

Quality & Equality Impact Assessment

Instructions

There are 4 domains relating to patient care: **Safety, Effectiveness, Experience and Impacts and an Equality Impact Assessment in this tool.**

Begin the tool by completing this sheet and then complete Safety assessment first.

Please work through this tool to identify the impact of your proposed service changes against the status quo. Complete the four worksheets with either text or using the drop down boxes in highlighted in white.. Calculations are then automated. You will also need to complete the Equality Impact Assessment (EIA). Results are displayed in the summary sheet.

Menu

Please feedback any suggestions / changes to Simon Polak
simon.polak@nhs.net

On completion please send a copy to the CNO via the following email.
D-CCG.SafetySystems@nhs.net

Title: in May 2014 not to commission for surgical capacity when the current contract

Summary description of the change proposal:

In 2005 the decision to commission additional capacity for elective orthopaedic surgery was aimed at cutting unacceptable waiting times. At the time demand was outstripping capacity and there was need to commission additional capacity to successfully meet the 18 week RTT target. The Peninsula NHS Treatment Centre (PTC) opened in 2005 following an award of the contract to Care UK. The contract comes to a natural end on 31 March 2015 and was extended (at risk) for one year to March 2015. The decision to extend was taken on the basis that commissioners were in the midst of productive dialogue with all providers, including Care UK, about an improved integrated model for elective orthopaedic care. The short extension would allow time for clinicians to conclude those debates and the commissioners have reviewed whether to re-commission. Northern, Eastern and Western Devon Clinical Commissioning Group are the lead commissioners working with KERNOW CCG and South Devon CCG. Vision of the future of Elective Orthopaedic Services workstream has been within our Orthopaedics Clinical Pathway Group alongside all our local providers including Care UK and wider group of stakeholders has been taken over the last 2yrs to move to more active conservative management, in line with our NEW Devon CCG commissioning intentions.

Completed by:	Karen Murray Commissioning and Engagment Manager
Date:	01/09/2014
Initial or Review	Initial

Reviewed by:	Review by Local Service	Outcome	Not Considered
Date:			

Notes

76% Complete

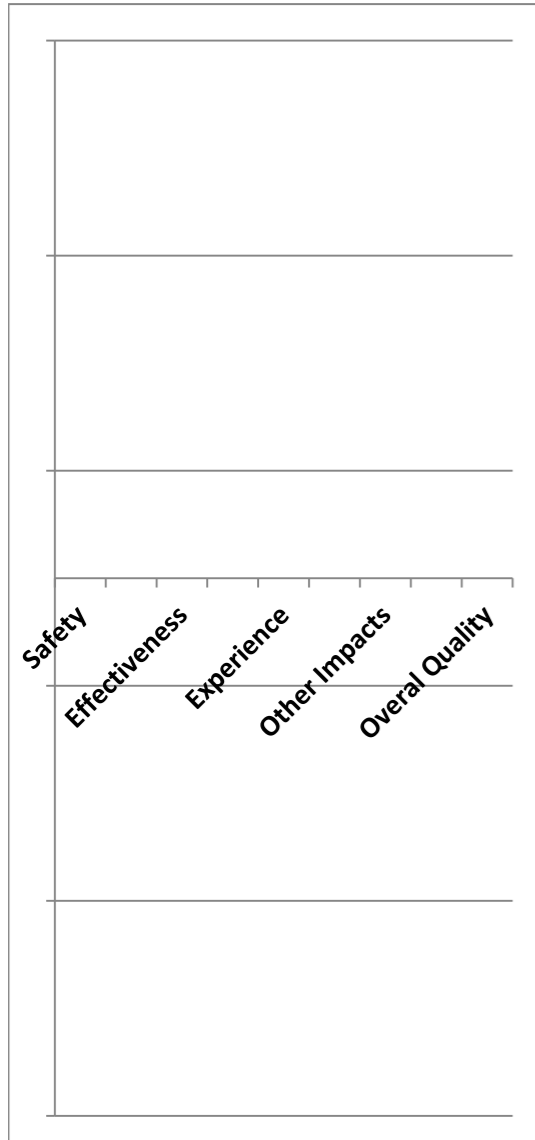
Quality Impact Assessment Overview

Title of change proposal

The provisional decision taken by Western Locality Board in May2014 not to commission for surgical capacity when the current contract for Pe

Change Proposal

In 2005 the decision to commission additional capacity for elective orthopaedic surgery was aimed at cutting unacceptable waiting



Total Impact of change

0

Review by Local Service

Overall Quality (sum of positive and negative impacts)

-

No overall change

Other impacts

-

No overall change

Equality Impact Assessment: Groups affected
Sum of +ve and -ve impacts

5

Consider actions to mitigate

50

Completed by:

Karen Murray Commissioning and Engagement Manager

Reviewed by:

Review by Local Service

Outcome of Review:

Not Considered

Date of Review:

00/01/1900



Safety

Area applied:	Describe the change proposed and the clinical area(s) the change applies to.
Reduction in capacity for Elective Orthopaedic surgery within the Western Locality NEW DEVON CCG	To allow ISTC contract with Care UK to lapse at the end of March 2015, this is not a service change as patients will still be able to receive treatment via two other providers in the Plymouth area. The "Vision of the future of Orthopaedic services" is in line with our Orthopaedic commissioning intentions. We have a workplan to support the move to more active conservative management which has been developed over the last 2 yrs utilising our clinical pathway group which is attended by all our local providers and a wider group of stakeholders. We held two events in April and May 2013 to inform the design and agree the Vision for the future Orthopaedic Services model. There is supporting evidence of a

Description	What is the impact on the SAFETY of patients of implementing the change proposed? (Please add a description of evidence)
Consider: Harm to patients Impact of Human Factors Infrastructure Clean environment Safe environment Training Treatment procedures Communication Administration Attach key documents	No harm to patients envisaged there will be two other providers within 15 minutes of the Peninsula Treatment Centre in the Plymouth area., and others within the wider Devon geographical area. There may be some impact on the workforce of Care UK but this is unknown at present until final decision is made by Western Locality board in on 26th November 2014. The communications team have worked with us to prepare a communications and media plan. The building is currently leased from NHS PropCo by Care UK, it will not be in the gift of the Western Locality commissioning team to influence how or who may use the current building in the future. We have a ISTC project group attended by all stakeholders

Total Impact Score for safety from -5 (Catastrophic) to 5 (Enhanced)

Number of patients effected in the bands 0 - 5 per week.

Number of weeks / year patients are affected by the change in the bands 0 - 5

Impact Description

No effect either positive or negative

1	1-50 patients	1	1- 4 weeks
2	51-200 patients	2	5 - 12 weeks
3	201 - 500 patients	3	13 - 26 weeks
4	500 - 1000 patients	4	26 - 39 weeks
5	>1000 patients	5	> 40 weeks

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Effectiveness

Area applied:

Describe the change proposed and the clinical area(s) the change applies to.

<p>Reduction in capacity for Elective Orthopaedic surgery within the Western Locality NEW DEVON CCG</p>	<p>To allow ISTC contract with Care UK to lapse at the end of March 2015, this is not a service change as patients will still be able to receive treatment via two other providers in the Plymouth area. The "Vision of the future of Orthopaedic services" is in line with our Orthopaedic commissioning intentions. We have a workplan to support the move to more active conservative management which has been developed over the last 2 yrs utilising our clinical pathway group which is attended by all our local providers and a wider group of stakeholders. We held two events in April and May 2013 to inform the design and agree the Vision for the future Orthopaedic Services model. There is supporting evidence of a reducing trend in Orthopaedic surgical Activity</p>
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Description

What is the impact on the EFFECTIVENESS of care or treatment for patients of implementing the change proposed?
(Please add description of evidence)

This is not a service change, however it will support the development of active conservative management which will enable patients to manage their own health with support and advice to enable them to consider alternative options to surgery that may enhance their overall health and wellbeing.

- Consider:
- Tangibles
- Leadership
- Competence
- Reliability
- Responsiveness
- Use of Evidence
- Attach key documents

0

Total Impact Score for effectiveness from -5 (Catastrophic) to 5 (Enhanced)

Impact Description

No effect either positive or negative

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Patient Experience

Area applied:	Describe the change proposed and the clinical area(s) the change applies to.
Reduction in capacity for Elective Orthopaedic surgery within the Western Locality NEW DEVON CCG	<i>To allow ISTC contract with Care UK to lapse at the end of March 2015, this is not a service change as patients will still be able to receive treatment via two other providers in the Plymouth area. The "Vision of the future of Orthopaedic services" is in line with our Orthopaedic commissioning intentions. We have a workplan to support the move to more active conservative management which has been developed over the last 2 yrs utilising our clinical pathway group which is attended by all our local providers and a wider group of stakeholders. We held two events in April and May 2013 to inform the design and agree the Vision for the future Orthopaedic Services model. There is supporting evidence of a reducing trend in Orthopaedic surgical Activity</i>

Description	What is the impact on the PATIENT EXPERIENCE of implementing the change proposed? (Please add description of evidence)
Consider: Dignity Informed Choice Control of care Responsiveness Empathy & Caring Family & Friends Test Feedback complaints Feedback from PALS Attach key documents	<i>We as commissioners recognise that the Peninsula Treatment Centre /CARE UK have provided a quality service this has never been in question.</i>

Total Impact Score for experience from -5 (Catastrophic) to 5 (Enhanced)

Impact Description

Other Impacts

Area applied: Reduction in capacity for Elective Orthopaedic surgery within the Western Locality NEW DEVON CCG	A description of the clinical area(s) the change impacts on. To allow ISTC contract with Care UK to lapse at the end of March 2015, this is not a service change as patients will still be able to receive treatment via two other providers in the Plymouth area. The "Vision of the future of Orthopaedic services" is in line with our Orthopaedic commissioning intentions. We have a workplan to support the move to more active conservative management which has been developed over the last 2 yrs utilising our clinical pathway group which is attended by all our local providers and a wider group of stakeholders. We held two events in April and May 2013 to inform the design and agree the Vision for the future Orthopaedic Services model. There is supporting evidence of a reducing trend in Orthopaedic surgical Activity
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Description Consider: Impact on other services impact on employees and other staff, contractual, reputational, visitors and temporary residents, & carers. Is there sufficient change management in place?	Please describe how the change proposed may impact on other parts of the health and social care economy or other services or ability to deliver the change. (Please add a description informing the score) This is not a service change. The recommendation to allow the Peninsula Treatment Centre contract to end on 31st March 2015 was arrived at following an Option Appraisal process. We are mindful there may be impacts that we will need to consider more fully once the decision is made. We have in place a prepare communication and media plan, a draft capacity plan, and all local providers are aware of the decision making process currently being undertaken. We have the capability with in our Commissioning organisation to manage any change process that arises following decision making
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Total Impact Score from -5 (Catastrophic) to 5 (Enhanced) and link to Impact Type >>

Number of patients affected by the change from 0 - 5

Impact Description

No effect either positive or negative

1	1-50 patients	1	1- 4 weeks
2	51-200 patients	2	5 - 12 weeks
3	201 - 500 patients	3	13 - 26 weeks
4	500 - 1000 patients	4	26 - 39 weeks
5	>1000 patients	5	> 40 weeks

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Measurement

How will the Impact of Safety, Effectiveness and Experience described above be measured?

PROMS, Friends and Family test, Patient satisfaction surveys Contract monitoring, Performance monitoring. N/A at present until decision is made at WLB 26th November 2014

Attach relevant documents or links to data below:

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Equality Impact Assessment

Do I need to complete this analysis?

- If you are introducing change to the Trust, you should complete this analysis.

What do I need to do?

- Be proportionate to your work - you will know the significance of the work you are carrying out
- Be reasonable in your judgement and completion of the analysis
- Be honest in your appraisal and actions that you will undertake to address any (negative/ positive) issues
- Use intelligent information for your analysis that helps you to understand who are your customers and how they will be affected by your project/ plan
- Share your work with the Equality & Diversity lead, especially if you have any concerns and/or do not understand anything in this document

When considering the potential impact on those that share protected characteristics, think about:

- if there are any unintentional barriers to particular communities
- whether your project/ plan will bring about positive improvements
- if it creates good opportunities for accessing services
- will it improve personal choice for one particular group and not another
- the consequences for individual people; people can have more than one protected characteristic
- both people who use the service and staff

Have you identified any potential discrimination or adverse impact that cannot be legally justified?

Area applied:

A description of the clinical area(s) the change impacts on.

Reduction in capacity for Elective Orthopaedic surgery within the Western Locality NEW DEVON CCG

The "Vision of the future of Orthopaedic services" is in line with our Orthopaedic commissioning intentions. We have a workplan to support the move to more active conservative management which has been developed over the last 2yrs utilising our clinical pathway group which is attended by all our local providers and a wider group of stakeholders. We held two events in April and May 2013 to inform the design and agree the Vision for the future Orthopaedic Services model. There is supporting evidence of a reducing trend in Orthopaedic surgical Activity. Orthopaedic Improvement plan is aimed at further reducing Secondary Care activity, and there is a view that over supply is driving demand.

Protected Groups	Potential People with protected characteristics	Impact Score	No's people affected	Score	Action to be taken / Evidence of action (should include engagement or consultation with the groups affected and/or any mitigation actions)
Sex / Gender	Women	2	5	10	Minor impact of public perception of closure of health facility .Will be intending to have Public engagement as required once the final decision is made by WLB 26th Nov 2014
	Men	2	5	10	
Race / Ethnic Group	Asian	0	0	0	
	Asian British	0	0	0	
	Black	0	0	0	
	Black British	0	0	0	
	Chinese	0	0	0	
	Gypsy or Roma	0	0	0	
	Irish	0	0	0	
	Mixed Heritage	0	0	0	
	White	0	0	0	
	White British	0	0	0	
other ethnic backgrounds	0	0	0		
Disability	Physical	0	0	0	
	Sensory (hearing and/or partial sight)	0	0	0	
	Deaf people	0	0	0	
	Learning Disabilities	0	0	0	
	Mental Health	0	0	0	
	Dementia	0	0	0	
	Other long term conditions	0	0	0	
Sexual Orientation	Lesbian, gay men and bisexual	0	0	0	
Gender reassignment					

Age	Men to women	0	0	0	
	Women to men	0	0	0	
	Trans	0	0	0	
	<5 years old	0	0	0	
	5 - 18 years old	0	0	0	
	18 - 65 years old	2	5	10	
	65 - 80 years old	2	5	10	
	>80 years old	2	5	10	
Faith or Belief		0	0	0	
Maternity and Pregancy		0	0	0	
Marriage and Civil Partnership		0	0	0	
Others					
	Asylum seekers and refugees	0	0	0	
	Travellers	0	0	0	
	Economically challenged	0	0	0	
	Rurally Isolated	0	0	0	
	Any others....	0	0	0	
Total number of groups affected		5		50	
EIA Completed?					

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Guide to completion of the tool

A copy of the policy can be found here: XXXX

1. Fullscreen. Sometimes it is easier to work in fullscreen mode to see as much as possible on the screen. Buttons to enter and exit fullscreen mode are on the main menu.

Navigation. Use the Hyperlinks or the buttons to navigate around the workbook - hyperlinks are always underlined in blue. These go purple after they have been clicked. You may then return to the main menu by clicking on the return to menu in the top left hand corner of the worksheet.

Work in turn on each worksheet from Safety, Effectiveness, Experience and other impacts using the NEXT buttons. Finally review the summary (which can be printed).

2. Any white area requires your input into the tool, either with narrative, inserting documents or using the drop down lists. Orange areas show information that has been entered or feedback from figures entered into scoring.

3. Where you add narrative please describe the evidence behind any assertions made or the score chosen. In addition detailed evidence such as papers, links to data etc may be added in each section by embedding the document as an object (see help files in excel to do this).

4. The calculation in the QIA matrix is designed to give a graphical view of the relative scores. Scores can be positive or negative - larger scores in either case will need to be considered in line with the thresholds for review here:

Total Score				
Composite or any individual	<20	20-50	51 - 80	>80
Quality score	Local Service	Provider Governance	Locality Board	Governing Body

5. To ensure consistency of scoring please use the decision matrix tab which gives a narrative guidance to the score meaning.

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Review body - threshold for authorisation

Total Score				
Composite or any individual Quality score	<20	20-50	51 - 80	>80
	Local Service	Provider Governance	Locality Board	Governing Body

	-5	-4	-3	-2	-1	0	1	2	3	4	5
	Negative					Neutral	Positive				
	Catastrophic	Major	Moderate	Minor	Negligible	Neutral	Negligible	Minor	Moderate	Major	Excellence
Safety	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Moderate injury requiring professional intervention Requiring time off work for 14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Minimal injury requiring no/minimal intervention or treatment. No time off work	No effect either positive or negative	Minimal benefit requiring no/minimal intervention or treatment.	Minor benefit, requiring minor intervention Reduction in length of hospital stay by 1-3 days	Moderate benefit requiring professional intervention Reduction in length of hospital stay by 4-15 days	Major benefit leading to long-term improvement/reduction in disability Reduction in length of hospital stay by >15 days Improvement in management of patient care with long-term effects	Incident leading to enhanced benefit Multiple permanent benefit or irreversible positive health effects
Effectiveness	Totally unacceptable level or effectiveness of treatment	Non-compliance with national standards with significant risk to patients if unresolved	Treatment or service has significantly reduced effectiveness	Overall treatment suboptimal	Peripheral element of treatment suboptimal	No effect either positive or negative	Peripheral element of treatment optimal	Overall treatment optimal	Treatment has significantly improved effectiveness	Compliance with national standards with significant benefit to patients	Totally acceptable level of effective treatment
Experience	Gross failure of experience if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards	Multiple complaints/ independent review Low performance rating Critical report	Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards	Formal complaint (stage 1) Local resolution Single failure to meet internal standards	Informal complaint/inquiry	No effect either positive or negative	Informal positive expression/inquiry	Letter of praise Local recognition Meets internal standards	Letter of praise to board Local recognition Repeatedly meets internal standards	Multiple letters of praise / positive independent review Repeatedly exceeds internal standards	Consistently exceeds local and national standards of experience verified by external scrutiny.
Patient Numbers						0	1-10 patients	10-50 patients	50 - 100 patients	100 - 200 patients	>200 patients

Data Lists - do not edit

Score	Category	Patient S
-5	Catastrophic	0
-4	Major	1
-3	Moderate	2
-2	Minor	3
-1	Negligible	4
0	Neutral	5
1	Negligible	
2	Minor	
3	Moderate	
4	Major	
5	Excellence	

Min

Max

Other Impacts Scorer

	-5	-4	-3	-2	-1	0	1	2	3	4	5
	Negative					Neutral	Positive				
	Catastrophic	Major	Moderate	Minor	Negligible	Neutral	Negligible	Minor	Moderate	Major	Excellence
Human resources/ organisational development/staffing/ competence	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Low staffing level that reduces the service quality	Short-term low staffing level that temporarily reduces service quality (< 1 day)	No effect either positive or negative	Short-term over staffing level leading to improvement in service quality (<1 day)	Increased staffing level that improves the service quality	Early delivery of key objective/ service due to increased staff Safe staffing level or improved competence (>1 day) High staff morale improved attendance for mandatory/key training	Delivery of key objective/service due to increased staff Safe staffing level or competence (>5 days) Access to key staff High staff morale All staff attending mandatory/ key training	Early delivery of key objective/service due to increased staff Ongoing Safe staffing levels or high competence Access to several key staff All staff attending mandatory training /key training on an ongoing basis
Statutory duty/ inspections	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report	Single breach in statutory duty Challenging external recommendations/ improvement notice	Breach of statutory legislation Reduced performance rating if unresolved	No or minimal impact or breach of guidance/ statutory duty	No effect either positive or negative	Improved ability to avoid breach of guidance/ statutory duty	No breach of statutory legislation Sustained performance rating	No breach in statutory duty Positive external recommendations/ no improvement notice	No breaches in statutory duty No improvement notices Good performance rating Positive report	No breaches in statutory duty Excellent systems in place Best performance rating Best practice report
Adverse publicity/ reputation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House). Total loss of public confidence	National media coverage with <3 days service well below reasonable public expectation	Local media coverage – long-term reduction in public confidence	Local media coverage – short-term reduction in public confidence . Elements of public expectation not being met	Rumours and potential for public concern	No effect either positive or negative	Positive rumours and potential public support	Local media coverage – short-term enhancement in public confidence Elements of public expectation being met	Local media coverage – long-term enhancement in public confidence	National media coverage with <3 days service well above reasonable public expectation	National positive media coverage with >3 days service well above reasonable public expectation. MP support (questions in the House) Excellent public confidence
Business objectives/ projects	Incident leading >25 per cent over project budget, schedule slippage, Key objectives not met	Non-compliance with national 10–25 per cent over project budget, schedule slippage, Key objectives not met	5–10 per cent over project budget, schedule slippage	<5 per cent over project budget, schedule slippage	Insignificant cost increase/ schedule slippage	No effect either positive or negative	On budget and project target.	<5 percent under project budget and on target	5 - 10 percent under budget and on target	Compliance with national 10–25 per cent under project budget On Target Key objectives met	Incident leading >25 per cent under project budget On target Key Objectives met
Finance including claims	Non-delivery of key objective/ Loss of >1 per cent of budget, Failure to meet specification/ slippage, Loss of contract / payment by results, Claim(s) >£1 million	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget. Claim(s) between £100,000 and £1 million, Purchasers failing to pay on time	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Loss of 0.1–0.25 per cent of budget, Claim less than £10,000	Small loss Risk of claim remote	No effect either positive or negative	Small increase in budget No Claims	Improvement of 0.1–0.25 per cent of budget No Claims	Improvement of 0.25–0.5 per cent of budget No Claims	Delivery of key objective/Improvement of 0.5–1.0 per cent of budget No Claims Purchasers pay ahead of time	Delivery of key objective/ improvement of >1 per cent of budget. Meet specification. Meet all contract and PBR No Claims
Service/business interruption Environmental impact	Permanent loss of service or facility.Catastrophic impact on environment	Loss/interruption of >1 week Major impact on environment	Loss/interruption of >1 day, Moderate impact on environment	Loss/interruption of >8 hours, Minor impact on environment	Loss/interruption of >1 hour , Minimal or no impact on the environment	No effect either positive or negative	Improvement of service delivery of >1 hours Minimal or no enhancement of environment	Improvement of service delivery of >8 hours Minor enhancement of environment	Improvement of service delivery of >1 day Moderate enhancement of environment	Improvement of service delivery of >1 week Major enhancement to environment	Access to new service or facility Important enhancement impact on environment

Scorer		Weeks Scorer	
0	1	0	1
1-50 patients	1	1-4 weeks	0
51-200 patients	2	5-12 weeks	0
201-500 patients	3	13-26 weeks	0
500-1000 patients	4	26-39 weeks	0
>1000 patients	5	>40 weeks	0

impact	patient	weeks	total
5	5	5	125
5	5	5	125
			0

other impacts scorer

Human resources/ organisational	4
Statutory duty/ inspections	5
Adverse publicity/ reputation	6
Business objectives/ projects	7
Finance including claims	8
Service/business interruption Env	9

Yes
No

Not Considered
Authorised
Not supported - further info. required
Rejected impact on quality

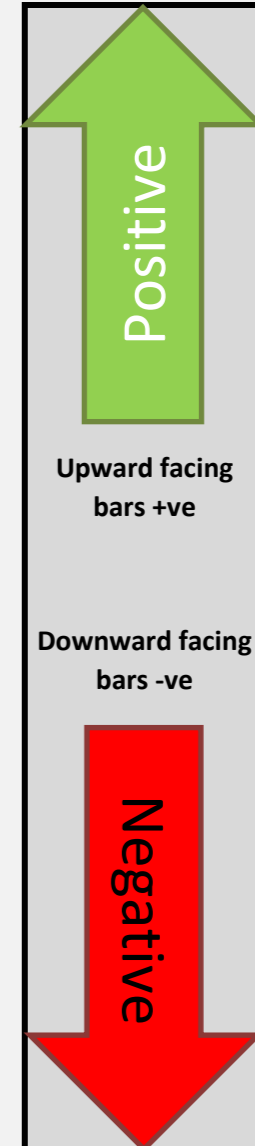
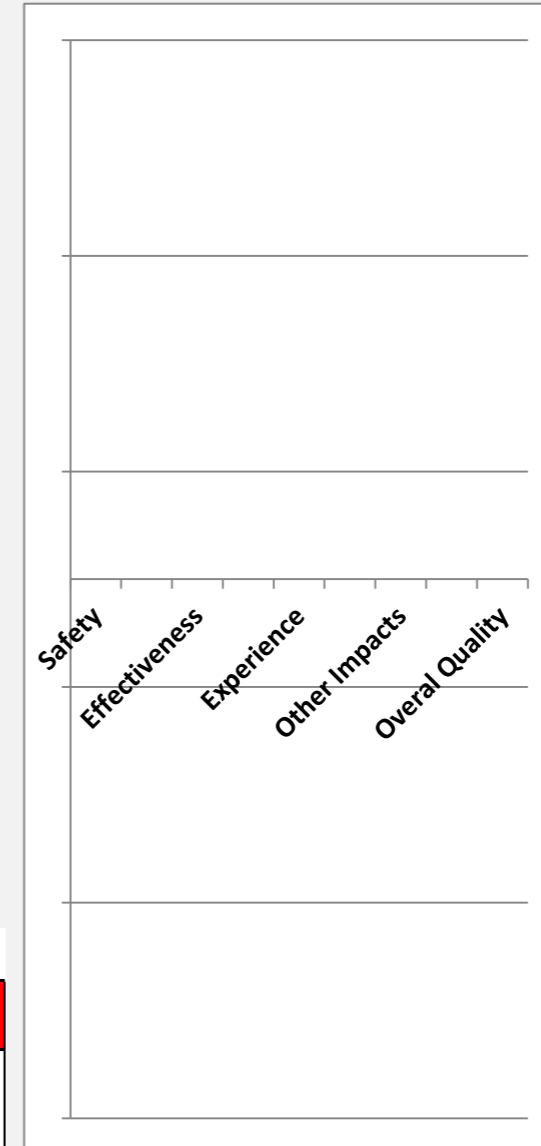
Engage	<0 to -10
Consult	-10 to -20
Mitigate	>-20

1	1-50 patients	1	1-4 weeks
2	51-200 patients	2	5-12 weeks
3	201-500 patients	3	13-26 weeks
4	500-1000 patients	4	26-39 weeks
5	>1000 patients	5	>40 weeks

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Quality Impact Table and Weighting adjustment

0	1	2	3	4	5
Defect (-ve) / Benefit (+ve)	+ve / -ve impact score per pt (-10 to 10)	No. pts affected by defect / benefit (by band)	No. wks pt affected (max 52)	Weighting	Outcome Score
Safety	0	5	5	100%	-
Effectiveness	0	5	5	100%	-
Experience	0	5	5	100%	-
Total Score (scale of all domain scores)					0
Overall Quality (total include positive benefits score and negative disbenefits scores)					-
Other Impacts	0	5	5	100%	-
Global Quality Impact Score					0



[Decision Matrix Guidance](#)
(Use hyperlink to review detailed guidance)

Total Score		<20	20-50	51-80	>80
Composite or any individual	Quality score	Local Service	Provider Governance	Locality Board	Governing Body

