

<b>MEETING DATE:</b>	11 December 2014	 <b>North Lincolnshire Clinical Commissioning Group</b>  <b>REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY</b>
<b>AGENDA ITEM NUMBER:</b>	Item 8.2	
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<b>JOB TITLE:</b> <b>DEPARTMENT:</b>	Assistant Senior Manager Quality and Assurance	

## NORTH LINCOLNSHIRE CCG QUALITY STRATEGY 2015 – 2017

<b>PURPOSE/ACTION REQUIRED:</b>	Decisions for Approval
<b>CONSULTATION AND/OR INVOLVEMENT PROCESS:</b>	NL CCG Quality Group
<b>FREEDOM OF INFORMATION:</b>	<i>Is this document releasable under FOI at this time? If not why not? (decision making guide being developed)</i>  <b>Public</b>

### 1. PURPOSE OF THE REPORT:

The attached strategy identifies how NL CCG will secure improvements in the quality of services and outcomes from both commissioned services and in primary care. The strategy will need to be reviewed on a regular basis to reflect an evolving understanding of the role of the CCG in relation to promoting and sustaining quality within primary care services. It is intended to develop an annual action plan to support the strategy which will be monitored by the CCGs Quality Group and Primary Care Development Group

### 2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:

<b>Continue to improve the quality of services</b>	<b>X</b>
<b>Reduce unwarranted variations in services</b>	<b>X</b>
<b>Deliver the best outcomes for every patient</b>	<b>X</b>
<b>Improve patient experience</b>	<b>X</b>
<b>Reduce the inequalities gap in North Lincolnshire</b>	<b>X</b>

### 3. ASSURANCES TO THE CLINICAL COMMISSIONING GROUP

The strategy has been developed in line with national best practice guidance

<b>4. IMPACT ON RISK ASSURANCE FRAMEWORK:</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> X	<input type="checkbox"/> No	<input type="checkbox"/>
The attached strategy supports the CCGs Assurance Framework				
<b>5. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> X
<b>6. LEGAL IMPLICATIONS:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> X
<b>7. RESOURCE IMPLICATIONS:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> X
<b>8. EQUALITY IMPACT ASSESSMENT:</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> X	<input type="checkbox"/> No	<input type="checkbox"/>
<b>9. PROPOSED PUBLIC &amp; PATIENT INVOLVEMENT AND COMMUNICATIONS:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> X
<i>The strategy will be placed on the NLCCG's internet</i>				
<b>10. RECOMMENDATIONS:</b>				
The CCG is asked to: -				
<ul style="list-style-type: none"> <li>• Approve the NL CCG Quality Strategy 2015 – 2017</li> </ul>				



***North Lincolnshire  
Clinical Commissioning Group***

**North Lincolnshire Clinical Commissioning Group**

**Quality Strategy**

**2015 - 2017**



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## **1 Introduction**

North Lincolnshire CCG (NLCCG) is committed to commissioning positive outcomes underpinned by high quality services that are sensitive to the needs of the local population. The CCG's duty to secure continuous improvement in the quality of services and outcomes from the provision of services is at all times central to our business.

North Lincolnshire is a largely rural district, covering an area of 85,000 hectares. The industrial town of Scunthorpe is the main population and employment centre, with manufacturing industries continuing to dominate the local economy.

To support the achievement of high quality service provision the NLCCG will:

- Provide leadership across the local health economy ensuring the principles of clinical effectiveness, patient safety and patient experience are embedded into services we commission
- Work with providers and partner organisations at local and national levels to bring together all relevant data and intelligence to better understand and share what is working well, where improvements need to be made and to monitor progress.
- Actively seek the views of local people, patients and the community about the services they need and their opinions as to how they can be improved.
- Continue to learn from best practice and seek to promote innovation and learning in our commissioning role.

## **2 Aims of the Quality Strategy**

- Promote and ensure high quality outcomes and safety throughout the patient journey
- Promote innovation and new ways of working that deliver positive outcomes for patients
- Embed a culture of continuous improvement learning and harm reduction amongst local providers
- Promote and improve quality in primary care to secure best possible outcomes for our patients
- Support vulnerable people (see Appendix1)
- Support and promote the NHS Constitution
- Provide assurance regarding the quality of care delivered in our commissioned services

This quality strategy is central to the delivery of quality improvements for NL CCG.

### **3 Working in Partnership**

NL CCG recognises that it cannot achieve these objectives working in isolation and in order to secure the necessary improvements we will work closely with partner agencies both at a local and national level including the following:

#### **NHS England**

NHS England's role is "to support and enable CCGs to commission services for their local populations, and to secure continuous quality improvement in those services". In relation to primary care, NHS England has "responsibility for overseeing the quality of primary care provision, including performance management of individual GP practices, dentists, opticians and pharmacists".

#### **Care Quality Commission (CQC)**

The CQC is an independent regulator of health and social care in England. It monitors and makes authoritative judgements on the quality and safety of health and care services according to whether they are safe, effective, responsive and well led.

#### **Monitor**

Monitors main duty is to promote and protect the interests of people who use healthcare services. For NHS Foundation Trusts, Monitor can take action where there are quality problems as a result of poor governance within the provider.

#### **The National Quality Board**

The National Quality Board is a multi-stakeholder board established to champion quality and ensure alignment in quality throughout the NHS. The Board is a key driver of work throughout the NHS that focuses on delivering high quality care for patients.

#### **NHS Trust Development Authority**

The Trust Development Authority oversees all NHS Trusts and its role is to ensure that all trusts deliver high quality, sustainable services to their patients thereby helping trusts achieve foundation status.

#### **Health Watch; England**

This is the independent consumer champion for health and social care in England charged with ensuring that the voices of the public and those who use the services are heard by the decision makers.

### **4 National Quality Drivers**

NLCCG will lead and work in partnership with local providers to focus on delivering high quality sustainable services. This work will be guided by a number of policy

drivers some of which are identified below. These policies/drivers will inform the work of the CCG and will be used as appropriate to benchmark our performance.

### **NHS Constitution (2009)**

This key document established the principles and values of the NHS in England. It sets out NHS pledges including a commitment to operate fairly and effectively; and the rights of patients, staff and the public.

### **Quality, Innovation, Productivity & Prevention (QIPP)**

This is a large scale transformational programme involving and engaging with staff, patients and voluntary organisations to improve the quality of care whilst making efficiency savings.

### **Commissioning for Quality & Innovation Framework (CQUIN)**

This initiative enables commissioners to reward excellence and innovative practice by linking a proportion of the healthcare providers' income to the achievement of local quality improvement goals.

### **Recent National reports**

A number of recent reports focus on unacceptable poor care and contain a number of important recommendations based on lessons learnt. Reports include Mid-Staffordshire NHS Foundation Trust (Francis report), Winterbourne View Hospital, Sir Bruce Keogh review into the quality of care provided by 14 hospitals and Professor Berwick's review into patient safety.

## **5 Equality & Diversity**

As a result of performing the analysis, the policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage.

## **6 Sustainability**

As a result of performing the analysis, the policy does not have any effects in terms of sustainability.

## **7 Bribery Act 2010**

The CCG follows good NHS business practice as outlined in the Business Conduct Policy and has robust controls in place to prevent bribery. Due consideration has been given to the Bribery Act 2010 in the development (or review, as appropriate) of this policy document and no specific risks were identified

## 8 Definition of Quality

Quality has been defined by three dimensions as set out in High Quality Care for All in 2008 all three of which must be present to deliver high quality care:

**Clinical effectiveness** – quality care which is delivered according to the best evidence as to what is clinically effective in improving an individual's health outcomes;

**Safety** – quality care is care that is delivered so as to avoid all avoidable harm and risks to the individuals safety; and

**Patient Experience** – quality care is care which looks to give the individual as positive experience of receiving and recovering from the care available as possible, including being treated according to what that individual wants or needs, and with compassion dignity and respect

*(Quality in the Health Care System – National Quality Board 2013)*

The above requirements dovetail into the NHS Outcomes Framework which provides a key driver for evaluating and promoting quality in the NHS.

Domain 1	Preventing people from dying prematurely
Domain 2	Enhancing quality of life for people with long term conditions
Domain 3	Helping people to recover from episodes of ill health or following injury
Domain 4	Ensuring that people have a positive experience
Domain 5	Treating and Caring for people in a safe environment and protecting them from avoidable harm.

## 9 Scope of the Strategy

The strategy encompasses the role of the CCG as a commissioner of services and in supporting the NHS Commissioning Board in securing improvement in the quality of primary care medical services. It covers all members of staff who work for the CCG including contractors.

## 10 Quality Assurance and Development Framework

NLCCG approach to quality development and assurance is based on a methodology developed by Bruce Keogh and from guidance published in Commission for Quality Views from Commissioners (2014).

The four phases underpinning our strategy are outlined below and they are not mutually exclusive.

- **Listening to patients and the public**
- **Use of data & intelligence**
- **Reviewing services**
- **Supporting service change - working with partners**

The above framework allows the CCG to systematically promote continuous improvement, monitor services against agreed specifications, identify issues and build comprehensive profiles of a service.

It is recognised that no framework can provide a definitive assurance as to a commissioned services quality and level of safe care; as delivery models change, new services are introduced and new challenges are encountered. However such a framework encourages the right questions to be asked, appropriate monitoring and communication networks to flourish and prompt effective feedback.

To support this framework the CCG will develop their own information and intelligence about their providers collected through contract monitoring, engagement with patients and the public, and general interaction with the local health economy.

## **11 Delivering Quality in Primary Care**

### **Context/Background to challenges faced by primary care**

Primary care is one of the great strengths of the NHS, but it is coming under increasing strain. It is recognised [Kings Fund] that there is a variation in the quality of care delivered by general practices and the need for change to better meet the needs of patients by providing a wider range of more responsive services, closer to people's homes.

The reform of primary care has risen to the top of the agenda recently, with NHS England launching a review of primary care as part of its forthcoming strategy for the NHS.

#### **11.1 Key Challenges drivers**

The future of general practice is likely to herald the emergence of a radically different way of working. The skill-mix in general practice will become more complex, and practices may work across the federation of practices in which they operate. These changes will not only see a growing role for nurse practitioners; they will also facilitate a much wider range of professionals working alongside GPs. The basic unit of activity will no longer be a face-to-face consultation with a doctor but the provision of a co-ordinated and multi-disciplinary service that proactively supports patients in managing their own health.

Finally, general practice will need to build much stronger alliances and relationships with individuals and organisations – not only within the NHS but beyond. As commissioners of care with responsibilities for populations, general practice will need to work closely with local authorities, the voluntary sector and the private sector.

These are not easy transitions to make, and those leading practice organisations and consortia in the future will have to set out this vision clearly and lead change from the front.

## **11.2 Objectives for primary care quality**

- Secure continuous improvement in service delivery
- Secure reduction in unwarranted variation of care and promote harm reduction
- Work with primary care practitioners to support re-validation and recruitment
- Support registration of practices with the Care Quality Commission
- Enhance the skills and capacity of the primary care workforce improving recruitment and retention
- Improve access to primary care services including increased seven day working
- Ensure that the patient voice is central to service planning and evaluation
- Support research and innovation

The above objectives support and are integral to the CCG's strategic plan.

## **11.3 Promoting Quality in Primary Care**

To achieve the agreed objectives for primary care we will work in partnership with NHS England looking towards an effective approach to co-commissioning.

### **Listening to Patients and the Public**

It is essential to the delivery of effective and safe care that we listen to and involve patients in the planning and evaluation of primary care services. Outlined below are some of the ways we will achieve this:

- The CCG will work with practices and their patient forums to share good practice and identify areas for improvement
- Ensure that all complaints are dealt with in accordance with best practice and all learning opportunities are identified.
- Continue to support Friends & Family Test and work with practices to implement improvements
- Work with Health Watch to identify trends and areas for improvement across primary care
- Work with practices to understand the National Patient GP survey results and reviews on practice web sites

### **Triangulation of Information/Intelligence**

To promote and support primary care; in identifying themes and trends, implementing quality improvements and provide assurances in relation to patient safety it is important that we have accurate, timely and relevant information.

- NL CCG will develop a primary care quality report and dashboard that will collate data from a variety of sources to provide a comprehensive picture of clinical effectiveness and patient safety. The Quality dashboard to be reviewed by the CCG's Quality Group.
- Work with the CQC and the Local Area Team (LAT) to identify any areas of concern and implement required actions in a speedy and effective manner
- Use the primary care web tool and high level indicators to help practices understand their performance in relation to patient safety and quality
- Establish a quality profile for each practice to help promote improvements

### **Reviewing Services**

The CCG will work with NHS England to develop a range of effective enabling and monitoring mechanisms to support quality improvements. The CCG will:

- Work with NHS England LAT to identify key quality and safety indicators for primary care
- Work with the LAT and practices identified as outliers by the Primary Care Web Tool to identify actions and common themes
- Review and regularly update quality practice profiles with each practice
- Support learning events that identify good practice and key learning across the CCG

### **Supporting service change – working with partners**

Working with the LAT and practices the CCG will through its Quality Group and Primary Care Development Group identify and review the effectiveness of actions to promote improvements. The CCG will:

- Support recruitment and retention initiatives
- Use the Nurse Practice Development Forum – to support training, development and best practice
- Use Protected Time learning events to help promote effective clinical practice and learning
- Work with practices to develop actions in response to identified concerns

## **12 Quality of Commissioned Services**

### **Context**

NLCCG has one main provider; North Lincolnshire and Goole Foundation Trust (NLaG) where care is commissioned for acute hospital site services, community and emergency care. Mental health is commissioned from Rotherham, Doncaster and South Humber [RDaSH] further acute services from Hull and East Yorkshire Trust [HEY]. Each provider faces significant challenges with NLaG having been an outlier with their mortality rates resulting in them being one of the Keogh Trusts. Each

provider needs to demonstrate a rate of quality improvement consistent with the standards and trajectories detailed in our commissioning strategy.

## **12.1 Key Challenges and Drivers**

Providers are working at a time of unprecedented financial and performance challenges. As is pointed out in 'High Quality of Care for all now and for future generations' (2014) fundamental challenges include budget pressures, changes in treatment and changes in patients' health care needs and personal preferences. This is set against a background of a growing population, an ageing population and a sicker population in addition to new drug treatments and cuts in local councils' social care.

## **12.2 Objectives of NL CCG Quality Strategy for Commissioned Services**

- Secure continuous improvements in service delivery across all commissioned services
- Ensure that the patient voice is central to service planning and evaluation
- Secure services that are safe and have positive outcomes for patients
- Promote innovation and research to promote greater effectiveness and efficiency
- Ensure that all commissioned services support and comply with the Mental Capacity Act/ DOLS and the NHS Constitution

## **12.3 Delivering Quality in Commissioned Service**

### **Listening to patients and the public**

Patient feedback is central to good quality care and commissioned services will be assessed as to how effectively they work with patients to plan and evaluate services. To support patient involvement NLCCG will implement the following:

- Support providers to use feedback from patients and carers to improve their services.
- Continue to develop an established experience led commissioning programme that enables services users to be key decision makers in how services are planned and re-designed. A programme of planned events is supported by the Humber and Yorkshire Commissioning Support.
- Work with Health Watch to understand patient perspective and survey results and identify areas for improvement.

- Develop its quality dashboard to reflect provider performance and progress in relation to Friends & Family Test (FFT) and National Patient Surveys, complaints and views posted on social media.

### **Use of data and intelligence**

NLCCG recognises that accurate relevant and timely data is required to understand the quality of care provision, promote improvements and provide assurances in relation to patient safety. Whilst even the most comprehensive data cannot always identify poor care it can facilitate the right questions, focus attention and prioritise areas for action. The CCG is committed to using data and intelligence to inform effective commissioning. The aims and objectives that underpin this are:

- The CCG has a quality monitoring system that is subject to on-going review and refinements and covers all our providers. The report includes a number of key clinical indicators relating to patient experience, safety and clinical effectiveness.
- The CCG Quality Group reviews data monthly and identifies areas of concern and actions to be taken
- External reviews are considered including CQC reports and action plans reviewed
- Serious Incident meetings are held monthly with relevant provider organisations present
- Serious Incident reports are reviewed at meetings where providers are present
- When serious trends or concerns are identified the CCG may commission an external review.
- The CCG works with the Yorkshire & Humber Commissioning Support (Y&HCS) other local commissioners to share information
- CQUIN achievements will be carefully monitored and developed with local partners to ensure that they promote positive and safe outcomes for patients.

### **Reviewing Services**

Ensuring that quality is maintained and improved requires the CCG to develop and constantly evaluate a range of sensitive and responsive monitoring mechanisms. These mechanisms include:

- Commissioner service quality walkabouts: these visits include both announced and unannounced and may include joint visits with other commissioners and organisations such as Health Watch. The walkabouts provide a useful opportunity to engage with frontline staff and patients to provide real time

feedback on key issues of concern. Actions for both the CCG and the service provider may be drawn up after such visits and implementation monitored through established mechanisms.

- Service Deep Dives: these are meetings organised to provide an intense focus on one service provider or a specific service. They may include a number of key stakeholders and will draw on a wide variety of data to provide as comprehensive and contemporary perspective as possible
- Quality Review Meetings: these are formal monthly meetings where the quality of commissioned services is subject to close scrutiny and challenge.
- North Yorkshire & Humber Area Team Quality Surveillance Group meetings: these are multi agency meetings that bring local commissioners and NHS England together to gather intelligence review local services, establish a shared view of risks and develop early warning mechanisms.
- Quality Contract Meetings – where quality and performance is considered in a wider perspective and levers to improvement performance are identified
- Analysis and collation of reports such as CQC visit reports and provider quality accounts to prioritise interventions and support

### **Supporting Service Change – working with partners**

Working with local stakeholders the CCG will continue to identify the actions needed to reinforce and support commissioned services drive for continuous quality improvement. To help achieve this NLCCG will:

- Use a range of incentives and levers to promote safe high quality innovative practice including CQUINS and key performance indicators
- Require commissioned services to comply with National Service Frameworks and NICE technology appraisals and guidance.
- Expect that commissioned services will have agreed clinical and organisational audits and benchmarking programmes in place to evaluate service delivery compliance with identified best practice
- Work with the CQC, Local Clinical Surveillance Group and other commissioners to support quality improvements and implementation of organisational learning within and across organisations.

## **13 Strategies & Policies**

The following Strategies / Policies support the CCG's quality commitment

- NLCCG Risk Management Strategy
- NLCCG Information Management Strategy

- NLCCG Information Governance Framework
- NLCCG Serious Incident Policy
- NLCCG Primary Care Development Strategy
- Research & Research Governance Strategy

## **14 Strategy Review**

This strategy will be subject to regular review and be formally reviewed at least annually.

## **Appendix A**

### **Safeguarding Children and Vulnerable Adults**

#### **Context**

Working with partner organisations and health providers to protect vulnerable children, young people and adults is a key priority for North Lincolnshire Clinical Commissioning Group.

We understand that some patients and members of the public may be unable to uphold their rights and protect themselves from harm or abuse. They may have greatest dependency on our services and yet be unable to hold services to account for the quality of care they receive. In such cases, we have particular responsibilities to ensure that those patients receive high quality care and that their rights are upheld, including their right to be safe.

We are working with our partners including local police, social care, education, care homes and other local statutory and voluntary organisations and with our GP practices and other health care organisations to strengthen arrangements for safeguarding adults and children in North Lincolnshire. To deliver this, we have in place a comprehensive Safeguarding Strategy that has the following aims:

- To commission services to ensure, first and foremost that children and adults at risk of abuse are safe.
- To discharge statutory functions.
- To encourage, embed and maintain the best safeguarding practice across North Lincolnshire.
- To ensure continuous improvement and compliance with national and local policies.
- To develop and implement systems for quality monitoring that are robust, auditable and effective.
- To raise awareness about safeguarding.
- To effectively contribute to multi-agency approaches such as the MAPPA and MARAC processes.
- To ensure continued partnership working and contribution to the work of the Local Safeguarding Children Board.
- To ensure partnership working and contribution to the work of the Local Safeguarding Adult Board.
- To work alongside neighbouring Clinical Commissioning Groups to establish roles and responsibilities across the commissioning functions during a transitional period.

- To ensure that a sound legacy is inherited by the Clinical Commissioning Groups; and that as such these bodies are fully prepared for their statutory functions within the new face of NHS Commissioning arrangements.
- To ensure that all staff understand that safeguarding is everyone's business
- To learn the lessons and good practice from serious case reviews, significant incident learning processes, local and national enquiries.

## **Governance**

The Governance Structure by which Children's and Adults' safeguarding is managed and through which the Governing Body has assurance of the work in this area is shown below.

## Appendix B- Equality Impact Analysis

1. Equality Impact Analysis									
<b>Policy / Project / Function:</b>	North Lincolnshire CCG Quality Strategy 2015 – 2017								
<b>Date of Analysis:</b>	27/11/14								
<b>This Equality Impact Analysis was completed by: (Name and Department)</b>	John Pougher, Assistant Senior Officer Quality & Assurance								
<b>What are the aims and intended effects of this policy, project or function?</b>	This strategy sets out how the CCG working in partnership will deliver its quality objectives within commissioned services and primary care.								
<b>Please list any other policies that are related to or referred to as part of this analysis?</b>	Primary Care Development Strategy								
<b>Who does the policy, project or function affect?</b>  Please Tick ✓	<table style="width: 100%; border: none;"> <tr> <td style="padding: 5px;">Employees</td> <td style="text-align: right; padding: 5px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Service Users</td> <td style="text-align: right; padding: 5px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Members of the Public</td> <td style="text-align: right; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Other (List Below)</td> <td style="text-align: right; padding: 5px;"><input type="checkbox"/></td> </tr> </table>	Employees	<input checked="" type="checkbox"/>	Service Users	<input checked="" type="checkbox"/>	Members of the Public	<input type="checkbox"/>	Other (List Below)	<input type="checkbox"/>
Employees	<input checked="" type="checkbox"/>								
Service Users	<input checked="" type="checkbox"/>								
Members of the Public	<input type="checkbox"/>								
Other (List Below)	<input type="checkbox"/>								

## 2. Equality Impact Analysis: Screening

	Could this policy have a positive impact on...		Could this policy have a negative impact on...		Is there any evidence which already exists from previous (e.g. from previous engagement) to evidence this impact
	Yes	No	Yes	No	
<b>Race</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Age</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Sexual Orientation</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Disabled People</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Gender</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Transgender People</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Pregnancy and Maternity</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Marital Status</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Religion and Belief</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Reasoning</b>					

If there is no positive or negative impact on any of the Nine Protected Characteristics go to Section 7

### 3. Equality Impact Analysis: Local Profile Data

Local Profile/Demography of the Groups affected (population figures)	
General	
Age	
Race	
Sex	
Gender reassignment	
Disability	
Sexual Orientation	
Religion, faith and belief	
Marriage and civil partnership	
Pregnancy and maternity	

### 4. Equality Impact Analysis: Equality Data Available

<p><b>Is any Equality Data available relating to the use or implementation of this policy, project or function?</b></p> <p>Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine <i>Protected Characteristics</i> – referred to hereafter as '<i>Equality Groups</i>'.</p> <p>Examples of <i>Equality Data</i> include: (this list is not definitive)</p> <ol style="list-style-type: none"> <li>1. Application success rates <i>Equality Groups</i></li> <li>2. Complaints by <i>Equality Groups</i></li> <li>3. Service usage and withdrawal of services by <i>Equality Groups</i></li> <li>4. Grievances or decisions upheld and dismissed by <i>Equality Groups</i></li> <li>5. <i>Previous EIAs</i></li> </ol>	<p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p> <p>Where you have answered yes, please incorporate this data when performing the <i>Equality Impact Assessment Test</i> (the next section of this document).</p>
<p><b>List any Consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function</b></p>	<p>Discussion at North Lincolnshire CCG Quality Group</p>
<p><b>Promoting Inclusivity</b>  <b>How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation</b></p>	

### 5. Equality Impact Analysis: Assessment Test

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
<b>Gender</b> (Men and Women)	X			
<b>Race</b> (All Racial Groups)	X			
<b>Disability</b> (Mental and Physical)	X			
<b>Religion or Belief</b>	X			
<b>Sexual Orientation</b> (Heterosexual, Homosexual and Bisexual)	X			

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
<b>Pregnancy and Maternity</b>	X			
<b>Transgender</b>	X			
<b>Marital Status</b>	X			
<b>Age</b>	X			

**6. Action Planning**

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:

## 7. Equality Impact Analysis Findings

<b>Analysis Rating:</b>	<input type="checkbox"/> Red	<input type="checkbox"/> Red/Amber	<input type="checkbox"/> Amber	<input type="checkbox"/> <b>Green</b>
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		Actions	Wording for Policy / Project / Function
<b>Red</b>  <b>Stop and remove the policy</b>	<b>Red:</b> As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i> . It is recommended that the use of the policy be suspended until further work or analysis is performed.	<b>Remove the policy</b>  Complete the action plan above to identify the areas of discrimination and the work or actions which needs to be carried out to minimise the risk of discrimination.	No wording needed as policy is being removed
<b>Red Amber</b>  <b>Continue the policy</b>	As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i> . However, a genuine determining reason may exist that could legitimise or justify the use of this policy and further professional advice should be taken.	<b>The policy can be published with the EIA</b>  List the justification of the discrimination and source the evidence (i.e. clinical need as advised by NICE).  Consider if there are any potential actions which would reduce the risk of discrimination.  Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.	As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i> . However, a genuine determining reason exists which justifies the use of this policy and further professional advice.  <b><i>[Insert what the discrimination is and the justification of the discrimination plus any actions which could help what reduce the risk]</i></b>

## Equality Impact Findings (continued):

		Actions	Wording for Policy / Project / Function
<b>Amber</b>  <b>Adjust the Policy</b>	As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk	<b>The policy can be published with the EIA</b>  The policy can still be published but the Action Plan must be monitored to ensure that work is	As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document.

	may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document.	being carried out to remove or reduce the discrimination.  Any changes identified and made to the service/policy/ strategy etc. should be included in the policy.  Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.	<b><i>[Insert what the discrimination is and what work will be carried out to reduce/eliminate the risk]</i></b>
<b>Green</b>  <b>No major change</b>	As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.	<b>The policy can be published with the EIA</b>  Another EIA must be completed if the policy is changed, reviewed or if any discrimination is identified at a later date	As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.

<b>Brief Summary/Further comments</b>	
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<b>Approved By</b>		
Job Title:	Name:	Date:

## Appendix C - SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a Policy/ Board Report / Committee Report / Service Plan / Project are required to complete a Sustainability Impact Assessment. Sustainability is one of the CCG's key priorities and the CCG has made a corporate commitment to address the environmental effects of activities across CCG services. The purpose of this Sustainability Impact Assessment is to record any positive or negative impacts that this activity is likely to have on each of the CCG's Sustainability Themes. For assistance with completing the Sustainability Impact Assessment, please refer to the instructions below.

<b>Policy / Report / Service Plan / Project Title:</b>				
<b>Theme (Potential impacts of the activity)</b>	<b>Positive Impact</b>	<b>Negative Impact</b>	<b>No specific impact</b>	<b>What will the impact be? If the impact is negative, how can it be mitigated? (action)</b>
Reduce Carbon Emission from buildings by 12.5% by 2010-11 then 30% by 2020			X	
New builds and refurbishments over £2million (capital costs) comply with BREEAM Healthcare requirements.			X	
Reduce the risk of pollution and avoid any breaches in legislation.			X	
Goods and services are procured more sustainability.			X	
Reduce carbon emissions from road vehicles.			X	
Reduce water consumption by 25% by 2020.			X	
Ensure legal compliance with waste legislation.			X	
Reduce the amount of waste produced by 5% by 2010 and by 25% by 2020			X	
Increase the amount of waste being recycled to 40%.			X	
Sustainability training and communications for employees.			X	
Partnership working with local groups and organisations to support sustainable development.			X	
Financial aspects of sustainable development are considered in line with policy requirements and commitments.			X	