

CLIN08

Joint Quality and Equality Impact Assessment Policy

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| Policy number | CLIN08 |
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| Approved by | Quality and Performance Board |
| Name of originator/ author | Liz Patroe, Head of Engagement; Caroline Simonds, Head of Quality – Safety; Yasmin Damree-Ralph, EDI Lead |
| Owner (director) | Clare Stone, ICS Director of Multi-Professional Leadership |
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Version control sheet

| Version | Date | Author | Status | Comments / changes since last version |
|---------|---------------------------|---|--------|---|
| 1.0 | 05/02/2019 | Senior Quality and Safety Manager | Draft | Supersedes individual Surrey Heartlands CCGs policies to bring together one joint policy. |
| 1.2 | 23/04/2019 | Head of Engagement, Inclusion and Diversity Head of Quality- Safety | Draft | Reviewed by Head of Engagement, Inclusion and Diversity Head of Quality- Safety |
| 1.3 | 23/04/2019 | Senior Quality and Safety Manager | Draft | Final amendments |
| 1.3 | 30/05/19 | Quality Committees | Final | Approved |
| 1.4 | 20/06/19 | Head of Engagement, Inclusion and Diversity/ Head of Quality- Safety | Final | Updated Appendix 1 |
| 1.5 | 04/10/19 | Head of Engagement, Inclusion and Diversity/ Head of Quality- Safety | Final | Updated Appendix 1 |
| 1.6 | 30/03/2021 | Head of Engagement Head of Quality – Safety | Draft | Addition of vulnerable groups New template for joint QEIA |
| 2.0 | 26/04/2021/ 10/06/2021 | Quality & Performance Board | Final | Discussed at QPB on 26/04/2021. Approved via Chair's Action on 10/06/2021. |

Equality statement

Surrey Heartlands Clinical Commissioning Group (CCG) is committed to promoting equality and diversity in all its activities and to promote inclusive processes, practices and culture.

- We will strive to work to eliminate any unlawful or unfair discrimination including direct or indirect discrimination, discrimination by association, discrimination linked to a perceived characteristic, harassment and victimisation.
- We will remain proactive in taking steps to ensure inclusion and engagement for all the people who work for and with us.
- We will continue to strive towards a culture that is diverse and inclusive that recognises and develops the potential of all staff and service users.
- We recognise the business benefits and opportunities of having a diverse community of staff who value one another and realising the contribution they can make to achieving the CCG's vision.

This includes promoting equality and diversity for all irrespective of:

- age*
- disability*
- ethnic group*
- gender*
- gender reassignment*
- religion or belief*
- sexual orientation*
- marriage and civil partnership*
- pregnancy and maternity*
- carers
- people with diverse communication needs

*Under the Equality Act (2010) these are known as “protected characteristics”.

The CCG aims to meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. We take into account the Human Rights Act 1998 and promote equal opportunities for all. We embrace the seven staff pledges in the NHS Constitution that represent a commitment by the NHS to provide high-quality working environments for staff. This policy is consistent with these pledges.

This document has been assessed to ensure that no employee or member of the public receives less favourable treatment based on their protected characteristics.

Members of staff, volunteers or members of the public are invited to request assistance with this policy if they have particular needs. If the member of staff has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.

Equality analysis

Equality analysis is a way of considering the effect on different groups protected from discrimination by the Equality Act, such as people of different ages. There are two reasons for this:

- to consider if there are any unintended consequences for some groups
- to consider if the policy will be fully effective for all target groups

| | |
|---|--|
| Name of Policy: Quality and Equality Impact Assessment Policy | Policy Ref: CLIN08 |
| Assessment conducted by: Liz Patroe, Head of Engagement | Date of Analysis: 13/04/2021 |
| Give a brief summary of the policy. Explain its aim. The aim of the policy is to ensure a consistent approach to how the organisation analyses impacts on quality and equality. | |
| Who is intended to <u>benefit from</u> this policy? Explain the aim of the policy as applied to this group. As detailed in section 3 and 5, this policy is aimed at staff who are involved in the following activities (referred to as ‘business decisions’ throughout the policy): <ul style="list-style-type: none"> • Commissioning decisions • Service redesign and pathway development • Business cases • Quality and cost improvement plans • Changes to the infrastructure of the organisation • Workforce redesign The following staff will benefit from this policy: <ul style="list-style-type: none"> • Staff working for Surrey Heartlands CCG • Patients for whom health services are commissioned in this area will benefit from this policy and their families and carers. | |
| 1. Evidence considered. <i>What data or other information have you used to evaluate if this policy is likely to have a positive or an adverse impact upon protected groups when implemented?</i> The report by the Equality and Human Rights Commission entitled ‘Meeting the equality duty in policy and decision-making’ describes the requirements for public authorities when setting policies to ensure the public sector equality duty is implemented as follows: In summary, public authorities covered by the general equality duty must ensure that: <ul style="list-style-type: none"> • Decision-makers are aware of the general equality duty requirements and place equality considerations at the centre of policy formulation, side by side with other considerations. • Decision-makers understand that the duty falls on them personally. What they know and what they take into account is what matters – not what is in the mind of officials who report to them. | |

- Compliance with the general equality duty takes place before and at the time a particular policy is under consideration and when a decision is taken.
- Decision-makers consciously consider the need to do the things set out in the aims of the general equality duty as an integral part of the decision-making process. They must recognise it is not just a matter of 'box ticking'.
- Decision-makers have sufficient information to understand the effects of the policy, or of the particular decision, on the aims set out in the general equality duty.
- Decision-makers review policies or decisions if circumstances change (e.g. if the make-up of service users alters). This is vital as the duty is a continuing one.
- Decision-makers take responsibility for complying with the general equality duty with regard to all relevant functions. Responsibility cannot be delegated to external organisations that are carrying out public functions on their behalf.
- Decision-makers consciously consider the need to do the things set out in the aims of the general equality duty not only when a policy is developed and decided upon, but when it is being implemented.

Therefore those developing programmes and decision-makers need to be able to follow this policy, regardless of any protected characteristic(s)

2. Consultation. *Give details of all consultation and engagement activities used to inform the analysis of impact.*

This policy is aimed at ensuring that stakeholders including people from protected groups are consulted and engaged early on in the development of business decisions.

3. Analysis of impact

In the boxes below, identify any issues in the policy where equality characteristics require consideration for either those abiding by the policy or those the policy is aimed to benefit, based upon your research.

Are there any likely impacts for this group? Will this group be impacted differently by this policy? Are these impacts negative or positive? What actions will be taken to mitigate identified impacts?

| | |
|---|---|
| a) People from different age groups (Age) | Implementation of the policy by CCG staff is not impacted by the age of those staff tasked with completing the quality and equality impact assessment (QEIA). It ensures that this protected characteristic is given due regard. No adverse impact is expected. |
| b) People with disabilities (Disability) | For CCG staff with visual impairment – the policy itself and the QEIA template can be made available in a range of formats e.g. large font, different font for people with dyslexia, yellow background with black bold text. All templates are available digitally and can be adapted for use. No adverse impact is expected for other disabilities. |

| | |
|--|--|
| c) Men and women (Gender or Sex) | Implementation of the policy by CCG staff is not impacted by the gender or sex of employees. It ensures that this protected characteristic is given due regard. No adverse impact is expected |
| d) Religious people or those with strongly held philosophical beliefs (Religion or belief) | Implementation of the policy does not impact on a person's religious or philosophical beliefs. It ensures that this protected characteristic is given due regard. No adverse impact expected. |
| e) People from black and minority ethnic groups (Race) | Implementation of the policy does not impact on a person's race or ethnic origin. It ensures that this protected characteristic is given due regard. No adverse impact expected. |
| f) People who have changed gender or who are transitioning to a different gender (Gender reassignment) | Implementation of the policy does not impact on a person's gender identity or any gender change process they may be following. It ensures that this protected characteristic is given due regard. No adverse impact expected. |
| g) Lesbians, gay men, bisexual people (Sexual orientation) | Implementation of the policy does not impact on a person's sexual orientation. It ensures that this protected characteristic is given due regard. No adverse impact expected. |
| h) Women who are pregnant or on maternity leave (Pregnancy and maternity) | Implementation of the policy does not impact on a person's pregnancy or maternity characteristic. It ensures that this protected characteristic is given due regard. No adverse impact expected. |
| i) People who are married or in a civil partnership (Marriage and Civil Partnership) | Implementation of the policy does not impact on a person's marriage or civil partnership status. It ensures that this protected characteristic is given due regard. No adverse impact expected. |
| j) Carers | Implementation of the policy does not impact on carers. It ensures that this protected characteristic is given due regard. No adverse impact expected. |
| <p>4. Monitoring- How will you review/monitor the impact and effectiveness of your actions? Requests from CCG staff for different formats of the policy and the QEIA template will be monitored by the authors of this policy. Any difficulties will be raised in training sessions and with the Staff Partnership Forum.</p> | |

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1. Introduction and Policy Objective

- 1.1 Surrey Heartlands CCG is committed to ensuring that commissioning decisions, business cases and any other significant plans and strategies are appropriately evaluated for their impact on both quality and equality.
- 1.2 Under the Equality Act 2010, public bodies have a legal duty to consider all individuals when carrying out their day-to-day work – in shaping policy, in delivering services and in relation to their own employees. They need to demonstrate how they pay due regard to eliminating discrimination, advancing equality of opportunity and fostering good relations between people from different groups.
- 1.3 The objective of this policy is to set out the responsibilities, process and format to be followed when undertaking a Quality and Equality Impact Assessment (QEIA). The purpose of the assessment is to examine the extent to which existing or proposed services /policies/strategies may benefit different members of the community and, where appropriate, prompt the consideration of adjustments.
- 1.4 Undertaking a QEIA enables us to consider the impact of each current and proposed service, policy, procedure or function, not only with regard to human rights but also with regard to the quality of provision and effect that this may have on patient outcome or experience. It is designed to ensure that ‘due regard’ is given to equality in relation to the services that we commission and where appropriate deliver.

2. Legislative Framework

- 2.1 The following legislation is relevant to this policy:
 - Equality Act 2010
 - Health and Social Care Act (Safety and Quality) 2015
 - Health and Social Care Act 2012
 - Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- 2.2 This policy should be read in conjunction with the following documents:
 - Surrey Heartlands CCG Joint Risk Management Policy
 - NHS Outcomes Framework 2014/15

3. Scope

- 3.1 This policy relates to QEIA's that are undertaken during the course of decision making on any of the following aspects of CCG business:
 - Commissioning decisions
 - Service redesign and pathway development

- Business cases
- Quality and cost improvement plans
- Changes to the infrastructure of the organisation
- Workforce redesign

3.2 The above list is not exclusive or exhaustive and therefore when making any changes to service or policy a QEIA should be considered. The remainder of this document will refer to this list collectively as '**business decisions**'.

3.3 This policy applies to all staff that undertake, scrutinise and challenge impact assessments.

4. Definitions

4.1 Quality

4.1.1 Quality can be defined as embracing the following three components:

- *Patient Safety – ensuring all appropriate measures are taken to avoid harm to patients*
- *Effectiveness of care – providing the most appropriate treatments, interventions, support and services to patients at the right time*
- *Patient Experience – ensuring that the patients experience is at the centre of the organisations approach to quality.*

4.2 Equality

4.2.1 The Equality Act 2010 defines nine protected characteristics which the organisation must consider when making business decisions. The characteristics are as follows:

- *Age - including specific ages and age groups*
- *Disability – including cancer, HIV, multiple sclerosis and physical or mental impairment where the impairment has a substantial and long term adverse effect on the ability to carry out day-to-day activities*
- *Race – including colour, nationality and ethnic or national origins*
- *Religion or belief – including a lack of religion or belief, and where belief includes any religious or philosophical belief*
- *Sex*
- *Sexual orientation – meaning a person’s sexual orientation towards persons of the same sex, persons of the opposite sex and persons of either sex*

- *Gender re-assignment – where people are proposing to undergo, are undergoing or have undergone a process for the purpose of reassigning the person’s sex by changing physiological or other attributes of sex.*
- *Pregnancy and maternity*
- *Marriage and civil partnership*

4.2.2 If these are not considered and any risks mitigated, then quality is inevitably affected. This is why it is a key part of the QEIA.

4.2.3 In addition to the nine protected characteristics, the CCG is committed to considering the impact of its work on other vulnerable groups in our community, for example unpaid carers and those who are homeless.

4.3 Impact Assessment

4.3.1 An impact assessment is a continuous process to ensure that possible or actual business decisions are assessed and the potential consequences on quality and equality are considered and any necessary mitigating actions are outlined in a uniform way.

4.4 Discrimination

4.4.1 Direct Discrimination

- *This is when an individual is, or would be treated less favourably than another in the same or similar circumstances. For example: Refusing to produce translated material when requested from a member of the public.*

4.4.2 Indirect Discrimination

- *A rule or practice, applied to all, but which disadvantages people with a particular characteristic, without justification. For example: Only producing public information about services in normal size text.*

5. Roles and Responsibilities

5.1 Accountable Officer

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

5.2 The Governing Body

5.2.1 The Governing Body has overall responsibility for balancing necessary business decisions with quality and equality standards. They also have responsibility for providing assurance to external stakeholders.

5.3 Directors

- 5.3.1 Directors are responsible for ensuring that QEIAs conducted by members of their team have been conducted in line with best practice.
- 5.3.2 Directors are responsible for ensuring that QEIAs are effectively considered as part of 'business decisions' within their relevant directorates.

5.4 Quality and Performance Board

- 5.4.1 The Quality and Performance Board provides assurance to the Governing Body that there a robust QEIA process is in place and that it is implemented effectively.

5.5 Head of Quality - Safety and Head of Engagement

- 5.5.1 The above are responsible for advising, supporting and promoting the completion of QEIAs for all 'business decisions'.

5.6 All Staff

- 5.6.1 All staff have a responsibility to be aware of this policy and adhere to it when initiating programmes, proposing service changes and developing policies.

6. Procedure

6.1 Considerations

- 6.1.1 The 'business decision' will need to consider:
 - *The impact it will have on Patient/Staff Safety, Clinical Effectiveness and Patient/Staff Experience.*
 - *The potential risks it could have on the above areas and how these will be mitigated.*
 - *How it may impact different members of the community and/or different members of staff with varying equality and vulnerability characteristics and, where appropriate, prompt the consideration of adjustments.*

6.2 Assessing potential risks to quality and equality

- 6.2.1 As part of the assessment the assessor is required to measure levels of risk in relation to Patient/Staff Safety, Clinical Effectiveness, Patient/Staff Experience and Equality.
- 6.2.2 The assessment must not take place in isolation. Consultation with stakeholders is a key principle for conducting a QEIA. Evidence of engagement and consultation from an early stage is required for QEIAs to be approved.
- 6.2.3 Refer to Guidance on conducting impact assessments (Appendix 3).

- 6.2.4 The Surrey Heartlands CCG's Risk Matrix and Scoring Methodology at Appendix 2 provides guidance on the criteria to consider when scoring each risk.
- 6.2.5 As part of the assessment the assessor is required to consider any risks that should be added to either the Project Risk Register or the Corporate Risk Register. Those identified as high risk will be reviewed by the relevant Director and decisions on the planned change escalated as appropriate.

7. Frequency of Assessment

- 7.1.1 QEIA is a continuous process to help decision makers think through and understand the consequences of 'business decisions'. It must be undertaken as part of the development and proposal stage of all 'business decisions'. It should be reviewed on initiation of the 'business decision', following any significant changes and following implementation.

8. Dissemination and Implementation

- 8.1.1 This policy will be disseminated through training and staff briefings and will be available on the CCG's website as part of the published suite of CCG policies.
- 8.1.2 All members of staff who undertake, scrutinise or challenge impact assessments will be required to attend training in line with the CCG's framework based on national directives.

9. Monitoring

- 9.1.1 The effectiveness of the process relating to QEIAs will be assured by reviewing local implementation against the following standards:

| Standard | Source of Assurance / Timescale | Responsibility |
|--|---|-------------------------------|
| A QEIA should be conducted for all appropriate 'business decisions'. | Scrutiny of papers for meetings. Any business cases / policies submitted without the required supporting documents should be returned for completion before being progressed. | Relevant Directors |
| Risk registers contain appropriate risks in relation to the potential impact of 'business decisions'. | Risk registers reviewed on a quarterly basis and presented to relevant Committees | Relevant Directors |
| All assessments judged as proposing significant risk must be submitted to the Quality and Performance Board for consideration. | Risk register and QEIA | Quality and Performance Board |

10. Review

- 10.1 Ongoing review of this policy will take place every three years in line with the Surrey Heartlands CCG's Framework for Production of Policies and Procedural Documents, or earlier if legislation, national policy or guidance changes are required to be considered.

11. Bibliography

- Equality Act 2010
<http://www.legislation.gov.uk/ukpga/2010/15/contents>
- Public Sector Equality Duty
<http://www.legislation.gov.uk/ukpga/2010/15/section/149>
- Health and Social Care Act (Safety and Quality) 2015
http://www.legislation.gov.uk/ukpga/2015/28/pdfs/ukpga_20150028_en.pdf
- Health and Social Care Act 2012
<https://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
<https://www.legislation.gov.uk/ukdsi/2014/9780111117613/contents>
- NHS Outcomes Framework 2014/15
<https://www.gov.uk/government/publications/nhs-outcomes-framework-2014-to-2015>

Appendix 1 – Quality and Equality Impact Assessment (QEIA) (refer to guidance)

Scheme/Policy: Click or tap here to enter text.

Lead author: Click or tap here to enter text.

Role: Click or tap here to enter text.

1. Is this a:

- Change to an existing strategy or policy
- Change to a service or function
- A new strategy or policy
- A new service or function
- Other

2. Does this affect a particular geographical area?

Tick all that apply:

| | | | | |
|---|--|---|--|---|
| CRESH ICP <input type="checkbox"/> Reigate & Banstead <input type="checkbox"/> Tandridge <input type="checkbox"/> | Guildford & Waverley ICP <input type="checkbox"/> Guildford <input type="checkbox"/> Waverley <input type="checkbox"/> | North West Surrey ICP <input type="checkbox"/> West Elmbridge <input type="checkbox"/> Runnymede <input type="checkbox"/> Spelthorne <input type="checkbox"/> Woking <input type="checkbox"/> | Surrey Downs ICP <input type="checkbox"/> East Elmbridge <input type="checkbox"/> Epsom & Ewell <input type="checkbox"/> Mole Valley <input type="checkbox"/> | Surrey Heartlands <input type="checkbox"/> Surrey <input type="checkbox"/> |
|---|--|---|--|---|

3. Who will be impacted by this scheme? Tick all that apply.

| | | |
|--|--|---|
| Patients <input type="checkbox"/> Carers <input type="checkbox"/> Staff <input type="checkbox"/> | Partners <input type="checkbox"/> Trade unions <input type="checkbox"/> Suppliers <input type="checkbox"/> | Other (describe below) <input type="checkbox"/> Click or tap here to enter text. |
|--|--|---|

4. Summarise the strategy, policy, service(s) or function(s) being assessed. Describe current status followed by any changes that stakeholders would experience.

A large, empty rectangular box with a thin black border, intended for the user to provide a summary of the strategy, policy, service(s) or function(s) being assessed, along with the current status and any changes stakeholders would experience.

5. Checklist

All the CCG's policies, programmes, strategies, services and major developments affect patients, carers, service users, employees and the wider community. These will have a greater or lesser relevance to quality and equality.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, carers, disability, gender reassignment, race, religion or belief, sex, sexual orientation, pregnancy and maternity and any other relevant characteristics (for example socio-economic status, social class, income, unemployment, residential location or family background and education or skills levels).

Make notes to assist with the completion of the QEIA.

| Questions | Yes | No |
|---|--------------------------|--------------------------|
| Is there any indication or evidence (including from consultation with relevant groups) that different groups have different needs, experiences, issues and priorities in relation to the proposed policy or proposal? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there potential for or evidence that the proposed policy or proposal will affect different population groups differently (including possibly discriminating against certain groups)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have there been or are there likely to be any public concerns (including media, academic, voluntary or sector specific interest) about the policy or proposal? | <input type="checkbox"/> | <input type="checkbox"/> |
| Could the proposal affect how our services, commissioning or procurement activities are organised, provided, located and by whom? | <input type="checkbox"/> | <input type="checkbox"/> |
| Could the proposal affect our workforce or employment practices? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there potential for or evidence that the proposed policy or proposal will not promote equality of opportunity or promote good relations between different groups? | <input type="checkbox"/> | <input type="checkbox"/> |
| Notes | | |
| | | |

7. Quality Impact Assessment

This looks at the scheme as a whole and asks how it will impact patients, staff and the organisations involved and how any identified risks or negative impacts could be mitigated.

Patient/Staff Safety – will the scheme have a positive/negative or neutral effect on the aim to treat and care for people in a safe environment and protect them from avoidable harm?

Clinical Effectiveness – will the scheme have a positive/negative or neutral effect on the aim to apply knowledge that is based on research, clinical experience and patient preferences, to achieve optimum processes and outcomes of care for patients? (The purpose of clinical effectiveness is to use evidence to improve the effectiveness of clinical practice and service delivery.)

Patient/Staff/Organisation Experience – will the scheme have a positive/negative or neutral effect on patients' experience of care, based on all interactions, before, during and after delivery of the care? How will it affect staff experience and the portrayal of the organisation as a whole?

The following assessment requires judgement against the listed areas of risk above in relation to quality. Each scheme will need to be assessed to identify whether it will impact adversely on patients / staff / organisations. Where an adverse impact is identified, this needs to be scored according to the standard risk matrix found in Appendix 2 of the QEIA policy. **If the risk score is greater than 16 in any area, this will require a more detailed impact assessment to be carried out and presented to the Quality and Performance Board for consideration. See section 8.**

In the table below, identify whether there will be a positive/negative or neutral effect on each of the areas. Record your reasons for arriving at that conclusion in the comments column. If any area is identified as having a potential negative effect, you must calculate the overall risk score for this by multiplying the score for level of impact and the score for likelihood of occurrence together, using the risk matrix. Insert the total in the appropriate box. If a negative effect is identified, please also provide any suggested mitigations.

| Area | Positive / Negative or Neutral Impact | Comments: | Risk Score (if negative impact) | Suggested mitigations: |
|--------------------------|---------------------------------------|-----------|---------------------------------|------------------------|
| Patient Safety: | | | | |
| Staff Safety: | | | | |
| Clinical Effectiveness: | | | | |
| Patient Experience: | | | | |
| Staff Experience: | | | | |
| Organisation Experience: | | | | |

8. Detailed Quality Impact Assessment

This additional more detailed quality impact assessment **should only be completed** if the initial quality impact assessment indicates a high risk (16 or above) in one or more areas. Leave blank if the risk score is 15 or lower. This detailed assessment along with the QEIA and business case should be submitted to the next available Quality and Performance Board, to ensure scrutiny from a quality perspective.

| |
|---|
| 1. Summary of strategy, policy, service(s) or function(s) being assessed: |
| |
| 2. What are the benefits of approving this scheme? |
| |
| 3. What are the high risks that have been identified in relation to this scheme? |
| |
| 4. What can be put in place to mitigate these high risks? |
| |

5. After mitigation, what risks would remain?

6. What are the risks if this scheme is not approved?

9. Equality Impact Assessment

9.1 Who may be affected by this activity?

Protected characteristics (Equality Act 2010)

Age

Disability

Race

Gender reassignment

Marriage & civil partnership

Pregnancy & maternity

Religion & beliefs (including no belief)

Sex (male or female)

Sexual orientation

In addition, consider the following vulnerable groups:

Carers

Digital inclusion/exclusion

Looked after children

Armed forces

Asylum seekers

Deprivation

Rural/urban areas

Socioeconomic disadvantage

Other (describe below)

9.2 Assessment Team Discussions – between [Click or tap to enter a date.](#) and [Click or tap to enter a date.](#)

| Protected equality characteristic | Describe here the considerations and concerns in relation to the programme/policy for the selected groups | Describe here suggested mitigations to inform the actions needed to reduce inequalities |
|--|--|--|
| Age | | |
| Disability | | |
| Race | | |
| Gender reassignment | | |
| Marriage & civil partnership | | |
| Pregnancy & maternity | | |
| Religion & beliefs | | |
| Sex | | |
| Sexual orientation | | |

| Vulnerable groups/existing inequity | Describe here the considerations and concerns in relation to the programme/policy for the selected groups | Describe here suggested mitigations to inform the actions needed to reduce inequalities |
|-------------------------------------|---|---|
| Carers | | |
| Digital exclusion ¹ | | |
| Domestic abuse | | |
| Education (health literacy) | | |
| Homeless | | |
| Rural/urban geographies | | |

¹ **Digital Exclusion can be linked to the following key root causes:**

- Connectivity access to the internet – can include financial barriers as well as suitable broadband speeds/connectivity
- Digital Skills the ability to use digital tools such as email, online shopping, digital healthcare - also includes having confidence in online safety, and how to utilise particular services or apps
- Technology and Accessibility access to appropriate devices to suit their individual needs – includes access to devices suitable for use with a certain disability as well as financial and location barriers
- Not wanting to use digital platforms simply not wishing to utilise digital services – this could be due to distrust of providers, online security, privacy etc.

| Vulnerable groups/existing inequity | Describe here the considerations and concerns in relation to the programme/policy for the selected groups | Describe here suggested mitigations to inform the actions needed to reduce inequalities |
|---|--|--|
| Socioeconomic disadvantage | | |
| People with addiction or substance misuse problems | | |
| People on probation | | |
| Prison population | | |
| Undocumented migrants, refugees, asylum seekers | | |
| Sex workers | | |
| Other | | |

10. Action plan and monitoring arrangements

Insert your action plan here (example layout provided), based on the mitigations recommended.

Involve your Assessment Team in monitoring progress against the actions above.

| ACTIONS & DECISIONS TRACKER | | | | | | |
|-----------------------------|-----------------|-------------|------------------|------------------------|--------------|--------------|
| SCHEME/PROPOSAL NAME | | | | | | |
| Item | Initiation Date | Action/Item | Person Actioning | Target Completion Date | Update/Notes | Open/ Closed |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |

11.Recommendation

Based on your assessment, please indicate which course of action you are recommending to decision makers. You should explain your recommendation in the blank box below.

| Outcome No. | Description | Tick |
|---|--|------|
| Outcome One | <p>No major change to the service/function required. This QEIA has not identified any potential for discrimination or negative impact, and all opportunities to promote equality have been undertaken.</p> <p>Proceed with the programme and review QEIA mid-programme.</p> | |
| Outcome Two | <p>Adjust the service/function to remove barriers identified by the QEIA or better advance equality. Are you satisfied that the proposed adjustments will remove the barriers you identified?</p> <p>Proceed with adjustments, amend programme and review QEIA mid-programme.</p> | |
| Outcome Three | <p>Continue the service/function despite potential for negative impact or missed opportunities to advance equality identified. You will need to make sure the QEIA clearly sets out the justifications for continuing with it. You need to consider whether there are:</p> <ul style="list-style-type: none"> • Sufficient plans to stop or minimise the negative impact • Mitigating actions for any remaining negative impacts plans to monitor the actual impact. <p>Proceed with programme. Monitor and evaluate. Discuss with SRO.</p> | |
| Outcome Four | <p>Stop and rethink the service change/proposal when the QEIA shows actual or potential unlawful discrimination. Review with the SRO for this area of work within 28 days of completion of QEIA.</p> | |
| <p><i>Please use the box on the right to explain the rationale for your recommendation:</i></p> | | |

12. Governance

| Sign off | Director (name and job title) | Date: |
|----------|-------------------------------|-------|
| | | |

13. Version Control

| Version Number | Purpose/Change | Author | Date |
|----------------|----------------|--------|------|
| | | | |
| | | | |

The above provides historical data about each update made to the QEIA.

Please include the name of the author, date and notes about changes made – so that you are able to refer back to what changes have been made throughout this iterative process.

14. Publish

All approved QEIAs should be published on the CCG's website.

Please send approved QEIAs to: syheartlandsccg.qeia@nhs.net

Appendix 2 – Risk Matrix and Scoring Methodology

These tables have been taken from the National Patient Safety Agency² and have been adapted for Surrey Heartlands CCG's use.

Table 1: Consequence (C) score (severity levels) and examples of descriptors

| Domains | 1 Negligible | 2 Minor | 3 Moderate | 4 Major | 5 Catastrophic |
|--|--|---|--|---|---|
| Impact on the safety of patients, staff or public (physical/psychological harm) | 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 |
| Quality/ complaints/ audit | 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 rating if unresolved | Treatment or service has significantly reduced effectiveness Formal complaint stage 2 Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on | 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 |
| Human resources/ organisational development/ | Short-term low staffing level that temporarily | 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) | Uncertain delivery of key objective/ service due to lack of staff | Non-delivery of key objective/ service due to lack of staff Ongoing unsafe staffing levels or competence |

² <http://www.npsa.nhs.uk/nrls/improvingpatientsafety/patient-safety-tools-and-guidance/risk-assessment-guides/risk-matrix-for-risk-managers/>

| Domains | 1 Negligible | 2 Minor | 3 Moderate | 4 Major | 5 Catastrophic |
|--|--|---|--|--|---|
| staffing/ competence | reduces service quality (< 1 day) | | Low staff morale Poor staff attendance for mandatory/key training | Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training | Loss of several key staff No staff attending mandatory training /key training on an ongoing basis |
| Statutory duty/ inspections | 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 |
| Adverse publicity/ reputation | 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 |
| Business Projects/ Objectives | Insignificant cost increase/ schedule slippage Key ‘political’ target is being achieved and impact prevents improvement | <5 per cent over project budget Schedule slippage Key ‘political’ target is being achieved but impact reduces performance marginally below target in the near future or performance currently on target, but there is no agreed plan to meet the target | 5–10 per cent over project budget Schedule slippage Key ‘political’ goal is marginally below target or is soon projected to deteriorate beyond acceptable limits or there is an agreed plan but it does not yet meet the rising target | Non-compliance with national 10–25 per cent over project budget Schedule slippage Key ‘political’ target not being achieved and impact prevents improvement, or substantial decline in performance trend | Incident leading >25 per cent over project budget Schedule slippage Key objectives not met Key ‘political’ target is not being achieved and the impact further deteriorates the position |
| Finance including claims | 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 | Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage |

| Domains | 1 Negligible | 2 Minor | 3 Moderate | 4 Major | 5 Catastrophic |
|--|--|---|--|---|---|
| | | | | Claim(s) between £100,000 and £1 million Purchasers failing to pay on time | Loss of contract/ payment by results Claim(s) >£1 million |
| Service/ business interruption Environmental impact | 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 |

Table 2: Likelihood score (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 Rare | 2 Unlikely | 3 Possible | 4 Likely | 5 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 |

Table 3: Risk scoring = consequence x likelihood (C x L)

| Likelihood score | | 1 Rare | 1 Unlikely | 2 Possible | 3 Likely | 5 Almost certain |
|-------------------|----------------|--------|------------|------------|----------|------------------|
| Consequence score | 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:

- 1 - 4 **Low risk**
- 5 – 8 **Moderate risk**
- 9 - 12 **High risk**
- 15 - 25 **Significant risk**

Appendix 3 – Equality Impact Assessment: a guide

1. Introduction

- 1.1 Equality Impact Assessment (EIA) is a tool aimed at improving the quality of local health services by ensuring that individuals and teams think carefully about the likely impact of their work on different communities or groups. The assessments help us to ensure that we do not disadvantage people from certain groups in the way that we plan services or through our employment practices. It is also a way of identifying where we might better promote equality of opportunity.
- 1.2 As a public organisation we need to ensure that we have given proper consideration to equality and diversity in relation to all our strategies, policies, services and functions, both current and proposed. In all appropriate instances we will need to carry out an EIA.

2. What is an Equality Impact Assessment?

- 2.1 The CCG is responsible for making a wide range of decisions. This spans decisions about CCG policies and strategies, budget setting and service redesign right through to everyday decisions that affect individuals. An EIA is a way of considering the effect of these decisions on our staff and communities who belong to different protected groups.
- 2.2 An EIA is a risk assessment tool that helps us to examine whether different groups of people are, or could be, disadvantaged by the decisions we make. It involves using equality information, and the results of engagement with people from protected groups and others, to understand the actual effect or the potential effect of our functions, policies or decisions. It can help us to identify practical steps to tackle any negative effects or discrimination, to advance equality and to foster good relations.
- 2.3 The purpose of the EIA process is to:
 - Identify unintended consequences and mitigate them as far as possible, and
 - Actively consider ways to advance equality and foster good relations.

3. Why carry out an EIA?

- 3.1 An EIA can help you to:
 - Improve understanding of patients, staff, carers, different communities and their needs
 - Identify the likely impact of proposed changes on different parts of the community and different groups of service users or employees of the CCG

- Commission better services
- Improve access to services
- Integrate equality and diversity considerations into the everyday business of the CCG and enhance service planning
- Improve satisfaction with our services
- Improve the reputation of the CCG as an organisation that listens to all of its communities
- Encourage greater openness and public involvement

4. When should EIA be carried out?

- 4.1 An EIA is best used at the options appraisal stage of business planning or investment decision-making, or at the early stages of project or service planning development so that any mitigating actions can be introduced before a decision is made or the policy or service change is implemented. EIA can also be used retrospectively for policies and projects already approved and services already in operation, but should never be considered a 'bolt-on' to complete the project development process.
- 4.2 You will need to complete an EIA for:
- changes to existing policies, services, procedures or guidance
 - creating new policies, services, procedures or guidance
 - redesigning services
 - new projects
 - new or revised strategies
- 4.3 An EIA should be carried out before you proceed with any changes.
- 4.4 For any major service changes, an EIA should be started at the project initiation stage before decisions (PIDs) are finalised and agreed. It is important to build in enough time to carry out the analysis with the project team and feed the recommendations into the decision-making process via your directorate management team or the programme board.
- 4.5 Guidance from the Equality and Human Rights Commission indicates that the requirement for EIA needs to be interpreted broadly to embrace the full range of practices and decisions taken by the CCG. However, the amount of analysis required for each change is determined by the relevance of the change to equality, which means that EIA should be proportionate. Importantly, EIA should be carried out before decisions are made. The example below shows what can happen when public authorities do not consider their equality duties when making decisions.

Case study: Southall Black Sisters

Southall Black Sisters (SBS) provides specialist services to Asian and African Caribbean women, particularly in relation to domestic violence issues.

In June 2007, Ealing Council announced proposals to move away from funding particular organisations (such as SBS), towards commissioning services (including domestic violence services) following a competitive bidding exercise.

Despite concerns raised during consultation that plans had not been equality impact assessed, and that commissioning could disadvantage grassroots community initiatives, Ealing decided to press ahead with its proposals.

During discussions about criteria for commissioning domestic violence services, SBS had highlighted the adverse impact the criteria could have on pre-existing domestic violence services provided to women from ethnic minority communities, and so an equality impact assessment should be carried out.

Ealing carried out belated impact assessments on proposals before deciding to proceed with the existing domestic violence services commissioning criteria, resulting in two SBS service users launching a judicial review of the decision.

Ultimately, Ealing conceded these submissions and withdrew from the case. However, in an oral judgment, Lord Justice Moses reiterated the importance of undertaking an equality impact assessment, and also the importance of carrying out an impact assessment before policy formulation.

The ruling stresses the need to carry out an equality analysis before formulating policies or processes.

5. Who is the focus of an EIA

- 5.1 We are required to ensure that people do not experience unfavourable treatment, social exclusion or discrimination simply because they possess a particular protected characteristic.
- 5.2 The groups of people you will need to think about when carrying out the EIA are – women, men; people undergoing gender reassignment including transgender people; people from ethnic minorities including refugees and Gypsy and Roma communities and Irish Travellers; people who are lesbian, gay or bisexual (LGB); people from different religions or with different beliefs or no belief; younger and older people; pregnant women and people who are married or in a civil partnership.
- 5.3 In addition to the nine protected groups, you should also consider the impact of your work on other disadvantaged groups that do not readily fall within the protected characteristics, such as people who are affected by socio-economic

disadvantage or who experience significant exclusion or isolation because of poverty or income, education, locality, social class or poor health, e.g. ex-offenders, asylum seekers, people who are unemployed, homeless or on a low income.

- 5.4 It is also important to remember that people are individuals, not groups. Even though we need to define what kinds of people we are talking about when we discuss 'protected groups', remember that people are all different. No one fits neatly into a group, and people will often fall within lots of different equalities groups.
- 5.5 It is important to note that any person, whether they are a member of a protected group or not, is protected by the Human Rights Act 1998.

6. Who should conduct an EIA?

- 6.1 EIA is an integral part of policy development and service improvement. It needs to be integrated into day-to-day policy-making, business planning and decision-making processes. This means that the policy writer or manager responsible for the service under consideration is the person responsible for ensuring that an EA is carried out.
- 6.2 EIAs are best done by a small team rather than by one person on their own. Try to get a balance of skills and experience by involving external partners as well as mix of staff at different levels. For some (smaller) assessments, it may be easier to have a "virtual team" with one or two people taking responsibility for the analysis but drawing on the knowledge and expertise of others as and when necessary.
- 6.3 The aim is to get a small number of people involved in the assessment who can give a balanced view on the possible impacts for people with protected characteristics.

7. What is meant by Impact?

- 7.1 The CCG looks at two possible impacts when carrying out an EIA:
 - 7.1.1 A negative or adverse impact – where the impact could disadvantage one or more of the protected groups. This disadvantage may be differential, where the negative or adverse impact on a protected group is likely to be greater than on another.

Example: A policy that the CCG will only accept complaints in writing would have a negative or adverse impact on some people. This may include people with learning disabilities, people who do not use English as their first language and people for whom written communication is not a strong cultural norm such as British Sign Language users.
 - 7.1.2 A positive impact – where the impact could have a positive impact on one or more of the protected groups or improve equality and/or relationships between different sections of the community. This positive impact may be differential, where the positive impact on a protected group is likely to be greater than on another.

Example: A targeted health improvement campaign for young men between the ages of 15-21 would have a positive differential impact on this age group, compared with its impact on other age groups and women. It would not, however, necessarily have an adverse impact on the other age groups or on women.

8. Guidance for completing the EIA

8.1 Fact-finding: what we already know

- 8.2 Gathering information is essential to the EIA process. The EIA must be evidence-based and underpinned by a range of baseline data that clearly demonstrates where your conclusions have come from. A great deal of the information that you require to carry out your EIA is readily available and could be either quantitative or qualitative data.
- 8.3 Examples of the types of information you might want to consider are:
- Local and national population data, including census findings
 - Joint Strategic Needs Assessment (JSNA)
<http://www.westyorkshireobservatory.org/explorer/resources/>
 - National, regional and local research findings
 - Results from national and local staff and patient surveys
 - Feedback from recent consultations or engagement exercises
 - Patient and staff data broken down by protected group
 - Information from staff, patient or community groups
 - Comments, complaints and PALS data
 - Recommendations from inspections and audits
- 8.4 The screening process should have already identified which protected groups are most likely to be affected by your business activity. For these groups, you will need to take into account equality monitoring information for communities and/or staff for the service or business area being considered.
- 8.5 For some protected characteristics, there will be limited data and you might need to rely on national data, or information from equality organisations such as Stonewall who campaign on behalf of the lesbian, gay and bisexual population. If you are finding it difficult to obtain evidence for one or more of the protected groups, contact Public Health Surrey, Business Intelligence and/or the POD team.
- 8.6 If you do not have equality information about a particular policy or about some protected groups, consider whether you need to take steps to fill in your information gaps. Consideration should be given to filling the information gaps, perhaps by undertaking research or engaging with the group in question. Capacity to do this may be limited by time and resources and, while it is important that the EIA

exercise considers sufficient information to make an effective assessment of the impact of a policy or service on protected groups, it may be that further research becomes an action on the EIA action plan.

8.7 Wider stakeholders

- 8.8 Involving stakeholders is an essential part of the EIA process and will help you to understand the actual or potential effects of your policy, project or service on equality. This could include engaging with staff, service users and/or voluntary and community groups who will have particular knowledge, skills and experience in relation to the project being assessed. Staff side organisations and specialist networks are also a useful source of information and engagement.
- 8.9 It may not be necessary to undertake stakeholder engagement for each EIA exercise if recent and relevant consultation data already exists. You can use recent engagement and research activities on a related policy or strategy or you can use information from other EIA carried out by the CCG or other organisations. Please note, though, that staff consultation arrangements must be adhered to in every instance. These arrangements provide staff with the opportunity to discuss the likely collective and individual impact of proposed changes and therefore play an important role in minimising or eliminating negative impacts and maximising positive impacts on protected groups.
- 8.10 Engagement activities should focus on those protected groups most likely to be adversely affected by the policy, project or service. For example, a proposal to move ophthalmology services from an acute trust to a different community setting could have an adverse impact on patients with a visual impairment. As part of the EIA, Sight for Surrey and the CCG Disability Forum should be involved in the service changes to advise the CCG on access issues to be considered.
- 8.11 The CCG is developing its equality advisory groups who can help you to assess the likely impact of your proposals on equality. Contact the POD team for details.

9. Analysis of the impact

- 9.1 Using the evidence you have gathered, you should be in a position to test the likely impact of the changes being proposed. EIA is about considering whether the evidence and engagement highlights any potential for differential impact (positive or negative) – see page 3 for examples.
- 9.2 EIA helps you to think about what would happen in relation to equality and good relations if you were to adopt the policy or implement the service changes. It is important to look at it not only in terms of identifying and removing negative effects and discrimination, but also as an opportunity to identify ways to advance equality of opportunity and to foster good relations.

Case study

In order to identify patients in the community who were at high risk of hospital admissions, it was agreed to use coloured dots on patient notes and coloured flags on electronic notes to distinguish level of risk: red, amber and green.

Which equality groups could be negatively impacted by this small-scale service change? Which stakeholder groups could experience discrimination or adverse events? See page 10.

9.3 Where you identify actual or likely adverse impacts, you should use this section to document the actions that can be taken to mitigate or reduce the negative impact of the decision or policy.

9.4 Be wary of general conclusions – it is not acceptable to simply conclude that a policy will universally benefit all service users, and therefore the protected groups will automatically benefit, without having evidence to support that conclusion.

You may find it useful to ask yourself the following questions:-

- Could the outcomes differ between protected groups?
- What are the key findings of your engagement?
- Is there different take-up of services by different groups?
- Could your proposals affect different groups disproportionately
- If there is a greater effect on one group, is that consistent with your aims?
- Would you deliver practical benefits for protected groups?
- Have you missed any opportunities to advance equality and foster good relations?
- Could the outcomes disadvantage people from a particular group?
- Could any part of the policy/service plan discriminate unlawfully?
- Are there any other policies/plans that need to change to support the effectiveness of the proposals under consideration?

9.5 Having carried out your analysis you should then be in a position to make an informed judgement as to whether or not you can proceed with your policy or service change as originally planned.

9.6 Possible outcomes of assessments

There are four possible outcomes of an EIA:

1: No major change - the EIA shows that the policy is robust, there is no potential for discrimination or adverse impact and all opportunities to promote equality have been taken.

2: Adjust the policy or proposal - the EIA identifies potential problems or missed opportunities requiring adjustment to the policy or service change to remove barriers or promote equality.

3: Continue the policy - the EIA identifies the potential for adverse impact or missed opportunities to promote equality. Justifications for continuing must be clearly set out, these should be compelling and in line with the duty to have due regard.

4: Stop and rethink the policy or proposal - there is actual or potential unlawful discrimination. The policy or project must be stopped and removed or changed.

9.7 In most cases amendments will be highlighted during the EIA process and only in extreme cases would the policy or project have to be stopped completely.

10. Promoting strong and positive relationships between different groups

10.1 This question is about whether your policy will help to tackle prejudice and promote understanding between people with different backgrounds.

10.2 For example, an engagement event that includes people from protected groups and other stakeholders can be useful for fostering good relations, as it gives you the opportunity to explain what you are doing in relation to equality and why you are doing it. This will reduce the risks of myths developing about favouritism and positive discrimination towards certain groups.

11. Action Plan

11.1 Use the Action Plan to outline what you are going to do as a result of the analysis. If there are gaps in evidence, state what you will do to fill them. Also include any general actions to be taken to address specific equality issues and data gaps that need to be addressed through consultation or further research.

11.2 Please note any adverse impact should be addressed as soon as possible and no later than 6 months from completion date of the EIA.

11.3 Actions must be linked to service planning so that equality issues become embedded within our mainstream business activities.

12. Monitoring and review

12.1 Whilst EIA can help you anticipate the effects of your policy, project or service change, you will only know the actual impacts of the proposal once it has been put into practice. Appropriate ongoing monitoring and review can allow you to pick up on any negative consequences or areas where it is not creating the intended results, and make alterations as appropriate.

- 12.2 The people involved in the EIA process could assist with the monitoring, depending upon the scale of the scheme/proposal/change.
- 12.3 EIA is an ongoing process that does not end once proposals are agreed and implemented. Monitoring and review is essential, although it will not be necessary to repeat a full EIA unless significant changes are made.

13. Sign off and publishing

- 13.1 The final stage of the EIA is to formally sign off the document as being a complete, rigorous and robust assessment. The EIA must be signed off by the Director of the person responsible for conducting the analysis.
- 13.2 Once approved, the EIA needs to be published on the CCG's website to ensure that we are being open and transparent in our decision-making processes.

Appendix 4 – Procedural Document Checklist for Approval

| Title of document being reviewed: | | Yes/No/Unsure | Comments/Details |
|-----------------------------------|---|---------------|---|
| A | Is there a sponsoring director? | Yes | |
| 1. | Title | | |
| | Is the title clear and unambiguous? | Yes | |
| | Is it clear whether the document is a guideline, policy, protocol or standard? | Yes | |
| 2. | Rationale | | |
| | Are reasons for development of the document stated? | Yes | |
| 3. | Development Process | | |
| | Do you feel a reasonable attempt has been made to ensure relevant expertise has been used? | Yes | |
| | Is there evidence of consultation with stakeholders and users? | N/A | |
| 4. | Content | | |
| | Is the objective of the document clear? | Yes | |
| | Is the target group clear and unambiguous? | Yes | |
| | Are the intended outcomes described? | Yes | |
| 5. | Evidence Base | | |
| | Is the type of evidence to support the document identified explicitly? | Yes | |
| | Are key references cited? | Yes | |
| 6. | Approval | | |
| | Does the document identify which committee/group will approve it? | Yes | |
| 7. | Dissemination and Implementation | | |
| | Is there an outline/plan to identify how the document will be disseminated and implemented amongst the target group? Please provide details. | Yes | |
| 8. | Process for Monitoring Compliance | | |
| | Have specific, measurable, achievable, realistic and time-specific standards been detailed to <u>monitor compliance</u> with the document? Complete Compliance & Audit Table. | Yes | |
| 9. | Review Date | | |
| | Is the review date identified? | Yes | |
| 10. | Overall Responsibility for the Document | | |
| | Is it clear who will be responsible for implementing and reviewing the documentation i.e. who is the document owner? | Yes | ICS Director of Multi-Professional Leadership |

| Title of document being reviewed: | | Yes/No/ Unsure | Comments/ Details |
|--|-------------|-------------------|----------------------|
| Director Approval | | | |
| On approval, please sign and date it and forward to the chair of the committee/group where it will receive final approval. | | | |
| Name | Clare Stone | Date | |
| Signature | | | |
| Committee Approval | | | |
| On approval, Chair to sign and date. | | | |
| Name | | Date | |
| Signature | | | |

Appendix 5 – Compliance and Audit Table

| Criteria | Measurable | Frequency | Reporting to | Action Plan/ Monitoring |
|---|------------|---------------|--------------------------------|----------------------------|
| All appropriate 'business decisions' have completed QEIA procedures | 100% | Annual review | Relevant directorate committee | Relevant Director |