Corby Clinical Commissioning Group

This paper is being submitted to the Governing Body for amendment and/or approval as appropriate. It should not be regarded, or published, as policy until formally agreed at the Governing Body meeting.

NHS Corby Clinical Commissioning Group Governing Body Meeting 28 October 2014

Title: Quality and Equality Integrated Impact Assessment Policy	**Number:** GB-14-77
Author: Alison Jamson, Head of Quality	**Contact No:** 01604 651100

Presented by: Peter Boylan, Director of Nursing and Quality

Purpose / Summary:

The Quality and Equality Impact Assessment Policy has been revised to include the latest CCG reporting structures and the standards set out in the NHS England's Everyone Counts: Planning for Patients 2014/15 – 2018/19 publication.

The Policy was approved by the Quality Committee on 12 August 2014.

Relevance to Strategic Delivery:

Strategic Objectives	Strategic Priorities		
	Care Closer to Home	**Reconfiguration of Hospital Services**	**The establishment of a credible and accountable, fit for purpose statutory organisation**
	To develop and implement an out of hospital strategy ☐	To commission high quality evidence based services ☐	To comply with all statutory duties and achieve full authorisation ☐
	Develop capacity and capability in primary and community care ☐	To implement the outputs from the Healthier Together programme ☐	To ensure high quality services through increased clinical and managerial leadership ☐
			To deliver all national and local targets ☐
			To work with member practices, public, patients and partners to commission efficient and effective services within budget ☐
Not Applicable to Strategic Delivery ☑			

Recommendations:

The Corby Clinical Commissioning Group Governing Body is asked to:

- Ratify the Quality and Equality Integrated Impact Assessment Policy prior to it being placed on the website.

Appendix:

Corby Clinical Commissioning Group

Nene Clinical Commissioning Group

NHS Nene and NHS Corby
Clinical Commissioning Groups

Quality and Equality Integrated Impact Assessment Policy

Approved	**:**	**12 August 2014 by Quality Committee**
Ratified	**:**	**21 October 2014 by the Governing Body of NHS Nene Clinical Commissioning Group; and XX 2014 by the Governing Body of NHS Corby Clinical Commissioning Group**
For Review:		**October 2016**

Version Control

Version No.	Date	Who	Status	Comment
1	8.8.2012	Peter Boylan	Approved	Quality Committee of NHS.
2	12.8.2014	Alison Jamson	Approved	Submitted to and approved by the Quality Committee with a recommendation to submit the Policy to the Governing Bodies of NHS Nene and NHS Corby Clinical Commissioning Groups for ratification, prior to publication.
3.	21.10.2014	Peter Boylan	Ratified	Submitted to and ratified by the Governing Body of the NHS Nene Clinical Commissioning Group.
4.	28.10.2014	Peter Boylan	For ratification	Submitted to the Governing Body of the NHS Corby Clinical Commissioning Group for ratification.

Contents

1.0 Introduction

NHS Nene and NHS Corby Clinical Commissioning Groups are committed to ensuring that commissioning decisions, business cases and any other business plans are evaluated for their impact on both quality and equality.

This policy details the process to be undertaken in order to assess the impact of commissioning decisions, QIPP plans, organisational Cost Improvement Plans; Business Cases and any other plans for change.

2.0 Purpose

The purpose of this policy is to set out the responsibilities; process and format to be followed when undertaking a combined impact assessment.

3.0 Scope

The policy relates only to impact assessments that are to be undertaken when developing business cases, commission projects and other business plans. It applies to staff that undertake, scrutinise and challenge impact assessments.

4.0 Definitions

Quality	Quality can be defined as embracing three key components: • Patient Safety – there will be no avoidable harm to patients from the healthcare they receive. This means ensuring that the environment is clean and safe at all times and that harmful events never happen. • Effectiveness of care – the most appropriate treatments, interventions, support and services will be provided at the right time to those patients who will benefit. • Patient Experience – the patient's experience will be at the centre of the organisation's approach to quality.
Equality	Defined in the Equality Act 2010, we are required to consider the impact on those people in possession of any one of the nine protected characteristics of the Act. These nine protected characteristics are as follows: 1. **Age** - including specific ages and age groups 2. **Disability** - including cancer, HIV, multiple sclerosis, and physical or mental impairment where the impairment has a substantial and long-term adverse effect on the ability to carry out day-to-day activities 3. **Race** - including colour, nationality and ethnic or national origins 4. **Religion or belief** - including a lack of religion or belief, and where belief includes any religious or philosophical belief 5. **Sex**

	6. **Sexual orientation** - meaning a person's sexual orientation towards persons of the same sex, persons of the opposite sex and persons of either sex 7. **Gender re-assignment** - where people are proposing to undergo, are undergoing or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex 8. **Pregnancy and maternity** 9. **Marriage and civil partnership** – this does not apply to the PSED
Impact Assessment	An impact assessment is a continuous process to ensure that possible or actual business plans are assessed and the potential consequences on quality and equality are considered and any necessary mitigating actions are outlined in a uniformed way.

The roles and responsibilities for Quality Impact Assessments are set out below:	
Accountable Officer	Accountable officer has ultimate responsibility for quality and equality across the organisation.
Director of Nursing and Quality	Responsible for ensuring that Quality Impact Assessments are effectively considered as part of discussions and decisions about Cost Improvement Programmes, business cases and other business plans.
Governing Body member including Non-Executive Directors	Each Governing Body member is responsible for ensuring that financial and operational initiatives (e.g. Cost Improvement Programmes, business cases and other business plans) have been evaluated for their impact on quality and equality and have assured themselves that minimum standards will not be compromised. They will also assure themselves that the impact on quality and equality on an on-going basis is monitored appropriately.

5.0 When and how often a combined quality and equality impact assessment should be undertaken?

Impact assessment is a continuous process to help decision makers fully think through and understand the consequences of possible and actual financial and operational initiatives (e.g. Commissioning decisions, business cases, projects and other business plans). Impact Assessments must be undertaken as part of the development and proposal stage of developing business plans and should also be reviewed on a monthly basis by the project leads, as part of reviewing the actual impact throughout the implementation stage and during the final review after the business plan has been implemented.

6.0 What should be considered as part of the impact assessment?

The impact assessment template can be found in appendix 2 and outlines the questions to be considered under the three domains of quality as well as the nine protected characteristics relating to equality.

7.0 Process for assessing potential risks to quality and equality

As part of the impact assessment, authors are required to consider any risks which should be added to the directorate risk register. High risks would automatically form part of the organisational risk register.

All assessments with a high impact must be submitted to the Quality Committee for further scrutiny.

Initial risk assessment of the potential impact (Undertaken by project lead)

⇩

Identify actions to mitigate risks (high risks to be referred to the Quality Committee)

⇩

Approval process for Business Plan

⇩

Monitor risks during implementation and post implementation for changes

8.0 Process for raising concerns

Where concerns are identified, either through monitoring of clinical outcomes; through risk assessments; or via another route such as staff or patient feedback they should be reviewed through the quality and safeguarding team in the first instance and if necessary referred to the Quality Committee.

9.0 Monitoring

Standard	Source of Assurance/ Timescale	Responsibility
Impact assessments are required to accompany all business case proposals at Board of Directors and Governing Bodies.	Papers for meetings should be scrutinised. Those submitted without impact assessments completed must be returned to project lead before being progressed.	Project Managers Programme Lead PMO Director of Strategy and Primary Care *NB. It will be the responsibility of the Project Manager/Programme Lead to conduct the impact assessment and the responsibility of the PMO to ensure that all submitted business cases have such an assessment.*
Impact assessments are undertaken for all business plans	Regular review of performance at QIPP Delivery and Implementation Group (QDIG) or Finance and Performance Committee.	
Risk registers contain appropriate risks in relation to the potential impact on business plans	CCG risk registers are reviewed monthly by each directorate and corporate risks are reviewed at each Governing Body meeting. The risk process is scrutinised by the CCG audit and risk committee.	All executive directors
All assessments judged as having high impact must be referred to Quality Committee for further scrutiny.	Minutes of Quality Committee	Director of Nursing and Quality Head of PMO

Appendix 1: Integrated Impact Assessment

- **Overview**

This tool requires all projects to undergo an initial assessment (stage1) to identify any potential impacts, either positive or negative on quality and equality from any proposed changes to the way services are commissioned or delivered.

Where a potential negative impact is identified it should be risk assessed using the standard risk matrix.

Quality is described in five areas, each of which must be assessed. Where a potentially negative risk score is identified and is greater than eight this indicates that a more detailed assessment is required in this area. All areas of quality risk scoring greater than eight must go on to a detailed assessment. All impact assessments must be signed and dated by the person carrying out the assessment. All completed impact assessments must be reviewed and signed off by a a senior member of the quality team and the programme manager

All business cases presented to the QDIG or Finance and Performance Committee must be accompanied by a completed impact assessment.

Those identified as high risk, requiring a more detailed assessment must be reviewed by the Quality Committee.

- **Scoring**

An overall risk score for each element is achieved by assessing the level of impact and the likelihood of this occurring and assigning a score to each. These scores are multiplied to reach an overall risk score.

The following table defines the impact and likelihood scoring options and the resulting score.
Please take care with this assessment. A carefully completed assessment should safeguard against challenge at a later date.

		Likelihood				
		1	2	3	4	5
Impact	1	1	2	3	4	5
	2	2	4	6	8	10
	3	3	6	9	12	15
	4	4	8	12	16	20
	5	5	10	15	20	25

- **Integrated Impact Assessment Tool**

Stage 1
The following assessment screening tool will require judgement against all areas of risk in relation to quality and against the nine protected characteristics relating to equality. Each proposal will need to be assessed whether it will impact adversely on patients / staff / organisations.

Where an adverse impact score greater than eight is identified in any area, this will require a more detailed impact assessment to be carried out, using the escalation proforma.

Insert your assessment as positive (P) or negative (N) for each area.
If the assessment is negative, you must calculate the score for the impact and likelihood and multiply the two to provide the overall risk score. Insert the total in the appropriate box.

Title of scheme:

Project Lead for scheme:

Quality Lead for scheme:

Brief description of scheme:

Intended Quality Improvement Outcome:

Methods to be used to measure the quality improvement made as set out in the NHS England publication Everyone Counts: Planning for Patients 2014/15 to 2018/19:

		Fundamental	Key Features to be demonstrated in plans	P/N	Risk Score	Comments	Full assessment Y/N
1	Outcomes	Delivery across the five domains and seven outcome measures	• Your understanding of your current position on outcomes as set out in the NHS Outcomes Framework • The actions you need to take to improve outcomes				
2		Improving health	• Working with H&WB partners, your planned outcomes from taking the 5 steps recommended in the "commissioning for prevention" report				
3		Reducing health inequalities	• Identification of the groups of people in your area that have a worse outcomes and experience of care and your plans to close the gap • Implementation of the 5 most cost effective high impact interventions recommended by the NAO report on health inequalities • Implementing EDS2				
4		Parity of esteem	• The resources you are allocating to mental health to achieve parity of esteem • Identification and support for young people with mental health problems • Plans to reduce the 20 year gap in life expectancy for people with severe mental illness				

		Fundamental	Key Features to be demonstrated in plans	P/N	Risk Score	Comments	Full assessment Y/N
5	Patient Services	New approach to ensuring that citizens are fully included in all aspects of service design and change and that patients are fully empowered in their own care	• How you will commission services so that patients and citizens have the opportunity to take control • How you will put real time patient and citizen voice at the heart of decision making • How you will include authentic citizen participation in the design of your plans • How you will promote transparency in local health services				
6		Wider primary care, provided at scale	• Your understanding of the potential contribution of primary care to delivery of your ambition • Working with partners and the public to develop an integrated approach to primary and community services, with joint commissioning as appropriate • How you will enable primary care to operate at greater scale to improve access and continuity of care and to enable your urgent and emergency care network to function effectively.				
7		A modern model of integrated care	• What you are doing to ensure people with multiple long-term conditions and clinical risk factors are offered a fully integrated experience of support and care.				

		Fundamental	Key Features to be demonstrated in plans	P/N	Risk Score	Comments	Full assessment Y/N
8	Patient Services (Continued)	Access to the highest quality urgent and emergency care	• How your strategic plan is in line with the vision set out in the Urgent and Emergency Care Review Phase One Report http://www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Report.FV.pdf • How you will you be ready to determine the footprint of your urgent and emergency care network during 2014/15, working with key partners and informed by a detailed understanding for your area of: a) patient flows; b) the number and location of emergency and urgent care facilities; c) the services they provide; and d) the most pressing needs for your population • How you will be ready in 2015/16 to begin the process of designation for all facilities within your network				
9		A step-change in the productivity of elective care	• How you have considered your model of elective care for your local providers to achieve a 20% productivity improvement within 5 years, so that existing activity levels can be delivered with better outcomes and 20% less resource				

		Fundamental	Key Features to be demonstrated in plans	P/N	Risk Score	Comments	Full assessment Y/N
10		Specialised services concentrated in centres of excellence	• How your strategic plans address whether your providers are seeing and treating a sufficiently high enough volume of patients to meet specified clinical standards, in line with the need to concentrate specialised services in 15-30 centres of excellence, linked to Academic Health Science Networks • How your plans are ensuring that specialised services in your area are connecting actively to and maximising the opportunities of working with research and teaching				
11	Access	Convenient access for everyone	• How you will deliver good access to the full range of services, including general practice and community services, especially mental health services in a way which is timely, convenient and specifically tailored to minority groups				
12		Meeting the NHS Constitution standards	• That your plans include commissioning sufficient services to deliver the NHS Constitution rights and pledges for patients on access to treatment as set out in Annex B and how they will be maintained during busy periods				

		Fundamental	Key Features to be demonstrated in plans	P/N	Risk Score	Comments	Full assessment Y/N
13	Quality	Response to Francis, Berwick and Winterbourne View	• How your plans will reflect the key findings of the Francis, Berwick and Winterbourne View Reports				
14		Patient safety	• How you will address the need to understand and measure the harm that can occur in healthcare services, to support the development of capacity and capability in patient safety improvement • How you will increase the reporting of harm to patients, particularly in primary care and focused on learning and improvement				
15		Patient experience	• How you will set measureable ambitions to reduce poor experience of inpatient care and poor experience in general practice • How you will assess the quality of care experienced by vulnerable groups of patients and how and where experiences will be improved for those patients • How you will demonstrate improvements from FFT complaints and other feedback				
16		Compassion in practice	• How your plans will ensure that local provider plans are delivering against the six action areas of the Compassion in Practice implementation plans • How the 6Cs are being rolled out across all staff				

Step 1 – Calculate the Possible Impact

When calculating the impact you should choose the most appropriate domain for the identified risk from the left hand side of the table then work along the columns in the same row to assess the severity of the risk on the scale of 1 to 5 (at the top of the column) to determine the impact score.

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

IMPACT	1	2	3	4	5
Domains	**Negligible**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Human resources/ organisational development/ staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)			Uncertain delivery of key objective/service due to lack of staff	Non-delivery of key objective/service due to lack of staff
			Unsafe staffing level or competence (>1 day)	Unsafe staffing level or competence (>5 days)	Ongoing unsafe staffing levels or competence
			Low staff morale	Loss of key staff	Loss of several key staff
			Poor staff attendance for mandatory/key training	Very low staff morale	No staff attending mandatory training /key training on an ongoing basis
				No staff attending mandatory/ key training	
Statutory duty/ inspections	No or minimal impact or breech of guidance/ statutory duty	Breech of statutory legislation	Single breech in statutory duty	Enforcement action	Multiple breeches in statutory duty
		Reduced performance rating if unresolved	Challenging external recommendations/ improvement notice	Multiple breeches in statutory duty	Prosecution
				Improvement notices	Complete systems change required
				Low performance rating	Zero performance rating
				Critical report	Severely critical report
Adverse publicity/ reputation	Rumours	Local media coverage –	Local media coverage –	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)
	Potential for public concern	short-term reduction in public confidence	long-term reduction in public confidence		Total loss of public confidence
		Elements of public expectation not being met			
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 % over project budget	5–10 % over project budget	Non-compliance with national requirements 10–25 % over project budget	Incident leading >25% over project budget
		Schedule slippage	Schedule slippage	Schedule slippage	Schedule slippage
				Key objectives not met	Key objectives not met

	1	2	3	4	5
	Negligible	**Minor**	**Moderate**	**Major**	**Catastrophic**
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget	Loss of 0.25–0.5 per cent of budget	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget	Non-delivery of key objective/ Loss of >1 per cent of budget
		Claim less than £10,000	Claim(s) between £10,000 and £100,000	Claim(s) between £100,000 and £1 million	Failure to meet specification/ slippage
				Purchasers failing to pay on time	Loss of contract / payment by results
					Claim(s) >£1 million
Service/business interruption	Loss/ interruption of >1 hour	Loss/ interruption of >8 hours	Loss/ interruption of >1 day	Loss/ interruption of >1 week	Permanent loss of service or facility
Environmental impact	Minimal or no impact on the environment	Minor impact on environment	Moderate impact on environment	Major impact on environment	Catastrophic impact on environment

Step 2 – Calculate how likely the risk is to happen (likelihood)

Now work out the likelihood score. Look at the frequency and probability columns and identify which best describe how often you think the risk is likely to occur. Now make a note of the corresponding 'risk score' (1-5 in the right hand column).

Likelihood	Description	Risk Score
Almost Certain	Will undoubtedly occur, possibly frequently	**5**
Likely	Will probably occur but it is not a persistent issue	**4**
Possible	May occur occasionally	**3**
Unlikely	Do no expect it to happen but it is possible	**2**
Rare	Cannot believe that this will ever happen	**1**

Integrated Impact Assessment Tool

Stage 2 - Escalation proforma

To be completed when the initial impact assessment indicates a high risk and a more detailed assessment is required.

On identification of a high risk business case, commissioning decision or business plan this proforma must be submitted along with the business case to inform the decision making process and ensure informed choice. A copy of the complete impact assessment must be submitted to the next available quality committee to ensure scrutiny from a quality perspective.

Background and context of the business case/plan/decision for approval.
What are the benefits?
What are the risks if the business case is not approved?
What are the high risks that the initial impact assessment indicates to certain groups or quality
What plans are in place to ensure identified risks are mitigated?

After mitigation, what are the remaining residual risks?
Recommendations for the quality committee to consider.

Assessment completed by

Name:

Position:

Date:

Programme Manager Review

Name:

Position:

Date:

Quality Team Review

Name:

Position:

Date:

PMO Review

Name:

Position:

Date: