



**West Hampshire**  
Clinical Commissioning Group

# **CORPORATE RISK MANAGEMENT POLICY AND STRATEGY**

**(Version 2.9)**

<b>Subject and version number of document:</b>	Corporate Risk Management Policy and Strategy Version 2.9
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<b>Author:</b>	Business Planning and Risk Manager
<b>CCG Owner:</b>	Chief Finance Officer
<b>Links to Other Policies:</b>	WHCCG Health and Safety Policy
<b>Review date:</b>	September 2022
<b>For action by:</b>	Board Members, Directors, Associate Directors and Managers
<b>Policy statement:</b>	To have a robust and transparent process for managing risk. To ensure the risk management process is in the best interest of the patients, the CCG and the NHS as a whole.
<b>Responsibility for dissemination to new staff:</b>	Line Managers
<b>Mechanisms for dissemination:</b>	All new and updated policies are promoted to staff through the staff newsletter and intranet, and published on the CCG website.
<b>Training Implications:</b>	If appropriate, staff will receive instruction and direction regarding the policy from a number of sources: <ul style="list-style-type: none"> <li>• Induction presentation</li> <li>• Short group training sessions</li> <li>• One to one training as appropriate</li> </ul>
<b>Resource implications:</b>	There are no resource implications.
<b>Further details and additional copies available from:</b>	Business Planning and Risk Manager Website: <a href="https://www.westhampshireccg.nhs.uk/documents?media_folder=189&amp;root_folder=Corporate">https://www.westhampshireccg.nhs.uk/documents?media_folder=189&amp;root_folder=Corporate</a>
<b>Equality Analysis Completed?</b>	The equality impact assessment has been completed and has identified impact or potential impact as 'positive impact'. This is because the identification and control of corporate risks includes consideration of quality and diversity risks, and actions to minimise actual or potential negative impacts on patients and staff from equality groups.
<b>Consultation Process</b>	Corporate Risk Group. Executive Team Equality & Diversity Lead

	CCG Board Corporate Risk Group (August 2019)
<b>Approved by:</b>	Policy Sub Group
<b>Date approved:</b>	11 September 2019

### Website Upload:

<b>Website</b>	<b>Location in FOI Publication Scheme</b>	<a href="https://www.westhampshireccg.nhs.uk/documents?media_folder=189&amp;root_folder=Corporate">https://www.westhampshireccg.nhs.uk/documents?media_folder=189&amp;root_folder=Corporate</a>
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### Amendments Summary:

Amend No	Issued	Page(s)	Subject	Action Date
1			Draft Version COR/035/V0.01 reviewed by Policy Sub Group on 10 Sept 2014. Final version COR/035/V1.00 approved and published 25 Sept 2014.	25 Sept 2014
2	July 2016		Amendments throughout the policy to reflect new Risk Management arrangements	24 Jul 2016
3	August 2016		Amendments throughout the policy to reflect that the document is now a combined strategy and policy	18 Aug 2016
4	January 2018	Pg 12 & Pg 21	Removal of Board structure chart as out of date and not relevant .Appendix 1 updated with new BAF document.	12 Jan 2018
5	January 2018		Amendments throughout the policy to more accurately describe the policy, strategy, framework and processes.	22 Jan 2018
6	May 2018		The basis for the RAG-rating for each risk area more clearly articulated (sections 5.11.4 & 5.11.5)  Update on the criteria/process for Datix access (section 5.3.2)  Amendments to layout to bring in line with Policy template, including additional sections for Success Criteria / Monitoring the Effectiveness of the Policy and References & Links to Other Policies together with an EIA.	3 May 2018

<b>Amend No</b>	<b>Issued</b>	<b>Page(s)</b>	<b>Subject</b>	<b>Action Date</b>
7	August 2018	Pg 17 Pgs 25 & 26	New para 5.3 inserted EPRR risk process Appendices 1 and 2 – updated document examples	29 Aug 2018
8	Nov 2018	Pg 10	V2.7 Risk appetite statement amended as approved by Board 19 July 2018.	14 Nov 2018
9	Feb 2019	Pgs 2, 12, 17, 18 and 31	Amend job titles of personnel responsible for risk within the CCG.	4 Feb 2019
10	Sept 2019	12, 14 to 17 and 24	Amend job titles / references to committee names, removal of references to acting as the CCG's internal EPRR oversight/delivery group and updating appendix re example of BAF.	Sept 19

### Review Register:

#### Include details of when the document was last reviewed:

<b>Version Number</b>	<b>Review Date</b>	<b>Reviewer</b>	<b>Ratification Process</b>	<b>Notes</b>
2	24 Jul 2016	Emergency Manager and Risk Manager	Policy Sub Group / Board: July 2016	
2.3	12 Jan 18	Emergency Manager and Risk Manager	Minor amendments. Do not require review by Policy Sub Group.	See amend 4 above.
2.4	19 Jan 18	Emergency Manager and Risk Manager	Policy Sub Group, approved via chair's action.	See amend 5 above
2.5	May 18	Emergency Manager and Risk Manager Governance Manager	Policy Sub Group	See amend 6 above
2.9	Oct 19	Business Planning and Risk Manager	Corporate Risk Group and Policy Sub Group	See amend 10 above

# CORPORATE RISK MANAGEMENT POLICY AND STRATEGY

## SUMMARY OF KEY POINTS TO NOTE

The purpose of this document is to provide guidance to the Board and all staff on the management of strategic and operational risks within the organisation. Specifically:

- It aims to:
  - set out respective responsibilities for strategic and operational risk management for the Board and staff throughout the organisation, and
  - describe the process to be used in identifying, analysing, evaluating and controlling risks to the delivery of the strategic objectives.
- The objectives of the CCG's risk management policy and strategy are to:
  - minimise the chances of risks developing into issues by effective risk identification, prioritisation, treatment and management
  - maintain a risk management process, which provides assurance to the Board that risks to the delivery of the strategic objectives are being managed effectively
  - maintain a cohesive approach to corporate governance and effectively manage risk management resources, and
  - ensure that risk management is an integral part of the CCG culture.
- A **risk** is a potential problem which could affect the success of our strategy and which has not yet occurred. It has a certain probability of occurring in the future and, if it occurs, could have a material impact on our success criteria such as time, cost and quality
  - Corporate risks are those which could have a serious impact across the organisation and may have an adverse effect on the achievement of our strategic plan
  - Strategic risks have the potential to impact on the delivery of the CCG strategic objectives as outlined in the strategy and operating plan
  - Operational risks impact on individual directorates and are usually managed locally by senior managers, but may be elevated to the corporate level if the impact level warrants it.
- Directorates should produce their own risk registers using Datix to ensure that operational risks are assessed, reviewed and managed.
- All members of staff are responsible for maintaining risk awareness and identifying and reporting risks as appropriate to their line manager for escalation as appropriate. They should ensure that they familiarise themselves and comply with the risk management policy and attend mandatory and other relevant training courses.



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# CORPORATE RISK MANAGEMENT POLICY

## 1. RISK MANAGEMENT POLICY STATEMENT

- 1.1 The risk management policy of West Hampshire CCG, (the CCG) is to adopt best practice in the identification, evaluation and cost effective control of risks to ensure that they are managed to an acceptable level. Risk management is a process to assist in understanding and managing risk, not to design out risk.
- 1.2 Effective risk management improves performance against objectives by contributing to:
- Decision making at all levels
  - Better service delivery across all departments
  - Reduction in management time spent problem solving
  - Increased likelihood of change initiatives being achieved
  - More internal focus on doing the right things at the right time
  - Better basis for strategy setting
  - Fewer shocks or unwelcome surprises
  - Reduced waste, remove room for fraud, and better value for money.
- 1.3 Risk management will be conducted by establishing principles, creating a framework and processing risks. Risk management also makes a significant contribution to the CCG's governance arrangements.

## 2. DEFINITION OF RISK

- 2.1 **A risk** is an uncertain event or set of events that, should it occur, will have an effect on the achievement of objectives of a programme area (critical success factors). It is measured in terms of impact and likelihood. It consists of a combination of the probability of a perceived threat or opportunity occurring, and the magnitude of its impact on the objectives.

## 3. DEFINITION OF RISK MANAGEMENT

- 3.1 **Risk management** is the systematic application of management policies, procedures and practices to the tasks of identifying, analysing, assessing, treating and monitoring risk.
- 3.2 Risk management protects and adds value to an organisation and its stakeholders by supporting the corporate objectives. If the risk can be linked to a corporate objective it can be determined whether the risk threatens or enables the achievement of those objectives.

## 4. COMPONENTS FOR RISK MANAGEMENT

4.1 The components for risk management are the establishment of:

- a risk management strategy
- principles within which to work
- a framework for managing risk
- risk management processes within the framework.

## 5. BOARD RISK APPETITE STATEMENT

5.1 The risk appetite statement of the Board outlines the fundamental principles the CCG will adopt in relation to its approach to risk management.

*“We recognise that the CCG must take risks. Indeed, only by taking risks can we achieve our aims and deliver beneficial outcomes to our patients. However, we must take risks in a controlled manner, reducing our exposure to a level deemed acceptable by the Board.*

*The CCG will tolerate some high risks if there are unreasonable costs in controlling or mitigating them to a level below this. However, as a general principle we will not tolerate very high risks which could:*

- *cause significant harm to patients, staff, visitors and other stakeholders;*
- *severely compromise the reputation of the CCG or the wider NHS;*
- *endanger the financial viability of the CCG;*
- *jeopardise the CCG’s ability to carry out its core purpose;*
- *threaten the CCG’s compliance with law and regulation;*
- *compromise the delivery of the CCG’s responsibility for constitutional standards.*

*In these cases the CCG will assure that all reasonably practicable measures have been taken to control and mitigate the risks in an endeavour to reduce them to a tolerable level.*

*The CCG’s current overall risk appetite is defined as CAUTIOUS.*

*The CCG is willing to consider medium risk delivery options when balanced against an acceptable level of reward and value for money. However, the CCG has an impact threshold of Moderate, meaning we will not seek to take risks with a possible impact higher than Moderate, regardless of the potential level of reward”*

5.2 The risk appetite statement of the Board will be reviewed as part of the Board Assurance Framework prior to the commencement of each financial year.

# CORPORATE RISK MANAGEMENT STRATEGY

## 1. INTRODUCTION AND PURPOSE

- 1.1 This document is the strategy for the management of strategic and operational risks at NHS West Hampshire Commissioning Group (the CCG).
- 1.2 The CCG is committed to developing and implementing a risk management policy that will identify, analyse, evaluate and control the risks that threaten the delivery of its strategic objectives. The Board Assurance Framework (BAF) will be used by the Board to identify, monitor and evaluate risks. It will be considered alongside other key management tools, such as performance and quality dashboards, and financial reports, to give the Board a comprehensive picture of the organisational risk profile.
- 1.3 The purpose of this document is to provide guidance to the Board and all staff on the management of strategic and operational risks within the organisation. It aims to:
  - set out respective responsibilities for strategic and operational risk management for the Board and staff throughout the organisation, and
  - outline the framework and describe the process to be used in identifying, analysing, evaluating and controlling risks to the delivery of the strategic objectives.
- 1.4 The objectives of the CCG's risk management strategy are to:
  - minimise the chances of risks developing into issues by effective risk identification, prioritisation, treatment and management
  - maintain a risk management process, which provides assurance to the Board that risks to the delivery of the strategic objectives are being managed effectively
  - maintain a cohesive approach to corporate governance and effectively manage risk management resources, and
  - ensure that risk management is an integral part of the CCG culture.

## 2. SCOPE & DEFINITIONS

- 2.1 The corporate risk management strategy covers the management of corporate strategic and operational risks.
- 2.2 A **risk** is a potential problem which could affect the success of our strategy and which has not yet occurred. It has a certain probability of occurring in the future and, if it occurs, could have a material impact on our success criteria such as time, cost and quality.
- 2.3 Corporate risks are those which could have a serious impact across the organisation and may have an adverse effect on the achievement of our Strategic Plan.

- 2.4 Corporate risks are presented on a corporate risk register. They can be strategic or operational.
- 2.5 Strategic risks have the potential to impact on the delivery of the CCG strategic objectives as outlined in the strategy and operating plan.
- 2.6 Operational risks impact on individual directorates and are usually managed locally by senior managers, but may be elevated to the corporate level if the impact level warrants it.
- 2.7 Each risk will have an identified lead director and risk manager.
- 2.8 This strategy applies to those members of staff that are directly employed by the CCG and for whom the CCG has legal responsibility. For those staff covered by a letter of authority/ honorary contract or work experience the organisation's policies are also applicable whilst undertaking duties for or on behalf of the CCG. This strategy applies to all third parties and others authorised to undertake work on behalf of the CCG.
- 2.9 The risk management strategy is intended to cover all the potential risks that the organisation could be exposed to, including clinical risks and those arising from CCG oversight of the NHS commissioning system as a whole. It does not include areas of work that are the responsibility of other organisations, for instance the Department of Health and Social Care.
- 2.10 The risk management strategy does not cover issues. These are managed and assured through the CCG's standard governance procedures, for example reports to the Executive Team, Finance & Performance Committee, Clinical Governance Committee and the Board etc.
- 2.11 The Corporate Risk Group has determined that Issues are not part of the scope of this strategy for the following reasons:
- Issues are discussed, reported on and assured every day across the organisation
  - Assurance on issues already takes place at the Executive Team, Finance & Performance Committee, Clinical Governance Committee, Clinical Cabinet, the Board, A&E Delivery Boards etc
  - Issues are often out of date by the time the Corporate Risk Group sees them
  - The issue log takes a significant amount of resources to produce
  - The Corporate Risk Group is the only protected time allocated to corporate risks
  - Issues have risks attached – these risks will be within the scope of this strategy.

**3. RISK FRAMEWORK**

**3.1 CCG Corporate Risk Framework**

3.1.1 Figure 1 below outlines the CCG corporate risk framework. Directorate management teams identify risks which are recorded on the CCGs risk system (Datix). They are updated as appropriate by the directorate teams. The Corporate Risk Register is those risks in Datix that score 12 or above. It is reviewed every two months by the Corporate Risk Group. It informs the content of the Board Assurance Framework which is reported to the Board once every two months at the Board public meeting.

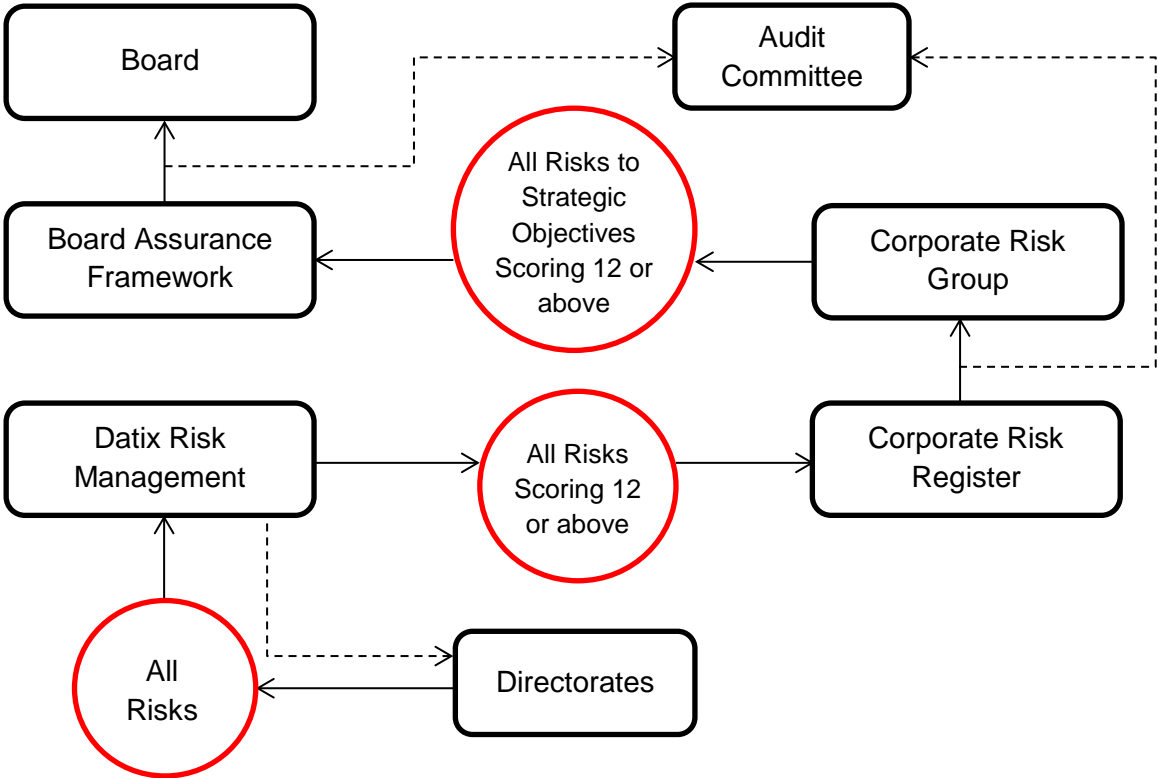


Figure 1 - The WHCCG Corporate Risks Framework

**3.1.2 Reporting Frequency**

Document	Committee	Frequency
BAF	Board	Every two months
BAF and Corporate Risk Register	Corporate Risk Group	Every alternate month
BAF and Corporate Risk Register	Audit Committee	5 times a year

## **4. ROLES AND RESPONSIBILITIES**

The following paragraphs set out the respective risk management roles and responsibilities for specific groups and individual staff members.

### **4.1 West Hampshire CCG Board**

4.1.1 In relation to risk management, the Board is responsible for:

- setting the strategic direction of the organisation, interventions, outcomes and measures
- protecting the reputation of the CCG
- providing leadership on the management of risk and
- determining the risk appetite.

### **4.2 Corporate Risk Group**

4.2.1 This is not a formal committee accountable to the Board. This group consists of the executive team and reviews the Corporate Risk Register, and the Board Assurance Framework (BAF) before consideration of the BAF by the Board.

4.2.2 The group will fulfil this role in part by:

- applying the Board's risk statement to the management of risks and rewards
- determining the risk threshold and tolerance for corporate risks and BAF areas of risk
- using these thresholds and tolerances to assess the current and target risk levels
- deciding upon the addition or removal of risks on the Corporate Risk Register
- assigning risk managers and risk handlers as appropriate
- identifying any gaps in the Corporate Risk Register
- recommending actions to close identified gaps
- developing a common approach to the risk process
- assessing the aggregated risk to strategic objectives.

### **4.3 Directorate Management Teams**

4.3.1 Directorate management teams will keep the risks under regular review. Directors will act as risk managers for their respective areas of the business. In respect to risk management, directors and directorate management teams are responsible for:

- ensuring that within their directorates all risk managers are capturing, coordinating, managing, monitoring, reviewing and updating their corporate risks via the Datix risk module

- ensuring engagement with the corporate risk processes
- notifying their director of any risks affecting the delivery of Strategic Objectives for inclusion on the Corporate Risk Register
- ensuring staff comply with the risk management policy and strategy
- leading the management of risks by devising short, medium and long-term strategies to tackle identified risks and including the production of any action plans
- ensuring that all activities undertaken within their directorates are consistent with safe operation and
- ensuring that appropriate directorate risk registers are maintained and actively managed within their directorate.

#### **4.4 Internal and External Audit**

4.4.1 In relation to risk management, the auditors are responsible for agreeing (with the Audit Committee) a programme of audits which assess the adequacy of the risk management process of the CCG.

#### **4.5 Chief Officer**

4.5.1 Overall accountability for procedural documents across the organisation lies with the chief officer who has overall responsibility for establishing and maintaining an effective document management system, for meeting all statutory requirements and adhering to guidance issued in respect of procedural documents.

4.5.2 As accountable officer, the chief officer has responsibility for maintaining a sound system of internal control that supports the achievement of the CCG's Strategic Objectives. In respect to risk management, the chief officer will:

- ensure that management processes fulfil the responsibilities for risk management as set out in the Risk Management Policy and Strategy
- ensure that full support and commitment is provided and maintained in every activity relating to risk management
- plan for adequate staffing, finances and other resources, to ensure the management of those risks which may have an adverse impact on the staff, finances or stakeholders
- ensure an appropriate Board Assurance Framework is prepared and regularly updated and receives appropriate consideration and
- ensure that an Annual Governance Statement, adequately reflecting the risk management status, is prepared and signed off each year.

#### **4.6 Chief Finance Officer**

4.6.1 Overall responsibility for the risk management strategy lies with the chief finance officer who has delegated responsibility for managing the

development and implementation of risk management procedural documents.

#### **4.7 Business Planning and Risk Manager**

4.7.1 In respect to risk management, the business planning and risk manager is responsible for:

- producing the Corporate Risk Register
- facilitating the corporate risk management process outlined at 3.1
- producing the Board Assurance Framework
- scheduling Corporate Risk Group meetings
- placing risk on executive team agendas as appropriate and
- reviewing the format and content of the CCG Corporate Risk Register and BAF as required.

#### **4.8 All Staff**

4.8.1 All members of staff are responsible for maintaining risk awareness and identifying and reporting risks as appropriate to their line manager for escalation as appropriate.

4.8.2 In addition, they will ensure that they familiarise themselves and comply with the risk management policy and strategy and attend mandatory and other relevant training courses.

### **5. RISK MANAGEMENT ELEMENTS**

#### **5.1 Three Key Elements**

5.1.1 The CCG's risk management strategy comprises three key elements:

1. Corporate Risk Management Process
2. Corporate Risk Register
3. Board Assurance Framework

#### **5.2 West Hampshire CCG Corporate Risk Management Process**

5.2.1 West Hampshire CCG has a Risk Management Policy and Strategy. The corporate risk management process outlines how risks are assessed, recorded, controlled, monitored and reported in the CCG. Risks that score 12 or above and could affect the CCG's strategic objectives will enter this process.

- Directorates create risks as required, and update them monthly themselves directly in Datix
- Directorates should produce their own risk registers using Datix to ensure that operational risks are assessed, reviewed, updated and managed



- Initial creation of a risk in Datix can be done in conjunction with the business planning and risk manager, but handlers are then responsible for updating them directly in Datix
- There should be named individuals in each directorate who can help handlers, for example the project coordinators, and are able to produce outputs.
- The business planning and risk manager will also continue to assist as appropriate.

### **5.3 Emergency Preparedness, Resilience and Response (EPRR) Risks**

5.3.1 The Hampshire and Isle of Wight LRF Community Risk Register (CRR) informs the CCG's EPRR process. The CCG has a Risk Management Policy and Strategy in place and risks will be escalated via this process if appropriate based on the local likelihood and impact on the CCG. Unlike the CRR, controls and mitigations will be taken into account when considering residual risk scores and if appropriate, they will be escalated through the CCG's corporate risk management process. The CRR top risks will be included in the annual report to Audit Committee, and on to the Board.

### **5.4 Datix Risk Module**

5.4.1 All risks should be recorded in the CCG's risk reporting and managing system – Datix. Datix uses the terms Risk Manager for director level responsibility and Risk Handler for manager level responsibility. The use of Datix has the following advantages:

- All risks across the whole organisation will be in one place
- Outputs can be easily customised, for example, all risks for a certain provider, or all risks for a particular directorate or team
- Automatically records and auditable trail of changes
- Reminders can be sent to individual risk handlers with links to their risks.

5.4.2 There is no restriction on the number or type of users of Datix.

- Access to Datix is controlled by the business planning and risk manager
- New users are added as and when they need to raise risks
- The business planning and risk manager will carry out an annual Datix users cleanse
- All staff can access Datix to report incidents e.g. health and safety, information governance breaches etc
- Staff require a login to Datix in order to enter and edit risks
- The login is available from the business planning and risk manager.

## 5.5 Risk Managers

5.5.1 The risk manager is a director level CCG senior officer who is accountable for the risk.

## 5.6 Risk Handlers

5.6.1 The risk handler is a manager level CCG officer who is responsible for the day to day management and updating of the risk.

## 5.7 Risk Assessment

5.7.1 The identification of risk needs to be followed by an evaluation of the impact that the risk may have on the delivery of the Strategic Objectives. It is therefore important to use a process that measures impact and likelihood consistently and enables the development of a hierarchy of risk for the registers.

5.7.2 The tables below provide descriptions of the method to be used in determining likelihood and impact scoring.

### 5.7.3 Impact Scoring Table

(Source: National Patient Safety Agency, A risk matrix for managers v9)

Domains	Impact score (severity levels) and examples of descriptors				
	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
<b>1. Impact on the safety of patients, staff or public (physical/psychological harm)</b>	Minimal injury requiring no/minimal intervention or treatment. No time off work.	Minor injury or illness, requiring minor intervention. Requiring time off work for >3 days. Increase in length of hospital stay by 1-3 days.	Moderate injury requiring professional intervention. Requiring time off work for 4-14 days. Increase in length of hospital stay by 4-15 days. RIDDOR/agency reportable incident. An event which impacts on a small number of patients.	Major injury leading to long-term incapacity/disability. Requiring time off work for >14 days. Increase in length of hospital stay by >15 days. Mismanagement of patient care with long-term effects.	Incident leading to death. Multiple permanent injuries or irreversible health effects. An event which impacts on a large number of patients
<b>2. Quality/complaints/audit</b>	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
	Peripheral element of treatment or service suboptimal. Informal complaint/inquiry.	Overall treatment or service suboptimal. Formal complaint (stage 1). Local resolution. Single failure to meet internal standards. Minor implications for patient safety if unresolved. Reduced performance rating if unresolved.	Treatment or service has significantly reduced effectiveness. Formal complaint (stage 2). Local resolution (with potential to go to independent review). Repeated failure to meet internal standards. Major patient safety implications if findings are not acted on.	Non-compliance with national standards with significant risk to patients if unresolved. Multiple complaints/independent review. Low performance rating. Critical report.	Totally unacceptable level or quality of treatment/ service. Gross failure of patient safety if findings not acted on. Inquest/ ombudsman inquiry. Gross failure to meet national standards.

	<b>1 Negligible</b>	<b>2 Minor</b>	<b>3 Moderate</b>	<b>4 Major</b>	<b>5 Catastrophic</b>
<b>3. Human resources/ organisational development/ staffing/ competence</b>	Short-term low staffing level that temporarily reduces service quality (< 1 day).	Low staffing level that reduces the service quality.	Late delivery of key objective/ service due to lack of staff. Unsafe staffing level or competence (>1 day). Low staff morale. Poor staff attendance for mandatory/key training.	Uncertain delivery of key objective/service due to lack of staff. Unsafe staffing level or competence (>5 days). Loss of key staff. Very low staff morale. No staff attending mandatory/ key training.	Non-delivery of key objective/service due to lack of staff. Ongoing unsafe staffing levels or competence. Loss of several key staff. No staff attending mandatory training/ key training on an ongoing basis.
<b>4. Statutory duty/ inspections</b>	No or minimal impact or breach of guidance/ statutory duty.	Breach of statutory legislation. Reduced performance rating if unresolved.	Single breach in statutory duty. Challenging external recommendations/ improvement notice.	Enforcement action. Multiple breaches in statutory duty. Improvement notices. Low performance rating. Critical report.	Multiple breaches in statutory duty. Prosecution. Complete systems change required. Zero performance rating. Severely critical report.
<b>5. Adverse publicity/ reputation</b>	Rumours. Potential for public concern.	Local media coverage. Short-term reduction in public confidence. Elements of public expectation not being met.	Local media coverage. Long-term reduction in public confidence.	National media coverage with <3 days service well below reasonable public expectation.	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House). Total loss of public confidence.
<b>6. Business objectives/ projects</b>	Insignificant cost increase/ schedule slippage.	<5 per cent over project budget. Schedule slippage.	5–10 per cent over project budget. Schedule slippage.	Non-compliance with national deadlines 10–25 per cent over project budget. Schedule slippage. Key objectives not met.	Incident leading >25 per cent over project budget. Schedule slippage. Key objectives not met.
<b>7. Finance including claims</b>	Small loss Risk of claim remote.	Loss of 0.1–0.25 per cent of budget. Claim less than £10,000.	Loss of 0.25–0.5 per cent of budget. Claim(s) between £10,000 and £100,000.	Uncertain delivery of key objective. Loss of 0.5–1.0 per cent of budget. Claim(s) between £100,000 and £1 million. Purchasers failing to pay on time.	Non-delivery of key objective. Loss of >1 per cent of budget. Failure to meet specification/ slippage. Loss of contract / payment by results. Claim(s) >£1 million.

## 5.7.4 Likelihood Scoring Table

Likelihood scoring matrix:

Likelihood	1	2	3	4	5
Descriptor	Rare <20%	Unlikely 20-40%	Possible 40-60%	Likely 60-80%	Almost certain 80%+
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

## 5.7.5 Impact x Likelihood Scoring Matrix (Heat Map)

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

5.7.6 Using the risk “RAG” rating, risks can be ranked so that the most severe are addressed first. Decisions can then be made as to what mitigating action can be taken to alleviate the risk.

## 5.8 Risk Management Action Guide

5.8.1 The table below provides a suggested action guide, based on the CCG’s risk appetite for the management of a risk.

<b>Risk Management Action Guide</b>					
<b>Risk Rating</b>	<b>Very Low</b>	<b>Low</b>	<b>Medium</b>	<b>High</b>	<b>Very High</b>
<b>Action Guide</b>	Acceptable level of risk, manage by routine controls at directorate level.	Acceptable level of risk, manage by routine controls at directorate level.	Acceptable level of risk, manage by monitoring and controls at directorate level.	Unacceptable level of risk exposure which requires constant active monitoring and controls at directorate	Unacceptable level of risk exposure which requires immediate corrective action to be taken at directorate

## **5.9 Controlling and Mitigating the Risk**

There are 4 basic approaches to reducing the level of risk.

### **5.9.1 Terminate**

Stop doing the activity or find a different way of doing it, introduce alternative systems/ practice.

### **5.9.2 Treat**

Put procedures and controls in place to reduce the chance of a loss happening, or the frequency of a loss, or mitigate the severity of the incident; or formulating a contingency plan to reduce interruption to services, new internal systems and practices, staff training, physical risk improvements, continued assessment and monitoring.

### **5.9.3 Tolerate**

Decide to bear losses out of normal operating costs, informed decision to retain risk, monitor situation.

### **5.9.4 Transfer**

For instance, place indemnity clauses in a contract, insurance cover or outsource services etc.

## **5.10 Target Risk Score and Risk Appetite**

5.10.1 The risks include a target risk score. This is the CCG's acceptable level of risk and it informs the actions that can be taken as outlined in 5.8 and 5.9. The target risk score will be reviewed by the Corporate Risk Group and the Board.

## **5.11 The Corporate Risk Register**

5.11.1 The Corporate Risk Register consists of the risks in Datix that score 12 or above.

5.11.2 The Corporate Risk Group reviews the current and target risk scores.

5.11.3 Datix uses the terms Risk Manager for director level responsibility and Risk Handler for manager level responsibility. In order to effectively mitigate and monitor identified risks, the Corporate Risk Group will ensure each risk is assigned to the appropriate CCG director as risk manager and an appropriate member of staff as risk handler. The risk handler is responsible for ensuring the risk is managed and updated.

5.11.4 Risks scored at least 10 and 15 are colour-coded orange and red respectively to identify these as more significant risks.

5.11.5 In respect of each risk, the controls which the responsible manager has or will put in place to effectively mitigate the risk are identified, which will inform the Corporate Risk Group as to the effectiveness of such controls. It also identifies any areas in which the controls require improvement in order to be as effective as possible, and sets out the actions necessary to secure that improvement.

5.11.6 In the context of the controls and sources of assurance in place to manage the risks, a residual current score is ascribed to each risk.

5.11.7 In some cases (either because no action is indicated as the risk is considered acceptable or because it is not possible for the CCG to mitigate the risk to any material respect), the target residual score will be equal or almost equal to the risk score.

## **5.12 The Board Assurance Framework**

5.12.1 This is an assurance document outlining the risks to the successful delivery of the strategic objectives that score 12 or above.

5.12.2 It is a high level summary of the risk and the controls and mitigations in place.

5.12.3 It is reviewed every two months by the Board at the Board's public meeting.

5.12.4 The BAF contains an aggregated risk score for risk areas that could have an impact on the delivery of the strategic objectives.

5.12.5 The Corporate Risk Group determines and reviews these risk area aggregate scores taking into account the High and Very High risks in the risk area. This is a subjective assessment, although it is within the boundaries of the Board's risk appetite.

## **6. TRAINING**

6.1 If appropriate, staff will receive instruction and direction regarding the strategy from a number of sources:

- Induction presentation
- Short group training sessions
- One to one training as appropriate.

## **7. REVIEW**

7.1 This strategy will be reviewed every three years and in accordance with the following as and when required:

- Legislative changes
- Good practice guidance
- Case law
- Significant incidents reported
- New vulnerabilities and
- Changes to organisational structure.

7.2 Staff will be made aware of procedural document updates as they occur via team briefs, team meetings and notification via the CCG staff newsletter.

## **8. EQUALITY ANALYSIS**

8.1 West Hampshire CCG aims to design and implement services, policies and measures that are fair and equitable. As part of its development, this policy and strategy and its impact on staff, patients and the public have been reviewed in line with the CCG's legal equality duties. The purpose of the assessment is to improve service delivery by minimising and if possible removing any disproportionate adverse impact on employees, patients and the public on the grounds of race, socially excluded groups, gender, disability, age, sexual orientation or religion/ belief.

8.2 The equality impact assessment has been completed and has identified impact or potential impact as "positive impact". This is because the identification and control of corporate risks includes consideration of equality and diversity risks, and actions to minimise actual or potential negative impacts on patients and staff from equality groups. The West Hampshire CCG Policy for the Management of Policies includes a form and guidance for equality analysis/impact assessment.

## **9. SUCCESS CRITERIA / MONITORING THE EFFECTIVENESS OF POLICY**

9.1 The CCG auditors are responsible for agreeing (with the Audit Committee) a programme of audits which assess the adequacy of the risk management process of the CCG. As there are already established audit / review processes in place, a separate audit standard in relation to this policy is not required.

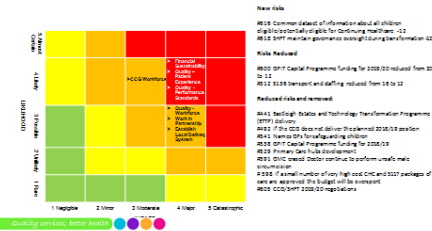
## **10. REFERENCES & LINKS TO OTHER POLICIES**

- WHCCG Health & Safety Policy and Arrangements

# APPENDIX 1 BOARD ASSURANCE FRAMEWORK

Appendix A

## West Hampshire CCG Board Assurance Framework



Board Assurance Framework May 2019					
Strategic Objective 1 - Ensure Safe Sustainable High Quality Services					
AGGREGATED RISK STATUS					
AREA OF RISK	STRATEGIC OBJECTIVE / RISK POSITION	DEFINING CONTROLS AND MITIGATION	SAPS IN CONTROLS AND/OR MITIGATIONS	KEY ACTION NEXT STEP TO REDUCE RISK TO TOLERANT	RISK STATUS
Financial Viability	10	10	10	10	10
Low 1-3	Medium 4-6	High 7-9	Very High 10-12	Very High 10-12	Very High 10-12
Risk appetite: Low exposure	Risk neutral: Medium exposure	Risk appetite: High exposure	Risk appetite: High exposure	Risk appetite: High exposure	Intolerable exposure

Board Assurance Framework May 2019					
Strategic Objective 1 - Ensure Safe Sustainable High Quality Services					
AGGREGATED RISK STATUS					
AREA OF RISK	STRATEGIC OBJECTIVE / RISK POSITION	DEFINING CONTROLS AND MITIGATION	SAPS IN CONTROLS AND/OR MITIGATIONS	KEY ACTION NEXT STEP TO REDUCE RISK TO TOLERANT	RISK STATUS
Financial Viability	10	10	10	10	10
Low 1-3	Medium 4-6	High 7-9	Very High 10-12	Very High 10-12	Very High 10-12
Risk appetite: Low exposure	Risk neutral: Medium exposure	Risk appetite: High exposure	Risk appetite: High exposure	Risk appetite: High exposure	Intolerable exposure

Board Assurance Framework May 2019					
Strategic Objective 1 - Ensure Safe Sustainable High Quality Services					
AGGREGATED RISK STATUS					
AREA OF RISK	STRATEGIC OBJECTIVE / RISK POSITION	DEFINING CONTROLS AND MITIGATION	SAPS IN CONTROLS AND/OR MITIGATIONS	KEY ACTION NEXT STEP TO REDUCE RISK TO TOLERANT	RISK STATUS
Financial Viability	10	10	10	10	10
Low 1-3	Medium 4-6	High 7-9	Very High 10-12	Very High 10-12	Very High 10-12
Risk appetite: Low exposure	Risk neutral: Medium exposure	Risk appetite: High exposure	Risk appetite: High exposure	Risk appetite: High exposure	Intolerable exposure

Board Assurance Framework May 2019					
Strategic Objective 1 - Ensure Safe Sustainable High Quality Services					
AGGREGATED RISK STATUS					
AREA OF RISK	STRATEGIC OBJECTIVE / RISK POSITION	DEFINING CONTROLS AND MITIGATION	SAPS IN CONTROLS AND/OR MITIGATIONS	KEY ACTION NEXT STEP TO REDUCE RISK TO TOLERANT	RISK STATUS
Financial Viability	10	10	10	10	10
Low 1-3	Medium 4-6	High 7-9	Very High 10-12	Very High 10-12	Very High 10-12
Risk appetite: Low exposure	Risk neutral: Medium exposure	Risk appetite: High exposure	Risk appetite: High exposure	Risk appetite: High exposure	Intolerable exposure

Board Assurance Framework May 2019					
Strategic Objective 1 - Ensure Safe Sustainable High Quality Services					
AGGREGATED RISK STATUS					
AREA OF RISK	STRATEGIC OBJECTIVE / RISK POSITION	DEFINING CONTROLS AND MITIGATION	SAPS IN CONTROLS AND/OR MITIGATIONS	KEY ACTION NEXT STEP TO REDUCE RISK TO TOLERANT	RISK STATUS
Financial Viability	10	10	10	10	10
Low 1-3	Medium 4-6	High 7-9	Very High 10-12	Very High 10-12	Very High 10-12
Risk appetite: Low exposure	Risk neutral: Medium exposure	Risk appetite: High exposure	Risk appetite: High exposure	Risk appetite: High exposure	Intolerable exposure

Board Assurance Framework May 2019					
Strategic Objective 2 - Ensure System Financial Sustainability					
AGGREGATED RISK STATUS					
AREA OF RISK	STRATEGIC OBJECTIVE / RISK POSITION	DEFINING CONTROLS AND MITIGATION	SAPS IN CONTROLS AND/OR MITIGATIONS	KEY ACTION NEXT STEP TO REDUCE RISK TO TOLERANT	RISK STATUS
Financial Viability	10	10	10	10	10
Low 1-3	Medium 4-6	High 7-9	Very High 10-12	Very High 10-12	Very High 10-12
Risk appetite: Low exposure	Risk neutral: Medium exposure	Risk appetite: High exposure	Risk appetite: High exposure	Risk appetite: High exposure	Intolerable exposure

Board Assurance Framework May 2019					
Strategic Objective 2 - Ensure System Financial Sustainability					
AGGREGATED RISK STATUS					
AREA OF RISK	STRATEGIC OBJECTIVE / RISK POSITION	DEFINING CONTROLS AND MITIGATION	SAPS IN CONTROLS AND/OR MITIGATIONS	KEY ACTION NEXT STEP TO REDUCE RISK TO TOLERANT	RISK STATUS
Financial Viability	10	10	10	10	10
Low 1-3	Medium 4-6	High 7-9	Very High 10-12	Very High 10-12	Very High 10-12
Risk appetite: Low exposure	Risk neutral: Medium exposure	Risk appetite: High exposure	Risk appetite: High exposure	Risk appetite: High exposure	Intolerable exposure

Board Assurance Framework May 2019					
Strategic Objective 3 - Work in Partnership to Commission Health and Social Care					
AGGREGATED RISK STATUS					
AREA OF RISK	STRATEGIC OBJECTIVE / RISK POSITION	DEFINING CONTROLS AND MITIGATION	SAPS IN CONTROLS AND/OR MITIGATIONS	KEY ACTION NEXT STEP TO REDUCE RISK TO TOLERANT	RISK STATUS
Financial Viability	10	10	10	10	10
Low 1-3	Medium 4-6	High 7-9	Very High 10-12	Very High 10-12	Very High 10-12
Risk appetite: Low exposure	Risk neutral: Medium exposure	Risk appetite: High exposure	Risk appetite: High exposure	Risk appetite: High exposure	Intolerable exposure

Board Assurance Framework May 2019					
Strategic Objective 4 - Establish Local Delivery Systems					
AGGREGATED RISK STATUS					
AREA OF RISK	STRATEGIC OBJECTIVE / RISK POSITION	DEFINING CONTROLS AND MITIGATION	SAPS IN CONTROLS AND/OR MITIGATIONS	KEY ACTION NEXT STEP TO REDUCE RISK TO TOLERANT	RISK STATUS
Financial Viability	10	10	10	10	10
Low 1-3	Medium 4-6	High 7-9	Very High 10-12	Very High 10-12	Very High 10-12
Risk appetite: Low exposure	Risk neutral: Medium exposure	Risk appetite: High exposure	Risk appetite: High exposure	Risk appetite: High exposure	Intolerable exposure

Board Assurance Framework May 2019					
Strategic Objective 5 - Develop CCG Workforce					
AGGREGATED RISK STATUS					
AREA OF RISK	STRATEGIC OBJECTIVE / RISK POSITION	DEFINING CONTROLS AND MITIGATION	SAPS IN CONTROLS AND/OR MITIGATIONS	KEY ACTION NEXT STEP TO REDUCE RISK TO TOLERANT	RISK STATUS
Financial Viability	10	10	10	10	10
Low 1-3	Medium 4-6	High 7-9	Very High 10-12	Very High 10-12	Very High 10-12
Risk appetite: Low exposure	Risk neutral: Medium exposure	Risk appetite: High exposure	Risk appetite: High exposure	Risk appetite: High exposure	Intolerable exposure



## APPENDIX 2 CORPORATE RISK REGISTER

Appendix D WHCCG Corporate Risk Register August 2018																		
ID	Opened	Description	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Risk level (Target)	Rating (Target)	Manager	Handler	Controls in place	Gaps in controls	Actions	Due date	Progress	Done date	Adequacy of controls	Type of Control
368	05/04/2017	If acute providers do not meet standards for patient access and care for the WHCCG population, then constitutional standards will not be met and patient care may be adversely affected.	Likely	Major	Very High Risk	16	High Risk	12	Goddard, Beverley	Dyer, Michaels	Full implementation of recovery plans or contractual mechanisms by the CCG to address failure of performance and quality standards. Areas of concern are monitored by the commissioning and quality teams to ensure patient risks are reduced. Escalation via the Performance Issue and Risk Group as appropriate, and directorate performance meetings. Areas of risk being escalated via the performance framework escalation process to ensure appropriate plans are in place to recover performance. Recovery Action Plans in place for key targets including ED.	Recovery action plans in place, but actions need to be delivered.	Actions in the recovery action plans (RAP) to be delivered.	30/03/2018	UHS ED RAP is agreed and is being successfully delivered with unvalidated June performance of 94%. UHS Cancer performance deteriorated further and the CCG has reviewed the latest plans, which show that Breast and Urology specialties will not recover ahead of the end of the calendar year. The CCGs are therefore drafting a formal contract performance notice in order to have the recovery plan managed under the contractual framework. UHS Diagnostics and RTT - recovery plans are in place, main pressure in diagnostics is endoscopy which will not recover ahead of the Autumn. RTT plans being reviewed by UHS for sharing with the CCG 24th August 2018. HHFT AE RAP in place, currently not delivering an improvement in performance. Escalation to LADG as significant workforce gaps impacting on service delivery. HHFT diagnostics action plans have been agreed.		Inadequate	Treat
492	06/03/2018	If the CCG does not deliver the planned 2018/19 financial position and/or the CSF is not achieved, the CCG will end the year in an unplanned deficit position.	Likely	Major	Very High Risk	16	High Risk	12	Fulford, Mike	Gregory, Barbara	The CCG has a 2018/19 deficit control total of £2.3 Million before Commissioner Support Fund (CSF) contribution which would bring it back to break even. To receive the CSF it must meet a number of criteria including Performance indicators delivering the underlying control total. The key areas where the planned position is at material risk of non delivery are: QIPP delivery across all budget lines, excess growth in activity or pricing of acute PBR contracts leading to over performance, excess growth in CHC, volatility and national pricing and supply issues in Medicines Management. At plan stage, the CCG faces a similar level of risk that in 2017/18 but has substantially less cover in terms of mitigations and contingencies. (to be quantified). Financial Recovery Plan (FRP) processes and assurance in place for 2018/19. This includes closing the QIPP gap and continuing to develop mitigating actions to address financial risk. Finance and Performance Committee and Board provided with regular financial planning updates. Devolved budgetary management arrangements in place. All budget holders provided with updated budgetary management guidance, extracted from standing financial instructions (SFIs) and best practice. Director of Performance and Delivery overseeing delivery of QIPP and FRP with dedicated resources to monitor. Contract Management analysis processes, challenge and escalation. Negotiation of risk sharing arrangements. Medicines management team analysis and national lobby for savings to be passed down. Detection controls. Finance and Performance Committee and Board provided with regular financial planning and performance updates. Progress reported regularly to Executive and senior management teams. Contract Review meetings and QIPP review meetings.	Planning Gap and risk exceed actual and potential mitigations. Substantial non delivery of one or more planned element will lead to a movement in actual reported position. The common element of the gap in control is that elements of delivery require other organisations to make changes that may not or may adversely affect their financial position. This applies to much of the planned QIPP. Historical growth has consistently exceeded reasonable planning assumptions and again relies on other organisations to take action. National decisions about the distribution of pricing changes for Medicines tend to be unchallengeable in the short to medium term.	Organisation priority and resources focus on programmes that support delivery of the elements of the Financial plan. Alignment of organisational objectives through relationships with partners under the STP.	29/03/2019			Inadequate	Treat

# Equality impact assessment

**Title of policy, project or proposal:**

Corporate Risk Management Policy and Strategy

**Lead manager:** Business Planning and Risk Manager

**Directorate:** Finance and Performance Directorate

**What are the intended outcomes of this policy, project or proposal?**

To have a robust and transparent process for managing risk.

To ensure the risk management process is in the best interest of the patients, the CCG and the NHS as a whole.

## Evidence

**Who will be affected by the policy, project or proposal?**

Identify whether patients, carers, communities, CCG employees, and/ or NHS staff are affected.  
CCG staff and service users.

**Age**

Consider and detail (including the source of any evidence) the impact on people across the age ranges.

The identification and control of corporate risks includes consideration of equality and diversity risks, and actions to minimise actual or potential negative impacts on patients and staff from equality groups.

**Disability**

Consider and detail (including the source of any evidence) the impact on people with different kinds of disability (this might include attitudinal, physical and social barriers). Certain medical conditions are automatically classed as being a disability – for example, cancer, HIV infection, multiple sclerosis.

The identification and control of corporate risks includes consideration of equality and diversity risks, and actions to minimise actual or potential negative impacts on patients and staff from equality groups

## **Dementia**

Given the CCGs commitment to commissioning 'Dementia Friendly' services, consider and detail any impact on people with dementia.

The identification and control of corporate risks includes consideration of equality and diversity risks, and actions to minimise actual or potential negative impacts on patients and staff from equality groups.

## **Gender reassignment (including transgender)**

Consider and detail (including the source of any evidence) the impact on transgender people. Issues to consider may include same sex/ mixed sex accommodation, ensuring privacy of personal information, attitude of staff and other patients.

The identification and control of corporate risks includes consideration of equality and diversity risks, and actions to minimise actual or potential negative impacts on patients and staff from equality groups.

## **Marriage and civil partnership**

Note: This protected characteristic is only relevant to the need to eliminate discrimination within employment. Where relevant, consider and detail (including the source of any evidence) the impact on people who are married or in a civil partnership (for example, working arrangements, part-time working, infant caring responsibilities).

Not applicable

## **Pregnancy and maternity**

Consider and detail (including the source of any evidence) the impact on women during pregnancy and for up to 26 weeks after giving birth, including as a result of breastfeeding.

The identification and control of corporate risks includes consideration of equality and diversity risks, and actions to minimise actual or potential negative impacts on patients and staff from equality groups.

## **Race**

Consider and detail (including the source of any evidence) the impact on groups of people defined by their colour, nationality (including citizenship), ethnic or national origins. Given the demography of west Hampshire this will include Roma gypsies, travellers, people from Eastern Europe, Nepalese and other South East Asian communities. Impact may relate to language barriers, different cultural practices and individual's experience of health systems in other countries.

The identification and control of corporate risks includes consideration of equality and diversity risks, and actions to minimise actual or potential negative impacts on patients and staff from equality groups.

### **Religion or belief**

Consider and detail (including the source of any evidence) the impact on people with different religions, beliefs or no belief. May be particularly relevant when service involves intimate physical examination, belief prohibited medical procedures, dietary requirements and fasting, and practices around birth and death.

The identification and control of corporate risks includes consideration of equality and diversity risks, and actions to minimise actual or potential negative impacts on patients and staff from equality groups.

### **Sex (gender)**

Consider and detail (including the source of any evidence) the impact on men and women (this may include different patterns of disease for each gender, different access rates).

The identification and control of corporate risks includes consideration of equality and diversity risks, and actions to minimise actual or potential negative impacts on patients and staff from equality groups.

### **Sexual orientation**

Consider and detail (including the source of any evidence) the impact on people who are attracted towards their own sex, the opposite sex or to both sexes (lesbian, gay, heterosexual and bisexual people).

The identification and control of corporate risks includes consideration of equality and diversity risks, and actions to minimise actual or potential negative impacts on patients and staff from equality groups.

### **Carers**

Consider and detail (including the source of any evidence) the impact on people with caring responsibilities. This must include people who care for disabled relatives or friends (as they are protected by discrimination by association law), but you should also consider parent/ guardian(s) of children under 18 years. Carers are more likely to have health problems related to stress and muscular-skeletal issues, they may have to work part-time or certain shift-patterns, or face barriers to accessing services.

The identification and control of corporate risks includes consideration of equality and diversity risks, and actions to minimise actual or potential negative impacts on patients and staff from equality groups.

### **Serving Armed Forces personnel, their families and veterans**

The needs of these groups should be considered specifically. The CCG has a responsibility to commission all secondary and community services required by Armed Forces' families where registered with NHS GP Practices, and services for veterans and reservists when not mobilised (this includes bespoke services for veterans, such as mental health services).

The identification and control of corporate risks includes consideration of equality and diversity risks, and actions to minimise actual or potential negative impacts on patients and staff from equality groups.

### Other identified groups

Consider and detail (including the source of any evidence) the impact on any other identified groups. Given the demography of west Hampshire this should include impact of:

- Poverty
- Living in rural areas
- Resident status (migrants and asylum seekers).

The identification and control of corporate risks includes consideration of equality and diversity risks, and actions to minimise actual or potential negative impacts on patients and staff from equality groups.

### Involvement and consultation

For each engagement activity, briefly outline who was involved, how and when they were engaged, and the key outputs

#### How have you involved stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?

Not applicable

#### How have you involved/ will you involve stakeholders in testing the policy, project or proposals?

Not applicable

### Equality statement

Considering the evidence and engagement activity you listed above, please summarise the findings of the impact of your policy, project or proposal. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups.

#### Impact summary (statutory considerations)

Age	<b>Positive</b>	Neutral	Negative
Disability	<b>Positive</b>	Neutral	Negative
Sexual orientation	<b>Positive</b>	Neutral	Negative
Race	<b>Positive</b>	Neutral	Negative
Religion or belief	<b>Positive</b>	Neutral	Negative
Gender reassignment	<b>Positive</b>	Neutral	Negative
Sex	<b>Positive</b>	Neutral	Negative
Marriage and civil partnership	<b>Positive</b>	Neutral	Negative
Pregnancy and maternity	<b>Positive</b>	Neutral	Negative

#### Other policy considerations

Poverty	<b>Positive</b>	Neutral	Negative
Place (Rural versus urban living)	<b>Positive</b>	Neutral	Negative
Serving Armed Forces/ veterans	<b>Positive</b>	Neutral	Negative

<p>Other factors</p> <p><b>Have you identified any positive or negative impacts?</b></p>	<p><b>Positive</b> Neutral Negative</p> <p>Yes</p>	<p>The equality impact assessment has been completed and has identified impact or potential impact as “positive impact”. This is because the identification and control of corporate risks includes consideration of equality and diversity risks, and actions to minimise actual or potential negative impacts on patients and staff from equality groups.</p> <p>This Equality Impact Assessment form is also the template used for any re-commissioning / re-design projects / proposals to determine any potential positive / negative impact.</p>
<p><b>Positive impacts</b></p> <p>Where there is evidence, provide a summary of the positive impact the policy, project or proposal will have for each protected characteristic, and any other relevant group or policy consideration. This should include outlining how equal opportunities will be advanced and good relations fostered between different groups.</p>		
<p><b>Negative impacts</b></p> <p>Where there is evidence, provide a summary for each protected characteristic and any other relevant group or policy consideration. If the evidence shows that the policy, project or proposal will or may result in discrimination, harassment or victimisation this <b>must be</b> outlined.</p>		
<p><b>Health inequalities</b></p> <p>Please outline any health inequalities highlighted by the evidence (for example, differential access to services or worse health outcomes for particular groups or localities).</p>		

## Action planning for improvement, and to address health inequalities and discrimination

Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.

Action	Person responsible	By date
No action required.		

### For your records

**Person who carried out this assessment:** Emergency Management & Risk Manager (role lead by Business Planning & Risk Manager from January 2019)

**Date assessment completed:** 3 May 2018

**Date to review actions:**

**Responsible Director:** Director of Strategy & Service Development

**Date assessment was approved:**

## **ANNEX ONE DEFINITIONS**

**A risk** is an uncertain event or set of events that, should it occur, will have an effect on the achievement of objectives of a programme area (critical success factors). It is measured in terms of impact and likelihood. It consists of a combination of the probability of a perceived threat or opportunity occurring, and the magnitude of its impact on the objectives, where:

**An issue** is something that has happened. It may result from a realised Risk. It is something that should be immediately addressed and remedied.

**Risk management** is the systematic application of management policies, procedures and practices to the tasks of identifying, analysing, assessing, treating and monitoring risk.

**Risk assessment** is the process used to evaluate the risk and to determine whether precautions are adequate or more should be done. The risk is compared against predetermined acceptable levels of risk.

**Impact** is a measure of the effect that the predicted harm, loss or damage would have on the people, property or objectives affected.

**Likelihood** is a measure of the probability that the predicted harm, loss or damage will occur.

**The control** of risk involves taking steps to reduce the likelihood of the risk from occurring such as application of prevent policies or procedures.

**The mitigation** of risk involves taking steps to reduce the impact if the risk occurs such as application of contingency policies or procedures.

**Strategic risk** is a significant risk that will impact organisation wide and not just a directorate.

**Operational risk** is a risk, which impacts on a programme's operational achievement.

**Inherent risk** is a risk which is impossible to manage or transfer away. All CCG Strategic Objective risks have been assigned an inherent risk scoring.

**The Board Assurance Framework (BAF)** is an integral part of the system of internal control and defines the high-level potential risks. It also summarises the controls and assurances that are in place or are planned to mitigate them, and aligns principal risks, key controls, and assurances on controls alongside each objective. Gaps are identified where key controls and assurances are insufficient to reduce the risk of non-delivery of objectives. This enables the Board to develop and subsequently monitor a Board Assurance action plan for closing the gaps.



**Key control mechanisms** are the systems and processes in place that control this risk.

**Key mitigation mechanisms** are the systems and processes in place that mitigate this risk.

**Management assurance/ actions** are what we are doing to manage the risk and how this is evidenced – how and when will this be reported to the Board of Directors.

**Independent assurance** is external evidence that risks are being effectively managed (e.g. planned or received audit reviews).

**Gaps in controls or assurance** are where an additional system or process is needed, or evidence of effective management of the risk is lacking.

**The action plan** is how the identified gap is to be addressed and how the risk is to be diminished.