



Serious Incident Policy and Standard Operating Procedure

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	Committees/Groups/Individual	Date
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CHANGE RECORD			
Version	Author	Nature of Change	Date placed on Intranet
1.0	YHCS	Complete update for NELCCG	17/12/2014
2.0	YHCS	Updates from New NHS England SI Framework	23/12/2015
3.0	Jan Haxby	Delay in policy refresh and agreement of a 3 month stay of execution	02/01/2017
4.0	Gary Johnson & Lydia Golby	Updated as per policy refresh control policies	15/06/2017

Any locally held old paper copies must be destroyed. When this document is viewed as a paper copy, the reader is responsible for checking that it is the most current version. This can be checked on the NELCCG intranet

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1. INTRODUCTION

This policy sets out the framework for reporting and managing Serious Incidents (SIs) which affect patients, staff, visitors, contractors, and anyone else to whom the Clinical Commissioning Group (CCG) owe a duty of care, to property or to the environment.

2. SCOPE & DEFINITIONS

All employees of NHS North East Lincolnshire Clinical Commissioning Group (NELCCG) must follow the policy and Standard Operating Procedure (SOP).

All commissioned providers, such as acute and mental health services, primary care practitioners, Community Health Services, will be expected to have local policies and procedures in place to deal with and report incidents and Serious Incidents (SIs) and the CCG Policy will be included in the contract as a document to be relied upon. Compliance with the requirements for reporting and managing incidents and SIs will be included within the monitoring of quality contracts.

For Independent Contractors, for example, GPs. NELCCG would encourage the reporting of all SIs in line with best practice and regulatory requirements.

3. POLICY STATEMENT

NELCCG will comply with NHS England Serious Incident Framework.

All standard contracts will include this policy outlining the requirements to report serious incidents. This will be monitored and will report to the Contract Leads as appropriate. All providers must have systems in place to report incidents including serious incidents to the National Reporting and Learning System (NRLS) which feed into NHS England and the Care Quality Commission.

4. STANDARD OPERATING PROCEDURE

This document is a standard operating procedure to outline how the framework is applied by the organisation. It will outline the role and responsibilities of staff, the management process and how the CCG meets the responsibilities outlined in the framework.

5. ROLES & RESPONSIBILITIES

Everyone's Responsibility

It is everyone's responsibility to comply with the Serious Incident policy and procedure. Essentially, it is the responsibility of all staff to identify and report Serious Incidents in accordance with the NHS England Serious Incident Framework (2015).

The **Accountable Officer** is ultimately responsible for ensuring compliance with the Health & Safety at Work Act 1974, associated legislation and Department of Health requirements. Therefore the COO must ensure that this policy is implemented and effective within NELCCG.

The **Director of Quality and Nursing** (DoQN) has Board level responsibility for the monitoring and quality assurance of all SIs reported to NELCCG. The DoQN will receive reports from commissioned services on SIs and monitor follow up reports ensuring robust investigations have taken place and take responsibility for closing reports. The DoQN is responsible for writing and implementing this policy and monitoring its effectiveness.

- Will ensure that the policy is adhered to including the internal and external reporting arrangements.
- Will ensure the designated email inbox and Strategic Executive Information System (STEIS) database for serious incidents is managed appropriately.
- Will be a member of the SI Review Panel.

Information Asset Owner

The Information Asset Owner (IAO) is a mandated role, and the individual appointed is responsible for ensuring that information assets are handled and managed appropriately. This means making sure that information assets are properly protected and that their value to the organisation is fully exploited.

Senior Information Risk Owner & Information Governance Lead

The Senior Information Risk Owner (SIRO) is an Executive Director or Senior Management Board Member who will take overall ownership of the Organisation's Information Risk Policy, act as champion for information risk on the Board and provide written advice to the Accounting Officer on the content of the Organisation's Annual Governance Statement in regard to information risk.

The SIRO must understand how the strategic business goals of the Organisation and how other organisations' business goals may be impacted by information risks, and how those risks may be managed. The SIRO implements and leads the Information Governance (IG) risk assessment and management processes within the Organisation and advises the Partnership Board on the effectiveness of information risk management across the Organisation.

The Caldicott Guardian

Has responsibility for ensuring the protection and use of patient identifiable information, which may be used during the incident reporting process.

eMBED (Commissioned to provide Information Governance, Information Governance Toolkit administration and Information Governance Advice).

It is the responsibility of eMBED to provide advice on information governance incidents and serious incidents. It is the responsibility of eMBED to consult with the CCG to review the Level of IG incident. It is the responsibility of eMBED to report all Level 2 IG incidents on the Health & Social Care Information Centre (HSCIC) IG Toolkit in accordance with the HSCIC guidance.

Patient Safety Team

It is the responsibility of the Patient Safety Team to ensure a system is in place which enables providers and the CCG to report SIs in accordance with good Information Governance Principles. It is the responsibility of the Patient Safety Team to lead the NELCCG SI monthly meetings, ensuring SIs are monitored for themes and trends and action is proportionate and appropriate through the SI medium. It is the responsibility of the SI Team to liaise with partner agencies, including other CCG's and NHS England, when appropriate. The Patient Safety Team should ensure the Designated Nurse for Safeguarding Children and Adults are aware of any SIs where safeguarding concerns are explicitly identified in the notification, or where:

- a child or adult has died or has suffered harm where abuse or neglect is suspected (including as a result of healthcare provided or omitted).

Safeguarding Team

It is the responsibility of the Designated Nurse for Safeguarding Children and Adults to ensure oversight of safeguarding themes emerging from SIs, and where a statutory safeguarding notification or response is required, this is actioned.

The Designated Nurse for Safeguarding will act as the conduit between the SI processes/meetings and statutory/learning lessons review processes undertaken by the relevant Local Safeguarding Children or Adult Boards (LSCB/SAB).

Where an SI is a Safeguarding Serious Incident i.e.

- a child or adult has died or has suffered serious/life threatening harm where abuse or neglect is suspected, and has been logged by the CCG and/or
 - a Serious Case Review/Safeguarding Adult Review is being undertaken,
- the Designated Nurse will act in accordance with the latest NHS England guidance on management of Safeguarding SIs, and as the lead for the CCG, liaising with NHS England, and (where necessary) the relevant LSCB/SAB.

Serious Incident Meetings

It is the responsibility of the Serious Incident Meetings membership to meet the purpose defined in the Terms of Reference.

The **Serious Incident Meetings** consist of the Director of Quality and Nursing, Nursing Lead for Quality, Clinical Nurse for Quality, Patient Safety Lead, Clinical GP Lead, Designated Nurse for Safeguarding Adults and Children, and any relevant Commissioning representative. They will review reports and agree closure of investigations. The SI Review Panel will give feedback to the provider organisation within 20 working days of receipt of the action plan and if it requires further development, will refer back to the provider organisation requesting additional information with a specified timescale. It is the responsibility of meeting members to provide feedback to the Patient Safety lead within this timescale. Closure will only be agreed once all actions are implemented and assurance received. The members will ensure that learning is disseminated internally and support the dissemination of learning from all incidents reported to them across the wider healthcare economy.

Information Governance and Audit Committee

It is the responsibility of the Information Governance and Audit Committee to receive Serious Incident reports specifically around Information Governance.

Quality Committee

Monthly serious incident reports will be taken to the Quality Committee to provide assurance of the serious incident reporting and monitoring processes in place. Reports will demonstrate providers' compliance with agreed timescales for reporting incidents, submission of investigation reports and any required further information. The role of the Committee is to scrutinise the themes and trends in incident and serious incident reports. The Committee is required to identify any exceptions to appraise the Partnership Board

Partnership Board

The Partnership Board is responsible for ensuring the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the CCG's principals of good governance. It is made up of a membership that includes doctors and healthcare professionals, Executive members and local authority and lay members.

6. TRAINING

Staff required to review provider Serious Incident Reports or/and conduct investigations must be trained in Root Cause Analysis.

7. REPORTING SIs TO NECCG BY PROVIDERS

Initial Reporting

NELCCG Commissioned Providers are required to report all SIs on STEIS (Strategic Executive Information System) within two working days of the incident being identified. If an organisation does not have access to STEIS, an email must be completed outlining the Serious Incident and sent to the NELCCG SI inbox NELCCG.SeriousIncidents@nhs.net who will enter it into the SI process. Once the SI has been reported on STEIS an email will be sent to the provider to notify and provide a unique identifier number and any future requirements.

This policy must not interfere with existing lines of accountability and does not replace the duty to inform the police and/or other agencies/organisations where appropriate.

A no harm/near miss event in relation to any of the above should also be recorded by NHS provider organisations and potential aggregated trends and clusters analysed using root cause analysis. Any emerging trends, which constitute a significant risk in any of the above categories, should be reported using this policy.

All providers must be aware of their responsibility for reporting to the CQC in relation to serious incidents. From April 2010, as part of the new registration requirements arising from the Health and Social Care Act 2008, organisations are required to notify the Care Quality Commission (CQC) about events that indicate or may indicate risks to on-going compliance with registration requirements, or that lead or may lead to changes in the details about the organisation in the CQC's register.

Grading and Retraction of SIs

The NHS England Framework no longer requires incidents to be graded 0 – 2; this has been replaced with a single grade. All incidents meeting the threshold of an SI must be investigated and reviewed according to the principles set out in the framework.

If, after initial investigation, the Provider organisation feels that it no longer meets the criteria for an SI, then a request should be submitted to NELCCG in writing requesting a De Log, stating the reason for this. NELCCG will consider the rationale for the De Log and if considered appropriate the SI will be retracted from the STEIS database. The CCG may request that any on-going investigation and learning is shared to inform any themes or trends.

Updating NELCCG

The NHS England SI framework indicates that an update (72hr report) should be sent to the CCG within 3 working days of reporting the incident. This is to provide more detail to the CCG with regards to immediate action taken, updated Duty of Candour and any Safeguarding or external body notification requirements. A locally agreed template is provided at (Appendix 1).

Final Report Requirements

The majority of SIs will be a comprehensive level 2 investigation. It is expected that all investigations use RCA tools and techniques. Templates are available via the National Patient Safety Agency (NPSA) which can be adapted locally. Staff conducting investigations should be trained in RCA methodology and final reports should describe causative factors and recommendations to prevent recurrence.

The investigation should be completed and a final report and action plan submitted within 60 working days of the incident being reported. If there is likelihood that the report will not be completed within the 60 day time frame, then an extension request can be submitted to NELCCG. All requests for extensions must be made in writing via the SI inbox and are considered on a case-by-case basis by NELCCG. Extensions will only be granted for justifiable circumstances such as inquest, safeguarding investigations, and criminal proceedings or similar. They will not be granted for internal governance approval, work pressures or planned annual leave by the investigator.

Any request should be made at least 7 working days prior to the original date the final report was due.

Level 1 and 2 investigations (concise and comprehensive) must be completed within 60 working days and Level 3 investigations (independent) completed within 6 months from the date the investigation is commissioned.

Action plans should be submitted with the final report with clear actions described, responsibilities, action deadlines set and plans to monitor and review including planned follow-up audits to gain assurance that the learning has been implemented and changes embedded into practice. The incident will remain open locally with NELCCG until assurance has been gained that all actions have been completed.

8. MONITORING AND CLOSURE OF THE SERIOUS INCIDENT

It is expected that each Provider organisation ensures there is a formal committee accountable to its Board that has responsibility for monitoring and managing SIs.

Final reports for SIs will be reviewed by NELCCG SI meeting. The SI report will be reviewed to determine if all aspects of the incident have been adequately investigated. NELCCG will feedback to the provider within 20 working days. NELCCG may request evidence that actions have taken place as additional assurance. For example; policies, procedures, updated documentation or evidence of clinical audits.

Once NELCCG are assured that the investigation and action plan has assurance that all recommendations directly linked to the incident investigation action plan have been completed are robust the SI will be closed on STEIS.

9. DISSEMINATION OF LEARNING

All NHS organisations with a responsibility for notifying or receiving details of SIs have a responsibility for the dissemination of learning. Learning can be demonstrated at organisational level by sustainable changes and improvements in processes, policy, systems and procedures relating to patient safety at organisational level.

Individual learning can be demonstrated by sustainable changes and improvements in behaviour, beliefs, attitudes and knowledge of clinical and non-clinical staff involved in front line of healthcare delivery. Examples of learning are:

Thematic reviews and trend analysis where indicated

Solutions to address root causes internally and across health and social care boundaries

Identification of good practice that where adopted, will reduce the risk of recurrence and/or reduce the severity of the outcome

Identification of hazards and assessment of risk to identify appropriate control measures that must be implemented in the aftermath while longer term solutions are organised.

10.SERIOUS INCIDENTS REPORTED BY NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP

When a serious incident occurs within NELCCG, an internal process must be followed initially (see flow chart in Appendix 2). In the first instance, immediate action must be taken to minimise and prevent further harm. The incident should be reported to a Senior Manager or Director. The local incident reporting App should be completed and agreement made as to whether the incident is a serious incident (SI). If the incident is considered an SI then the Patient Safety Lead will place on STEIS within two working days. A manager will be assigned responsibility for investigating the incident, who must then follow the reporting schedule outlined above by providers.

11.SERIOUS INCIDENTS REPORTED BY GENERAL PRACTITIONERS (GPS)

Any Serious Incidents within a GP practice should be reported to NHS England on the secure email; england.nyhatperformance@nhs.net.

However, if support or advice is required, the Quality Team can be contacted to provide assistance.

12.IMPACT ANALYSES

Equality

As a result of performing the screening 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.

Bribery Act 2010

The CCG follows good NHS business practice as outlined in the Business Conduct Policy and the Conflicts of Interest Policy and has robust controls in place to prevent fraud, bribery and corruption. 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

13.IMPLEMENTATION

Notification of this Policy and Standard Operating Procedure will be disseminated via the NELCCG Weekly Global, a verbal notification at Team Briefing and at Time Out. Line Managers will be asked to brief staff on the implementation of this policy document.

14.MONITORING & REVIEW

This policy will be reviewed in 3 years. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation/guidance, as instructed by the senior manager responsible for this policy.

Compliance with this policy document will be reviewed through staff feedback, incidents and audit, when appropriate.

15. REFERENCES AND LINKS TO OTHER DOCUMENTS

NHS England (2015) Serious Incident Framework.

<https://www.england.nhs.uk/patientsafety/serious-incident/>

NHS England (2015) Revised Never Events Policy and Framework.

<https://www.england.nhs.uk/wp-content/uploads/2015/04/never-evnts-pol-framwrk-apr.pdf>

HSCIC (2015) Checklist Guidance for reporting, managing and investigating information governance and cyber security serious incidents requiring investigation.

<https://www.igt.hscic.gov.uk/resources/HSCIC%20SIRI%20Reporting%20and%20Checklist%20Guidance.pdf>

CQC (2015) Regulation 20: Duty of

candour. http://www.cqc.org.uk/sites/default/files/20150327_duty_of_candour_guidance_final.pdf

NELCCG (2017) Incident Policy and Procedure.

NELCCG (2017) Information Governance Policy.

16. APPENDICES

Appendix 1 - 72hr update report template.

Appendix 2 - Serious Incident Management Process flowchart.

Appendix 3 - NITS Process.

Appendix 4 – Equality Impact Assessment.

Appendix 1 – 72 hour Update Report Template

NHS England North Yorkshire and Humber Sub-region

Serious Incident 72 hour (3 working days) reporting form

STEIS NUMBER: 2017 XXXXX

Please submit this form to NELCCG.SeriousIncidents@nhs.net

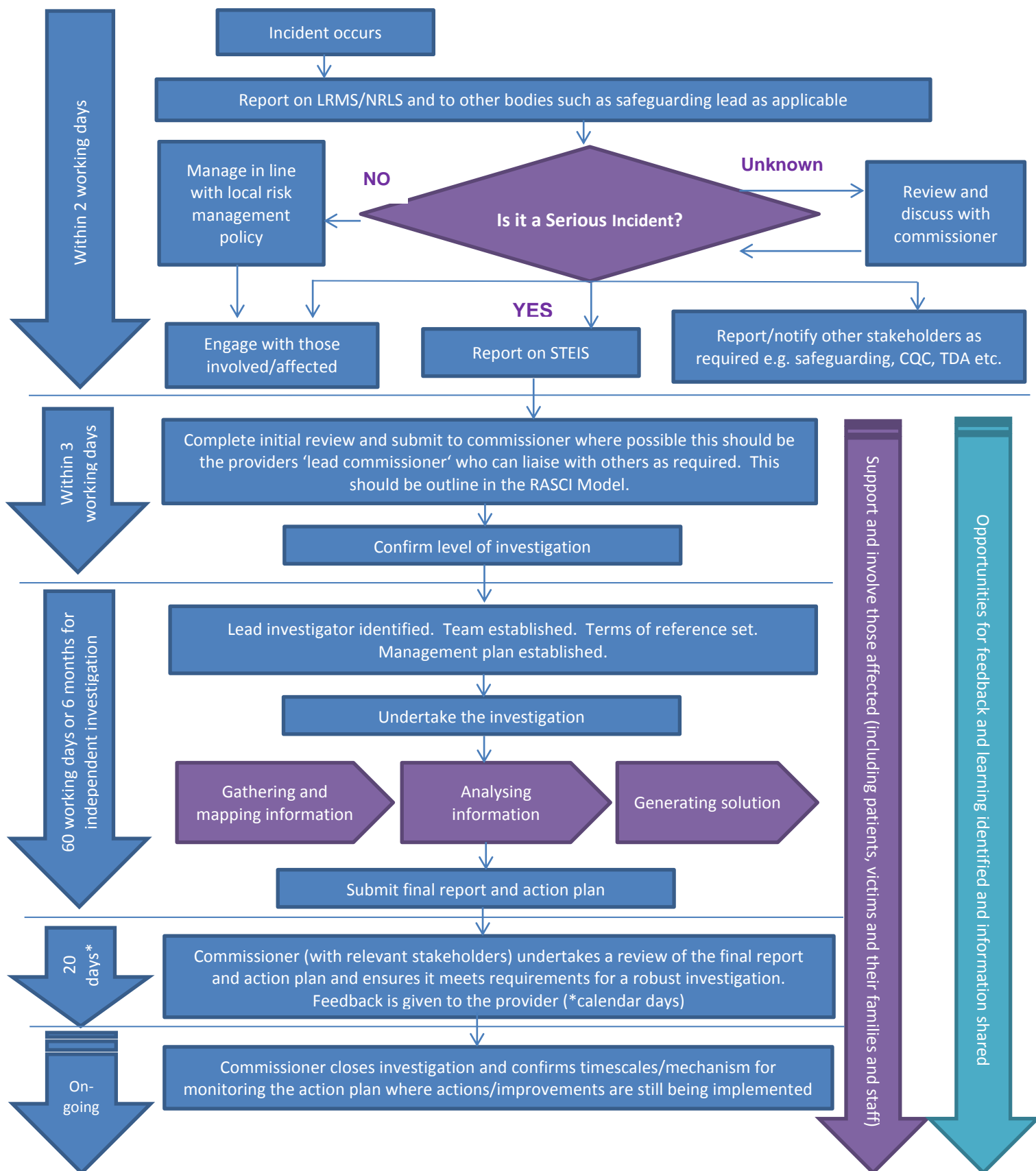
CCG Area	click to select organisation		
Reporting Organisation	click to select organisation		
Reporter Details			
Reporter name		Reporter Job Title	
Reporter Tel. no		Reporter E-mail	
Incident Details			
Date of incident?		Date Incident Identified?	
Incident Site? (if other than organisation)		Incident Location?	Click to select Location

Who Was Involved					
Type of Patient?	Click to Select Type				
Patient(s) GP Practice?	If multiple patients affected, must be clear on each patient(s) GP Practice				
Gender of patient(s) affected					
Age of Patient(s)					
Safeguarding Team Informed	<table border="1"> <tr> <td>Adult(s)</td> <td>Yes / No</td> <td>Child(ren)</td> <td>Yes / No</td> </tr> </table>	Adult(s)	Yes / No	Child(ren)	Yes / No
Adult(s)	Yes / No	Child(ren)	Yes / No		
Adult(s) at Risk	<p>Yes/No</p> <p>The Care Act 2014 has moved away from the term vulnerable adult to “adult at risk”.</p> <p>An adult at risk can be defined as someone aged 18 or over who:</p> <ul style="list-style-type: none"> • is unable to look after their own well-being, property, rights or other interests; and/or • is at risk of harm (either from another person’s behaviour or from their own behaviour); and/or • because they have a disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than other adults. <p>The presence of a particular condition or disability does not automatically mean that an adult is an adult at risk. A person can have a disability but be perfectly able to look after their own well-being.</p>				
Persons Notified?	Patient <input type="checkbox"/> Family <input type="checkbox"/> Carer <input type="checkbox"/>				
Degree of Harm	None <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Death <input type="checkbox"/>				
Training Grade	Include Specialty and Grade				

Doctors involved			
Has the HEE DEQs been informed (Heath Education England Directors of Education and Equality)			Yes / No
What Happened			
Type of Incident	Click to select incident		
Actual or Near Miss Serious Incident?	Actual <input type="checkbox"/>	Near Miss <input type="checkbox"/>	
Expected level of investigation	Concise	<input type="checkbox"/>	Never Event? Yes / No Choose an item.
	Comprehensive	<input type="checkbox"/>	
	External	<input type="checkbox"/>	
Updated Duty of Candour (since initial STEIS trigger notification)			
Description of Incident			
Immediate Action Taken			

Media Interest?	Yes / No	Comms informed? (your organisation)	Yes / No
Externally reportable?	Yes / No	Externally reported to?	
Any Other Comments: e.g. multi-agency incident, Police and/or HSE investigation, Coroner's inquest, CQC involvement.			
Initial Investigation Findings (please include if this is the first occurrence of this type of incident within this area during the previous 12 months)			

Please submit this form to NELCCG.SeriousIncidents@nhs.net



Appendix 3 – Noise in the System (NITS) Escalation Process



North East Lincolnshire
Clinical Commissioning Group

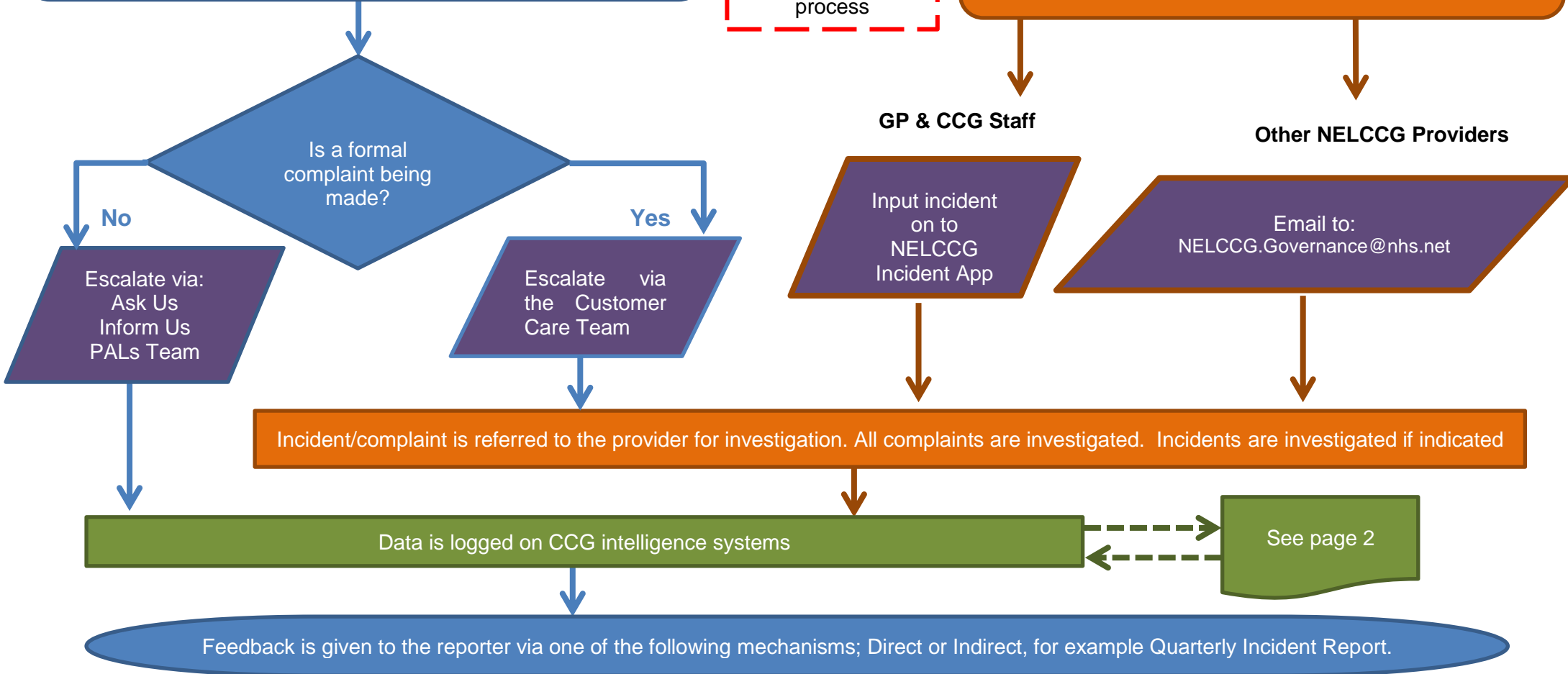
Complaint or concern:

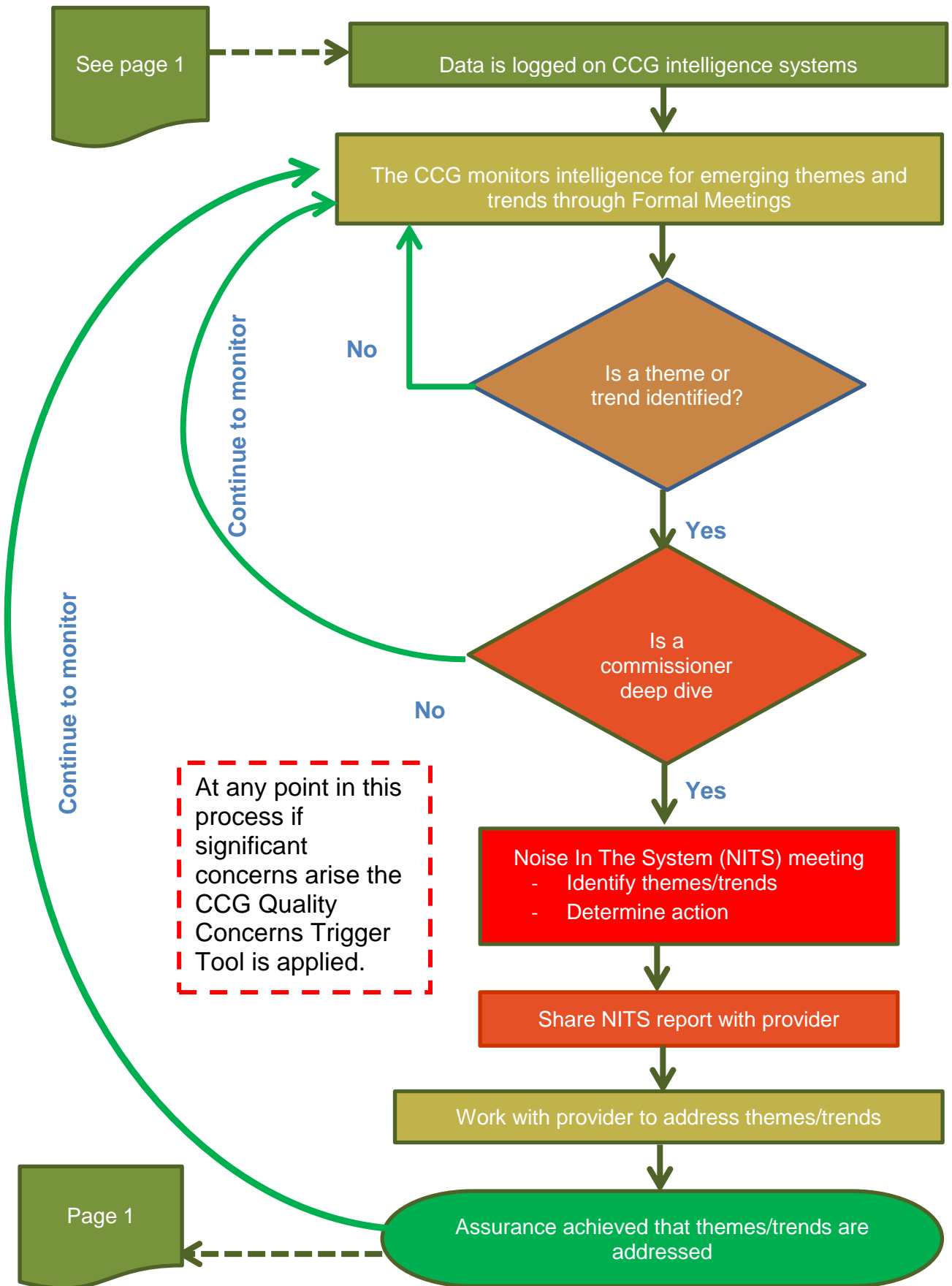
A concern may be defined as “an expression of dissatisfaction or disquiet about a service that is being delivered or failure to deliver a service”; this may be formally investigated as a complaint or logged for the record.

At any point in this process a complaint, concern or incident can be escalated to the status of a Serious Incident (SI) and enter the SI process

Incident:

A patient safety incident is any unintended or unexpected incident or near miss which could have or did lead to harm for one or more patients receiving NHS care.





Equality Impact Risk Analysis: Serious Incident Policy and Standard Operating Procedure

Policy / Project / Function/Service:	Serious Incident Policy and Standard Operating Procedure	
Date of Analysis:	11 April 2017	
Analysis Rating: (See Completion Notes)	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">✓</div> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Red Red/ Amber Amber Green </div>	
Type of Analysis Performed: Please Tick ✓	Systematic Policy Analysis	✓
	Consultation	
	Meeting	
	Service Proposal	
	Other	
Please list any other policies that are related to or referred to as part of this analysis	•	
Who does the policy, project function or service affect ? Please Tick ✓	Employees	✓
	Service Users	
	Applicants	✓
	Members of the Public	✓
	Other (List Below) Commissioning Support Policy Authors	

Equality Impact Risk Analysis:

<p>What are the aims and intended effects of this policy, project or function ?</p>	<p>The benefits of reporting Serious incidents are management of a patient safety issue and the subsequent learning, which is shared to help prevent future occurrences and grow knowledge and understanding of patient safety, as well as the individual resolution which may be achieved for a patient or their family, and also the wider learning which can be shared across one or many organisations</p>	
<p>Is any Equality Data available relating to the use or implementation of this policy, project or function ?</p> <p>(See Completion notes)</p>	<p>Yes</p>	<p>X</p>
	<p>No</p>	
	<p>Where you have answered yes, please incorporate this data when performing the Equality Impact Assessment Test (the next section of this document).</p>	
<p>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</p>	<p>Quality Team Consultation.</p> <p>This policy will be ratified by North East Lincolnshire CCG Information Governance & Audit Committee</p>	
<p>Financial Analysis</p> <p>If applicable, state any relevant cost implications (e.g. expenses, returns or savings) as a direct result of the implementation of this policy, project or function</p>	<p>Costs (£m) *</p>	
	<p>Implementation</p>	<p>£</p>
	<p>Projected Returns</p>	<p>£</p>
	<p>Projected Savings</p>	<p>£</p>

Equality Impact Risk 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:	Neutral Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
Gender (Men and Women)		x		NEL CCGs current HQ workforce data shows a higher proportion of female workers. This policy will have a positive impact on protected characteristics because it facilitates the management of learning from Serious Incidents, irrespective of whether people share characteristics protected by the Equality Act 2010.
Race (All Racial Groups)		x		NEL CCGs current HQ workforce data shows a higher proportion of white British. This policy will have a positive impact on protected characteristics because it facilitates the management of learning from Serious Incidents, irrespective of whether people share characteristics protected by the Equality Act 2010.
Disability (Mental and Physical)		x		NEL CCGs current HQ workforce data has only identified one member of staff with a disability however 45 were undefined. This policy will have a positive impact on protected characteristics because it facilitates the management of learning from Serious Incidents, irrespective of whether people share characteristics protected by the Equality Act 2010.
Religion or Belief		x		NEL CCGs current HQ workforce data has identified a larger number of Christians however the majority were undefined. This policy will have a positive impact on protected characteristics because it facilitates the management of learning from Serious Incidents, irrespective of whether people share characteristics protected by the Equality Act 2010.
Sexual Orientation (Heterosexual, Homosexual and Bisexual)		x		NEL CCGs current HQ workforce data shows a higher proportion of heterosexual. This policy will have a positive impact on protected characteristics because it facilitates the management of learning from Serious Incidents, irrespective of whether people share characteristics protected by the Equality Act 2010.

Equality Impact Risk 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:	Neutral Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
Pregnancy and Maternity		x		NEL CCGs current HQ workforce data shows two members of staff from this protected characteristic. This policy will have a positive impact on protected characteristics because it facilitates the management of learning from Serious Incidents, irrespective of whether people share characteristics protected by the Equality Act 2010.
Transgender		x		NEL CCG doesn't currently hold any data on this protected characteristic. This policy will have a positive impact on protected characteristics because it facilitates the management of learning from Serious Incidents, irrespective of whether people share characteristics protected by the Equality Act 2010.
Marital Status		x		NEL CCGs current HQ workforce data shows a higher proportion of married staff. This policy will have a positive impact on protected characteristics because it facilitates the management of learning from Serious Incidents, irrespective of whether people share characteristics protected by the Equality Act 2010.
Age		x		NEL CCGs current HQ workforce data shows a higher proportion of staff aged between 41-50. This policy will have a positive impact on protected characteristics because it facilitates the management of learning from Serious Incidents, irrespective of whether people share characteristics protected by the Equality Act 2010.

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:
Line managers and staff need to ensure they are aware of the policy and correct reporting process for any Serious incidents	In-house awareness/ training sessions to be set up and rolled Via CCG Timeouts	Lydia Golby / Gary Johnson	12/2017	06/2018

Completion Notes:

Analysis Ratings:	<p>After completing this document, rate the overall analysis as follows:</p> <p>Red: 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.</p> <p>Red Amber: 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.</p> <p>Amber: 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.</p> <p>Green: 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.</p>
Equality Data:	<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> <p>1: Application success rates <i>Equality Groups</i> 2: Complaints by <i>Equality Groups</i></p>

	<p>3: Service usage and withdrawal of services by <i>Equality Groups</i></p> <p>4: Grievances or decisions upheld and dismissed by <i>Equality Groups</i></p>
Legal Status:	<p>This document is designed to assist organisations in “<i>Identifying and eliminating unlawful Discrimination, Harassment and Victimisation</i>” as required by <i>The Equality Act Public Sector Duty 2011</i>. An Equality Impact Analysis is not, in itself, legally binding and should not be used as a substitute for legal or other professional advice.</p>
Genuine Determining Reason	<p>Certain discrimination may be capable of being justified on the grounds that:</p> <ul style="list-style-type: none"> (i) <i>A genuine determining reason exists</i> (ii) <i>The action is proportionate to the legitimate aims of the organisation</i> <p>Where this is identified, it is recommended that professional and legal advice is sought prior to completing an Equality Impact Analysis.</p>