NHS Corby
Clinical Commissioning Group

NHS Nene
Clinical Commissioning Group

NHS Corby and NHS Nene
Clinical Commissioning Groups

Governance process for Completion of Equality and Quality Impact Assessments (EQIAs)

Approved and ratified by the Joint Quality Committee
On behalf of the Governing Bodies of
NHS Corby Clinical Commissioning Group and
NHS Nene Clinical Commissioning Group

For Review: February 2018

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1.0	12.12.2017	Alison Jamson	Approved and Ratified. This will become part of the review of the Policy for Service Review Disinvestment and De-Commissioning Policy from Feb 2018 onwards Published	Submitted to and approved and ratified by the Joint Quality Committee on behalf of the Governing Bodies of NHS Corby and NHS Nene Clinical Commissioning Groups

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Governance process for completion of Equality and Quality Impact Assessments (EQIAs)

1. Introduction and purpose

The process relates to EQIAs to be undertaken when developing business cases, commission projects, policies and other business plans and applies to staff that undertake, scrutinise and challenge impact assessments and provide 'due regard' for its impact on the Protected Characteristics. This process also applies to the development, approval and ratification of Clinical Commissioning Group (CCG) policies.

The EQIA tool tests the impact of a proposed change in service provision on the quality of patient care and in addition the impact of that change on other parts of the health and social care system. Impact is tested through an evidence supported narrative account and a guided rating scale. Impact is rated using a scale from negative to positive to allow for risks and benefits to be quantified. The total quantity of impact is calculated through an estimate of the number of patients affected and the total time they will be affected.

It is advised that when completing an EQIA for the first time to contact the CCGs' Quality Team for advice and guidance as well as the Equality Lead for questions relating to the equality impact section.

The EQIA is available on the CCGs' website; this will be updated regularly to ensure the most recent version is always available. The website version should be the only one used to ensure the most recent version.

2. Equality and Quality Impact Assessment (EQIA) process

As per *the Policy for Service Review, Disinvestment and De-commissioning Decisions* (2017) the CCGs require a EQIA for all changes to commissioning services, including service redesign and any areas of the CCGs' business where it is appropriate to assess the impact of the proposed piece of work. It is the responsibility of the programme lead to ensure this is completed and reviewed as appropriate.

Where a large scale change is proposed the EQIA Tool will be used for each individual component of the proposed change. For example, for a CCGs wide proposal or large ongoing programme of change, it may be appropriate to complete one impact assessment at the early stages of the programme with additional, more detailed versions being completed as appropriate throughout the programme. These additional versions may focus on a specific area of the change, or the impact of change within a specific locality.

On completion the EQIA should be submitted for review together with any service change proposal, business case or business justification to the CCGs quality team. The EQIA will be reviewed, feedback provided as necessary and a central record kept of all EQIAs completed within the Quality Team. The Team will endeavour to provide feedback within 7 working days.

Following review by the Quality Team and Equality Lead, and any subsequent amendments made by the Programme Lead and approved by the Clinical Lead, the EQIA together with any service change proposal, business case or business justification must be submitted to the Joint Quality Committee. For a proposal to be approved it must have a completed EQIA to be considered. It is anticipated that all proposals will already have been considered and approved by the Senior Responsible Officer (SRO) and by the QIPP Delivery Forum.

3. Assessment, rating and evidence

Each domain requiring assessment (eg Safety, Experience, Effectiveness, and Equality) requires the responsible lead to record a narrative in support of the assessment. This narrative is incorporated in the joint EQIA documentation. This should be accompanied by suitable evidence which may include for example NICE guidance, published papers, locally produced data, patient or carer generated information or professional opinion. Objective evidence should be favoured and validated for the area of change being considered. Evidence should be sensitive in predicting the end state following the proposed change. Where estimates or professional judgement are informing evidence this needs to be clearly identified.

The level and quality of evidence will be considered by the Joint Quality Committee. The core components of the tool are:

- Safety – Rating the impact of the proposal on patient safety.
- Effectiveness – Rating the impact of the proposal on the clinical effectiveness of patient care.
- Experience – Rating the impact of the proposal on the patient experience of care delivery.
- Other Impacts – Rating the impact of the proposal on other services, patient groups, staff or reputation of the organisation.
- Equality, Inclusion & Human Rights – Rating the impact and on those in specific groups as outlined in the Equality Act 2010 and also including other seldom heard groups.

4. Completion of the Quality and Equality Impact Assessment Tool

The EQIA may be completed by a workgroup in addition to the responsible manager and include patients and public to improve the proposal. The tool is then used as part of and throughout the process rather than as a review once the proposal is completed.

The EQIA includes guidance on completion and embedded notes throughout to assist in completion of the tool. The tool requires assessment of each of the core components. Each component includes a narrative section that allows the assessor to complete a narrative account of embed a further document.

Programme Leads are responsible for completion of EQIAs with a review and sign off by the designated Clinical Lead prior to presentation to the Joint Quality Committee.

5. Process for raising concerns

Where concerns or adverse impacts on the protected characteristics are identified, either through monitoring of clinical outcomes; through risk assessments; through any consultation or engagement; or via another route such as staff or patient feedback they should be reviewed through the Quality and Safeguarding Teams in the first instance and if necessary referred to the Quality Committee. Any Equality or Human rights implications should involve guidance from the Equality, Inclusion and Human Rights Lead.