

Quality and Equality

Integrated Impact Assessment Policy

Policy ID	CG14
Version:	1.4
Date ratified by Executive Committee	27/10/15
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Date issued:	01/11/15
Last review date:	N/A
Next review date:	31/3/15



Version History

V.	Date	Status and/ or amendments
V1.0	25/09/15	First draft
V1.2	10/10/15	Revised for internal comment
V1.3	27/10/15	Further internal revision, for Exec approval
V1.4	1/11/15	Typographical and other minor amendments

EQUALITY STATEMENT

Surrey Downs Clinical Commissioning Group (Surrey Downs CCG) aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the Human Rights Act 1998 and promotes equal opportunities for all. This document has been assessed to ensure that no-one receives less favourable treatment on grounds of their gender, sexual orientation, marital status, race, religion, age, ethnic origin, nationality, or disability. Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the person requesting has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.

Surrey Downs CCG embraces the six staff pledges in the NHS Constitution. This policy is consistent with these pledges.

Equality analysis

This policy has been subject to an Equality Analysis, the outcome of which is recorded below.

		Yes, No or N/A	Comments
1.	Does the document/guidance affect one group less or more favourably than another on the basis of:		
	Age Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds).	No	

<p>Disability</p> <p>A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.</p>	No	
<p>Gender reassignment</p> <p>The process of transitioning from one gender to another.</p>	No	
<p>Marriage and civil partnership</p> <p>In England and Wales marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple.</p> <p>Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).</p>	No	
<p>Pregnancy and maternity</p> <p>Pregnancy is the condition of being pregnant or expecting a baby.</p> <p>Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.</p>	No	
<p>Race</p> <p>Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic</p>	No	

	or national origins		
	Religion and belief Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition	No	
	Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the document/guidance likely to be negative?	N/A	
5.	If so, can the impact be avoided?	N/A	
6.	What alternative is there to achieving the document/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

For advice in respect of answering the above questions, please contact the Corporate Office, Surrey Downs CCG. If you have identified a potential discriminatory impact of this procedural document, please contact as above.

Names and Organisation of Individuals who carried out the Assessment	Date of the Assessment
Jade Brelsford	Oct 2015
Justin Dix	

1. Introduction

1.1. NHS Surrey Downs Clinical Commissioning Group (CCG) is committed to ensuring that:

- Commissioning decisions, business cases and any other significant plans and strategies are evaluated for their impact on both quality and equality.
- The CCG has complied with its legal obligation to ensure that it has complied with Equality and Quality Duties and ensured that any decisions made do not unfairly discriminate in accordance to the Health and Social Care Act, 2012.
- To aspire to carry out robust equality assessments and consult those who are involved as part of the decision-making process.

1.2. As well as being a legal obligation under the Public Sector Duties, Equality Act (2010) equality analysis is an invaluable tool to assist the CCG in ensuring that the interests of all are properly taken into account when difficult choices about resources are required.

2. Scope

2.1. The policy details the process to be undertaken in order to assess the impact of commissioning decisions, Quality Innovation Productivity and Prevention (QIPP) plans, organisational Cost Improvement Plans (CIPs); business cases, strategies and any other plans for change.

2.2. It applies to all staff that undertake, scrutinise and challenge impact assessments.

3. Purpose

3.1. The purpose of the Quality and Equality Integrated Impact Assessment (QEIA) policy is to set out the process to be followed when undertaking a combined impact assessment. The purpose of the QEIA is to examine the extent to which a policy, strategy including strategic decisions, service or function may impact, either negatively or positively, on any groups of the community and, where appropriate, recommend alternative measures to ensure equal access to services and opportunities.

3.2. 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, and the manner in which we recruit, train and develop our staff.

3.3. The EqlAs are used to help us to comply with the public sector Equality Duty (part of the Equality Act 2010). Where appropriate we publish the results of our assessments in order to demonstrate to our patients, public and other stakeholders that we are paying due regard to this duty.

4. Definitions

4.1. Quality

4.1.1. Quality care is defined as “Care which is clinically effective, personal and safe” and can be defined as embracing three key components:

- Patient Safety – there will be no avoidable harm to patients from the healthcare they receive. This means ensuring that the environment is clean and safe at all times and that patients receive harm free care.
- Effectiveness of care – the most appropriate treatments, interventions, support and services will be provided at the right time to those patients who will benefit.
- Patient Experience – the patient’s experience will be at the centre of the organisation’s approach to quality.

4.2. Equality

4.2.1. Equality is ensuring that every individual has an equal opportunity and access to resources and believing that no one should be marginalised because of where, what or whom they were born, what they believe, or whether they have a disability. Equality recognises that historically, certain groups of people with particular characteristics have experienced discrimination. To assist with preventing discrimination we use the 9 protected characteristics highlighted in the Equality Act 2010 as a framework when considering the impact on our population.

4.2.2. The nine protected 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 (or part of 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 – this does not apply to the Public Sector Equality Duty

4.3. Discrimination

4.3.1. 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.

4.3.2. 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

4.4. Impact Assessment

4.4.1. An impact assessment is a continuous process to ensure that impact on any of the areas set out under "scope" and the potential consequences on quality and equality are considered, and any necessary mitigating actions are outlined in a uniformed way.

5. Roles and responsibilities

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

5.2. The Head of Quality and Patient Safety / CCG Registered Governing Body Nurse is responsible for ensuring that Quality and Equality Impact Assessments are effectively considered as part of discussions and decision about Cost Improvement Programmes, business cases and other service developments.

5.3. Other clinical members of the Governing Body are responsible for oversight of the programme and assuring themselves that assessments are carried out correctly and consistently

5.4. The Chief Operating Officer, Director of Commissioning and Strategy and Chief Finance Officer are executive officers who will collectively ensure that the work

of the Programme Management Office and associated functions, such as service redesign and finance, have a built in process for implementing this policy and ensuring that no programme proceeds without the required impact assessments.

5.5. All Governing Body members and staff who are involved in the development of policies, commissioning cases and service redesign initiatives are responsible for ensuring that Quality and Equality Impact Assessments (QEIAs) are conducted at an early stage and at key stages as the exercise(s) evolve.

5.6. The Equality and Diversity Steering Group (EDSG) is responsible for advising, supporting, promoting and encouraging good practice and monitoring the development, implementation and evaluation of all Equality and Diversity issues, to ensure that Governing Body commitments and priorities in these areas are fulfilled. The EDSG have a performance management role in holding directorates to account for the achievement of their equality and diversity responsibilities, including ensuring that equality and diversity is embedded in systems, processes and services.

6. When and how often a combined quality and equality impact assessment should be undertaken?

6.1. Impact assessment is a continuous process to help decision makers fully think through and understand the consequences of possible and actual financial and operational initiatives (e.g. Commissioning decisions, business cases, projects and other business plans).

6.2. Impact assessments must be undertaken as part of the development and proposal stage of developing business plans, strategies, service, function or policies. They should also be reviewed on a monthly basis by the project leads, as part of reviewing the actual impact throughout the implementation stage and during the final review after the business plan has been implemented.

7. What should be considered as part of the impact assessment?

7.1. The policy, strategy, service or function will need to consider three core elements:

- Calculate the level and likelihood of failing to meet with the five quality domains outlined in the NHS Outcomes Framework¹
- Review how the proposal meets the requirement of the NHS outcome framework

¹ Department of Health, *NHS Outcomes Framework, 2014*

- Meet the requirements of the equality duties by reviewing the needs and barriers faced by all 9 protected characteristics and carers.

8. Assessing potential risks to quality and equality

8.1. As part of the impact assessment, authors are required to measure levels of risk. Surrey Downs CCG has developed an integrated impact assessment tool to draw out impact and risks to given projects, strategies, policies and business cases.

8.2. There are two stages to the Quality and Equality Impact Assessment Tool which calculate the level and likelihood of impact and risk

8.3. Stage one:

- 8.3.1. The Equality and Quality Impact Assessment Tool will require judgment against all six areas of risk/ impact in relation to quality, the 9 protected characteristics and carers in relation to equality.
- 8.3.2. The Equality and Quality Impact Matrix (please see guidance to EQIA document) looks at the frequency and probability of risk/ impact and identifies which best describe how often the author think the risk/impact is likely to occur.
- 8.3.3. Each proposal will need to be assessed whether it will impact adversely on patients, staff and/or organisations.
- 8.3.4. An overall risk score for each element is achieved by assessing the level of impact and the likelihood of this occurring and assigning a score to each risk. These scores are multiplied to reach an overall risk/impact score.
- 8.3.5. All activity must be accompanied by a completed Equality and Quality Impact Assessment.

8.4. Stage two:

- 8.4.1. Stage two consists of assessing, and providing supporting evidence that the proposed activity is compliant with the NHS duty of Quality, NHS duty of Equality and the NHS outcomes framework, 2014.
- 8.4.2. The NHS Outcomes Framework:
 - provides a national overview of how well the NHS is performing;
 - Is the primary accountability mechanism, in conjunction with the mandate, between the Secretary of State for Health and NHS England; and
 - Improves quality throughout the NHS by encouraging a change in culture and behaviour.

- 8.4.3. Stage two of the EQIA shows how you have considered these factors when reviewing the risk of failing to meet with the Equality and Quality duties.
- 8.4.4. The key objectives are to highlight the expected quality and equality impact by describing both possible adverse impact and potential positive impact.
- 8.4.5. The methodology for measuring the quality and equality improvement will require an assessor to
- Highlight the KPIs supported by appropriate evidence and equality competency that are displayed throughout the domains.
 - Insert an assessment as positive (P), negative (N), or neutral (U) for each area.
 - If the assessment is negative, the assessor must calculate the score for the impact and likelihood and multiply the two to provide the overall risk score. The total should then be inserted in the appropriate box.
 - If there is no impact, and therefore the assessment is neutral, evidence for this assessment is still required. NON APPLICABLE is not an acceptable assessment.

9. High Risk Assessments

- 9.1. If the risk is high or not meeting the requirements of the Quality and Equality Duties and / or if discrimination is highlighted through the analysis please accelerate to the executive team for further discussion. Please see appendix 2 for Escalation proforma.
- 9.2. As part of the impact assessment, authors are required to consider any risks which should be added to the directorate risk register. High risks would automatically form part of the organisational risk register.
- 9.3. All assessments with a high impact must be submitted to the Quality Team for further scrutiny. Those identified as high risk, requiring a more detailed assessment, must be reviewed by the Quality Committee.

10. Process for Assessing Potential Risk

- 10.1. Potential risk is assessed in four stages:

**Initial risk assessment of the potential impact
(Undertaken by project lead)**



**Identify actions to mitigate risks (Escalation proforma
sent to executive committee)**



Approval of process



**Monitor risks during implementation and post
implementation for changes**

11. Monitoring

- 11.1. Monitoring is not solely about data collection. It is about continuous scrutiny, follow-up and evaluation of policies, and provides data for the next cycle of policy review. Make sure that planned monitoring (including methods) are recorded in the action plan.
- 11.2. The current inequalities experienced by seldom heard protected characteristics groups need to be countered and monitored. The Equality and Diversity Strategic action plan (2015) sets out the necessary actions in terms of gathering more information from seldom heard groups, the mechanisms for monitoring performance of the new NHS Standard contract, under which the Lead Provider/s will be held to account, with particular reference to equalities monitoring.
- 11.3. Internal monitoring will be undertaken by the systematic review of progress against risk assessment. Committees will report progress to the Quality, Performance and Finance Committee whose responsibilities include monitoring risk management performance.

12. Assurance Standards and responsibilities

Standard	Source of Assurance / Timescale	Responsibility
Impact assessments are required to accompany all full business case proposals at Programme Delivery Group	Papers for meetings should be scrutinised. Those submitted without impact assessments completed must be returned to project lead before being progressed.	Head of PMO
Risk registers contain appropriate risks in relation to the potential impact on business plans	CCG risk registers are reviewed and updated, presented to the Quality Committee,	All Executives
All assessments judged as having high impact must be referred to Quality Committee for further scrutiny.	Minutes of Quality committee	Head of Quality

Equality and Quality Impact Assessment: Escalation Proforma

To be completed when impact assessment indicates a high risk and a more detailed assessment is required .

On identification of high risk after completing of the EQIA this proforma must be submitted to the executive committee along with the proposed documentation to inform the decision making process.

A copy of the complete EQIA and the Escalation proforma must be submitted to the next available quality committee to ensure scrutiny from a quality prospective

Assessment completed by :	<i>Name / Position</i>
Date:	
Line manager :	<i>Name/ Position</i>

Back ground and context
<i>What are the benefits?</i>
<i>What are the risks if not approved?</i>
<i>What are the high risks that the initial impact assessment indicates to certain groups or quality?</i>
<i>What are plans are in place to ensure risks are mitigated?</i>
<i>After Mitigation, what are the remaining residual risks?</i>
Recommendations for consideration



Quality and Equality Impact Assessment Form

Please complete the form in accordance to the Guidance to Quality and Equality Impact Assessment form.

Name of the strategy/ policy/ service.	
Name of the person(s) completing this form	
Brief description of the aims of the Strategy/ Policy/ Service	
Which Department owns the strategy/ policy/ function	

Part 1: Please use the QEIA Matrix

Area	Evidence	Score
Safety of Patient Staff and Public		
Quality Complaints Audit		
HR Organisational Development		
Adverse publicity/ reputation		
Business Objective		
Finance		
Service/ Business interruption		
Environment impact		
Total score		

Part 2:

The NHS Outcomes Framework, 2015 alongside the Adult Social Care and Public Health Outcomes Frameworks, sits at the

heart of the health and care system. The NHS Outcomes Framework:

1. provides a national overview of how well the NHS is performing;
2. is the primary accountability mechanism, in conjunction with the mandate, between the Secretary of State for Health and NHS England;
3. Improves quality throughout the NHS by encouraging a change in culture and behaviour.

Part 2 of the risk assessment is showing how you have considered these factors when reviewing the risk of failing to meet with the equality and quality duties.

NHS Outcomes Framework Could the proposal impact positively or negatively on the delivery of the five domains:	P/N/U	Evidence:
Preventing people from dying Prematurely		
<i>Equality Consideration :</i>		
Enhancing quality of life		
<i>Equality Consideration:</i>		
Helping people recover from episodes of ill health or following injury.		

Equality Consideration:		
Ensuring people have a positive experience of care.		
Equality Consideration:		
Treating and caring for people in a safe environment and protecting them from avoidable harm.		
Equality Consideration:		
Access Could the proposal impact positively or negatively on any of the following: a) Patient Choice b) Access c) Integration		
Equality Consideration		
Duty of Quality Could the proposal impact positively or negatively on any of the following: 1. Compliance with NHS Constitution 2. Partnerships 3. Safeguarding children or adults		

Equality Consideration:		
Engagement and Involvement How have you made sure that the views of stakeholders, including people likely to face exclusion have been influential in the development of the strategy / policy / service:		
Duty of Equality Could the proposal impact positively or negatively on any of the following protected characteristics: <ol style="list-style-type: none"> 1. Age 2. Disability 3. Race 4. Religion or belief 5. Sex 6. Sexual orientation 7. Gender re-assignment 8. Pregnancy and maternity 9. Marriage and civil partnership 10 Informal carers 		

<p>Equality consideration</p> <p><i>Please describe any additional considerations and activities which have taken place or been developed against negative impact on Protected characteristics.</i></p>		
<p>HIGH RISK: <i>if the risk is high or not meeting the requirements of the Quality and Equality Duties.</i> <i>If discrimination is highlighted through the analysis please accelerate to the executive team for further discussion.</i></p>		<p><i>Name of who it has been accelerated to:</i></p> <p><i>Date:</i></p>



Guidance to the Equality and Quality Impact Assessment Form

NHS Surrey Downs Clinical Commissioning Group (CCG) is committed to ensuring that commissioning decisions, business cases and any other significant plans and strategies are evaluated for their impact on both quality and equality. Surrey Downs CCG has a legal duty to ensure that we have complied with Equality and Quality Duties and to ensure that any decision made does not unfairly discriminate in accordance to the Health and Social Care Act, 2012.

As well as being a legal obligation under the Public Sector Duties, equality and quality analysis is an invaluable tool to assist the CCG in ensuring that the interests of all are properly taken into account when difficult choices about resources are required.

The aim of this guidance document is to describe the methodology of assessing the quality and equality impact of your, proposal, policy or project.

The Equality and Quality Impact Assessment Tool

There are two stages to the Quality and Equality Impact Assessment Tool which calculate the level and likelihood of impact and risk:

Stage one:

The Equality and Quality Impact Matrix (EQIM) will support the require judgment against all six areas of risk/ impact in relation to quality, the nine protected characteristics and carers in relation to equality.

The EQIM Looks at the frequency and probability of risk/ impact and identify which best describe how often the author think the risk/impact is likely to occur.

Each proposal will need to be assessed whether it will impact adversely on patients, staff and/or organisations.

Scoring:

An overall risk score for each element is achieved by assessing the level of impact and the likelihood of this occurring and assigning a score to each risk. These scores are multiplied to reach an overall risk/impact score. All activity must be accompanied by a completed Equality and Quality Impact Assessment.

Equality and Quality Impact Matrix:

IMPACT	0	1	2	3	4	5
Areas	No Impact	Negligible	Minor	Moderate	Major	Catastrophic
	No injury	Minimal injury requiring minimal intervention or treatment.	Minor injury or illness, requiring minor intervention	Moderate injury requiring professional intervention	Major injury leading to long-term incapacity/disability	Incident leading to death
		No time off work	Requiring time off work for >3 days	Requiring time off work for 4-14 days	Requiring time off work for >14 days	Multiple permanent injuries or irreversible health effects
		Increase in length of hospital stay by 1-3 days	Increase in length of hospital stay by 4-15 days	Increase in length of hospital stay by >15 days	Mismanagement of patient care with long-term effects	An event which impacts on a large number of patients
			RIDDOR/agency reportable incident			
			An event which impacts on a small number of patients			
		Peripheral element of treatment or service suboptimal	Overall treatment or service suboptimal	Treatment or service has significantly reduced effectiveness	Non-compliance with national standards with significant risk to patients if unresolved	Totally unacceptable level or quality of treatment/service
		Informal complaint/inquiry	Formal complaint (stage 1)	Formal complaint (stage 2) complaint	Multiple complaints/independent review	Gross failure of patient safety if findings not acted on
		Local resolution	Local resolution (with potential to go to independent review)	Local resolution (with potential to go to independent review)	Low performance rating	Inquest/ombudsman inquiry

Version1 Guidance to the Quality and Equality impact assessment tool PM

		Single failure to meet internal standards	Repeated failure to meet internal standards	Critical report	Gross failure to meet national standards
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IMPACT	0	1	2	3	4	5
	No impact	Negligible	Minor	Moderate	Major	Catastrophic
Human resources/ organisational development/ staffing/ competence	No Impact	Short-term low staffing level that temporarily reduces service quality (< 1 day)			Uncertain delivery of key objective/service due to lack of staff	Non-delivery of key objective/service due to lack of staff
				Unsafe staffing level or competence (>1 day)	Unsafe staffing level or competence (>5 days)	Ongoing unsafe staffing levels or competence
				Low staff morale	Loss of key staff	Loss of several key staff
				Poor staff attendance for mandatory/key training	Very low staff morale No staff attending mandatory/ key training	No staff attending mandatory training /key training on an ongoing basis
Statutory duty/ inspections	No impact	minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation	Single breach in statutory duty	Enforcement action	Multiple breaches in statutory duty
				Reduced performance rating if unresolved	Challenging external recommendations/ improvement notice	Multiple breaches in statutory duty
				Improvement notices	Complete systems change required	
				Low performance rating	Zero performance rating	
				Critical report	Severely critical report	

Version1 Guidance to the Quality and Equality impact assessment tool PM

Adverse publicity/ reputation		Rumours	Local media coverage -	Local media coverage -	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)
		Potential for public concern	short-term reduction in public confidence Elements of public expectation not being met	long-term reduction in public confidence		Total loss of public confidence
Finance including claims	No financial impact	Small loss risk of claim remote	Loss of 0.1 -0.25 per cent of budget Claim less than £10,000	Claims between 10,000 and 100,000	Claims of 100,000 and 1 million	Failure to meet specification slippage
Service Business interruption	No interruption	Loss/ interruption of > 1 hour	Loss/ interruption > 8 hours	Loss/interruption of > 1 day	Loss/ interruption of > 1 week	Permanent loss of service or facility
Enviromental impact	No impact on the environment	Minimal impact on the environment	Minor impact on environment	Moderate impact on the environment	Major impact on the environment	Catastrophic impact on the environment
Business objectives/ projects		Insignificant cost increase/ schedule slippage	<5 % over project budget	5-10 % over project budget	Non-compliance with national requirements 10-25 % over project budget	Incident leading >25% over project budget
			Schedule slippage	Schedule slippage	Schedule slippage	Schedule slippage
						Key objectives not met

Stage two:

Stage two consists of assessing, and providing supporting evidence that the proposed activity is compliant with the NHS duty of Quality, NHS duty of Equality and the NHS outcomes framework, 2014.

The NHS Outcomes Framework:

1. provides a national overview of how well the NHS is performing;
2. Is the primary accountability mechanism, in conjunction with the mandate, between the Secretary of State for Health and NHS England; and
3. Improves quality throughout the NHS by encouraging a change in culture and behaviour.

Stage two of the EQIA shows how you have considered these factors when reviewing the risk of failing to meet with the Equality and Quality duties.

The key objectives are to highlight:-

- The expected quality and equality impact by describe both possible adverse impact and potential positive impact.
- The methodology for measuring the quality and equality improvement will include; highlighting KPIs supported by appropriate evidence and equality competency is displayed throughout the domains.
- Insert your assessment as positive (P) ,negative (N) or neutral (U) for each area.

•If the assessment is negative, you must calculate the score for the impact and likelihood and multiply the two to provide the overall risk score. Insert the total in the appropriate box.

If there is no impact, and therefore fall in under neutral, evidence for this assessment is still required. NON APPLICABLE is not an acceptable assessment.

HIGH RISK:

If the risk is high or not meeting the requirements of the Quality and Equality Duties and / or if discrimination is highlighted through the analysis please accelerate to the executive team for further discussion. Please see appendix 2 for Escalation proforma.

Stage 2 consists assessing the proposal/ policy/ activity to make sure of compliance of the NHS duty of Quality, NHS duty of Equality and the NHS outcomes framework. The NHS Outcomes Framework, 2015 alongside the Adult Social Care and Public Health Outcomes Frameworks, sits at the heart of the health and care system. The NHS Outcomes Framework:

1. provides a national overview of how well the NHS is performing;
2. Is the primary accountability mechanism, in conjunction with the mandate, between the Secretary of State for Health and NHS England; and
3. Improves quality throughout the NHS by encouraging a change in culture and behaviour.

Part 2 of the risk assessment is showing how you have considered these factors when reviewing the risk of failing to meet with the Equality and Quality duties.

The key objectives of the risk assessment form are to highlight:-

- The expected quality and equality impact by describe both possible adverse impact and potential positive impact.
- The methodology for measuring the quality and equality improvement will include; highlighting KPIs supported by appropriate evidence and equality competency is displayed throughout the domains.
- Insert your assessment as positive (P) or negative (N) for each area.
- If the assessment is negative, you must calculate the score for the impact and likelihood and multiply the two to provide the overall risk score. Insert the total in the appropriate box.

If there is no impact, neither positive nor negative, evidence for this assessment is still required. NON APPLICABLE is not an acceptable assessment.

HIGH RISK:

if the risk is high or not meeting the requirements of the Quality and Equality Duties and / or If discrimination is highlighted through the analysis please accelerate to the executive team for further discussion.

Equality Prompts

Throughout the impact assessment you will be looking through both a quality and equality lens. Please find below a series of prompts to assist.

Equality Prompts
when assessing the impact of the activity on the Nine Protected Characteristics think about:
How does/will the policy/activity and resulting activities impact different communities and groups?
What barriers are known to exist for each of the equality groups?
Where appropriate, will there be scope for prompt, independent reviews and appeals against decisions arising from the proposed policy/activity?
Does the proposed policy/activity have the ability to be tailored to fit different Individual circumstances?
Is there any potential for, or are there known, adverse or positive impacts of the policy/ activity?
You should consider how the policy/ activity might impact on people affected by discrimination, specific interest groups such as, voluntary sector agencies and other service providers
Are there examples of good practice that can be built on?
Does the activity/ Policy promote equal opportunities?
Have the proposals identified mitigation strategies – especially for changes that impact specifically on vulnerable communities and protected groups?
You may wish to consider how the policy will be delivered or communicated.
Have you identified the overall costs of engaging protected groups in the implementation of the activity and included this in the impact assessment? (including time, role, workload and costs)
Have you included evidence to support your reasons for the decision for each protected group?
Where no negative impacts have been identified for each characteristic, have you justified the outcome?
If applicable, Have the proposals included specific measures to compensate for any reduction in the level of service provision by identifying ways in which remaining services can strengthen the community's capacity and assets?

END