Operational leadership group

Report title: Quality Equality Impact Assessment Policy					
Date of committee: 8 November 2017 **Date report produced: 30 October 2017**					
Author (s) Name and Title: **Marisa Cockfield – Equality and Diversity Lead** **Mark Elster – Patient Safety and Quality Lead** **Contact Details:**			**Supporting Executive:** **Name and Title:** **Lorna Collingwood-Burke** **Contact Details:** **Report Approved by:** **Name and Title:** **Simon Polak – Deputy Chief Nursing Officer** **Date**		
Public or Private (Governing Body only):			**Public**		**Private**
Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):					
Purpose and scope of report:	**Consultation**		**Approval**	**x**	**Information**
Does this report place individuals at the centre?			**Yes**	x	**No**
Executive Summary: The policy describes the way that NEW Devon and South Devon and Torbay CCGs will use quality equality impact assessment. The approach will be used to impact assess commissioning decisions of the CCGs for presentation to the governing body or delegated committee. The Chief Nurse is accountable for quality assuring the process through the QEIA panel process. A standard tool should is available and should be used.					
Strategic risk: (include risk number if on register)			**Mitigating Actions:**		
Management of Conflict of interests: Conflicts of interests are recorded on the register of interests, at each committee a list of recorded declarations is provided and confirmations of declarations are requested and noted. Any new declarations must be fully recorded and included in the minutes of the meeting and notified to your own organisation via either **d-ccg.corporateservices@nhs.net** or **corporate.sdtccg@nhs.net** to update the central register.					

Committees that have previously discussed/agreed the report and outcomes:
QEIA Panel on behalf of the Quality Committee.
Key recommendations and actions requested:
That the policy is approved.
Reference to other documents or accompanying papers:
Have the legal implications been considered?
Yes

Equality Impact Assessment:				
Who does the proposed piece of work affect?	**Patients**	✓	**Carers**	✓
	Staff	✓	**Public**	✓

	Yes	**No**
1. Will the proposal increase discrimination for people in protected groups?		X
2. Will the proposal reduce discrimination for people in protected groups?	X	
3. Is the proposal controversial in any way (including media, academic, voluntary or sector specific interest) about the proposed work?		X
4. Will the patients or workforce be disadvantaged as a result of the proposed work?		X
5. Is there doubt about answers to any of the above questions (e.g. there is not enough information to draw a conclusion)?		X

If the answer to any of the above questions is yes (other than questions 2 and 3) or you are unsure of your answers to any of the above, you should provide further information using **Quality and Equality Impact Assessment**.

If an equality assessment is not required briefly explain why and provide evidence for the decision.

***Please add N/A if any of the sections are not relevant*

The CCG has made every effort to ensure this report does not have the effect of discriminating, directly or indirectly, against employees, patients, contractors or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability.

Quality and Equality Impact Assessment Policy

Document Status:	Final
Version:	V5

DOCUMENT CHANGE HISTORY		
Version:	**Date:**	**Comments (i.e. viewed, or reviewed, amended , approved by person or committee)**

Authors:	Marisa Cockfield, Equality and Diversity Lead, NEW Devon and SDTCCG Mark Elster, Patient Safety and Quality Lead Northern and Eastern PDU

Scrutinised by: (name & title)	Lorna Collingwood Burke – Chief Nursing Officer
Date:	October 2017

Review date of approved document:	October 2018

Equality Impact Assessment			
Who does the proposed piece of work affect?	Staff	✓	
	Patients	✓	
	Carers	✓	
	Public	✓	
Have the legal implications been considered?	✓		
		Yes	**No**
1. Will the proposal have any impact on discrimination, equality of opportunity or relations between groups?		✓	

2. Is the proposal controversial in any way (including media, academic, voluntary or sector specific interest) about the proposed work?		✓
3. Will there be a positive benefit to the users or workforce as a result of the proposed work?	✓	
4. Will the users or workforce be disadvantaged as a result of the proposed work?		✓
5. Is there doubt about answers to any of the above questions (e.g. there is not enough information to draw a conclusion)?		✓
If the answer to any of the above questions is yes (other than question 3) or you are unsure of your answers to any of the above you should provide further information using **Screening Form One**		
If an equality assessment is not required briefly explain why and provide evidence for the decision. An Equality Impact Assessment is not required for this policy. The policy gives guidance on the use of quality and equality impact assessments across the Devon population and CCG staff.		

The CCGs have made every effort to ensure this policy does not have the effect of discriminating, directly or indirectly, against employees, patients, contractors or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability. This policy will apply equally to full and part time employees. All the CCGs policies can be provided in alternative formats if requested, and interpretation services are available to individuals of different nationalities.

Quality and Equality Impact Assessment Policy

1.1 The purpose of this policy is to assure NHS Northern, Eastern and Western Devon Clinical Commissioning Group (NEW Devon CCG) and South Devon & Torbay (SD&T CCG) ('The CCGs') that Quality and Equality Impact Assessment (QEIA) is clearly defined and embedded within the commissioning decision-making of these organisations and the health economy of the STP. Such assurance evidences *due regard* and other statutory and/or mandatory requirements such as the Health and Social Care Act 2012, Equality Act 2010 and the NHS equality delivery system (2013). QEIA will be used across all STP programmes.

1.2 The QEIA examines the extent to which a policy, strategy including strategic decisions, service or function may ***impact***, either negatively or positively, on any groups of the community and, where appropriate, recommends alternative mitigation measures to ensure equal access to services and opportunities.

1.3 Impact assessment is a continuous process to help decision makers fully think through and understand the consequences of possible and actual impacts on quality, equality, wider health and social care organisations and other relevant system impacts within commissioning decisions, business cases, projects and other business plans.

1.4 Impact assessments must be undertaken within the development and proposal stage of developing business plans, strategies, services, function or policies. They should be applied to:

- all system-wide proposals;
- all proposals resulting from legislative change;
- all proposals arising from organisational change of circumstance; and
- any proposals resulting in 'significant impact' for patients

1.5 QEIAs will be monitored and reviewed *on a monthly basis* by the project leads, as part of reviewing the actual impact throughout the implementation stage and during the final review after the business plan has been implemented. Thereafter, review will be undertaken annually, or at any change of circumstance as outlined in para. 1 4, above.

1.6 The CCGs have decided to combine quality and equality impact assessments into one integrated tool, now adopted by the Sustainability and Transformation Partnership (STP) as a system process.

1.7 The Quality and Equality Impact Assessment tool has been developed to include:

- Qualitative *narrative*
- Judgements based on evidence through data such as Public Health Joint Strategic Needs Assessments (JSNA) or performance
- Assessment of impact

The core components of the tool are as follows:

- The Darzi Three:
    - Safety – rating the impact of the proposal on patient safety
    - Effectiveness – rating the impact of the proposal on the clinical effectiveness of patient care
    - Experience – rating the impact of the proposal on the patient experience of care delivery
- Other System Impacts – rating the impact of the proposal on the wider health and social care system, patient groups, staff or reputation of the organisation.
- Measurement.
- Equality, diversity and inclusion – rating the impact on those in specific group as outlined in the Equality Act 2010 and also including other hard to reach groups. Engagement is also noted here.
- Supporting evidence documents (contained in the Upload tab)

Quality and equality analysis is an invaluable tool to assure the wider health economy of the STP that *due regard* for the interests of all are properly taken into account when difficult choices about resources are required.

1.8 Responsibilities

1.8.1 The Accountable Officer has ultimate responsibility for quality and equality across the organisation.

1.8.2 The Chief Nursing Officer is responsible for ensuring that Quality and Equality Impact Assessments are effectively considered as part of discussions and decisions regarding cost improvement programmes, business cases and other service developments or change arising from commissioning activity. They will review all assessments prior to final approval by the governing body or delegated committee.

1.8.3 Designated clinical members of the Governing Body are responsible for oversight of the programme and assuring themselves that assessments are carried out correctly and consistently.

1.8.4 All Governing Body members and staff who are involved in the development of policies, commissioning cases and service redesign initiatives are responsible for ensuring that Quality and Equality Impact Assessments (QEIAs) are conducted at an early stage and at key stages of programme management.

1.8.5 The Project / Programme Manager and the relevant QEIA leads are responsible for undertaking impact assessments for each proposal.

1.9 Governance

1.9.1 QEIAs should be completed using the agreed tool found *https://www.newdevonccg.nhs.uk/information-for-patients/quality-equality-impact-assessments-qeia-101342* On completion, QEIAs will be reviewed by the QEIA panel.

1.9.2 The Governing Body Clinician and Joint Chief Nursing Officer or designated deputy will endorse the final QEIA.

1.9.3 The QEIA will be considered as part of the full business case by Quality Committees in Common, acting on delegated authority from the joint Governing Bodies.

1.10 Training on the use of the tool will be provided through the CCGs quality teams, details can be found in the Guidance for process and procedure document (see below)

1.11 Details of the QEIA process and procedure can be found in the following linked documents:

Appendix 1: QEIA panel terms of reference

Appendix 2: NEW Devon and SDTCCG QEIA guidelines for process and procedure

QEIA Tool https://www.newdevonccg.nhs.uk/information-for-patients/quality-equality-impact-assessments-qeia-101342

Appendix 1

NHS Northern, Eastern and Western (NEW) Devon and South Devon and Torbay Clinical Commissioning Groups

Quality and Equality Impact Assessment Panel Terms of Reference

1. Purpose

1.1 The Quality and Equality Impact Assessment Panel (QEIA Panel) ensures that Quality Equality Impact Assessments have been appropriately completed to enable informed decisions to be made by the appropriate decision making Body within the Sustainability and Transformation Plan (STP) footprint.

1.2 Decision-making will take account of issues of equity and fairness and positively demonstrate *due regard* to equality legislation. The QEIA tool ensures that the patient remains the core focus of NHS business and any decision made about patient care is taken with full consideration of potential impact.

1.3 The tool provides a quantitative and qualitative assessment on the impact of quality (Darzi three: Safety, Experience and Effectiveness); other system impact; and equality, diversity and inclusion. The QEIA process provides a focus on quality, encompassing learning from reports such as Berwick, Keogh and Francis. The QEIA tool is used alongside financial and business cases to test proposed change and provides a quality driven, quantitative assessment of impact on patients and communities that must be considered in the context of any financial case.

1.4 The QEIA Panel will operate in accordance with these terms of reference and any delegations through the NEW Devon and South Devon & Torbay CCG's Constitutions.

2. Chair and Vice Chair

2.1 As system leaders, the QEIA Panel will be chaired by a member of either NEW Devon or South Devon and Torbay CCG Governing Body.

2.2

Chair	Vice Chair
Secondary Care Doctor	CCG Lay Member
Arrangements for Administration and minute taking: CCG Nursing and Quality Administrator	

3. Membership

3.1 The membership of the QEIA Panel will comprise of:

3.2

Core Membership	CCG Secondary Care Doctor (Chair) CCG Lay Member (Vice Chair) Senior CCG Commissioner (New Devon CCG and SDT CCG) Public Health Representation (from either Devon, Torbay or Plymouth local authorities (rotate) Nominated Governing Body GP Clinician (New Devon CCG and SDT CCG) Joint Chief Nursing Officer or designated Deputies from either SDT CCG and NEW Devon CCG Equality and Diversity Lead (designated from STP organisations) QEIA Lead Patient Representative (on behalf of SDT and NEW Devon CCGs)
In attendance	Identified / nominated Provider Colleagues Senior Communications Representative

3.3

3.4		Administration / Minute Taker Author or nominated other to present QEIA Other professional leads as identified by the Panel Subject matter expert(s) as required

3.5 The CCG Nursing and Quality- Administrator will provide administrative support for the Panel.

3.6 The Chair can request other officers of the CCG(s) to attend dependent on the agenda.

3.7 The QEIA Panel may co-opt any expertise as appropriate. When it considers an issue to be outside its competency, the Panel will seek independent or expert advice to aid decision making.

Note: When a committee member is unable to attend, a nominated deputy with sufficient authority must attend in their place.

4. Quorum

4.1 The QEIA Panel will be quorate when five core members of the QEIA Panel are present and include: The Chair or Vice Chair; Nominated Governing Body GP Clinician; Chief Nursing Officer or designated deputy; Equality and Diversity lead; one other QEIA Panel member. There should be suitable representation from personnel with Quality, Clinical and Commissioning skills in order to be quorate. Nominated Deputies **must** attend on behalf of absent members. The administrator will inform the Chair of quoracy five days prior to the meeting and should any concerns be highlighted these should be discussed with the Head of Governance.

4.2 Review of the QEIA is a process which values the contribution of panel members to inform changes that need to be made to the submitted QEIA(s) or supports the quality of the submission. The comments of the panel are recorded as advisory to the Joint Chief Nursing Officer and Governing Body GP Clinician.

4.3 The Governing Body GP Clinician and Joint Chief Nursing Officer or designated deputy will endorse the final QEIA.

4.4 Where agreed with the Chair, members of the QEIA Panel may participate in meetings by telephone, by the use of video conferencing facilities and/or webcam where such facilities are available, and through the return of written observations in the appropriate format. Participation in a meeting using these methods shall be deemed to constitute presence in person at the meeting.

4.5 The QEIA Panel will record and produce minutes that are a documented summary of decisions taken, with supporting rationale, to inform the Quality Committees in common of QEIA endorsements made. An action log will be maintained.

5. Frequency of Meetings

5.1 Meetings of the QEIA Panel will be held every month, (at least 12 times each financial year). Subject to agreement of its members, an exceptional meeting of the QEIA Panel will be convened to consider a QEIA that requires urgent consideration.

5.2 Consideration will be given to the timing and place that meetings are held, with rotation around the STP geography in agreement with panel members.

6. Required Frequency of Attendance by Members

6.1 Members are required to attend a minimum of 75% meetings other than absence due to sickness.

7. Accountability and Reporting Assurance	
7.1	The QEIA Panel will provide a summary report of its activity to the CCGs Quality Committees in common who will determine an appropriate level of assurance and include this information in the report from the Quality Committees in Common through to the CCG Governing Bodies. QEIA will be a standing item in the Quality Report for Quality Committee.
8. Register of Interests	
8.1	The QEIA will adhere to the process for reporting interests as defined in Section 8 of the NHS NEW Devon CCG Constitution and Section of the NHS South Devon and Torbay CCG Constitution through the Head of Governance, and in accordance with the CCG Register of Interests. Any interest relating to an agenda item should be brought to the attention of the Chair in advance of the meeting or as soon as the interest becomes apparent and recorded in the minutes.
8.2	Members of the QEIA panel will declare any additional interest at each meeting attended. If a member feels compromised by any agenda item they should declare a conflict of interest and leave for that agenda item.
9. Assurance Received from:	
9.1	Assurance will be received in line with the principal responsibilities set out in section 13. Of these Terms of Reference, and in accordance with the statutory functions listed below in section 10.
10. Statutory Functions and Committee Oversight	
10.1	• Equality Duty • Oversight by Quality Committee
11. KPI's (Internal Monitoring)	
11.1	• Not Applicable
12. Risk Reporting	
12.1	The QEIA Panel will identify and escalate risks to the relevant directorate risk register and CCG Assurance Framework in accordance with the risk reporting process. Where timeliness is of the essence in managing a significant risk or issue, the *Joint* Chief Nursing Officer will be informed of an issue by the quickest possible means (e.g. verbally).
12.2	The QEIA Panel will give consideration to potential or actual breach situations in the course of its work (e.g. in decision making and governance or legislation) and escalate risk issues in accordance with the CCG's Risk Management Framework Strategy.
13. Principal Responsibilities	
13.1	**Principal responsibilities of the QEIA Panel include, but are not limited to:** a. Ensuring that all Quality and Equality Impact Assessments meet the requirements of the Public Sector Equality Duty, and that consideration of the needs of the population of Devon across the STP health and care system are duly considered, together with statutory duties for equality, diversity inclusion and engagement; b. Challenging and holding colleagues to account regarding the requirements and importance of QEIA; c. Escalating issues, risks and concerns to Executives of the CCG, provider organisation or relevant Quality Committee (to seek further assurance) where required; d. Supporting further learning and improvement across the local health and care system as appropriate.

14. Process for Escalation	
14.2	The Chair will escalate any urgent or critical issues, which may put at risk the people who use our service or the reputation of any organisation within the STP, to the relevant CCG Executive with immediate effect.
15. Review	
15.1	The QEIA Panel will review the Terms of Reference no less than annually and confirm to the Head of Governance that the Terms of Reference remain the same or that a change needs to be considered by the Governing Body.
15.2	The QEIA panel will undertake an effectiveness review in six months then annually thereafter. Approved 2017; next review date April 2018 for refresh.

Appendix 2

Quality and Equality Impact Assessment Guidance for Process and Procedure

CONTENTS

Linked strategies, policies and other documents	National Quality Board, How To: Quality Impact Assess Provider Cost Improvement Plans, 2012
	Combined CCGs equality diversity and inclusion policy November 2017
	Combined CCGs equality diversity and inclusion strategy November 2017
	A Refreshed Equality Delivery System for the NHS, EDS2, November 2013
	Combined CCGs Decision-making framework November 2017
	QEIA panel Terms of Reference November 2017
	Combined CCGs Quality and Equality Impact assessment policy November 2017

NEW Devon CCG Quality & Equality Impact Assessment Tool Template: Click Here
Quality & Equality Impact Assessments (QEIA) – Northern, Eastern and Western Devon Clinical Commissioning Group

1. Introduction

1.7 These guidelines provide guidance on the use of the integrated quality and equality impact assessment tool (the QEIA) within NEW Devon and South Devon and Torbay Clinical Commissioning Groups (the CCGs), and by partner organisations across the wider health economy of the STP.

1.8 The QEIA process provides a focus on quality issues, encompassing learning from reports such as Berwick, Keogh and Francis. It is to be used alongside the financial and business case for any proposed change. It is not designed to replicate these and should be considered a balance to the financial case.

2. Quality Impact Assessment process

2.1 The CCGs require a Quality and Equality Impact Assessment for all changes to commissioning services, including service redesign and any areas of CCG business where it is appropriate to assess the impact of the proposed piece of work. It should be used for the following:

- all system-wide proposals;
- all proposals resulting from legislative change;
- all proposals arising from organisational change of circumstance; and
- any proposals resulting in 'significant impact' for patients

2.2 All service closures for whatever reason will require a QEIA for review by the CCGs

2.3 It is to be completed by the lead member of staff responsible for the proposed work or delegated and reviewed as appropriate.

2.4 Where a large scale change is proposed the tool will be used for each individual component of the proposed change. *The designated lead for the QEIA will make a judgement with the authoring team as to which components will need to be assessed individually.*

2.5 For example, for a Devon wide proposal, large ongoing programme of change, or high level impact, it may be appropriate to complete one impact assessment at the early stages of the programme with additional, more detailed versions being completed as appropriate throughout the programme. These additional versions may focus on a specific area of the change, or the impact of change within a specific CCG locality.

2.6 The Quality and Equality Impact Assessment Tool is available on the CCGs website and intranet; this will be updated regularly to ensure the most recent version is always available. PLEASE ENSURE THAT WHEN COMPLETING THE QEIA THIS VERSION IS USED. (See link on page 3)

2.7 Those responsible for completing QEIAs should contact the QEIA team for support and guidance when required. In addition, regular training updates will be offered by the team. Additional support will be available to smaller providers as required.

2.8 Once completed the QEIA should be submitted for review together with any service change proposal, business case or business justification to the Nursing Directorate through the Safety Systems mailbox (D-CCG.QEIA@nhs.net). The QEIA will be reviewed, feedback provided as necessary and a central record kept of all QEIAs completed.

2.9 Following review by the Nursing Directorate and the implementation of any appropriate amendments, the QEIA should then be submitted to the QEIA panel. Large scale change will be considered by the Governing Body or delegated committee. No change should commence without approval through the relevant Nursing Directorate lead and CCG authority or without prior completion of a QEIA. The assessment processes are outlined in Section 4.

2.10 The tool is used to monitor the impact of three processes:

- The monitoring of key performance indicators and proxies identified in the tool.
- Re-testing the proposal using the tool to capture actual data and scores against the predicted position.
- The tool can be used to update the QEIA at key milestones of implementation, identifying changes in the impact predictions.

The impact assessment rating tables can be found in section 5.

2.11 The approach to monitoring impact should be identified in the change proposal and within the tool itself and is subject to review by the identified review body.

2.12 Details of review, monitoring and approval process can be found at Section 7

2.13 Glossary at section 8

Quality and Equality Impact Assessment Tool

3.1 The Quality and Equality Impact Assessment tool has been developed to include:

- Qualitative *narrative*
- *Evidence based data* such as Public Health Joint Strategic Needs Assessments (JSNA) or performance
- *Assessment of impact*

3.2 The core components of the tool are as follows:

- The Darzi Three:
    - Safety – rating the impact of the proposal on patient safety
    - Effectiveness – rating the impact of the proposal on the clinical effectiveness of patient care
    - Experience – rating the impact of the proposal on the patient experience of care delivery
- Other System Impacts – rating the impact of the proposal on other services, patient groups, staff or reputation of the organisation.
- Measurement
- Equality, diversity and inclusion – rating the impact on those in specific group as outlined in the Equality Act 2010 and also including other hard to reach groups. Engagement is also noted here.
- Evidence (contained in the Upload tab)

Completion of the Quality and Equality Impact Assessment Tool

3.3 The Quality and Equality Impact Assessment tool will be completed by a workgroup. It should include input from patients and public to ensure their engagement in the process. The tool is then used as part of and throughout the process rather than as a review once the proposal is completed.

3.4 The Quality and Equality Impact Assessment tool includes guidance on completion and embedded notes throughout to assist in completion of the tool. The tool requires assessment of each of the core components.

3.5 Each component includes a narrative section that allows the assessor to complete a narrative account or embed a further document. This narrative should reference any evidence including JSNAs, NICE, Cochrane reviews etc and should be uploaded within the Upload tab..

4. Sections

Assessment, Rating, Evidence

4.1 Each domain requiring assessment (e.g. Safety, Experience, Effectiveness, and Equality) requires the responsible lead to record a narrative in support of the assessment.

4.2 This should be accompanied by suitable evidence which may include for example NICE guidance, published papers, locally produced data, patient or carer generated information or professional opinion. Objective evidence should be favoured and validated for the area of change being considered. Evidence should be sensitive in predicting the end state following the proposed change. Where estimates or professional judgement are informing evidence this needs to be clearly identified.

4.3 Each component should be rated by the assessor using the scales included within the QEIA tool. These scales include:

- Impact Score – This is a rating of the impact scoring matrix (appendix 1 & 2) It runs from positive impact e.g. benefit, to negative impact e.g. deficit
- Number of patients affected – This refers to the total number of patient affected by the change over a period of one week.
- Timescale of change – This refers to the likely duration of change. For short term change select the timescale from the options. For permanent change the rating of more than 40 weeks should be used.

4.4 The QEIA Summary tab brings together the scoring for all core components into a single table and graphical representation.

4.5 Impact is calculated using the core components of the tool, there are four scores displayed:

- Total score – this is the absolute score of the impact assessment representing the scale of impact. This score should be used to determine the review level.
- Overall quality – this score is the sum of the three domains of quality (safety, effectiveness & experience). This score should be used to judge the relative scale of impact of the proposed change.
- Other impacts – this is the overall score of the other impacts identified within the tool.
- Equality Impact – this score outlines the number of groups affected, consultation undertaken and the overall impact score, any negative impact should be raised with the Equality & Diversity lead for the CCG.

4.6 A section is also included on how the impact will be measured and monitored with time. This may include narrative accounts, embedded documents and should make reference to objective, measureable indicators including JSNAs.

4.7 All evidence documentation must be uploaded in the Upload tab.

4.8 The level and quality of evidence will be judged by the review body with each domain requiring a numerical rating based on the rating scales provided within the tool.

Weighting

4.8 Provision is made within the QEIA tool for weighting of the score domains relative to one another. This would not normally be used but does allow for relative weighting of one domain over another.

4.9 For example, it may be felt that for a particular case the score for 'safety' should carry greater weight than other domains. Thus the weighting for other domains may be reduced by a suitable amount. Assuming safety is the dominant domain a decision may be made that the experience domain should be rated at 75% of the safety domain. However, an adjustment to the weighting of the scoring would always require agreement by the Quality Committee.

Interpreting the scores

4.10 All completed QEIA's must be reviewed by the QEIA review panel.

4.11 The review date and outcome of the review meeting should be recorded in the front of the QEIA tool.

4.12 The individual safety, effectiveness, experience and equality scores guide the completion of actions to mitigate or enhance the assessed impact. The review body will need to take into account the scale of benefit or harm assessed based on the score matrix. This will give a narrative equivalent to the score.

The information below details a scoring example that identifies an experience score of -40.

Experience score rated @ **-4**	Numbers of patients rated @ **2**	Number of weeks affected rated @ **5**	Overall score: **-4 x 2 x 5 = -40**
From Decision matrix			Review body interpretation
Multiple complaints/ independent review Low performance rating Critical report	10 – 50 patients	>40 weeks	Severe level of scrutiny and complaint for a significant number of patients over a prolonged period

4.13 The overall quality score sums the advantages and disadvantages of safety, effectiveness and experience. This is an overall score with positive scores balancing negative scores to gain an insight into the overall effect on quality as a whole of the change proposal.

4.14 The other impacts score represents the impacts of the change proposal on factors other than quality of patient care/service. It is included to balance the quality score and give insights into the impact that the change will have on a range of other services, patient groups and reputation which will not have been included in the overall quality calculations.

4.15 The total impact of change score measure gives the impact of all impacts measured, including the overall quality and other impacts. This should describe the total impact of the scheme on the patient quality and other areas.

5. Impact Scoring for Patient, Safety, Effectiveness & Experience

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

5		**Excellence**	Incident leading to enhanced benefit Multiple permanent benefit or irreversible positive health effects	Totally acceptable level of effective treatment	Consistently exceeds local and national standards of experience verified by external scrutiny.

6. Impact scoring for other impacts

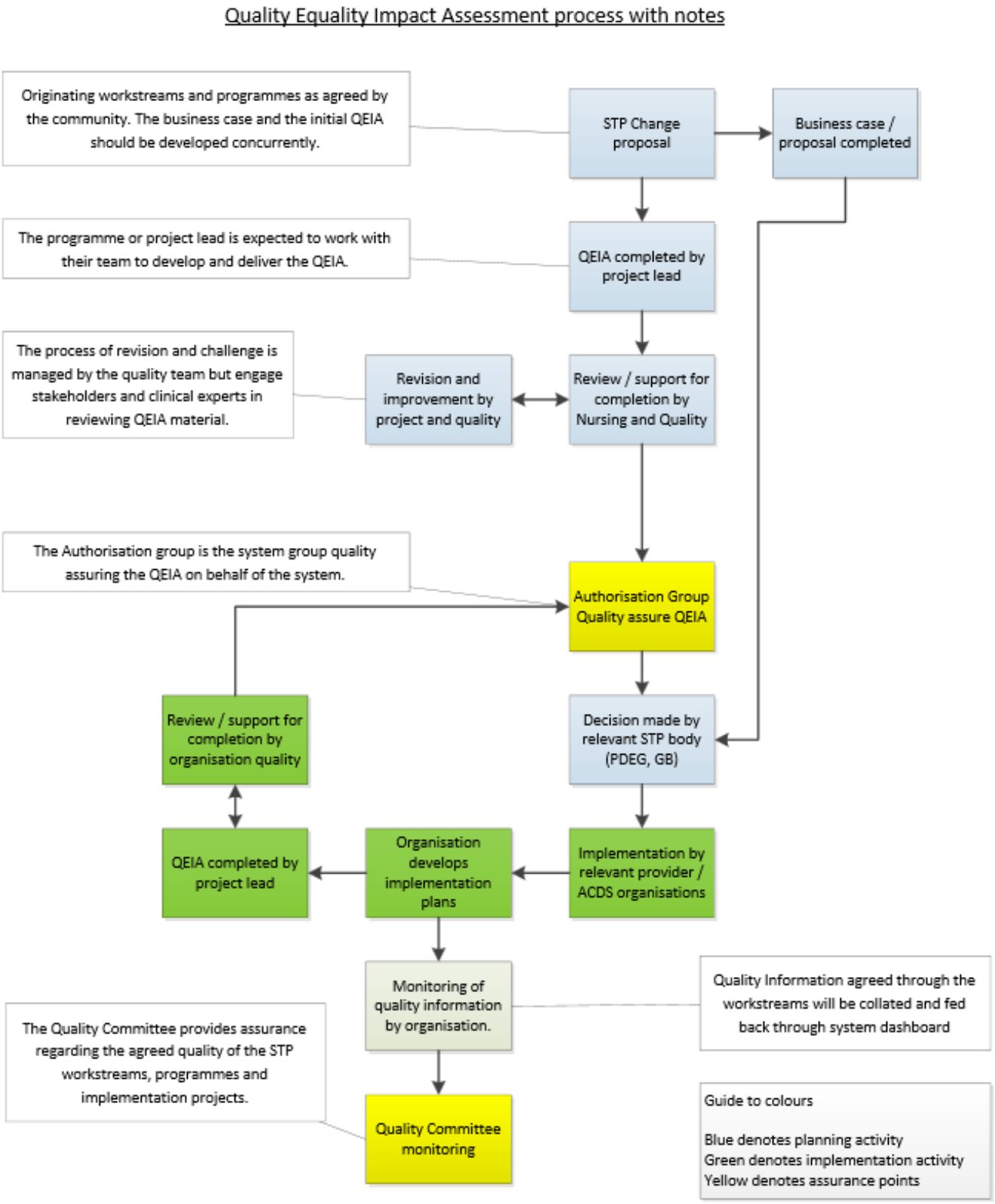
			Publicity & Corporate Finance and/or Claims	**Publicity & Locality Finance and/or Claims**	**Adverse Publicity/reputation**	**Locality Level % over performance against budget**	**Finance including claims**	**Corporate level % over performance against budget**
-5			**CATASTROPHIC** Adverse Publicity/reputation PLUS **Corporate** level over performance against budget AND/OR Finance claims	**CATASTROPHIC** Adverse Publicity/reputation PLUS **Locality** level over performance against budget AND/OR Finance claims	Loss of public confidence Sustained and open external criticism of organisation/individual by (named) staff/GPs on social media Sustained criticism by MPs/ministers leading to resignation of chair/chief officer Sustained external criticism of organisation/individual by staff/GPs on social media leading to resignation of chair/chief officer Sustained criticism of organisation/individual by staff/GPs in media leading to resignation of chair/chief officer Local and national broadcast/print/trade news coverage over more than seven days PMQ discussion with Governmental and shadow parties critical of CCG Political crisis as result of CCG action/inaction Loss of criminal proceedings	>2.1% over performance against budget	Loss of 0.2% or more of budget £2m + Claims over £1million	>1.51% over performance against budget
-4			**MAJOR** Adverse Publicity/reputation PLUS **Corporate** level over performance against budget AND/OR Finance claims	**MAJOR** Adverse Publicity/reputation PLUS **Locality** level over performance against budget AND/OR Finance claims	Long-term reduction of public confidence Sustained criticism by MPs Sustained external criticism of organisation/individual by staff/GPs on social media Sustained criticism of organisation/individual by staff/GPs in media Sustained PALS/complaints contacts National broadcast news coverage over more than two days Local broadcast news coverage over more than three days Front page trade press coverage Front page broadsheet coverage Escalation and public comment at ministerial/PM level with intervention Sustained criticism by Health and Wellbeing Board and intervention National/international recognition of campaigning OSC escalation to ministerial level with intervention Loss of civil court proceedings due willful act Criminal proceedings	1.51%-2% over performance against budget	Loss of 0.1% to 0.2% – 0.5% of budget £2m - Claim(s) between £100,000 and £1million	1%-1.5% over performance against budget

-3		Moderate	**MODERATE** Adverse Publicity/reputation PLUS **Corporate** level over performance against budget AND/OR Finance claims	**MODERATE** Adverse Publicity/reputation PLUS **Locality** level over performance against budget AND/OR Finance claims	Medium-term reduction in public confidence Moderate external criticism of organisation/individual by staff/GPs on social media Local media coverage with criticism by another statutory organisation Front page negative local media coverage Local negative lead broadcast item National broadsheet coverage limited to inside pages National broadcast news coverage Trade (HSJ etc…) media coverage Heavy increase in PALS/complaints contacts about issue National negative broadsheet coverage of issue Difficult MP enquiries and/or requests to meet to discuss/criticism Escalation internally or externally to ministerial level Difficult Healthwatch presentation with criticism/escalation Difficult Health and Wellbeing Board presentation with criticism/escalation Persistent and effective campaigning OSC escalation to ministerial level Loss of civil court proceedings due negligence or maladministration	1.1%-1.5% over performance against budget	Loss of 0.05% to 0.1%f budget £0.5m - £1m Claim(s) between £10,000 and £100,000	0.5%-1% over performance against budget
-2		Minor	**MINOR** Adverse Publicity/reputation PLUS **Corporate** level over performance against budget AND/OR Finance claims	**MINOR** Adverse Publicity/reputation PLUS **Locality** level over performance against budget AND/OR Finance claims	Short-term reduction in public confidence Internal criticism by staff Local print media coverage limited to inside pages/small articles Moderate social media comment with criticism by patient/s and/or carer/s Increase in PALS/complaints contacts about issue MP enquiry Healthwatch questions/FOI/ request to present Health and wellbeing Board request to meet Overview and scrutiny committee (OSC) presentation request Active social media campaigning Loss of civil court proceedings	0.51%-1% over performance against budget	Small loss (less than 0.05% to 0.01% of budget) <£0.5million Claim less than £10,000	0.26%-0.5% over performance against budget
-1		Negligible	**NEGLIGIBLE** Adverse Publicity/reputation PLUS **Corporate** level over performance against budget AND/OR Finance claims	**NEGLIGIBLE** Adverse Publicity/reputation PLUS **Locality** level over performance against budget AND/OR Finance claims	Public awareness of issue Discussion among staff Questions from staff/other NHS organisation Limited critical social media comment Questions from public/FOI Healthwatch interest or questions Health and Wellbeing board interest or questions Overview and scrutiny committee interest or questions Interest from campaigning organisation Civil court proceedings	0-0.5% over performance against budget	Less than 0.01% or £100k Risk of claim remote	0-0.25% over performance against budget
0	Neutral	Neutral	**NEUTRAL** Adverse Publicity/reputation PLUS Corporate level over performance against budget AND/OR Finance claims	**NEUTRAL** Adverse Publicity/reputation PLUS Locality level over performance against budget AND/OR Finance claims	No effect either positive or negative	On budget	On budget	On budget

			Publicity & Corporate Finance and/or Claims	Publicity & Locality Finance and/or Claims	Adverse Publicity/reputation	Locality Level % over performance against budget	Finance including claims	Corporate level % over performance against budget
0	**Neutral**	**Neutral**	**NEUTRAL** Adverse Publicity/reputation PLUS **Corporate** level over performance against budget AND/OR Finance claims	**NEUTRAL** Adverse Publicity/reputation PLUS **Locality** level over performance against budget AND/OR Finance claims	No effect either positive or negative	On budget	On budget	On budget
1	**Positive**	**Negligible**	**NEGLIGIBLE** Positive Publicity/reputation PLUS **Corporate** level under performance against budget AND/OR Finance claims	**NEGLIGIBLE** Positive Publicity/reputation PLUS **Locality** level under performance against budget AND/OR Finance claims	Public awareness of issue Discussion among staff Questions from staff/other NHS organisation Limited supportive social media comment Questions from public/FOI Healthwatch interest or questions Health and Wellbeing board interest or questions Overview and scrutiny committee interest or questions Interest from campaigning organisation	0-0.5% under performance against budget	Saving of 0.01% or £100k Potential claim rewards	0-0.25% under performance against budget
2		**Minor**	**MINOR** Positive Publicity/reputation PLUS **Corporate** level under performance against budget AND/OR Finance claims	**MINOR** Positive Publicity/reputation PLUS **Locality** level under performance against budget AND/OR Finance claims	Short-term improvement in public confidence Internal support by staff Local print media coverage limited to inside pages/small articles Moderate social media comment with support by patient/s and/or carer/s Increase in PALS/complaints contacts about issue MP enquiry Healthwatch questions/FOI/ request to present Health and wellbeing Board request to meet Overview and scrutiny committee (OSC) presentation request Active social media campaigning	0.51%-1% under performance against budget	Small saving (less than 0.05% to 0.01% of budget) <£0.5million Claim less than £10,000	0.26%-0.5% under performance against budget
3		**Moderate**	**MODERATE** Positive Publicity/reputation PLUS **Corporate** level under performance against budget AND/OR Finance claims	**MODERATE** Positive Publicity/reputation PLUS **Locality** level under performance against budget AND/OR Finance claims	Medium-term improvement in public confidence Moderate external support of organisation/individual by staff/GPs on social media Local media coverage with support by another statutory organisation Front page positive local media coverage Local positive lead broadcast item National broadsheet coverage limited to inside pages National broadcast news coverage Trade (HSJ etc…) media coverage Heavy increase in PALS/complaints contacts about issue National positive broadsheet coverage of issue Positive MP enquiries and/or requests to meet to discuss/support Escalation of positive work internally or externally to ministerial level	1.1%-1.5% over performance against budget	Saving of 0.05% to 0.1%f budget £0.5m - £1m Claim(s) awards between £10,000 and £100,000	0.5%-1% under r performance against budget

4		**Major**	**MAJOR** Positive Publicity/reputation PLUS **Corporate** level under performance against budget AND/OR Finance claims	**MAJOR** Positive Publicity/reputation PLUS **Locality** level under performance against budget AND/OR Finance claims	Long-term enhancement of public confidence Sustained support by MPs Sustained external support of organisation/individual by staff/GPs on social media Sustained support of organisation/individual by staff/GPs in media Sustained PALS/complaints contacts National broadcast news coverage over more than two days Local broadcast news coverage over more than three days Front page trade press coverage Front page broadsheet coverage Escalation and public comment at ministerial/PM level with intervention Sustained support by Health and Wellbeing Board and intervention National/international recognition of campaigning OSC positive escalation to ministerial level with intervention	1.51%-2% over performance against budget	Saving of 0.1% to 0.2% – 0.5% of budget £2m Claim(s) awards between £100,000 and £1million	0.5%-1% under performance against budget
5		**Excellence**	**EXCELLENCE** Positive Publicity/reputation PLUS **Corporate** level under performance against budget AND/OR Finance claims	**EXCELLENCE** Positive Publicity/reputation PLUS **Locality** level under performance against budget AND/OR Finance claims	Enhancement of public confidence Sustained and open external support of organisation/individual by (named) staff/GPs on social media Sustained support by MPs/ministers leading to recognition of CCG Chair and Chief Officer Sustained external support of organisation/individual by staff/GPs on social media leading to recognition of CCG Chair and Chief Officer Sustained support of organisation/individual by staff/GPs in media leading to recognition of CCG Chair and Chief Officer Local and national broadcast/print/trade news coverage over more than seven days PMQ discussion with Governmental and shadow parties critical of CCG	>2.1% over performance against budget	Saving of 0.2% or more of budget £2m+ Claims awards of over £1million	>1.51% under performance against budget

7. Quality & Equality Impact Assessment Flowchart



8. Glossary of Terms

The table below provides an overview for some of the specific terms and abbreviations used within this policy. The definitions of each term are specific to the context of the Quality Impact Assessment Policy.

Terminology	Definition
CCG	Clinical Commissioning Group
CIP	Cost Improvement Plan
EDI	Equality, Diversity and Inclusion
JSNA	Joint Strategic Needs Assessments are used to provide a broad range of information about health and factors which influence the health of the population and to help inform and shape the planning and commissioning of services.
NEW Devon	Northern, Eastern and Western Devon
NICE	National Institute for Health and Care Excellence
QEIA	Quality & Equality Impact Assessment
SDT	South Devon and Torbay
STP	Sustainability and Transformation Partnership