

FBC Appendix 2: Impact Assessment

**Bath & North East
Somerset Council**

NHS
**Bath and North East Somerset
Clinical Commissioning Group**

**Combined Tool:
Equality Impact Assessment / Equality Analysis
Quality Impact Assessment Tool
Privacy Impact Assessment Tool**

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

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| Title of service or policy | Your Care Your Way – Community Services Review |
| Name of directorate and service | B&NES Council, People and Communities Directorate and BaNES CCG Commissioning |
| Name and role of officers completing the Impact Assessments | Senior Commissioning Manager Information Governance manager Assistant Director of Nursing and Quality Equalities Lead |
| Date of assessment | October 2016 |

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 the Council's and NHS Bath and North East Somerset's websites.

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

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| 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>As the prime provider Virgin Care will be providing community health and adult social care services as an integrated model for Children , Young People and Adults in B&NES.</p> <p>Virgin Care will be responsible for the management and delivery arrangements of services within the scope of the contract .</p> <p>Virgin Care will deliver services by suitably qualified and registered practitioners who are professionally registered under statute.</p> <p>The ' services' will be delivered in a variety of locations across B&NES that include homes , Children's Centres , Early Years Settings , YOT services , day centres, community centres, schools, hospitals , GP</p> |

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| | | <p>surgeries and other venues to meet the requirements of the people receiving care within Bath and North East Somerset . We will work in partnership with other providers whose care supports and contributes to the health and care outcomes of the people in Bath and North East Somerset.</p> <p>Services will be resilient and sustainable and will provide care and support across the whole life course to meet the overarching outcome that ‘All people in Bath and North East Somerset enjoy good health and well-being ‘</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>‘Your Care, Your Way’ is a bold and ambitious redesign of community health and care services for children, young people and adults, commissioned jointly by Bath & North East Somerset Council and NHS Somerset Clinical Commissioning Group (BaNES CCG) to meet improved health and care outcomes for the people of Bath and North East Somerset</p> <p>Recent policy changes and guidance –NHS 5 Year Forward View, and the Better Care Fund - has given permission to commissioners in both health and social care to explore ways of doing things differently. Both nationally and locally there is renewed interest in finding new ways to integrate services to deliver better health and care outcomes for the people of B&NES .</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 issues set out in this report link to the following Organisational Objectives:</p> <ul style="list-style-type: none"> • Improving quality, safety and individuals experience of care • Improving consistency of care and reducing variation of outcomes • Providing proactive care to help people with complex care needs • Creating a sustainable health system within a wider health and social care partnership • Empowering and encouraging people to take personal responsibility for their health and wellbeing • Reducing inequalities and social exclusions and supporting our most vulnerable groups • Improving the mental health and wellbeing of our population |

2. Consideration of available data, research and information

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 |
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| 2.1 | What is the equalities profile of the team delivering the service/policy? | This is not information we currently request from all services but Commissioners will request a breakdown through the new commission once the service has started and review on an annual basis. |
| 2.2 | What equalities training have staff received? | Details on compliance with mandatory training is requested through the organisation not service specific. Commissioners will request a breakdown through the new commission once the service has started and review on an annual basis |
| | What is the equalities profile of service users? | Key information about the local population is as below: Census 2011 showed resident population to be 179,900 whilst the registered population is almost 20,000 higher. <ul style="list-style-type: none"> • Working age population is approximately 50% of B&NES • 20% of population is over 65, this proportion is increasing with |

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| | | <p>time.</p> <ul style="list-style-type: none"> • Population structure is similar to England but much larger % of 20-24 yr olds. • The Office of National Statistics (ONS) projects that the population of B&NES will increase to 198,800, by 2026. This increase is expected to be mainly in the older age groups; in particular the 80+ population is projected to increase by 40% from 9,900 in 2010 to 13,900 in 2026. <p>Gender;</p> <ul style="list-style-type: none"> • The gender profile remains largely consistent compared to previous years, with a 49%/51% male/female split. <p>Age;</p> <ul style="list-style-type: none"> • The age profile is also largely consistent with the UK as a whole, except for the 20-24 age range which is higher than average and represents the significant student population in the area. • The population increase – as above - is expected to be mainly in the older age groups; in particular the 80+ population is projected to increase by 40% from 9,900 in 2010 to 13,900 in 2026 <p>Ethnicity;</p> <ul style="list-style-type: none"> • B&NES is less ethnically diverse than the UK as a whole but more so than the South West. • 88% of residents are likely to define their ethnicity as White British. • ‘White other’ (3.66%) is the most significant non-white British ethnicity by volume which is likely to include EU Accession state residents • followed by “Asian Indian” (1.97%), • “Other ethnic background” (0.96%) and • “Black African” (0.9%) • <p>Disability</p> <ul style="list-style-type: none"> • Consistent with the regional trend, from 2002-2008, the |
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| | | <p>percentage increase in DLA claimants in B&NES(34%) was considerably higher than the national average (23.4%).</p> <ul style="list-style-type: none"> • An estimated 7% of population (8603) aged 18-64 has a moderate physical disability and 2% (2507) have a serious physical disability. An approximate increase of 6%in the number of people with physical disabilities is expected by 2030. • Estimates of sensory impairment suggest 12% of the adult population have moderate or severe hearing loss (in line with the South West and England) • Estimates suggest that approximately 2.6% of the adult population have a visual impairment. <p>Sexual Orientation</p> <ul style="list-style-type: none"> • The 2011 census did not include a question on sexual orientation. There was a question on civil partnership and in B&NES 0.2% of the population (309 people) stated that they were in a registered civil partnership. It is estimated that approximately 7% of the population are Lesbian, Gay or Bisexual. In B&NES this would mean a figure of around 12,000 people |
| 2.4 | 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? | The completeness of equalities data held across all the currently commissioned services varies. The commissioning process is designed to embed the requirement to monitor performance of equalities across the entire service contract. |
| 2.5 | What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results? | <p>The review was launched at Bath Assembly Rooms on 29 January 2015 to an audience of over 200 providers and service users. Since then, a wide ranging programme of engagement work has taken place to understand people’s experiences of community services and to collect their ideas for how these services could be improved in the future.</p> <p>The CCG and the Council identified a range of stakeholders that could be affected by or have an opinion on the review of community services. This process began by breaking down the local population into specific categories in order to tailor our engagement methods in</p> |

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| | | <p>the most effective way and to ensure that seldom heard groups were not excluded from participating in the review and sharing their valuable experiences.</p> <p>Having identified these key demographic groups we then mapped out the key organisations and professionals that are involved in the provision of community services and could help us reach these groups. We also encouraged stakeholder to contact us to provide any further details of organisations that should be involved in the review.</p> <p>Full details of the stakeholder categories and key organisations are provided in the YCYW Phase One engagement report.</p> |
| <p>2.6</p> | <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>The Phase 2 consultation ran from 10th September to 30th October 2015 and further consultation will be delivered throughout the transition period.</p> <p>A key objective of our communication strategy during this phase is to ensure that all identified stakeholder groups (particularly seldom heard groups) are given the opportunity to contribute to the consultation and their views are fairly and proportionally represented in the final analysis of the data.</p> |

3. Assessment of impact: 'Equality analysis'

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:

- 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

Examples of what the service has done to promote equality

Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this

3.1 Gender – identify the impact/potential impact of the policy on women and men.

Virgin Care has developed a 5 year Diversity & Inclusion (D&I) strategy which encompasses all the facets of diversity.

The organisation together with other Virgin Companies on the 8th March 2016 participated in International Woman's Day (IWD) to promote gender equality. The gender equity pledge is a World Health Organisation (WHO) initiative where companies have been requested to sign up to one of five specific pledges with a view to address gender equity globally.

The pledges are:

Help women and girls achieve their ambitions
Challenge conscious and unconscious bias

- Call for gender balanced-

The D&I strategy includes action measures to continue to address gender inequality at each management level through our talent management and succession planning processes.

There is a gender disparity in nursing roles where 80% of nursing colleagues are female. Virgin Care are committed to focusing on recruiting male nurses for the future and are broadening recruitment campaign activity to include attending open days at universities and schools.

Virgin Care has also identified a possible untapped pool of talent among unpaid carers and are furthering recruitment activity in this area through volunteering strategy plans. We are focusing on

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| | | <p>leadership</p> <ul style="list-style-type: none"> • Value women and men’s contribution equally • Create inclusive and flexible cultures <p>The Executive sponsor for D&I signed up to all the gender parity pledges together with a number of other senior managers as a clear example of gender equality intent.</p> <p>Our Executive Team has a 50/50% split between males and females which again shows senior management intent to ensure that gender parity is maintained.</p> | <p>colleagues voluntarily giving their time to help young people in their service communities to encourage interest in transferable of skills from caring to healthcare which in turn feeds the recruitment pipeline.</p> |
| <p>3.2</p> | <p>Pregnancy and maternity</p> | <p>Virgin Care has a fair and equitable leave policy which covers paternity, maternity, pregnancy rights, adoption rights and special days leave.</p> <p>Our colleagues and our customers also have access to the work we do with First Steps Surrey – our mental health specialist service who promote a host of information about mental health during or after pregnancy. This covers anxiety, depression, the baby blues and postnatal depression. The information can be accessed in leaflet form, online or over audio podcasts. They also offer a specific ‘Man Zone’ to support our male</p> | <p>No recognised adverse or negative impact noticed, however, there is a plan of action to impact assess all policies to ensure that LGBT, married/ civil partnership colleagues rights are not discriminated against especially around adoption rights/ days off need.</p> |

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| | | colleagues and customers through times of difficulty too. | |
| 3.3 | <p>Transgender – – identify the impact/potential impact of the policy on transgender people</p> | <p>Virgin Care’s 5 year Diversity & Inclusion strategy includes mental health support for LGB and Transgender colleagues.</p> <p>Virgin Care has a colleague wellness platform that specifically focuses on My Mind, My Body and My Community. There are many areas, particularly in the My Mind section that cover many aspects of mental health support including those that may affect Transgender individuals such as depression, anxiety and low mood among others.</p> <p>We work in partnership with First Steps Surrey, our specialist mental wellbeing support service who help us to develop information packs and promote the importance of the wellbeing of the mind.</p> <p>We have an in house bespoke training programme called Mind Coach that has been developed by one of our Clinical Psychologists, who focuses on Positive Psychologist. The programme helps</p> | <p>We are committed to ensure all our policies, training or service provision is impact assessed so that LGBT colleagues are not impacted negatively</p> |

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| | | <p>colleagues build resilience and mental strength among other techniques.</p> <p>We also offer open access to an Employee Assistance Program (EAP) where colleagues can self-refer into a telephone hotline for impartial anonymous advice 24/7.</p> <p>Partnership working is important for Virgin Care and we actively seek to work with Stonewall to ensure that our LGBT colleagues are engaged and feel that they can bring their whole selves to work.</p> <p>Virgin Care is also working with other Virgin Companies on mental health support issues and has raised awareness through the participation in London Pride in June 16.</p> | |
| 3.4 | <p>Disability - identify the impact/potential impact of the policy on disabled people (ensure consideration both physical and mental impairments)</p> | <p>The Virgin Care D&I strategy includes providing disability training for senior leaders (Dining with a difference events, which are specific senior manager training sessions to raise awareness around disability issues) and this specific training is planned for 2017.</p> <p>In addition, our Occupational Health</p> | <p>No potential negative or adverse impact identified to date, but we are committed to impact assess all policies, services, etc that may impact on disability.</p> |

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| | | <p>provider helps with reasonable adjustment advice to support colleagues with disability/impairment issues.</p> <p>As described in 3.3, we also offer open access to an Employee Assistance Program (EAP) where colleagues can self-refer into a telephone hotline for impartial anonymous advice 24/7.</p> <p>Our colleague wellness platform (see 3.3) covers many aspects of mental health support including those that may affect individuals with physical or mental disabilities such as depression, anxiety and low mood among many others. The site also hosts an area for living with long term conditions and feeds into our occupational health service.</p> <p>The wellness platform also boasts the My Body area where colleagues can utilise 100's of video programmes that include mindfulness, breathing, stress, physical workouts (including seated workouts), and posture among many more. The D&I section on the site within the My Community sphere hosts a calendar of events and depicts the impact these events may have on colleagues. Within here we</p> | |
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| | | <p>highlight many events and awareness campaigns around physical and mental impairments.</p> <p>These are also sporadically highlighted through our wider communication channels for colleagues who do not wish to use the wellness platform.</p> <p>As outlined in 3.3 colleagues have access to the Mind Coach training programme to work on building resilience and mental strength among other techniques. Our collaborative work with First Steps (outlined in 3.3) also assists in the psychological support we offer colleagues and customers with disabilities.</p> <p>We are also working with other Virgin Companies to assess how we can powerfully collaborate as a set of companies to support disability from a group wide perspective.</p> | |
| 3.5 | <p>Age – identify the impact/potential impact of the policy on different age groups</p> | <p>The Virgin Care D&I strategy also covers age disparity and specific emphasis is in place to support managers around their recruitment and selection activity to ensure the workforce is representative of all age groups.</p> | <p>Our May, Have Your Say (staff survey) engagement score for age group 40+ has shown lower than average scores. Focus groups have been set up to identify the deeper underlying reasons for the lower engagement score across the</p> |

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| | | <p>An example of this is activity focused on recruiting young people and providing work experience</p> <p>Age as a part of our D&I strategy also directly impacts our emphasis on unpaid caring responsibilities and how we support that community.</p> <p>Carers Club (www.carersclub.org) our dedicated resource for unpaid carers in the UK (both our colleagues and our customers) provides information, support and advice for carers. This includes a support area on balancing life and care and balancing work and care. Our commitment to evolving the organisation in an inclusive way means we have put in place clear training solutions, largely due to technology developments, which are accessible in a wide variety of learning options. Audio, video, written and drop in sessions are now all part of the learning frame at Virgin Care which is a development to suit all ages and learning preferences.</p> <p>Our collaborative work with First Steps (outlined in 3.3) also assists in the psychological support we offer to our aging population and covers the</p> | <p>organisation. There will be target action as a result of the deeper analysis to ensure the engagement score target of 3.80/5 is reached.</p> |
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| | | mental wellbeing aspect of growing older. This includes work around isolation and loneliness. | |
| 3.6 | Race – identify the impact/potential impact on different black and minority ethnic groups | <p>The Virgin Care D&I strategy includes ensuring that the company is representative of the population it serves including in having a representative management structure.</p> <p>Our BME colleagues engagement score of 3.86/5 is higher than the organisational average score of 3.72/5</p> <p>To this end, the organisation is actively promoting BME support programmes as well as developing its own nurse development leadership programme for BME band 5/6 colleagues in partnership with the RCN.</p> <p>The organisation is participating in Black history month in October 16 and will set up a BME network as part of the wider business D&I council.</p> | The potential negative impact is on customer services and D&I forms part of feel the difference training for front line colleagues going forward. |
| 3.6 | Sexual orientation - identify the impact/potential impact of the policy on lesbians, gay, bisexual & heterosexual people | See transgender tab above 3.3 | See transgender tab above 3.3 |

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| 3.7 | Marriage and civil partnership – does the policy/strategy treat married and civil partnered people equally? | See tab above 3.2 | See tab above 3.2 |
| 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 Wellness platform (see 3.3) will help raise awareness of all religious/faith groups together with other diversity type events in the D&I calendar. The organisation will be celebrating or participating in many of these events, which will be highlighted through both the platform and our wider communication channels. This will further provide a helpful knowledge resource for the organisation and help managers better integrate their teams to appreciate and respect difference in a more measured manner. | The D&I calendar will form part of the customer services / feel the difference training for front line colleagues to increase knowledge on cultural/ religious/ faith groups. This will be skills based to help colleagues help their customers feel the difference as they enter our services. To mitigate risk we will be encouraging colleagues to request additional events or faith holidays / celebrations to be added to the D&I calendar. Each will describe what the event / celebration or holiday is and how it may affect team colleagues or customers throughout. |
| 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 | The Virgin Care D&I strategy includes working with service design colleagues to ensure that diversity socio-economic aspects of the local population are taken into consideration. This will ensure that all services are fit for purpose; welcoming and meeting the individual's needs. | See potential initiatives as demonstrated in previous column. |

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| | | <p>Virgin Care recognises it has a social responsibility, and this includes educational provision:</p> <p>This may be through providing opportunities for carers in association with Carers Club (www.carersclub.org), our dedicated resource to unpaid carers in the UK. Or, it may be through developmental recruitment opportunities through 'Strive2Thrive' type initiatives.</p> <p>Strive2Thrive is all about working with local schools to support school leavers to enter the world of work, whilst at the same time readying them for all that life post-school brings (including our input on health and wellness responsibilities as well as encouraging the interest in a healthcare profession). This double approach also provides volunteering opportunities to Virgin Care colleagues cultivating their own development.</p> <p>We are committed to active recruitment from the local economy to enhance social/ economic mobility in the future as well as work experience opportunities and apprentice schemes.</p> | |
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| <p>3.10</p> | <p>Rural communities – identify the impact / potential impact on people living in rural communities</p> | <p>As mentioned above the D&I strategy will include service design implications and how hard to reach rural communities may be identified and reached in terms of service provision.</p> <p>All areas of community diversity issues will be considered and service provision will be formulated around the identified community requirements. This could include rural communities with specific carer responsibilities that will be supported by our dedicated carer resource Carers Club.</p> <p>Our provision of materials, information and CBT style resources for mental wellbeing associated with loneliness and isolation is also available to both our colleagues and our customers.</p> | <p>See potential initiatives as demonstrated in previous column</p> |
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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 Effectiveness | Could the proposal impact positively or negatively on evidence based practice, clinical leadership, clinical engagement and/or high quality standards? | P | | | | |
| Prevention | Could the proposal impact positively or negatively on promotion of self-care and health inequality? | P | | | | |
| Productivity | Could the proposal impact positively or negatively on - the best | P | | | | |

| Area of Quality | Impact question | P/N | Impact | Likelihood | Score | Full Assessment required |
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| and Innovation | setting to deliver best clinical and cost effective care; eliminating any resource inefficiencies; low carbon pathway; improved care pathway? | | | | | |
| Vacancy impact | Could the proposal impact positively or negatively as a result of staffing posts lost? | N | 4 | 2 | 8 | No |
| 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 | N | 2 | 4 | 8 | No |

Rationale

Our plans for Community Services are to further improve continuity in care for the population of BaNES by making their health and social care more seamless and less transactional. This will mean that our services will be streamlined to prevent duplication in assessment and will operate in a single team manner.

We anticipate that this approach will mean that care will be much easier to understand and to navigate for people and professionals. Core attributes of the service that will be provided under the new model will be;

- Strengthened integrated multidisciplinary interventions and support providing wrap around care, for people with most complex needs.
- Closer working with the local community to develop community model
- Development of integrated health and social care teams at 'front door' of acute to prevent an admission and at 'back door' to facilitate timely complex discharges.
- Increased community led supported discharges by the community teams to proactively in reach and facilitate hospital discharge.
- These services will be provided via a single point of co-ordination and are complimented

A narrative of the key risks and mitigations follows below.

Safe Transfer

Virgin Care consider safe transfer to last up to the end of the first 100 days of service (July 2017), and during this period the priority for will be to ensure that all services have transferred safely and any challenges identified during transfer are resolved. Further priorities during transition include;

- Transfer to Virgin Care policies and procedures; this work will include establishing a new service-wide reporting framework, governance protocols and implementing new policies.
- Supporting the workforce; ensuring that colleagues transferring understand the vision of Your Care Your Way, and have a say in how the roadmap is developed. Immediate priorities are to identify training needs, a leadership and change programme.
- Working with partners; Virgin Care will be working over transition to support other health and care organisations, to support developments within the STP and to start to integrate data of other providers with their own.
- 'Deep dives' of high priority areas; identified during due diligence services that require further assessment of pathways will be prioritised for redesign and any urgent remedial actions undertaken
- Communication; establishing the 'citizens panel' that will be the forum for ongoing engagement will take place during transition and terms of reference agreed locally.

The speed at which co-commissioning arrangements are developed and the commissioner delegates some functions and responsibilities to the Prime Provider must be balanced against our assurance that the arrangements are appropriate and robust. Also, against our assurance and confidence in the Prime Provider's state of readiness to take over some of these functions as ultimately the Council and CCG remain accountable for meeting the relevant statutory responsibilities and achievement of the high level outcomes and priorities for our population.

A dedicated mobilisation-team will be assigned to work with the services and the CCG and the Council, who focus on due diligence and the transition into and out of safe transfer. The team will oversee the mobilisation plan with clear milestones linked to a risk register to ensure the service is successfully operational within the agreed timeline. Commissioners will use an adapted Department of Health approved "Statement of Readiness" check, an organisational tool that is utilised for all services before they are launched.

Vacancy Impact

One of the key roles of a prime provider is to deliver transformational change that will reduce duplication and inefficiencies across the system. Virgin Care's national scale allows them to make best use of technology and organisational infrastructure to support service delivery and free up more resources for direct care and support.

Ensuring a smooth transfer of staff eligible for TUPE is crucial for health and social care services in B&NES. Central to this will be open and honest communication with all stakeholders including staff representatives, the CCG and the Council.

During mobilisation, Virgin Care will ensure that all staff feel confident that their future lies with the new service, that they have a much-valued role in the new service and that they will continue to receive their pension and NHS, Council or existing terms and conditions. Virgin Care will engage with staff representatives, providing newsletter updates and a dedicated contact email. Once staff have safely, transferred, Virgin Care will run a series of engagement workshops, explaining the service vision and sharing the roadmap for service transformation.

Staff engagement will be continuous, open, informed and positive. Staff will play a vital role in changing and innovating service delivery and Virgin Care will encourage this through multiple channels. The approach to engaging with staff representatives to ensure an orderly and effective transition and includes:

- Initial meetings to introduce Virgin Care and to discuss any questions and concerns, particularly those regarding TUPE and continuation of current pensions and other terms and conditions
- Membership of the HR Project Management Group is offered and meeting notes and plans are shared for dissemination to staff more broadly
- Involvement in the induction planning group, policy group and staff survey development group
- Keeping representatives and staff informed of all decisions, changes and issues that will affect the workforce.

Clear and regular communication with staff will ensure that people feel engaged and involved in their service; Virgin will use a variety of methods to do this, including:

- A weekly in-house newsletter to inform staff about current activity in the business and motivate them through positive messages and celebration of successes.
- Executive Team 'back to the floor' visits, where Executives make visits to services and shadow staff members, as well as meeting teams and listening to concerns.
- Personal Development Plans are drawn up with each member of staff and provide a means for the staff member and their manager to review progress and to undertake individual objective setting.
- Virgin's Annual staff awards event provides a means by which they recognise the dedication and outstanding work of staff.
- The presentation of these awards forms a part of Virgin Care's annual Big Thanks staff event. As well as the social aspect of this annual event, there are presentations about the direction of the business, celebrations of achievements and case studies of different projects

Resource Impact

The Environment Team within Virgin Care is the specialised resource for the transfer and management of property, equipment and facilities, health and safety, fire safety and security. Virgin Care are fully conversant with the requirements of CQC Care Quality Outcome 10 Safety and Suitability of Premises, and legislation such as the Health and Safety at Work Act 1974 (as amended), Regulatory Reform Fire Safety (Order) 2005, Approved Codes of Practice and NHS Health Building Notes and Technical Memoranda (this is not intended as an exhaustive list.)

When mobilising the contract Virgin Care will carry out a risk assessment of the type of premises concerned. This will take into account:

- The type of activity to be carried out
- The age and condition of the premises
- The frequency of use
- Responsibility for maintenance and repair

Virgin Care will conduct due diligence on all premises considered for use to ensure they are fit for purpose in the delivery of care. The due diligence regime adopted is tailored to take into account the outcome of the risk assessment carried out. This is so Virgin Care can match the level of investigation to the level of risk that the premises present. In this way Virgin Care are able to ensure that they can discharge their statutory responsibilities.

Virgin Care carries out an initial due diligence exercise as part of the mobilisation process. This exercise includes:

- A site survey to review if the site is fit for purpose, to identify functional suitability and to see what equipment is located at each site against asset list
- A data gathering exercise to identify current compliance levels
- A health and safety audit of current equipment and operational procedures
- A discussion with the landlord to identify likely occupation basis and maintenance responsibilities

The due diligence process includes:

- A desk top survey and site visit(s) carried out by the Environment Manager
- On site audits by technical specialists (extent dependent on outcome of desktop survey)
- A mapping of existing structure and processes used for the reporting of building management and health and safety issues

During the due diligence process Virgin Care will collect the certification necessary to demonstrate statutory compliance and establish if the premises are fit for purpose and safe to use. Virgin Care will work with landlords to mitigate risks and establish the actions necessary to achieve compliance if there are gaps. Negotiations with the landlords during the mobilisation process will help to establish:

- The base from which to migrate over to Virgin Care operational processes and procedures
- Who will provide hard and soft facilities management services
- Whether Virgin Care need to provide any facilities management services
- Where gaps in compliance are identified, Virgin Care will work closely with the landlords to plan a course of action in order not to delay safe transfer of the service.

Necessary works will be undertaken once the due diligence process is complete and service mobilisation has commenced. The service will then go through a strict internal sign off process culminating in completion of a statement of readiness to 'go live'. Lease sign off will follow this process. During mobilisation, Virgin Care will appoint a service manager who will manage all reporting relationships. Their duties in relation to premises will include (but are not limited to);

- Raising and managing requests for reactive maintenance
- Agreeing schedules of access for planned preventative maintenance (ensuring that service disruption is minimised)
- Managing arrangements for securing the building
- Monitoring performance standards against agreed key performance indicators
- Managing elements of statutory compliance such as Fire Safety which includes arranging fire alarm tests and evacuation drills
- Ensuring all relevant Facilities Management, cleaning and maintenance contracts are in place.
- Implementing and localising health and safety policies which are provided by the Environment Team
- Ensuring staff are appropriately trained
- Ensuring that clinical waste consignment notes are received.

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 |
|--|-----|----|
| Will the project involve the collection of new information about individuals? | Yes | |
| Will the project compel individuals to provide information about themselves? | Yes | |
| Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information? | | No |
| Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used? | | No |
| 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. | | No |
| Will the project result in you making decisions or taking action against individuals in ways that can have a significant impact on them? | | No |
| 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. | | No |
| Will the project require you to contact individuals in ways that they may find intrusive? | | No |

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

| | |
|--|---|
| <p>Summarise why the need for a PIA was identified (from screening questions above)</p> | <p>Data utilised in compiling the needs analysis (NHS Number) and consultation outputs (postcode) may contain patient identifiable data. Individuals may also be required to share personal experiences of using services in BaNES should they choose to do so.</p> |
| <p>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</p> | <p>The wellness platform will store personal data that an individual loads on to the system themselves about their body, mind, community, and general wellness. The personal data/ flow is loaded by accessing the system using a dedicated username and password and will only be seen by the individual concerned as they track their wellness over a given period. The wellness platform once fully rolled out will be accessible by all colleagues.</p> <p>To utilise the Wellness Platform colleagues will need to input their first name, last name and email address. Colleagues will then be encouraged to fill in the profile which will ask for their gender, height, weight, waist size, date of birth, business unit (all voluntary input). They will then be encouraged to answer the questionnaire about their health and wellbeing.</p> <p>There are around 7000 staff who will be able to access the platform and is accessible via an opt in consensual basis. Additional locum or other sub-contracted staff will receive access to the platform to support them in their role should their manager wish.</p> |
| <p>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.</p> | <p>Staff involvement within the testing teams who voluntarily sign up to shape the future of the Wellness platform, workshops with colleague groups, communications survey and analysis with operational and corporate leads.</p> <p>A detailed user guide will be provided to assist individual</p> |

You can use consultation at any stage of the PIA process

colleagues on keeping their personal data safe. The system has been tested for privacy breaches and discussions are ongoing with our internal IG colleagues to ensure the system is 100% safe and there is no possibility for data breaches. The system is cloud based and normal IT/ internet protocols will apply similar to any cloud based system the organisation uses.

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 |
|--|--|--|--|
| <p>Username and passwords being hacked</p> <p>Data accessible to supplier organisation</p> | <p>Personal loaded data is at risk</p> | <p>Normal IT governance protocol to apply in the form of advice to users and governance</p> <p>A third party checklist completed with supplier and to be reviewed and approved by the Information Security Lead which will form the central PIA on the project</p> <p>Access</p> | <p>Cloud Based IT Risk</p> |

| | | | | | |
|--|--|---|--|---|--|
| | <table border="1"><tr><td data-bbox="1126 173 1350 663"></td><td data-bbox="1355 173 1579 663"></td><td data-bbox="1583 173 1830 663">controls and training on the platform with supplier including audit spot checks</td><td data-bbox="1834 173 2096 663"></td></tr></table> | | | controls and training on the platform with supplier including audit spot checks | |
| | | controls and training on the platform with supplier including audit spot checks | | | |

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).

| Risk | Solution(s) | Result: is the risk eliminated, reduced, or accepted? | Evaluation: is the final impact on individuals after implementing each solution a justified, compliant and proportionate response to the aims of the project? |
|--------------------------------|---|--|--|
| Security hack of personal data | Apply organisational guidance for managing usernames & passwords, access controls, network and information security. Suitable guidance and training where necessary and auditable facilities. Having a clear data confidentiality clause in the contract with Revital, which includes time frames to address any data security breach as well as clear actions to take and responsibilities | Risk is acceptable as it's the same as any cloud based web-based system. | It's a proportionate response to potential risks which due to the nature of the system security and guidance being issued to users |
| | | | |

Sign off and record the PIA outcomes:

Who has approved the privacy risks involved in the project? What solutions need to be implemented?

| Risk | Approved solution | Approved by |
|--|---|--|
| The project covers an opt in consensual platform on a cloud based, anonymised system 1x3 = 3 Likelihood is rare but with a serious impact. The result is a Low Risk scoring project | There will be a clear contract in place with the supplier | The project is going through approval via the IG Committee with sign off sought from the SIRO and Caldicott Guardian |

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?

The Privacy Impact Assessment is completed by the project team with support from the Information Governance Team. All identified actions will have an owner which will need to be completed ahead of supply to the IG Committee where the PIA will need approval from the SIRO and Caldicott Guardian before the project can progress.

The PIA for this project is currently under review. Please find Virgin Care PIA draft document attached.



Wellness Platform
PIA V0.3.docx

Bath and North East Somerset 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 |
|---|---|----------------------------|----------------------------|----------------|
| Full and final PIA to be completed for the Wellness Platform | Project Team review | Complete | Project Team and IG Team | August 2016 |
| Communication – ensure all projects identified | Project Team review | Complete | Project Team | August 2016 |
| Review following preferred bidder due diligence | Review by subject matter experts | Complete | Project Team | October 2016 |
| Complete Stage 2 review with full service level assessments if deemed appropriate | Review by subject matter experts. Alignments to Safe Transfer process | In progress | Project Team | December 2016 |