

Combined Tool:
Equality Impact Assessment / Equality Analysis
Quality Impact assessment tool
Privacy impact assessment

Please refer to the combined guidance document for any assistance in completing this (Appendix 1)

Title of service or policy	NHS BaNES CCG – 5 Year Strategic Plan
Name of directorate and service	NHS BaNES CCG
Name and role of officers completing the Impact Assessments	Dawn Clarke- Director of Nursing and Quality Val Janson- Senior Manager for Quality & Patient Safety
Date of assessment	21 May 2014

Equality Impact Assessment

Equality Impact Assessment (or ‘Equality Analysis’) is a process of systematically analysing a new or existing policy or service to identify what impact or likely impact it will have on different groups within the community. The primary concern is to identify any discriminatory or negative consequences for a particular group or sector of the community. Equality impact Assessments (EIAs) can be carried out in relation to service delivery as well as employment policies and strategies.

This toolkit has been developed to use as a framework when carrying out an Equality Impact Assessment (EIA) or Equality Analysis on a policy, service or function. It is intended that this is used as a working document throughout the process, with a final version including the action plan section being published on NHS Bath and North East Somerset CCG’s website.

The Quality Impact Assessment Tool

This involves an initial assessment (stage 1) to quantify potential impacts (positive or negative) on quality from any proposal to change the way services are commissioned and/or delivered. Where potential negative impacts are identified they should be risk assessed using the risk scoring matrix to reach a total risk score.

Quality is described in 6 areas, each of which must be assessed at stage 1. Where a potentially negative risk score is identified and is greater than (>) 8 this indicates that a more detailed assessment is required in this area. All areas of quality risk scoring greater than 8 must go on to a detailed assessment at stage 2.

Privacy Impact Assessment

Privacy impact assessments (PIAs) are a tool that you can use to identify and reduce the privacy risks of your projects. A PIA can reduce the risks of harm to individuals through the misuse of their personal information. It can also help you to design more efficient and effective processes for handling personal data

1. Identify the aims of the policy or service and how it is implemented		
	Key questions	Answers / Notes
1.1	<p>Briefly describe purpose of the service/policy including</p> <ul style="list-style-type: none">• How the service/policy is delivered and by whom• If responsibility for its implementation is shared with other departments or organisations• Intended outcomes	<p>Seizing Opportunities- A Five Year Strategy 2014-2018 responds to the national guidance <i>Everyone Counts: 'Planning for Patients'</i> published in December 2013 requiring CCGs to develop 5 year strategies. The document describes the vision of how the health services for the people of Bath and North East Somerset needs to change over the 5 years from 2014 to 2019, and how this will be achieved. NHS Bath and North East Somerset CCG needs to show this with clarity of direction in its role as local system leaders, while working closely with both partners in the commissioning of related services and providers of health and social care. At all times the CCG will keep in focus our patients and public. The intended outcomes of the 5 years strategy are as follows:</p> <p>1. Increasing the focus on prevention, self-care and personal responsibility</p>

		<p>2.Improving the coordination of holistic, multi-disciplinary Long Term Condition management</p> <p>3.Creating a stable and sustainable Urgent Care system that can respond to changes in demand</p> <p>4.Redesigning musculo-skeletal pathways to achieve clinically effective services</p> <p>5.Commissioning integrated safe, compassionate pathways for frail older people</p> <p>6.Ensuring the interoperability of IT systems across the health and care system</p>
<p>1.2</p>	<p>Provide brief details of the scope of the policy or service being reviewed, for example:</p> <ul style="list-style-type: none"> ● Is it a new service/policy or review of an existing one? ● Is it a national requirement?). ● How much room for review is there? ● 	<p>The CCG became a statutory organisation in April 2013.This is the first five year strategy. Responding to the national drivers and imperatives, it is a locally determined strategy which guides health related interventions from across the area. It pays significant attention to the underlying economic situation (analysed from data collected for the Joint Strategic needs Assessment and national and local health related priorities). It is a national requirement that the CCG develops a five year strategy, however there is room for future review depending on changing healthcare needs.</p>
<p>1.3</p>	<p>Do the aims of this policy link to or conflict with any other policies of the CCG?</p>	<p>The strategy is the overarching strategy for BaNES CCG and is aligned and interlinked with the Joint Health and Wellbeing Strategy, as produced by the Health and Wellbeing Board and the 'Better Care Fund'</p> <p>Other policies and strategies within the CCG are aligned to this plan</p>
<p>2. Consideration of available data, research and information</p>		

Monitoring data and other information should be used to help you analyse whether you are delivering a fair and equal service. Please consider the availability of the following as potential sources:

- **Demographic** data and other statistics, including census findings
- Recent **research** findings (local and national)
- Results from **consultation or engagement** you have undertaken
- Service user **monitoring data** (including ethnicity, gender, disability, religion/belief, sexual orientation and age)
- Information from **relevant groups** or agencies, for example trade unions and voluntary/community organisations
- Analysis of records of enquiries about your service, or **complaints** or **compliments** about them
- Recommendations of **external inspections** or audit reports

	Key questions	Data, research and information that you can refer to
2.1	What is the equalities profile of the team delivering the service/policy?	<p>Age Profile of the CCG:</p> <p>20-39 - 26%</p> <p>39-49 - 42%</p> <p>50+ - 32%</p> <p>Total - 100%</p> <p>Gender Profile:</p> <p>Male - 28%</p> <p>Female - 72%</p> <p>Total - 100%</p> <p>The CCG is very small with approximately 40 members of staff, it is not possible to provide further details of the equality profile without identifying individuals.</p>
2.2	What equalities training have staff received?	CCG Staff are required to undertake the mandatory online Equality and Diversity training. This is monitored through appraisal and audit.

<p>2.3</p>	<p>What is the equalities profile of service users?</p>	<p>The population age and sex profile remains largely consistent compared with previous years, with a 49%/51% male/female split. The age profile is largely consistent with the UK as a whole, except for the 20-24 age bracket which accounts for 10% of the population as opposed to 7% seen nationally. A larger proportion of people are in this age bracket range as a result of the student population at two universities in BaNES.¹ The 2011 census showed our population to be 90% White British, with the next two largest groups being 3.8% (approx 6,600) Other White, and 2.6% (approx 4,500) Asian or Asian British descent. Bath and North East Somerset is less ethnically diverse than the UK as a whole but more so than the South West.¹ The population of BaNES is expected to increase to 185,663 (a 5.8% increase) by 2021.</p>
<p>2.4</p>	<p>What other data do you have in terms of service users or staff? (e.g results of customer satisfaction surveys, consultation findings). Are there any gaps?</p>	<p>A number of data sources were used to develop the plan including the Joint Strategic Needs Assessment (JSNA), the Commissioning for Value Pack, CCG and LA Outcomes Tools, Levels of ambitions Atlas, 'Any Town' Health System Model and local analysis of current performance and patterns of spending.</p>
<p>2.5</p>	<p>What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?</p>	<p>8 specific events and workshops took place between 16th October 2013 and 13th May 2014, involving just over 100 members of the public. A comprehensive report of the outcomes of the engagement events has been prepared. The contributions are reflected in the development of our plans. There was broad consensus for the proposed direction of travel.</p> <p>In addition, 3 stakeholder events took place during February and March 2014 involving a wide range of stakeholders including local</p>

		<p>provider organisations, neighbouring CCGs, voluntary bodies, NHS England, Healthwatch and the Local Authority. The outcome of these events was support for the priority areas identified by the CCG for transformation.</p> <p>In addition we have been provided with an independent analysis of progress by an economist against the strategy's core indicators.</p>
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2.6	<p>If you are planning to undertake any consultation in the future regarding this service or policy, how will you include equalities considerations within this?</p>	<p>Our five year Transformation Leadership Board (TLB) will oversee the different work streams within the scope of the five year plan and will be led by the CCG. It will comprise a multidisciplinary group of Directors and Clinical Leaders from our constituent organisations. The TLB will be supported by a Programme Management Office [PMO] led by a programme director. The PMO will ensure that progress and benefits of the work streams are tracked and variances, risks, dependencies including equalities considerations and issues are identified, managed and addressed</p>
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3. Assessment of impact: 'Equality analysis'

	<p>Based upon any data you have considered, or the results of consultation or research, use the spaces below to demonstrate you have analysed how the service or policy:</p> <ul style="list-style-type: none"> • Meets any particular needs of equalities groups or helps promote equality in some way. • Could have a negative or adverse impact for any of the equalities groups
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		<p>Examples of what the service has done to promote equality</p>	<p>Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this</p>
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3.1	Gender – identify the impact/potential impact of the policy on women and men.	Gender- All services commissioned by the CCG need to ensure they are delivered in a way that ensures equal access and are appropriate to the needs of particular groups, rather than one size fits all	The plan will be universally applied to all BaNES residents and it is not expected to have an impact relating to gender
3.2	Pregnancy and maternity		The plan will be universally applied to all BaNES residents and it is not expected to have an impact relating to .pregnancy and maternity
3.3	Transgender – – identify the impact/potential impact of the policy on transgender people		The plan will be universally applied to all BaNES residents and it is not expected to have an impact relating to transgender.
3.4	Disability - identify the impact/potential impact of the policy on disabled people (ensure consideration both physical and mental impairments)	Disability-	The plan will be universally applied to all BaNES residents and it is not expected to have an adverse impact relating to disability
3.5	Age – identify the impact/potential impact of the policy on different age groups	The CCG is aiming to commission integrated safe, compassionate pathways for frail older people, this is one of the strategic objectives and fits with the JSNA profile of an increasingly older frail population in Banes	The plan will be universally applied to all BaNES residents and it is not expected to have an adverse impact relating to age.
3.6	Race – identify the impact/potential impact on different black and minority ethnic groups		The plan will be universally applied to all BaNES residents and it is not expected to have an adverse impact

			relating to .race
3.6	Sexual orientation - identify the impact/potential impact of the policy on lesbians, gay, bisexual & heterosexual people		The plan will be universally applied to all BaNES residents and it is not expected to have an impact relating to sexual orientation
3.7	Marriage and civil partnership – does the policy/strategy treat married and civil partnered people equally?		The plan will be universally applied to all BaNES residents and it is not expected to have an impact relating to . marriage and civil partnership
3.8	Religion/belief – identify the impact/potential impact of the policy on people of different religious/faith groups and also upon those with no religion.		The policy will be universally applied to all BaNES residents and it is not expected to have an impact relating to .religion/belief
3.9	Socio-economically disadvantaged – identify the impact on people who are disadvantaged due to factors like family background, educational attainment, neighbourhood, employment status can influence life chances		Our plans acknowledge these impacts on the health status of our population. Elements of our plans are specifically aimed at addressing health inequalities.
3.10	Rural communities – identify the impact / potential impact on people living in rural communities		Our plans do not specifically address issues of rurality.

Bath and North East Somerset Clinical Commissioning Group: Quality Impact Assessment Tool

Overview

This tool involves an initial assessment (stage 1) to quantify potential impacts (positive or negative) on quality from any proposal to change the way services are commissioned and/or delivered. Where potential negative impacts are identified they should be risk assessed using the risk scoring matrix to reach a total risk score.

Quality is described in 6 areas, each of which must be assessed at stage 1. Where a potentially negative risk score is identified and is greater than (>) 8 this indicates that a more detailed assessment is required in this area. All areas of quality risk scoring greater than 8 must go on to a detailed assessment at stage 2.

Scoring

A total score 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 a total score.

The following tables define the impact and likelihood scoring options and the resulting score: -

LIKELIHOOD		IMPACT	
1	RARE	1	MINOR
2	UNLIKELY	2	MODERATE / LOW
3	MODERATE / POSSIBLE	3	SERIOUS
4	LIKELY	4	MAJOR
5	ALMOST CERTAIN	5	FATAL / CATASTROPHIC

Risk score	Category
1 - 3	Low risk (green)
4 - 6	Moderate risk (yellow)
8 - 12	High risk (orange)
15 - 25	Extreme risk (red)

A fuller description of impact scores can be found at appendix 1.

		IMPACT				
		1	2	3	4	5
LIKELIHOOD	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

Please take care with this assessment. A carefully completed assessment should safeguard against challenge at a later date.

Stage 1

The following assessment screening tool will require judgement against the 6 areas of risk in relation to Quality. Each proposal will need to be assessed whether it will impact adversely on patients / staff / organisations. Where an adverse impact score greater than (>) 8 is identified in any area this will result in the need to then undertake a more detailed Quality Impact Assessment. This will be supported by the Clinical Quality & Nursing team.

Answer positive/negative (P/N) in each area. If N score the impact, likelihood and total in the appropriate box. If score > 8 insert Y for full assessment

Area of Quality	Impact question	P/N	Impact	Likelihood	Score	Full Assessment required
Duty of Quality	Could the proposal impact positively or negatively on any of the following - compliance with the NHS Constitution, partnerships, safeguarding children or adults and the duty to promote equality?	P				
Patient Experience	Could the proposal impact positively or negatively on any of the following - positive survey results from patients, patient choice, personalised & compassionate care?	P				
Patient Safety	Could the proposal impact positively or negatively on any of the following – safety, systems in place to safeguard patients to prevent harm, including infections?	P				
Clinical	Could the proposal impact positively or negatively on evidence	P				

Area of Quality	Impact question	P/N	Impact	Likelihood	Score	Full Assessment required
Effectiveness	based practice, clinical leadership, clinical engagement and/or high quality standards?					
Prevention	Could the proposal impact positively or negatively on promotion of self-care and health inequality?	P				
Productivity and Innovation	Could the proposal impact positively or negatively on - the best setting to deliver best clinical and cost effective care; eliminating any resource inefficiencies; low carbon pathway; improved care pathway?	P				
Vacancy impact	Could the proposal impact positively or negatively as a result of staffing posts lost?	P				
Resource Impact	Could this proposal impact positively or negatively with regard to estates, IT resource, community equipment service or other agencies or providers e.g. Social care/voluntary sector/District nursing	P				

Please describe your rationale for any positive impacts here: The 5 year strategy describes the CCG intended outcomes, in order to meet these the CCG will need to take into account the above within its commissioning and procurement processes. The CCG will continue with its core work in relation to quality, safety and patient experience to ensure that local service provision has a positive impact on the population.

Privacy impact assessment screening questions

These questions are intended to help you decide whether a PIA is necessary. Answering 'yes' to any of these questions is an indication that a PIA would be a useful exercise. You can expand on your answers as the project develops if you need to.

PIA Screening Questions	Yes	No
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Will the project involve the collection of new information about individuals?		N
Will the project compel individuals to provide information about themselves?		N
Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information?		N
Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?		N
Does the project involve you using new technology that might be perceived as being privacy intrusive? For example, the use of biometrics or facial recognition.		N
Will the project result in you making decisions or taking action against individuals in ways that can have a significant impact on them?		N
Is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For example, health records, criminal records or other information that people would consider to be private.		N
Will the project require you to contact individuals in ways that they may find intrusive?		N

If you have answered yes to any of the questions above please complete the following template, you may find it helpful to refer to the guidance document which sets out the data protection principles

Summarise why the need for a PIA was identified (from screening questions above)	
Describe the information flows: You should describe the collection, use and deletion of personal data here and it may also be useful to refer to a flow diagram or another way of explaining data flows. You should also say how many individuals are likely to be affected by the project	Information used to inform the development of the five year plan was from nationally published information and locally published information within the Joint Strategic Needs Assessment. New workstreams arising from the strategic planning process will undertake individual PIAs
Consultation requirements: Explain what practical steps you will take to ensure that you identify	

and address privacy risks. Who should be consulted internally and externally? How will you carry out the consultation? You should link this to the relevant stages of your project management process.

You can use consultation at any stage of the PIA process

Identify the privacy and related risks:

Identify the key privacy risks and the associated compliance and corporate risks. Larger-scale PIAs might record this information on a more formal risk register.

Privacy issue	Risk to individuals	Compliance risk	Associated organisation / corporate risk

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<p>Identify privacy solutions: Describe the actions you could take to reduce the risks, and any future steps which would be necessary (eg the production of new guidance or future security testing for systems).</p>	<p>Risk</p>	<p>Solution(s)</p>	<p>Result: is the risk eliminated, reduced, or accepted?</p>	<p>Evaluation: is the final impact on individuals after implementing each solution a justified, compliant and proportionate response to the aims of the project?</p>								
<p>Sign off and record the PIA outcomes: Who has approved the privacy risks involved in the project? What solutions need to be implemented?</p>	<table border="1"> <tr> <td data-bbox="1128 1286 1435 1337">Risk</td> <td data-bbox="1435 1286 1760 1337">Approved solution</td> <td colspan="2" data-bbox="1760 1286 2094 1337">Approved by</td> </tr> <tr> <td data-bbox="1128 1337 1435 1441"></td> <td data-bbox="1435 1337 1760 1441"></td> <td colspan="2" data-bbox="1760 1337 2094 1441"></td> </tr> </table>				Risk	Approved solution	Approved by					
Risk	Approved solution	Approved by										

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<p>Integrate the PIA outcomes back into the project plan: Who is responsible for integrating the PIA outcomes back into the project plan and updating any project management paperwork? Who is responsible for implementing the solutions that have been approved? Who is the contact for any privacy concerns that may arise in the future?</p>				

**Bath and North East Somerset Council & B&NES CCG
Equality Impact Assessment/ Quality Impact Assessment and privacy Impact assessment Improvement Plan**

Please list actions that you plan to take as a result of this combined assessment. The actions need to be built into your service planning framework. Actions/targets should be measurable, achievable, realistic and time framed.

Issues identified	Actions required	Progress milestones	Officer responsible	By when

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Sign off and publishing

Once you have completed this form, it needs to be 'approved' by your Divisional Director or their nominated officer. Following this sign off, send a copy to the Equalities Team (equality@bathnes.gov.uk), who will publish it on the Council's and/or NHS B&NES' website. Keep a copy for your own records.

Signed off by:

(Divisional Director or nominated senior officer)

Date: