NHS
Scarborough and Ryedale
Clinical Commissioning Group

CLAIMS MANAGEMENT POLICY
February 2018

Authorship:	Legal Services Manager			
Committee Approved:	Senior Management Team			
Approved date:	February 2018			
Review Date:	February 2021			
	Relevant	Screening	Full / Completed	Outcome
Equality Impact Assessment	Yes	Yes	No	No Issues Identified
Sustainability Impact Assessment	Yes		No	No Issues Identified
Privacy Impact Assessment	Yes/No	Yes/No	Yes/No	Issues Identified / No Issues Identified
Bribery Checklist			Yes/No	Issues Identified / No Issues Identified
Target Audience:	All CCG Staff			
Policy Reference No:	P409			
Version Number:	V2			

Publication/Distribution	Website	Email Staff	Others (i.e. SBC)
	Yes	*Yes*	*No*

The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on Intranet
DRAFT	Steve Mason	Draft Policy for CCG	Business Committee 07/01/15	
V2	Abigail Combes	Policy Review for CCG only minor amends made in relation to changes to organisations	SMT (Feb 18)	

Approval Record

Applicable Y/N	Committee / Group	Consultation / Ratification	Date taken to group	Date last Approved
	Governing Body	Ratification		
	Council of Clinical Representatives	Ratification		
	SMT	Ratification	12/02/18	
	Remuneration Committee	Ratification		
	Audit and Governance Committee	Ratification		
	Finance and Contracting Committee	Ratification		
	Business Committee	Ratification	07/01/15	
	Communications and Engagement Committee	Ratification		
	Other	Ratification		
	All Employees	Consultation		
	Public	Consultation		
	Yorkshire and Humber Social Partnership Forum	Consultation		

Contents

1 INTRODUCTION

NHS Scarborough and Ryedale CCG is committed to effective and timely investigation and response to any claim that includes allegations of clinical negligence or personal injury. NHS Scarborough and Ryedale CCG will follow the requirements of the NHS Resolution (National Health Service Resolution) in the management of claims. Every member of staff within any NHS organisation is expected to co-operate fully as required, in the assessment and management of each claim. NHS Scarborough and Ryedale CCG also aims to ensure that its policies will be compliant with the Human Rights Act 1998.

This policy is based on current guidance from the NHS Resolution. Any future changes in guidance will be followed, and may supersede the procedures laid down in this policy.

The NHS Resolution is, in effect, an insurer to NHS bodies. The CCG undergoes an assessment of risk by the NHS Resolution and a contribution or premium for membership of the scheme is then calculated.

2 ENGAGEMENT

This policy has been developed based on the knowledge and experience of the Legal Services team. It is derived from a number of national codes and policies which are considered as best practice and have been used across many public sector organisations.

3 IMPACT ANALYSES

3.1 Equality

In developing this policy, an Equality Impact Analysis (EIA) has been undertaken and the results are published with this policy on the CCG website. As a result of the initial screening, the policy does not appear to have adverse effects on people who share protected characteristics and no further actions are recommended at this stage.

In applying this policy, the CCG will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation.

3.2 Sustainability

The policy has been assessed against the CCG's sustainability themes using a sustainable impact assessment (SIA) and there is no anticipated detrimental impact. The results of the SIA are published with the policy on the CCG website.

3.3 Bribery Act 2010

Under the Bribery Act it is a criminal offence to:

- Bribe another person by offering, promising or giving a financial or other advantage to induce them to perform improperly a relevant function or activity, or as a reward for already having done so; and

- Be bribed by another person by requesting, agreeing to receive or accepting a financial or other advantage with the intention that a relevant function or activity would then be performed improperly, or as a reward for having already done so.

These offences can be committed directly or by and through a third person and should be considered alongside other related policies and documentation (as detailed on the CCG intranet) when considering whether to offer or accept gifts and hospitality and/or other incentives.

Anyone with concerns or reasonably held suspicions about potentially fraudulent activity or practice should refer to the Local Anti-Fraud and Corruption Policy and contact the Local Counter Fraud Specialist.

The CCG follows good NHS business practice as outlined in the Business Conduct Policy and has robust controls in place to prevent bribery. 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.

4 SCOPE

The policy covers all incidents which have given, or may give rise to, a claim by an employee, patient or a third party. It applies to all staff but not to independent contractors who are required to make their own arrangements.

5 POLICY PURPOSE AND AIMS

The purpose of this policy is to ensure that all CCG employees are aware of and able to comply with the procedure for dealing with claims made against Scarborough and Ryedale CCG. Compliance with this policy will mean that employees will promptly report any claims to the Legal Services Team in order that they can be dealt with effectively by the Legal Services Team and the NHS Resolution and that all legislative and court imposed deadlines can be adhered to. CCG employees will also be aware of the need to forward all documentation in relation to a claim to the Legal Services Team immediately on receipt.

6 DEFINITIONS

6.1 Definition of a claim

A claim can be defined as: a demand for compensation made following an incident resulting in damage to property, death or personal injury.

There are 6 main types of claims that could be made against the CCG. These are:

Clinical Negligence	An injury to a patient as the result of treatment or lack of treatment
Employer's Liability	Personal Injury to a staff member at work

Public Liability/Occupiers Liability	Injury to a patient or member of the public although not as a result of treatment or damage/loss of property
Employment Matters	Claims for wrongful dismissal, discrimination, harassment etc.
Vehicle Accidents	
Miscellaneous	Including challenges to the lawfulness of decisions by way of Judicial Review.

6.2 Who may make a claim

Claims originate from a wide variety of sources. They may be from contractors, patients, employees and other members of the public. A person can bring a claim if they can establish that they have suffered a loss as a result of a breach of a duty of care owed to them by the CCG or its staff.

It may be, for example, that the CCG has failed in its duty of care, which has caused a loss for the claimant, which does not have to be of a monetary nature, that they claim they are entitled to compensation.

6.3 Triggers

The trigger for claims is when the CCG is issued with a Letter of Claim or Letter Before Action. There may be correspondence preceding a formal letter of claim in an attempt to settle the matter. This correspondence is required by the Civil Procedure Rules and Protocols. In some cases the initial correspondence serves as a warning that further action will be taken. In others it is a formal notification that action is going to be taken. The notifications may not be addressed to the Legal Services Team. It is important that the Legal Services Team is notified immediately when one is received as failure to do this may prejudice dealing with the claim due to time constraints or other protocol requirements.

The Pre-Action Protocols and Civil Procedure Rules often contain strict time limits for the next steps to be taken. Failure to take the necessary steps within the time limits, which on occasion can be as short as 24 hours, can result in severe prejudice to the conduct of the matter and which can be fatal to the defence of any claim.

6.4 Signing of Documents.

The Accountable Officer is the authorised to sign any document at any step in legal proceedings. Delegated authority is also given to the Chief Finance Officer and Executive Nurse in the Scheme of Delegation.

6.5 Timescales and procedures

It is imperative that all correspondence including Court documentation should be forwarded to the Legal Services Team immediately. A failure to do so is likely to have major consequences for the CCG both financial and otherwise.

The Civil Procedure Rules 1999 provide tight deadlines, which the CCG are bound by and the Court will often impose sanctions for a failure to meet these deadlines.

The sanctions available to the court include ordering the CCG to pay the legal costs incurred by the other party in going to Court to get an order which would not have been required had the CCG acted properly.

In addition, the court might make an order debarring the CCG in default from relying on some part of its case- for example if the statement of a witness is not exchanged on time, the court may refuse to hear that witness and refuse to permit the CCG to adduce their evidence.

In cases of failure to meet deadlines, the court can give judgment for the claimant in default, without there being a trial. There are only limited grounds on which the CCG would be able to apply to have such a judgment "set aside".

On receipt of a Letter of Claim it should be forwarded to the Legal Services Team immediately and the Legal Services Team will acknowledge the letter and ensure a copy is forwarded to the NHS Resolutionin appropriate cases. NHS Resolution does not conduct all claims on behalf of the CCG, which is dependent on the nature and likely value of the claim.

6.6 Confidentiality

Medical confidentiality must be protected so patient information may only be disclosed with their consent or by other lawful authority. If there is any doubt in this respect, advice should be sought. Any document approved for the purpose of dealing with the claim or advice given by the Legal Services Team may be protected by legal professional privilege.

6.7 Support mechanisms for staff

Any member of staff required to give evidence in any proceedings may request support either from their line manager or the Legal Services Team.

6.8 Clinical Negligence Scheme for Trust (CNST)

The CNST is a scheme covering liabilities for alleged clinical negligence where the original incident occurred on or after 1st April 1999.

The CCG has no liability for clinical negligence claims arising out of treatment given prior to 1st April 2013.

The CCG shall deal with all claims falling under the CNST in-line with the NHS Resolution's Clinical Reporting Guidelines.

6.9 The Risk Pooling Scheme for Trusts (RPST):

Two separate schemes covering non-clinical risks, the Liabilities to Third Parties Scheme (LTPS) and the Property Expenses Scheme (PES), are known collectively as the Risk Pooling Schemes for Trusts (RPST).

6.10 Employers' & Public Liability Scheme

The Employers' Liability Scheme and Public Liability Scheme are separate schemes that fall under the Liabilities to Third Parties Scheme (LTPS) of the NHS Resolution.

The schemes are for any claims brought against the CCG that are from third parties where the incident occurred on or after 1st April 1999.

The CCG is required to report all new claims that fall under the LTPS with the following information via the NHS Resolutions's online claims reporting system:

- Letter of Claim

- All documents relating to the type of claim being reported. Sample lists taken from the *Pre-Action Protocol for Personal Injury Claims* are enclosed in the form of the 'NHS Resolution Disclosure List'.

If the above documentation is not completed and supplied when the claim is reported the NHS Rresolution may not accept the claim under the Scheme thus causing delays and possible failure to adhere to protocol.

The collation of the documentation required may be a time consuming task. It is ESSENTIAL that it is dealt with in a timely fashion and it is the responsibility of the manager concerned.

6.11 Property Expenses Scheme (PES)

The PES relates to any expenses incurred from any loss or damage to property where the original loss occurred on or after 1st April 1999.

These should be reported promptly using the NHS Resolution's Property Expenses Scheme Report form.

7 ROLES, RESPONSIBILITES AND DUTIES

7.1 Governing Body

The Governing Body is responsible for oversight of the work of the CCG and may exceptionally be required to authorise settlement of claims.

7.2 Accountable Officer

The Accountable Officer is responsible for ensuring an appropriate assurance framework is in place.

The Accountable Officer is the authorised to sign any document at any step in legal proceedings. Delegated authority is also given to the Chief Finance Officer and Executive Nurse in the Scheme of Delegation.

7.3 Chief Finance Officer and Executive Nurse

Delegated authority to sign any document at any step in legal proceedings is given to the Chief Finance Officer and Executive Nurse in the Scheme of Delegation.

7.4 Senior Management

The Legal Services Team are responsible for the conduct, control and documentation of all claims and potential claims where it is not yet clear whether a claim will be pursued. They will be responsible for:

- Ensuring that the Pre-action Protocol for the Resolution of Clinical Disputes is followed, including responding to letters of claim and forwarding them to the NHS Resolution, within the timescales laid down.
- Ensuring the disclosure of medical records, within the timescales laid down in Data Protection regulations or the Access to Health Records Act 1990, as applicable.
- Receiving, acknowledging and processing all new potential claims forwarded from the CCG.
- Ensuring that certain initial investigations have been made and a preliminary analysis has been done, if required.
- Reporting potential claims to the NHS Resolution in accordance with their reporting guidelines.
- Establishing and, as necessary, maintaining contact with relevant staff and former staff.
- Obtaining expert and clinical advice as necessary.
- Any admission of liability or agreement to settle any claim may only be made by the Accountable Officer, where necessary, supported by the Legal Services Team or the nominated member of the CCG.

The Legal Services Team will provide performance indicators to the CCG Governing Body upon request.

7.5 Investigating Manager

The Legal Services Team will carry out such preliminary action, investigations and analysis of reportable claims as is required by the NHS Resolution by the NHS Resolution, and will liaise with the NHS Resolution as necessary over the conduct of such claims.

The Investigation Manager is the manager who is closely involved in the incident, and is therefore responsible for collating such documentation as is required in order to deal with a claim and for investigating the circumstances of any incident and preparing a report on that incident.

It is essential that it is understood that the Legal Services Teamcan only act on the instructions of the CCG. Once the Legal Services Team has been instructed to deal with a claim, the CCG will retain responsibility for the provision of information to enable the claim to be dealt with and for providing instructions at key stages during the claim.

7.6 Role of clinicians/specialist advisers

All managers and staff of all NHS organisations must co-operate fully with the Legal Services Team and the NHS Resolution in the investigation and handling of claims and potential claims.

As many claims have set timescales for response, it is important that managers and staff respond quickly to all requests for information, statements and copies of records.

7.7 Liaison with Third Parties

7.7.1 NHS Resolution

It is the Legal ServicesTeam's role to prepare reports and other submissions as required for the NHS Resolution.

It is a requirement that the CCG must obtain legal advice for all claims involving potential expenditure above the standard delegated limit for *ex-gratia* payments. This advice may be provided internally or obtained from external advisors.

The Legal Services Manager may obtain legal advice for clinical negligence and RPST claims from the NHS Resolution. The CCG may instruct the NHS Resolution to act on its behalf on receipt of a request for medical records and should instruct the NHS Resolution on receipt of a letter of claim or claim form.

The final decision to pursue or settle a claim is the CCGs although it may be the case that if advice on the conduct of any particular claim is not followed, the NHS Resolution will refuse to further indemnify the CCG.

The CCG will co-operate with the Legal Services Team and NHS Resolution solicitors at all times, who are responsible for handling litigation claims will respond to requests for further information, and will ensure that the NHS Resolution solicitors are in a position to meet the Court's timetable for conduct of a claim.

The NHS Resolution should provide quarterly updates on the progress of all claims.

7.7.2 Solicitors

In the case of all reportable claims, defence solicitors may be instructed directly by the NHS Resolution and not by the CCG. However, where appropriate, the Legal Services Team may instruct solicitors or counsel to provide advice or representation where it appears in the interests of the CCG. Any additional costs to the CCG will discussed prior to instruction.

7.7.3 Coroners

During any Inquest the Legal Services Team will decide whether to represent the CCG or to instruct others to do so. It is essential that any member of staff requested to produce documents or attend any Inquest liaise with the Legal Services Team at the earliest opportunity.

7.8 Investigation and root cause analysis

7.8.1 Root cause analysis

The Investigating Manager will adopt a root cause analysis approach to all investigations, which might lead to claims. The purpose of conducting a root cause analysis of potential claims is to identify the real causes of the incident and to establish legal causation. Root cause analysis can also reveal underlying system failures and other contributory factors that may have had an impact on the incident.

In-line with national requirements the CCG is applying a root cause analysis approach to investigations into incidents, complaints and claims. Staff should have undertaken training prior to conducting root cause analysis.

Reference should be made to the Serious Incident Policy when planning any root cause analysis. This document provides an explanation of the varying ratings of incident: red,

amber and green, and the depth of investigation that is attached to an incident with a particular rating.

All incidents classed as red will have a full root cause analysis.

Information on Risk Management issues arising and improvements undertaken will be reported to the relevant CCG body as determined by the Accountable Officer.

7.8.2 Claims Management Procedure

The CCG recognises and at all times will adhere to the pre-action protocols for the resolution of clinical disputes and personal injury claims, in the interests of:

- Encouraging a climate of openness when something has "gone wrong" with a patient's treatment or the patient is dissatisfied with that treatment and/or outcome
- Encouraging the adoption of a constructive approach to complaints and claims, and accepting that concerned patients are entitled to an explanation and an apology if warranted, and to appropriate redress in the event of negligence
- Building on and increasing the benefits of early but well informed settlement which genuinely satisfies both parties to the dispute.

It should be noted that care must be exercised in issuing apologies as it may be that an apology is taken to be an admission of liability.

7.9 Pre-action Protocols for clinical negligence and personal injury

Both personal injury and clinical negligence claims may be made against the CCG and both types of claims require that a Pre-Action Protocol is followed.

Pre-Action Protocols outline the steps that both parties should take in providing information to each other prior to the commencement of a claim. The protocol sets out a good code of practice which parties should follow where litigation is a possibility

7.9.1 Obtaining Health Records

For clinical negligence claims, the first step is that the patient and/or their legal advisor will request copies of the patient's clinical records (which includes any x-rays, CT scans, test results etc.). The request should be made in writing to the CCG. There requests should adhere to the Department of Health Guidelines and should, when properly completed, constitute satisfactory evidence for the CCG's purposes of the patient's consent for the release of their records to their legal, and other expert, advisers.

Responses to these requests should be issued within one calendar month to ensure compliance with the General Data Protection Regulations introduced in May 2018 and staff should comply with the CCG's Subject Access Request Policy.

A copy of the records should be forwarded to the Legal Services Team upon request.

7.9.2 Freedom of Information Act 2000

Staff should be aware that claimants or their representatives may make requests for access to information under the Freedom of Information Act but that a class of

information is legally privileged and not liable to be disclosed. This covers most information which is prepared or gathered in contemplation of legal proceedings and all information and advice given to the CCG or Legal Services Teamby legal advisors or advice by the Legal Services Team to the CCG.

7.9.3 Letter of Claim

If the individual decides that there are grounds for a claim, they or their legal representative will send a **letter of claim** to the CCG.

The letter of claim will contain a clear summary of the facts on which the claim is based, including the alleged adverse outcome, and the main allegations of negligence. It should describe the patient's injuries, the present condition and prognosis, and the estimated financial loss incurred by the Claimant. In more complex cases a chronology of the relevant events should be provided. Sufficient information should be given to enable the CCG to commence investigations if it has not already done so and for the NHS Resolution to put an initial valuation on the claim.

Normally it will be readily apparent that the letter is a formal letter of claim. It may be titled ' letter of claim' or make it clear that it is intended as such. However, where this is not the case, employees will be able to identify this by the above characteristics

The letter of claim should be dealt with by the CCG immediately by forwarding the correspondence to the Legal Services Team to ensure this is passed to the NHS Resolution swiftly, as they will have to make an initial response within either **14 or 21 days of receipt,** depending on the type of claim**.**

Under the protocol, the Claimant should not issue proceedings until after **3 months** from the date of the letter of claim, unless there is a limitation issue and/or the patient's position needs to be protected therefore requiring protective proceedings to be issued. All claims are subject to a time limit in which they can be brought which is referred to as the limitation period. For most cases founded on negligence, the period is three years, although that may exceptionally be extended. The limitation period is different according to the nature of the claim. For example, Judicial Review proceedings must be brought within three months of the decision complained about

7.9.4 Letter of response

The Legal Services Team or NHS Resolution should investigate the claim and within **3 months** of the letter of claim provide a reasoned answer to the claim in the form of a **letter of response.** The NHS Resolution in consultation with the Legal Services Team will specify which issues of breach of duty and/or causation are admitted and which are denied and why. Documents must be enclosed which are material to the issues in dispute and which would be likely to be ordered to be disclosed by the court during proceedings.

It should be noted that admissions of liability made in a letter of response are binding.

7.9.5 *Investigation of Claims*

The receipt of any of the following may trigger an investigation by the Legal Services Teamor NHS Resolution:

- A request for records pursuant to the pre-action protocol for clinical negligence disputes which intimates a claim against the Legal Services Team; or
- A letter of claim; or
- A completed and sealed court claim form

Internal investigations **must** be commenced immediately upon receipt of a letter of claim or claim form. Occasionally, it may be considered appropriate to commence investigations upon receipt of a request for records. This is likely to be the case for very serious claims which are likely to proceed against the CCG and which will have a significant financial impact upon the CCG. The decision to commence investigations at this stage will be made by the Legal and Governance Lead, in consultation with the NHS Resolution and the appropriate member of the CCG.

The Legal Services Team should always be notified immediately of any incident or complaint that could result in a claim. Very serious claims are likely to have been the subject of an incident report in accordance with the CCG's Incident Reporting and/or Complaints Policies.

7.9.6 *Principal aims of all investigations*

The principle aims of any investigation by the Legal Services Team or NHS Resolution will always be as follows:

- To identify the full names and titles of all staff involved, and the identity of doctors' defence organisations and membership numbers of professional bodies, if applicable.
- To establish an account of the original incident
- To identify or maintain all written records
- To establish and maintain contact with the staff involved and to obtain an in-house expert opinion

8 IMPLEMENTATION

This policy will be published on the CCG website and all staff will be made aware of its publication through communications and team meetings.

9 TRAINING AND AWARENESS

The Senior Management Team and line managers are responsible for ensuring that all staff are aware of the policy which will be available on the CCG intranet.

Any further training needs will be identified via the appraisal process and training needs analysis.

10 MONITORING AND AUDIT

State how implementation and compliance will be measured in line with the policy objectives. Identify any key performance indicators.

11 POLICY REVIEW

The policy and procedure will be reviewed at least every three years by the CCG in conjunction with managers, and Trade Union representatives if appropriate, with changes made as required and the outcome published. Where review is necessary due to legislative change, this will happen immediately.

The Senior Management Team has delegated responsibility for monitoring and reviewing the policy and will report any concerns to the Governing Body.

12 REFERENCES AND ASSOCIATED DOCUMENTATION

Ministry of Justice, Pre-action Protocols for the Resolution of Clinical Disputes Forum [online]. London: The Stationary Office. Available from: www.justice.gov.uk

Ministry of Justice. Pre-Action Protocol for Personal Injury Claims [online]. London: The Stationary Office. Available from www.justice.gov.uk

The National Health Service Litigation Authority Framework Document. Available from www.NHS Resolution.com (Publications - Claims publications)

Clinical negligence reporting guidelines fifth edition – October 2008. Available from www.NHS Resolution.com (Publications - Claims publications)

Non-clinical claims reporting guidelines Available from www.NHS Resolution.com (Publications - Claims publications)

NHS RESOLUTION Disclosure List. Available from www.NHS Resolution.com (Publications - Claims publications)

13 ASSOCIATED DOCUMENTATION

Below is a list of documents that are to be considered in conjunction with this policy:

- General Data Protection Regulations 2018
- Access to Health Records Act 1990
- Serious Incident Policy
- Complaints Policy
- Policy for the Investigation of Incidents, Claims and Complaints
- Communications Policy
- Incident Reporting Policy
- Subject Access Request Policy
- Freedom of Information Act

This policy is also to be used in conjunction with any relevant human resources policies, particularly in terms of disciplinary and grievance procedures.

15 APPENDIX ONE – EQUALITY IMPACT ASSESSMENT

Equality Impact Assessment Strategy Policies

General Information		
Policy:	Claims Management Policy	
Date of Analysis:	June 2014	
Policy Lead: **(Name, job title and department)**	Steve Mason, Legal and Governance Lead	
What are the aims and intended effects of this policy?	To inform employees on how to deal with all correspondence, written or verbal, relating to a claim made against the CCG.	
Are there any significant changes to previous policy likely to have an impact on staff, patients or other stakeholder groups?	None	
Please list any other policies that are related to or referred to as part of this analysis	• Serious Incident Policy • Complaints Policy • Policy for the Investigation of Incidents, Claims and Complaints • Communications Policy • Incident Reporting Policy	
Who is likely to be affected by this policy?	General Public	X
	Service Users	X
	Staff	X
What engagement / consultation has been done, or is planned for this policy and the equality impact assessment?		
Promoting Inclusivity and NHS Scarborough and Ryedale CCG's Equality Objectives. How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation? How does the policy promote our equality objectives		

Equality Data

Age

Data provided below is from Census 2011

Age Range	Number	%
0-14	17,672	14.9
15-44	39,530	33.2
45-64	15,427	13.0
65-74	9,083	7.6
85+	3,820	3.2

Gender

JSNA 2016

	%
Male Residents	49.6
Female Residents	50.4

Race / Nationality

BME – 2011 Census Data

	%
White	97.5
Mixed	0.8
Asian	1.2
Black	0.2
Other	0.2

Languages – 2011 Census Data

	%
English	97.5
Polish	0.8
Other EU Language	0.6
Other	1.86

Gypsy and Travellers – 2011 Census Data

Scarborough	37
Ryedale	81

Disability

2011 Census Data

	%
Long Term Health Problem/Disability	21.3
Limiting Long Term Illness	20.4

Projecting Adult Needs and Service Information (PANSI)-2017 Estimates

	Scarborough	Ryedale
Limiting Long Term Illness - day to day activities limited a little	7,507	3,455
Limiting Long Term Illness - day to day activities limited a lot	6,513	2,462
Mobility - unable to manage at least one activity on their own	5,210	2,509
Learning Disability – Including Down's syndrome	947	469
Learning Disability – Autistic Spectrum Disorders and Down's Syndrome	81	134
Visual Impairment - Moderate or severe	3,323	1,588
Hearing Impairment – some hearing loss	17,167	8,370
Hearing Impairment – Moderate or Severe	2,215	1,070
Dementia	1,973	959
Depression	2,474	1,585
Learning Disability – Baseline	1,454	708
Learning Disability – Moderate - Severe	415	1,128
Learning Disability – Autistic Spectrum Disorders	592	289
Learning Disability – Down's syndrome	38	18
Physical Disability – Moderate	5,176	2,620
Physical Disability – Serious	1,605	824
Physical Disability – Personal Care	3,198	1,639
Visual Impairment – Serious	39	19
Hearing Impairment – Some hearing loss	69,328	3,565
Hearing Impairment – Severe	395	203
Mental Health Problems	4,331	2,096

Sexual Orientation

In relation to sexual orientation, local population data is not known with any certainty. In part, this is because until recently national and local surveys of the population and people using services did not ask about an individual's sexual orientation. However, nationally, the Government estimates that 5% of the population are lesbian, gay or bisexual communities.

Gender Reassignment

There are not any official statistics nationally or regionally regarding transgender populations, however, GIRES (Gender Identity Research and Education Society - www.gires.org.uk) estimated that, in 2007, the prevalence of people who had sought medical care for gender variance was 20 per 100,000, i.e. 10,000 people, of whom 6,000 had undergone transition. 80% were assigned as boys at birth (now trans women) and 20% as girls (now trans men). However, there is good reason, based on more recent data from the individual gender identity clinics, to anticipate that the gender balance may eventually become more equal.

Religion / Belief

2011 - Census Data

	%
Christian	67
Buddhist	0.3
Hindu	H0.1
Jewish	0.1
Muslim	0.5
Sikh	0.1
Other Religion	0.4
No Religion	24.3
Religion not stated	7.4

Pregnancy and Maternity

	Live Births (ONS 2016)	Still Births (ONS 2016)
Scarborough	1,034	4
Ryedale	439	2

Marriage and civil partnership

Data provided below is from Census 2011

	Number	%
Single	32,890	28.2
Married	57,934	49.7
In registered same sex civil partnership	259	0.2
Separated (incl civil partnership)	2,866	2.5
Divorced (incl civil partnership)	12,043	103
Widowed	10,486	9

This protected characteristic generally only applies in the workplace.

Assessing Impact

Is this policy (or the implementation of this policy) likely to have a particular impact on any of the protected characteristic groups?

(Based on analysis of the data / insights gathered through engagement, or your knowledge of the substance of this policy)

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and, if applicable, justification where a *Genuine Determining Reason*[1] exists (see footnote below – seek further advice in this case)
Gender	X			
Age	X			
Race / ethnicity / nationality	X			
Disability	X			
Religion or Belief	X			
Sexual Orientation	X			
Pregnancy and Maternity	X			
Transgender / Gender reassignment	X			
Marriage or civil partnership	X			

What measures have been put in place to mitigate any potential impact?

1. [1] *The action is proportionate to the legitimate aims of the organisation (please seek further advice)*

Action Planning:

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse impact or strengthen the promotion of equality?

Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:

Sign-off

All EIAs must be signed off by a member of SMT
I agree / disagree with this assessment / action plan
If *disagree*, state action/s required, reasons and details of who is to carry them out with timescales:
Signed off by (Name/Job Title)
Signed:
Date:

16 APPENDIX TWO – SUSTAINABILITY IMPACT ASSESSMENT

SUSTAINABILITY IMPACT ASSESSMENT

Instructions

Sustainability is one of the CCG's key priorities and consequently the CCG has made a corporate commitment to address the environmental effects of its activities across all service areas. The purpose of the Sustainability Impact Assessment is to record any positive or negative impacts that a Policy / Board Report / Committee Report / Service Plan / Project is likely to have on each of the CCG's sustainability themes. The Sustainability Impact Assessment enables any relevant impacts to be identified and potentially managed.

The Sustainability Impact Assessment is based on assessing the impact of the activity against a series of criteria covering environmental sustainability issues. It would be most desirable for activities to score positively in as many areas as possible, although it is likely that some areas will score positively against some themes, and negatively against others.

Using the Sustainability Impact Assessment template

To complete the Sustainability Impact Assessment template, you should consider whether the Policy / Board Report / Committee Report / Service Plan / Project will have a positive or negative impact on each of the themes by placing a mark in the appropriate column. When you think there is likely to be an impact, please provide some annotations regarding the nature of the impact, and any actions that will be taken to address that impact. Users should note that not every theme will be relevant. Where this is the case the 'No Specific Impact' column should be marked. Users should also consider the following tips:

1. Make relative not absolute judgements (e.g. a new energy efficient service would score positively even if it consumes more energy than if no service were provided).
2. Be aware that small positive changes could be outweighed by negative ones (e.g. new energy efficient lighting in the short term may outweigh the benefits of maintaining current lighting).
3. If there are both positive and negative impacts, these need to be recorded in order to give a balanced view. Be objective and unbiased.
4. Concentrate on the most key significant issues - there is the potential to consider the appraisal in a very detailed way. This should be avoided at this stage.
5. Judge a proposal over its whole lifespan and remember that some impacts may change over different timescales.

If you require assistance in completing the Sustainability Impact Assessment please contact the Corporate Services Team

NHS
Scarborough and Ryedale
Clinical Commissioning Group

Domain	Review questions	Assessment of Impact Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Models of Care	Will it minimise 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes? Will it create incentives to promote prevention, healthy behaviours, mental wellbeing, living independently and self-management? Will it provide evidence-based, personalised care that achieves the best possible health and well-being outcomes with the resources available? Will it reduce avoidable hospital admissions or permanent admissions to residential care or nursing homes? Will it pay for services based on health outcomes rather than activity for example through personal budgets? Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways? More info: http://www.sduhealth.org.uk/areas-of-focus/clinical-and-care-models.aspx	n/a		
Travel	Will it reduce 'care miles' (telecare, care closer) to home? Will it reduce repeat appointments? Will it provide / improve / promote alternatives to car based transport (e.g. public transport, walking and cycling)? Will it support more efficient use of cars (car sharing, low emission vehicles, community transport, environmentally friendly fuels and technologies)? Will it improve access to services and facilities for vulnerable or disadvantaged groups or individuals? More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/travel.aspx	n/a		
Facilities Management	Will it reduce the amount of waste produced or increase the amount of waste recycled? More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/waste.aspx Will it reduce water consumption? Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)? Will it improve green space and access to green space? More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/energy.aspx	n/a		

Adaptation to Climate Change	Will it support mitigation of the likely effects of climate change (e.g. identifying proactive and community support for vulnerable groups; contingency planning for flood, heatwave and other weather extremes)? More info: http://www.sduhealth.org.uk/areas-of-focus/community-resilience/community-resilience-copy.aspx	n/a		
Procurement	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery in line with the Public Services (Social Value) Act 2012? Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives? Will it reduce waste, environmental hazards and toxic materials for example by reducing PVC, antibiotic use, air pollution, noise, mining and deforestation? Will it reduce use of natural resources such as raw materials, embedded water, and energy to promote a circular economy? Will it support the local economy through local suppliers, SMEs or engage with third sector or community groups? Will it promote ethical purchasing of goods or services e.g. increasing transparency of modern slavery in the supply chain globally? More info: http://www.sduhealth.org.uk/areas-of-focus/commissioning-and-procurement/procurement.aspx	n/a		
Workforce	Will it provide employment opportunities for local people? Will it promote or support equal employment opportunities? Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)? Will it offer employment opportunities to disadvantaged groups and pay above living wage? More info: http://www.sduhealth.org.uk/areas-of-focus/social-value.aspx	n/a		
Community Engagement	Will it promote health, increase community resilience, social cohesion, reduce social isolation and support sustainable development? Will it reduce inequalities in health and access to services? Will it increase participation including patients, the public, health professionals and elected officials to contribute to decision making? Have you sought the views of our communities in relation to the impact on sustainable development for this activity? Will it increase peer-support mechanisms? More info: http://www.sduhealth.org.uk/areas-of-focus/community-resilience.aspx	n/a		
Estimated carbon benefit	What is the estimated carbon benefit (in terms of tCO_2e) from the implementation of this project? As opposed to the current business as usual position. Speak with your sustainability manager and see the following guidance: More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/pharmaceuticals/cspm/sustainable-care-pathways-guidance.aspx	n/a		