

## Appendix 2 - Integrated Impact Assessment Tool - Stage 1 Proforma

<b>Title of Project:</b> Primary care 7 day working	<b>Project Lead:</b> Bu Thava, Eleanor Mitchell, Natasha Roxborough
<b>Overview:</b> To support the government directive of provided a 7 day primary care service. Go live date by the 1 <sup>st</sup> October. Project board established with defined SRO Workstreams identified to address each element of rollout within the project scope. Workstreams include: 1) Governance and Operations 2) IM&T 3) Communications and Engagement  <a href="https://www.gov.uk/government/collections/nhs-7-day-services">https://www.gov.uk/government/collections/nhs-7-day-services</a>	<b>Intended QI outcomes:</b> Increased access to primary care services in line with national directive. <b>The quality outcomes are as follows:</b> <ul style="list-style-type: none"> <li>• Greater availability of appointments offered within primary care</li> <li>• Timely access</li> </ul>

Area of Quality	Impact Question	Impact	Likelihood	Score	Stage 2 req?	Rationale for scoring
<b>Duty of Quality - Could the proposal impact negatively on:</b>	Compliance with the NHS Constitution?	0	0	0	No	Project will not pose a threat to the CCG or primary care being able to comply fully with the NHS Constitution.
	Partnerships?	2	2	4	No	There may some issues experienced with partnerships within the alliance however, this has been mitigated by allocating a locality lead and having one contact to raise issues/questions and maintain inclusion.
	Safeguarding children or adults?	0	0	0	No	Policies and protocols are in place as per practice as is required. Operational delivery plan alludes to GP colleagues having awareness of policies within the hub setting.
<b>NHS Outcomes Framework – Could the proposal impact negatively on:</b>	Preventing people from dying prematurely?	0	0	0	No	The 7 day working primary care service will have interface with the acute provider for 2ww and communication with the Home GP. Routine treatment and testing would be recommended to be organised through home GP. Emergency situations would be dealt with as per professional conduct and existing practice policy. Positive impact to increase access and availability of testing and concerns.
	Enhancing quality of life?	0	0	0	No	Greater access to primary care services in order to address medical and clinical opinion and care.
	Helping people recover from episodes of ill health or following injury?	1	1	2	No	Appointments would be made available with both the home practice and the hub localities to ensure access. Language line currently being utilised during consultations within practices, for roll out during extended hours.

	Ensuring people have a positive experience of care?	2	2	4	No	There may be situations where patients may not be satisfied with the appointment availability/time and location records. Complaints and feedback processes identified in place.
	Treating & caring for people in a safe environment & protecting them from avoidable harm?	0	0	0	No	No impact as service and clinical management will be provided and supported as per policy.
<b>Access</b>	Could the proposal impact negatively on patient choice?	2	2	4	No	There will be excluded conditions/limitations based on presenting condition and previous medical history, where by the patient would be more suitable to see own GP. Information to be provided to patients regarding the electronic sharing of notes and availability to GP. Home visit appointments will not be able to be undertaken by Hub GP, but there will remain an Out of Hours GP service.
	Could the proposal impact negatively on access?	2	2	4	No	There are some practices that have chosen not to engage with the requirement due to notable issues with the lack of access to electronic patient records. Only one practice and patients affected. Provision to be seen elsewhere. Usage of 111/WestCall to facilitate pre-bookable appointments. Non-registered (homeless) patients to be signposted to appropriate services. Communication and information to be provided in a variety of languages to ensure equality of access.
	Could the proposal impact negatively on integration?	0	0	0	No	Nil negative impact identified regarding the Duty of Equality.
<b>Duty of Equality</b>  <b>Could the proposal impact negatively on:</b>	Age?	0	0	0	No	
	Disability?	0	0	0	No	
	Race?	0	0	0	No	
	Religion or belief?	0	0	0	No	
	Sex?	0	0	0	No	
	Sexual orientation?	0	0	0	No	
	Gender re-assignment?	0	0	0	No	
	Pregnancy or maternity?	0	0	0	No	
Marriage & civil partnership?	0	0	0	No		

Name of person completing assessment: Eleanor Mitchell Senior Operations Director , Berkshire West Primary Care Alliance	Date of assessment: 30/08/2018
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## Appendix 3 – Guidance for calculating the scores

Please contact the Quality Team if you require further support in completing this proforma

### Impact scores (I)

Choose the most appropriate domain for the identified risk from the left hand side of the table Then work along the columns in same row to assess the severity of the risk on the scale of 1 to 5 to determine the consequence score, which is the number given at the top of the column.

	Impact scores (severity levels) and examples of descriptors				
Impact	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
<b>Impact on the safety of patients, staff or public (physical/psychological harm)</b>	Minimal injury requiring no/minimal intervention or treatment.  No time off work	Minor injury or illness, requiring minor intervention  Requiring time off work for >3 days  Increase in length of hospital stay by 1-3 days	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  An event which impacts on a small 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	Incident leading to death  Multiple permanent injuries or irreversible health effects  An event which impacts on a large number of patients
<b>Quality/complaints/audit</b>	Peripheral element of treatment or service suboptimal  Informal complaint/inquiry	Overall treatment or service suboptimal  Formal complaint (stage 1)  Local resolution  Single failure to meet internal standards  Minor implications for patient safety if unresolved  Reduced performance	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	Non-compliance with national standards with significant risk to patients if unresolved  Multiple complaints/independent review  Low performance rating  Critical report	Totally unacceptable level or quality of treatment/service  Gross failure of patient safety if findings not acted on  Inquest/ombudsman inquiry  Gross failure to meet national standards

		rating if unresolved	Major patient safety implications if findings are not acted on		
<b>Human resources/ organisational development/staffing/ competence</b>	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	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	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	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
<b>Statutory duty/ inspections</b>	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation  Reduced performance rating if unresolved	Single breach in statutory duty  Challenging external recommendations/ improvement notice	Enforcement action  Multiple breaches in statutory duty  Improvement notices  Low performance rating  Critical report	Multiple breaches in statutory duty  Prosecution  Complete systems change required  Zero performance rating  Severely critical report
<b>Adverse publicity/ reputation</b>	Rumours  Potential for public concern	Local media coverage – short-term reduction in public confidence  Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House)  Total loss of public confidence

<b>Business objectives/ projects</b>	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
<b>Finance including claims</b>	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	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	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
<b>Service/business interruption Environmental impact</b>	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

## Likelihood scores (L)

What is the likelihood of the consequence occurring? The frequency-based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify a frequency.

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

**Risk scoring = impact x likelihood (I x L)**

	Likelihood				
Likelihood score	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows

Risk Assessment Scores	
Risk Score	Category
1-3	Low Risk
4-6	Moderate Risk
8-12	High Risk
15-25	Extreme Risk

### **Instructions for use**

1. Define the risk(s) explicitly in terms of the adverse impact that might arise from the risk.
2. Use table 1 to determine the impact score(s) (I) for the potential adverse outcome(s) relevant to the risk being evaluated.
3. Use table 2 to determine the likelihood score(s) (L) for those adverse outcomes. If possible, score the likelihood by assigning a predicted frequency of occurrence of the adverse outcome. If this is not possible, assign a probability to the adverse outcome occurring within a given time frame, such as the lifetime of a project or a patient care episode. If it is not possible to determine a numerical probability then use the probability descriptions to determine the most appropriate score.
4. Calculate the risk score the risk multiplying the impact by the likelihood:  $I \text{ (impact)} \times L \text{ (likelihood)} = R \text{ (risk score)}$
5. Identify the level at which the risk will be managed in the organisation, assign priorities for remedial action, and determine whether risks are to be accepted on the basis of the colour bandings and risk ratings, and the CCGs risk management system. Include the risk in the corporate risk register at the appropriate level.