

Northamptonshire Clinical Commissioning Groups

Policy for Service Review, Disinvestment and De-Commissioning Decisions

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1. Purpose

The purpose of this policy is to ensure that the NHS Nene and NHS Corby Clinical Commissioning Groups (CCGs) have a clear and consistent process for identifying and evaluating proposals for decommissioning and disinvesting services.

Key objectives include:

- To provide a rationale and process to allow services to be identified and considered prior to any decision to decommission or disinvest.
- To enable resources to be directed to the highest priority areas in order to achieve the best possible health outcomes for the local population against available funds.
- To ensure all disinvestment decisions are taken in a fully informed manner and follow a set procedure agreed and approved by the CCGs' Governing Bodies.

In the current financial climate, funding growth allocated to public services (including the NHS) is increasingly constrained. It is therefore essential for the CCGs to show that they are making the most effective use of public money to commission services that deliver the greatest health benefit for local people. To achieve this, effective contracting arrangements and strong performance management are essential, together with robust, evidence based approaches to prioritisation.

To ensure that limited resources are consistently directed to the highest priority areas the CCGs have developed a Policy for Service Review, Disinvestment and De-commissioning Decisions that sets out the agreed principles for decommissioning services so that funding can be redirected, where necessary, to higher priorities. There is a need to ensure that when consideration has been given by the CCGs to decommission or disinvest from a service, a clearly defined process is followed, with clear lines of accountability and responsibility.

This policy allows the CCGs to allocate resources ethically and as such aims to use the limited resources available to:

- Do as much good as possible;
- Whilst being fair.

The following definitions have been applied to this policy:

- **Decommissioning:** This relates to the withdrawal of funding from a provider organisation with services being subsequently re-commissioned in a different way.

- **Disinvestment:** This relates to the withdrawal of funding from a provider organisation and the subsequent stopping of the service.

2. Principles

This policy is designed to ensure that the CCGs act in accordance with a set of agreed principles and strong governance when they make decisions about disinvesting/de-commissioning from services and are compliant with statutory frameworks at the time of consideration. Briefly these include:

- **Equality & Quality** are the primary guiding principles:
 - Ensuring the needs of patients are considered throughout.
 - Better outcomes are achieved.
 - Equity of access to services.
- **Efficiency** to make more effective use of resources:
 - Secure better value for the Northamptonshire pound.
 - Reducing waste and variation.
- **Processes** for identification and evaluation should be:
 - Systematic and robust.
 - Transparent and Inclusive.

The process applied should be proportionate and ensure that there is provision for:

- Strong governance.
- Appropriate engagement and consultation.
- Consideration of challenge and appeal.

3. Clinical Commissioning Groups Governance Framework

Within the context of the CCGs' Governance Framework the following principles for decision making regarding the decommissioning or disinvestment of services will apply:

- It is a right and role of the CCGs' members to be involved in the identification of services that should be considered for decommissioning or disinvestment. The general public will be engaged for their views, when proposals to decommission or disinvest are developed, through the Patient Congress (NHS Nene CCG) and Public and Patient Engagement Assurance (NHS Corby CCG) Committees and Healthwatch Northamptonshire.
- The CCGs have a role in overseeing and approving decommissioning and disinvestment proposals. They will refer any proposals that are high risk or deemed contentious to the CCGs' Governing Bodies.

- The CCGs' Governing Bodies, as the legally accountable bodies for NHS resources in Northamptonshire, will ultimately make the decision in public with regard to the decommissioning of any service following the criteria and process set out in this policy.
- Engagement and consultation will be carried out following the CCGs' Engagement and Consultation guidelines and will be informed by statutory and best practice requirements.
- Commissioners are required to retain an auditable documentation trail regarding all key decisions.
- A decommissioning or disinvestment review process will be put in place so that any affected stakeholders can request a review of the decision making process, in line with the approach to transparency and openness.

4. Decision making framework

Although there is no single objective measure on which such decisions can be based, decisions will be fully informed taking into account the needs of individuals and the community in Northamptonshire and the most efficient use of the Northamptonshire pound.

The discretion of the CCGs will be affected by factors such as the NHS Constitution, national planning frameworks, national best practice guidance and Secretary of State Directions to the NHS.

The CCGs will adopt a robust approach to their decommissioning / disinvestment decisions by:

- Ensuring decisions are fair, rational, lawful and consistent.
- Reducing risk of judicial review by implementation of robust decision-making processes described in this policy.
- Ensuring the vision, values and goals of the CCGs are reflected in business decisions.

5. Decommissioning and disinvestment criteria

The need for decommissioning or disinvestment can be identified through a variety of sources listed below and included in the overall commissioning process by the routes of clinician, finance, commissioner, contracting, quality, performance, or a combination.

The following points should be considered when making the initial decision to decommission or disinvest from a service:

- The patient experience and local health need must be paramount in informing any decision, and action should be taken to minimise the impact of gaps in service provision once the service is decommissioned or disinvested.
- Impact assessments must be undertaken in order to quantify and clarify any positive or negative impact on patient care and the wider community (e.g. carers).
- The potential destabilising effect on other services and organisations e.g. third sector, of a decision to decommission/disinvest should be fully considered, so as to avoid unintended consequences arising from any decision.

The CCGs will consider decommissioning or disinvesting from services where:

- A needs assessment demonstrates existing services are not meeting the health needs of the population.
- There is a clear and objective reason for the decommissioning or disinvesting of a service that is based on assessment of the current providers' performance, value for money and the need for service redesign to improve services for patients.
- The original decision to fund a service was made on assumptions that have not been realised.
- There are demonstrable benefits for the decommissioning or disinvesting of a service.
- There is an inability to demonstrate delivery of agreed outcome measures or failure to deliver outcomes, despite agreed remedial action as detailed in the relevant contract.
- A service does not deliver value for money, as demonstrated through financial review, utilising programme budgeting tools such as the Spend and Outcome Tool and other similar modelling tools.
- The investment in a service does not maximise the health gain that could be achieved by reinvesting the funding elsewhere.
- A service fails to meet the standards of a modern NHS as defined by the NHS constitution, professionally driven change and nationally driven changes.
- The service is unable to demonstrate clinical and cost effectiveness.
- The service provided is no longer the statutory responsibility of the CCG.

- The service is deemed low priority/of limited clinical value relative to other services that need to be protected or enhanced.
- The service is unsafe or of poor quality.

6. Good Practice Decommissioning

The National Audit Office has produced a guide to decommissioning of services that should be read in conjunction with this policy. It highlights the good practice that should be followed when carrying out decommissioning. <https://www.nao.org.uk/decommissioning/a-staged-approach-to-decommissioning/carrying-out-decommissioning/carrying-out-decommissioning-what-does-good-practice-look-like/>

It also identifies the risks of not following this good practice and how those risks might be mitigated when the timeframe is very tight and good practice is difficult to achieve. Some of the key points are included in the table below:

Good practice	Risks of not following good practice	Mitigating these risks
Give as much formal notice as possible about the decision to decommission	Providers are unable to plan successfully for the change; significant challenges and barriers are encountered (e.g. loss of skilled staff); risk of formal complaints and/or legal challenges	<ul style="list-style-type: none"> • Give at least three months formal notice to a provider who is going to be decommissioned
Getting technical advice early on in the process	Commissioners may face unexpected obstacles which they cannot resolve quickly, leading to delays	<ul style="list-style-type: none"> • Get advice from internal experts first to identify whether formal technical help is required • Identify the technical support that providers might need such as support regarding Transfer of Undertakings (TUPE) and suggest how they could get the advice
An implementation or steering group is established	The decommissioning plan is poorly followed through, leading to increased risk of failure or delays	<ul style="list-style-type: none"> • Identify at least a couple of other colleagues to act as a sounding board or virtual peer review group that can help check out- comes against objectives.

Good practice	Risks of not following good practice	Mitigating these risks
Access to documentation and decision makers where appropriate	Stakeholders believe consultation is tokenistic and not evidence based. Reputational damage	<ul style="list-style-type: none"> • Share some version of the project plan or an outline of the process and timescales with milestones with stakeholders
Clear processes for supporting users during the process	Discontinuity of support for users potentially leading to risks to outcomes. Reputational risks	<ul style="list-style-type: none"> • Risks to outcomes may be significant or high risk including risks to safeguarding or safety of users

Before and during a decommissioning process, the commissioning manager leading the process should consider the factors as listed below:

Public reaction at the loss of services

- Consult early and properly with all stakeholders.
- Ensure you have clinical engagement and support for the proposal.
- Make clear the benefits and increased focus on patient needs.
- Support the proposal with examples from other services or other CCGs.
- Make it clear how the services will be integrated into the patient care package.

Providers may be destabilised by a sudden change in contracted services and may be unable to adjust their costs to compensate for lost revenue:

- Have up to date information on the provider to do your own assessment of costs.
- Start the conversation with the provider to allow them time to adjust.
- Have an alternative provider available before de-commissioning a service due to cost.
- Be aware that it may have an impact on other services provided by this provider.

Providers will need to manage reduction in staff levels:

- Be prepared by carrying out an independent assessment of the staff numbers directly involved in delivering the service.
- Start the conversation early to allow staff to retrain or move to different areas.
- Consider whether Transfer of Undertakings (Protection of Employment) Regulations (TUPE) will apply.
- Ensure staff are properly briefed to avoid future Human Resources problems.

Risk to continuity of care during the transition

- Uncertainty could impact on performance and result in a lack of investment in the lead up to de-commissioning.
- Develop a clear transition plan and limit impact of changes on patients, public and workforce.
- Identify resources to manage the transition.
- Ensure records and knowledge is transferred efficiently and lawfully between providers, and that patient confidentiality is properly addressed.
- Ensure timescales are realistic.
- Patients should be properly briefed on changes.

7. Process overview

The process will be managed as a formal project with a commissioning manager identified as project lead. A process flow chart can be found at Appendix 1.

The Programme Management Office (PMO) will support the process by collating all key documents utilised during the procedure.

The process for decommissioning or disinvestment is based around the following:

1. Identifying and capturing potential areas for decommissioning or disinvestment.
2. Conducting an initial high level desk top assessment of risk.
3. If approved in principle, a full project initiation process including Equality and Quality Impact assessment (EQIA) and privacy impact assessment (PIA) to investigate the impacts in greater detail.
4. Final approval (or decision not to proceed).
5. Deciding the appropriate level of communication, engagement or consultation.
6. Serving notice and implementation of the previously identified exit strategy working with the provider to transition patients and close the service.

8. Quality Impact Assessment

The CCGs are committed to ensuring that commissioning decisions, business cases and any other business plans are evaluated for their impact on quality. The assessment will determine whether the proposal has an impact on the quality of services to patients including any patient safety issues, effectiveness of care and patient experience. It will include a privacy impact assessment.

A Quality Impact Assessment must be completed using the CCGs' standard documentation, to identify whether the proposal has any equality and diversity issues (a version specifically for de-commissioning decisions is available).

The Quality and Equality Integrated Impact Assessment Policy can be located on the CCGs' websites (also see section 9 below).

9. Equality Impact Assessment

The CCGs aim to design and implement services, policies and measures that meet the diverse needs of their services, populations and workforce.

All policies and procedures are developed in line with the CCGs' Equality and Diversity policies and should take into account the diverse needs of the community that is served by the CCGs.

An Equality and Quality Impact Assessment must be completed using the CCGs' standard documentation (template and guidance available – see Appendix 4) to identify whether the proposal has any equality and diversity issues (a version specifically for de-commissioning decisions is available).

10. Patient and Public Involvement and Communications

For all service reviews, consideration should be given to involving service users, stakeholders and staff.

Where a proposal is likely to be controversial and may result in significant public and/or media interest, support should be provided via the CCGs' Communications and Engagement function. Contact should be made with the Communications and Engagement team at an early stage to provide advice on the most appropriate means of communicating the CCGs' intentions and to handle any media enquiries.

There are certain statutory requirements for public consultation where significant service change is proposed. This includes notifying the County Council's Overview and Scrutiny Committee. The committee may determine to review the proposal. These requirements must be followed and the details of the consultation process and outcomes documented on the evidence sheet. Where required, a communications and engagement planner must be included with the documentation that is sent to the Quality Committee for approval.

11. Equality and Diversity Statement

The CCGs are committed to ensuring that current and potential staff as well as NHS service

users will not be discriminated against on the grounds of social circumstances (including relationship status) or background, gender and gender identity, race, age, disability, pregnancy/maternity status, sexual orientation or religion. We shall work with staff, providers, partners, patients, carers and communities to improve the health of our population and reduce health inequalities for the people of Northamptonshire (sourced from NHS Nene and NHS Corby CCGs' Inclusion and Equality Strategy 2016-19).

12. References

Making Difficult Choices: Ethical Commissioning Guidance to General Practitioners (section 3)

<http://www.rcgp.org.uk/-/media/Files/News/RCGP-Ethical-Commissioning-Guidance.ashx?la=en>

Commissioning Policy: Ethical framework for priority setting and resource allocation

<https://www.england.nhs.uk/wp-content/uploads/2013/04/cp-01.pdf>

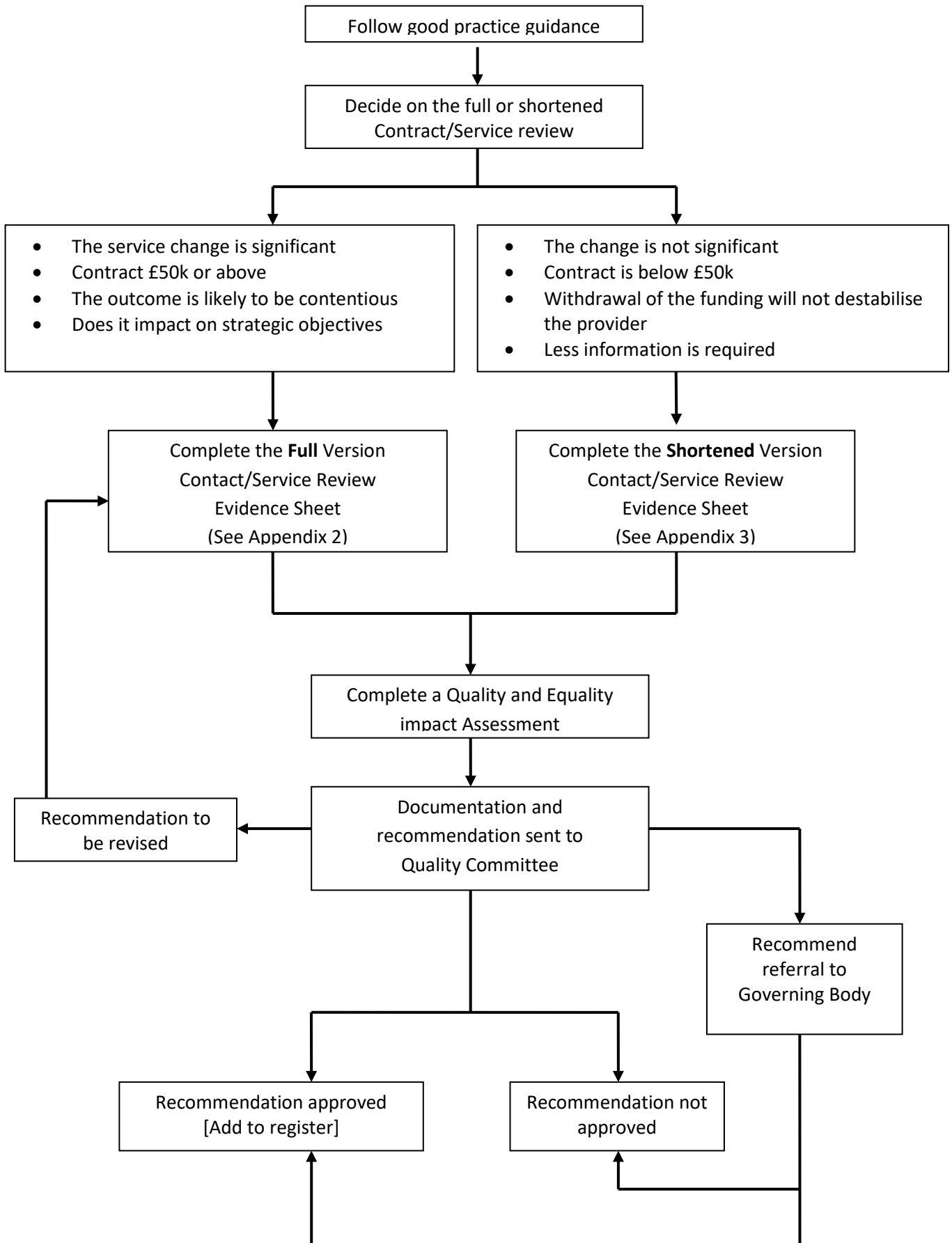
13. Acknowledgement

NHS Nene and NHS Corby CCGs wish to acknowledge the following CCGs in the development of this policy:

- Walsall CCG.
- Nottingham North and East CCG.
- Nottingham West CCG.
- Rushcliffe CCG.

Appendix 1

Process for Service Review, Disinvestment and Decommissioning Decisions



Note: All decisions will be taken in line with the Clinical Commissioning Groups' Scheme of Delegation

Contract / Service Review Evidence Sheet – Full Version

To be completed where:

- The proposed service change is significant, or
- The current value¹ of the contract or service is **£50,000 or above** or where the lead has determined that the outcome of the review could be particularly contentious.

Service Provider:

Service Name: Service

Service Description:

Cost of Service:

(Annual cost and total contract cost)

Programme Lead:

Area covered by service:

Summary:

Please provide a short summary of the proposal for this contract/service (decommission, re-commission, tender, other)

¹ Current value is to be calculated as the contract value over the lifetime of the contracts or over a four year period where the contract is open-ended.

Please supply evidence in the boxes outlined below. Items listed are suggestions only
Information included should be relevant to the contract/service under review

1. Description of Current Service

Business Process:

- Demand
- Capacity
- Activity
- Waiting Times
- Number and nature of incidents/have the contract performance management clauses been enacted in relation to any performance management issues – please specify
- Outcomes
- Continuity
- DNAs

Finance:

- Cost per patient (compared to other areas)
- Return on investment – eg in the case of prevented admissions evidence to demonstrate that the services does not actually reduce admissions
- Cost pressures

Contract Terms:

- Conditions
- Timing
- Payback period
- Notice period

Strategic Objectives:

To what extent does the service support the delivery of national policy, local CCG strategic objectives and/or the Joint Strategic Needs Assessment

2. Current Service Quality

Contract Management:

Have the performance management clauses of the contract been enacted for any reasons relating to patient quality/safety: Please specify:

Patient and Carer involvement:

- *Patient and Carer feedback*
- *Patient and public involvement*
- *Access to service*

Learning and Growth (sustainability):

- *Equality*
- *Equality ratios – eg gender, race, religion, etc*
- *Training*

Clinical Effectiveness:

Detail evidence of clinical effectiveness

3. CCG Involvement

- *Has the service been considered in light of CCG plans?*
- *Correlation with local commissioned services.*
- *CCG engagement in contract continuation/ decommissioning*

4. Consultation

- *Details of consultation processes with services users, providers, partner agencies and other stakeholders to consider the options for the service*
- *Outcome of consultation process to include relevant advice from the Health Community Prioritisation Panel*
- *Need for formal consultation*
- *Link to communications and engagement planner*

5. Other relevant evidence

- *For example, provide evidence here if the service is being decommissioned due to re-provision of the service, a lack of need for the service, a change in funding arrangements and information from Patient and Public Involvement*

6. Options Considered

- *Detail all options considered and the proposed start and end dates for those options (eg continuing with the service, reducing the service, decommissioning, providing an alternative, market testing)*
- *Provide a cost/benefit analysis for each option*
- *Outline the timing of the financial implications of each option*
- *Indicate which options are viable and the risks associated with each option*
- *Indicate which option is proposed and clearly indicate the financial implications of that option including savings, value for money aspects and return on investment*

7. Impacts of the decommissioning or changes to the service (if applicable):

Please supply information on the impacts of decommissioning/changes to the service.

To inform this section an Equality and Quality Integrated Impact Assessment (EQIIA), which is located on the shared drive at S:\EQIIA - Quality & Equality Impact Assessment for both CCGs, should be completed in conjunction with the nominated governance lead for the programme area and attached to this form prior to submission to the Quality Committee.

- *Impact on service quality*
- *Equality and diversity issues*
- *Impact on service users, other services and the provider*
- *Impact on other services which may be either affected by service cessation or able to provide comparable services*
- *Impact that the decision will have on the achievement of the CCGs strategic objectives including any impact on the health outcomes targets or other targets.*
- *Any contractual Issues, eg are there any penalties for early withdrawal from the contract.*
- *Key risks arising from the proposal.*

8. Reasons for the recommendation proposal of the change and reason

Please provide specific reasons for the recommended decision

9. Recommendation

The Quality Committee is recommended to: (Delete as appropriate)

- **Recommendation for APPROVAL by the CCGs**

That the CCGs continue to fund [insert details of service/contract until [insert date]; or

- **Recommendation for APPROVAL by the CCGs**

That the CCGs cease to fund [insert details of service/contract] with effect from [insert date].

- **Recommendation for APPROVAL by the CCGs**

For a modification to the current service in the form of [insert details of modification]

Contract / Service Review Evidence Sheet – Shortened Version

This evidence sheet must be completed in cases where:

- The proposed service change is not significant or sensitive
- Where withdrawal of funding would not significantly destabilise the provider
- The cost of the service over the lifetime of the contract is **below £50,000**
- Less information is required to undertake a review of the service

Service Provider:

Service Name: Service

Service Description:

Cost of Service:

(Annual cost and total contract cost)

Programme Lead:

Consortia area covered by service:

Please supply evidence in the boxes outlined below. Items listed are suggestions only. Information included should be relevant to the contract/service under review.

1. Details of the current service

<ul style="list-style-type: none"> • <i>Demand</i> • <i>Capacity</i> • <i>Cost</i> • <i>Clinical effectiveness</i> • <i>Quality Issues</i> • <i>Fit with strategic objectives</i>

2. Options considered:

- *Detail all options considered and include the relative costs, benefits and key risks of each*
- *Include details of consultation on each option including the views of the relevant consortia*
- *Identify the preferred option*

3. Impacts of the decommissioning or changes to the service (if applicable):

Please supply information on the impacts of decommissioning/changes to the service.

To inform this section an Equality and Quality Integrated Impact Assessment (EQIIA), which is located on the share drive at S:\EQIIA - Quality & Equality Impact Assessment, should be completed in conjunction with the nominated governance lead for the programme area and attached to this form prior to submission to the Quality Committee.

- *Financial details including costs, savings and return on investment*
- *Impact on service quality - include summary of EQIIA*
- *Equality and Diversity issues - include summary of EQIIA*
- *Impact on service users, other services and the provider*
- *Impact that the decision will have on the achievement of the CCGs' strategic objectives including any impact on the health outcomes targets or other targets*
- *Any contractual issues, eg are there any penalties for early withdrawal from the contract*

4. Reasons for the recommendation proposal of the change and reason

Please provide specific reasons for the recommended decision

5. Recommendation

The Quality Committee is recommended to: (Delete as appropriate)

- **Recommendation for APPROVAL by the CCGs**
That the CCGs continue to fund [insert details of service/contract until [insert date]; or
- **Recommendation for APPROVAL by the CCGs**
That the CCGs cease to fund [insert details of service/contract] with effect from [insert date].
- **Recommendation for APPROVAL by the CCGs**
For a modification to the current service in the form of [insert details of modification]

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 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 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 SRO and by the QIPP Delivery Forum.

3. Assessment, rating and evidence

Each domain requiring assessment (e.g. 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 judgment 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 team 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.