

Equality Analysis

(Health Inequalities, Human Rights, Social Value)

Policy for the reporting of Quality Concerns and Serious Incidents for Nursing Homes and Commissioners

Before completing this equality analysis it is recommended that you:

- ✓ Contact your equality and diversity lead for advice and support
- ✓ Take time to read the accompanying policy and guidance document on how to complete an equality analysis

1. Background			
EA Title	Policy for the reporting of Quality Concerns and Serious Incidents (for Nursing Homes and Commissioners)		
EA Author	J.Chopra-Povall	Team	Nursing
Date Started	25 th March 2019	Date Completed	27 th March 2019
EA Version	V 10	Reviewed by E&D	27 th March 2019
What are the intended outcomes of this work? Include outline of objectives and function aims			
<p>This policy is revised and updated to now include Solihull homes as part of BSOL. Solihull metropolitan borough council (SMBC), Solihull safeguarding adults board (SSAB) have agreed to the policy framework which details how nursing homes will report, investigate and learn lessons from serious incidents and quality concerns. Through the implementation of the guidance contained in the policy care homes will be able to fulfil their statutory duties of reporting in an open and transparent way, which supports a culture of learning to avoid harms. The approach aligns care homes to the national reporting approaches in acute, community and mental health trusts. It also aligns to the process already implemented within the nursing homes in Birmingham leading to a BSOL approach.</p>			
Who will be affected by this work? e.g. staff, patients, service users, partner organisations etc.			
<p>Nursing homes and their staff – within the coverage of NHS Birmingham and Solihull CCG. Commissioners and safeguarding teams within NHS Birmingham and Solihull CCG, Birmingham City Council and Solihull metropolitan borough council (SMBC).</p>			

2. Research		
What evidence have you identified and considered? This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.		
Research/Publications	Working Groups	Clinical Experts
National Serious Incident Policy	Selection of Nursing home representatives	Medicines management (BSOL CCG)
The Health Act 2006	Age UK equality and human rights in practice	MacMillan and Hospices re end of life
Various NICE Guidelines eg Cold homes, Mental well being	Kings Fund – dementia care	Infection Prevention team (BSOL CCG)
Health Education England Care certificate guidelines 2015	CQC committee	Safeguarding Adults teams (BSOL, BCC, SMBC)
National Care Act 2014	Birmingham Safeguarding Adults Board – representation from West	Patient Safety Team (BSOL CCG)

	Midlands police, West Midlands Ambulance, Safeguarding leads from all Birmingham Trusts, Birmingham CCGs and more.	
National Alerts e.g. bedrail safety, Nasogastric safety, PEG management	Birmingham City Council	
DoH Compassion in Care – 6C's	Solihull Metropolitan Borough Council	Royal College of Nursing
CQC regulations for service providers and managers	Solihull Safeguarding Adults Board	Practice Education e.g. peg feeding, drugs management
National Quality Board – how to ensure right people, right skills and right care		
Francis, Berwick, Winterbourne, Saville reports		
National Standard Contract		
Birmingham Council Contract		
NMC Revalidation		

3. Impact and Evidence:

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should also include any identified health inequalities which exist in relation to this work.

Age: Describe age related impact and evidence. This can include safeguarding, consent and welfare issues:

It is expected that the policy will ultimately provide benefits to service users through improvements in practice, policy and management as a result of lessons learned. The policy impacts those individuals who are in Nursing homes within BSOL CCG area which also aligned to BCC and SMBC. Therefore, the types of individuals this relates to are older adults and elderly who have varying degrees of dementia levels, mental health needs and physical health needs from basic to complex. These residents can be frail and vulnerable with variable levels of physical or mental capacity where in most cases they are vulnerable with liberties being deprived to maintain safety.

The policy provides reporting routes for 3 key areas – quality concerns, safeguarding and serious incidents. Learning lessons and dissemination of learning is an important

3. Impact and Evidence:

element included throughout this policy, with the responsibility to undertake this firmly placed with all providers.

The CCG will undertake regular monitoring of quality concerns and serious incidents. Where patient safety trends are identified the CCGs may require providers to produce additional assurances detailing what actions have been taken. Similarly, the Councils will continue to monitor and follow-up any safeguarding's reported to them seeking assurances of actions taken to address concerns and lessons learnt. All parties will share intelligence as part of the information sharing meetings held between all parties on a monthly basis and more frequently if concerns are serious.

This policy is concerned with the processes and procedures involved in reporting quality concerns, safeguards and serious incidents and as such no direct or indirect adverse impacts have been identified from the policy itself.

Disability: Describe disability related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health/ learning disabilities, cognitive impairments:

No adverse impacts identified. See statement in 'Age' above for further information.

Gender reassignment (including transgender): Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment:

No adverse impacts identified. See statement in 'Age' above for further information.

Marriage and civil partnership: Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part-time working, and caring responsibilities:

No adverse impacts identified. See statement in 'Age' above for further information.

Pregnancy and maternity: Describe any impact and evidence on pregnancy and maternity. This can include working arrangements, part-time working, and caring responsibilities:

No adverse impacts identified. See statement in 'Age' above for further information.

Race: Describe race related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers:

No adverse impacts identified. See statement in 'Age' above for further information.

3. Impact and Evidence:
<p>Religion or belief: Describe any religion, belief or no belief impact and evidence. This can include dietary needs, consent and end of life issues:</p> <p>No adverse impacts identified. See statement in 'Age' above for further information.</p>
<p>Sex: Describe any impact and evidence on men and women. This could include access to services and employment:</p> <p>No adverse impacts identified. See statement in 'Age' above for further information.</p>
<p>Sexual orientation: Describe any impact and evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers:</p> <p>No adverse impacts identified. See statement in 'Age' above for further information.</p>
<p>Carers: Describe any impact and evidence on part-time working, shift-patterns, general caring responsibilities:</p> <p>No adverse impacts identified. See statement in 'Age' above for further information.</p>
<p>Other disadvantaged groups: Describe any impact and evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include lower socio-economic status, resident status (migrants, asylum seekers), homeless, looked after children, single parent households, victims of domestic abuse, victims of drugs / alcohol abuse: (This list is not exhaustive)</p> <p>No adverse impacts identified. See statement in 'Age' above for further information.</p>

4. Health Inequalities	Yes/No	Evidence
Could health inequalities be created or persist by the proposals?	No	
Is there any impact for groups or communities living in particular geographical areas?	No	
Is there any impact for groups or communities affected by unemployment, lower educational attainment, low income, or poor access to green spaces?	No	
How will you ensure the proposals reduce health inequalities?		

5. FREDA Principles/ Human Rights	Question	Response
Fairness – Fair and equal access to services	How will this respect a person's entitlement to access this service?	All residents receiving care within nursing homes (private, social funded or health funded) will be fairly and equally managed in accordance with the directions in this policy where any concerns have been raised. It is a health and social agreed policy approach for all BSOL residents in nursing homes. This approach aligns the homes to the approaches already in place within all acute, mental health and community health care services; and the national requirements.
Respect – right to have private and family life respected	How will the person's right to respect for private and family life, confidentiality and consent be upheld?	The policy demands compliance with duty of candour in all cases and the investigation process allows for confidentiality and respect for privacy to be maintained through investigation templates that do not request personal identifiable details.
Equality – right not to be discriminated against based on your protected characteristics	How will this process ensure that people are not discriminated against and have their needs met and identified?	See comments above. All residents will have the policy applied fairly and equally..
	How will this affect a person's right to freedom of thought, conscience and religion?	Where able or required input from resident and family will be included to ascertain equality in needs were met. Where issues are identified in terms of capacity, best interest considerations are applied as per national requirements of the mental health act.
Dignity – the right not to be treated in a degrading way	How will you ensure that individuals are not being treated in an inhuman or degrading way?	The process described above and the investigation, lessons learnt will evidence ill treatment, improvements made and sustainability. The policy directs any concerns of ill treatment towards safeguarding pathway of investigation which

		incorporates police intervention if needed.
Autonomy – right to respect for private & family life; being able to make informed decisions and choices	How will individuals have the opportunity to be involved in discussions and decisions about their own healthcare?	As described above and in 'equality'
Right to Life	Will or could it affect someone's right to life? How?	No impact to this should be seen. There needs will continue to be met according to care planned needs.
Right to Liberty	Will or could someone be deprived of their liberty? How?	Not unplanned. Some individuals in the home will require a DOLs to be in place and this is considered through any investigation as per the policy, and actions taken accordingly to assure of approved restrictions.

6. Social Value	
Consider how you might use the opportunity to improve health and reduce health inequalities and so achieve wider public benefits, through action on the social determinants of health.	
Marmot Policy Objective	What actions are you able to build into the procurement activity and/or contract to achieve wider public benefits?
Enable all people to have control over their lives and maximise their capabilities	Compliance with the national policy process encourages investigation of concerns, serious incidents and safeguards. This initiates improvement actions and learning lessons for the individual and as an organisation. Therefore the lives of everyone in the nursing homes in BSOL are maximised.
Create fair employment and good work for all	NA
Create and develop health and sustainable places and communities	As detailed above
Strengthen the role and impact of ill-health prevention	As detailed above

7. Engagement, Involvement and Consultation		
If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:		
Engagement Activity	Protected Characteristic/ Group/ Community	Date
PREVIOUSLY		
Provider engagement for feedback		February 2016 Followed by ongoing updates.
Commissioner engagement throughout includes Birmingham City Council,		From beginning September 2015 to date.

BSC CCG, BCC CCG, CSU, Solihull CCG and Sandwell CCG.		
Birmingham Safeguarding Adults Board – approved introduction of process		June 2016
SI training delivered to BCC CCG nursing homes by SI team		October 2016
Refresher training for BCC CCG nursing homes		March 2017 prior to launch April 2017
SI training for BSC CCG nursing homes will be delivered by BSC team		Provisional during May 2017
CURRENTLY		
Provider engagement for feedback		From April 2018 with Solihull nursing homes
Commissioner engagement throughout includes SMBC, BCC, BSOL CCG and CSU.		Continued from previous and as BSOL from April 2018
Solihull Safeguarding Adults Board – approved introduction of process		March 2019
SI training to be arranged and delivered to Solihull nursing homes and refreshed for Birmingham		Date TBC
For each engagement activity, please state the key feedback and how this will shape policy / service decisions (E.g. patient told us So we will):		
<p>Feedback from SMBC required modifications to the policy that enabled the council to integrate the approach into their working pathways and align with those already in place between BSOL CCG and BCC.</p> <p>Nursing homes in Birmingham are already using the policy approach and have fed back the tools and templates required modification for simplicity. These have been modified with them and the new templates are now in use.</p> <p>Solihull nursing homes have requested formal training on the SI framework, the investigation approach and policy. This is currently being organised for these homes with follow-up sessions for all other homes as refresher training.</p> <p>Introduction of the duty of candour 10 principles as a requirement within the investigation ensures all residents and relatives/carers are informed directly, and updated to findings from the investigation and of the improvements made/achieved by the nursing home.</p>		

8. Summary of Analysis

Considering the evidence and engagement activity you listed above, please summarise the impact of your work:

The policy will continue to have a positive impact as it provides robust and clear procedures and processes to be adopted and followed by all Birmingham and Solihull Nursing Care homes when reporting quality concerns, safeguards and serious incidents. The approach aligns the process of reporting and investigation to the national guidance and to acute trusts, mental health and community trusts.

9. Mitigations and Changes :

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to mitigate against any actual or potential adverse impacts, reduce health inequalities, or promote social value. Identify the **recommendations** and any **changes** to the proposal arising from the equality analysis.

None identified

10. Contract Monitoring and Key Performance Indicators

Detail how and when the service will be monitored and what key equality performance indicators or reporting requirements will be included within the contract (refer to NHS Standard Contract SC12 and 13):

Monitoring of performance will be put in place and is referred to within the policy (section 6.2 'periodic monitoring and trend analysis by protected characteristic'). Should issues or trends become apparent in relation to individuals protected characteristics and/or human rights the CCGs will require providers to produce additional assurances detailing what actions have been taken locally in relation to the trends and timescales, for completion of these actions.

11. Procurement

Detail the key equality, health inequalities, human rights, and social value criteria that will be included as part of the procurement activity (to evaluate the providers ability to deliver the service in line with these areas):

NA

12. Publication

How will you share the findings of the Equality Analysis?

This can include: reports into committee or Governing Body, feedback to stakeholders including patients and the public, publication on the web pages. All Equality Analysis should be recommended for publication unless they are deemed to contain sensitive information.

Policy to be reviewed and signed off by Birmingham and Solihull CCG's policy group and Quality and Safety Committee.

Equality analysis to be published on CCG web pages.

Following ratification all finalised Equality Analysis should be sent to the Communications and Engagement team for publication: bsol.comms@nhs.net

13. Sign Off		
The Equality Analysis will need to go through a process of quality assurance by the Senior Manager for Equality and Diversity, Senior Manager for Assurance and Compliance or Equality and Human Rights Manager and signed-off by a delegated committee		
	Name	Date
Quality Assured By:	<i>M K Dunne</i>	27 th March 2019
Which Committee will be considering the findings and signing off the EA?	Clinical Policy Sub Group	4 th April 2019
Minute number (to be inserted following presentation to committee)		

Please send to Balvinder Everitt or Michelle Dunne, Equality, Diversity and Inclusion for Quality Assurance.

Once you have committee sign off, please send to Caroline Higgs, Communications & Engagement Team for publication: bsol.comms@nhs.net