service delivery, or - **moderately** constrain the University's ability to achieve strategic objectives	£500k – 999k **OR** 10% - 14% of the unit in question's operating budget (whichever is greater)	Some serious complaints from the public with the potential for a moderate impact on community standing. On-going adverse regional media coverage and short-term criticism in national press, though very limited international coverage.	Disruption to core service / activity (e.g. key technology service unavailable for 1 -5 days) Recoverable impact on performance indicators or academic quality standards Moderate threat to a major project Remedial action required from inspection or audit reports	One strategic objective significantly adversely affected (unlikely to be achieved)
2	Minor	An issue whose impact might: - result in **minor** financial damage across the University, or - result in **minor** reputational damage across the University, or - have a **minor** impact on service delivery, or - or which might reduce the University's ability to achieve strategic objectives to a **minor** degree.	£100 - 499K **OR** 5 - 9% of the unit in question's operating budget (whichever is greater)	Some local complaints and on-going adverse local press coverage. Limited Impact on community standing.	Minor disruption to core service / activity (e.g. key technology service unavailable for <24 hours) Minor impact on performance indicators or academic quality standards but no significant mitigation required Minor improvements required from inspections or audit reports.	Several strategic objectives adversely affected
1	Insignificant	An issue whose impact might: - result in **insignificant** financial damage across the University, or - result in **insignificant** reputational damage across the University, or - have an **insignificant** impact on service delivery, or - or which might reduce the University's ability to achieve strategic objectives to an **insignificant** degree.	<£100K **OR** <5% of the unit in question's operating budget (whichever is greater)	One off criticism in local press / local complaint. No impact on community standing. Potentially some public awareness but no public concern.	Isolated service disruption but no core services or activities affected Localised, short-term issue which can be resolved with negligible impact on service delivery.	No strategic objectives adversely affected

RAG indicators

Impact		Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)
	Critical (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
	Insignificant (1)	1	2	3	4	5
		Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)
	Likelihood					

Control effectiveness rating
Controls are rated based on their effectiveness at mitigating the risks the effectiveness, taking into account the University's risk appetite and tolerance levels, as follows:

Rating	Definition
Satisfactory	The controls currently in place are operating effectively. They are well designed and address the root causes of the risk.
Partially satisfactory	The controls currently in place are operating effectively, however are not designed to address the root causes of the risk *OR*
	The controls currently in place are well designed and address the root causes of the risk, however are not operating effectively.
Weak	The controls currently in place are not operating effectively and are not designed to address the root causes of the risk.
Too early to assess	It is too soon to assess the effectiveness of the controls.
	The rating 'too early to assess' should only be used sparingly where it is definitely too early to assess to any degree whether the controls are effective.

Risk categories

Category	Definition
Preventable	Internal risks, arising from within the organisation, that are controllable and ought to be eliminated or avoided. Examples are the risks from employees' and managers' unauthorized, illegal, unethical, incorrect, or inappropriate actions and the risks from breakdowns in routine operational processes.
Strategic	Risks which the organisation voluntarily accepts in order to generate superior returns from its strategy.
	Strategy risks are not inherently undesirable and should be managed by reducing the probability that the assumed risk will occur and containing the risk event should it then still happen.
External	Risks which arise from sources external to the organisation and are beyond its influence or control.
	Sources of these risks include natural and political disasters and major macroeconomic shifts. Since organisations cannot prevent these risks from occurring, focus should be on identification and mitigation.

Appendix 3: Below threshold risk areas

The following risks have been considered by the Committee/Division/Department, but are assessed as falling below the threshold of 8 in the residual impact x likelihood rating (Appendix 2). The exception is 'emerging' risks (per the definition in the impact analysis in Appendix 2) – which are shown in Appendix 1.

Risk	Residual Risk Rating		
	Impact	Likelihood	Overall RAG rating
Example risk summary	2	3	6

Appendix 4: Risk treatment approach

Addressing risk involves selecting the appropriate option of either 'fixing' the risk exposure, 'tolerating' it or 'exploiting' any possible opportunities from the risk.

Fixing the risk: the intention is, if possible and practical, to reduce the net evaluation to within the University's risk tolerance (the target evaluation) at a cost that is acceptable. The options available for 'fixing' the risk are:

TREATING	TRANSFERRING	TERMINATING
Implementing control measures to reduce the risk exposure to an acceptable level, to within the desired risk tolerance.	Moving the risk to another team or third party (for instance, a joint venture or outsourcing) or obtaining insurance cover to mitigate the financial loss.	Ceasing to carry out the activity, particularly if it is clear that the cost/ benefit is no longer viable.

Tolerating the risk: for some risks, the risk exposure may not be acceptable, but it is not possible to do anything about it. Equally, the cost of reducing the risk may far outweigh the potential benefit. In this case, the risk exposure will have to be tolerated. This would need to be reported up to the next level.

Exploiting opportunities from risks: in a few situations, it may be possible to 'exploit' the risk. This may be where the risk is an event with an uncertain outcome that could be either negative or positive.

TEMPLATE RISK REGISTER - DOCUMENT CHANGE LOG		
Version	**Changes from previous doc**	**Changes made by**
June 2022	• Addition of target level due dates • Correction of control reference (deleted 'strong' and replaced with 'satisfactory' in example detailed risk schedule) • Inclusion of new example risk • Included more guidance text for those using template for the first time • Included definitions of the risk categories (preventable, strategic, external)	Stephanie Norman, Head of Risk, Compliance and Assurance
March 2023	• Simplified appendix 1 (Risk Management Summary)- improving flow of information and simplifying detail required for controls. Simplifying to only require numeric rating not numeric and description. • Added additional table to appendix 1- detailed Risk Action Plan to be used for risks rating 15+ on committee risk registers • Adjustments to associated example dashboard template: 1) Removed reference to risks being close to/ outside tolerance which are not part of the current defined process 2) Removed table of key actions (duplication)	Helen Flight, Interim Risk Manager
February 2024	• Removed Appendix 4 (Risks Managed by Different Committees)	Niamh Young