



**Coventry and  
Warwickshire**  
Integrated Care Board

# Equality and Quality Impact Assessment Policy

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Name of author and title:	Anita Wilson, Assoc Director of Governance and Corporate Affairs, ICB
Name of reviewer and title:	Theresa Nelson, Chief People Officer, ICB
Department:	Corporate Office

#### VERSION HISTORY

Date	Version	Changes made to previous version	Consulting and Endorsing Stakeholders, Committees / Meetings / Forums etc.

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## 1.0 Introduction

NHS Coventry and Warwickshire Integrated Care Board ('the ICB') is committed to ensuring that commissioning decisions, business cases and any other business plans are evaluated for their impact on equality and quality.

This policy details the process to be undertaken in order to assess the equality and clinical quality impact of commissioning decisions, Quality, Innovation, Productivity and Prevention (QIPP) plans, Business Cases and any other plans for change.

## 2.0 Scope

The policy relates to equality and quality impact assessments that are to be undertaken when developing business cases, commission projects and other business plans. It applies to staff that undertake, scrutinise and challenge impact assessments.

## 3.0 Definitions

<b>Quality</b>	Quality can be defined as embracing three key components: <ul style="list-style-type: none"><li>• 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 harmful events never happen.</li><li>• Effectiveness of care – the most appropriate treatments, interventions, support, and services will be provided at the right time to those patients who will benefit.</li><li>• Patient Experience – the patient's experience will be at the centre of the organisation's approach to quality.</li></ul>
<b>Equality</b>	All public authorities are required to have due regard to the aims of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in exercising their functions, such as when making decisions and when setting policies.  Publishing guidance or policies or making decisions without demonstrating how you have paid due regard to the PSED leaves the organisation open to legal challenge.  This means ICB and NHS England should understand the potential effect of policies and practices on people with characteristics that have been given protection under the Equality Act, especially in relation to their health outcomes and the experiences of patients. This will help the organisation to consider whether the policy or practice will be effective for all people

<b>Protected characteristic</b>	<p>It is against the law to discriminate against someone because of:</p> <ul style="list-style-type: none"> <li>• age</li> <li>• disability</li> <li>• gender reassignment</li> <li>• marriage and civil partnership</li> <li>• pregnancy and maternity</li> <li>• race</li> <li>• religion or belief</li> <li>• sex</li> <li>• sexual orientation</li> </ul> <p>These are called protected characteristics.</p>
<b>Quality Impact Assessment</b>	<p>An impact assessment is a continuous process to ensure that possible or actual business plans are assessed and the potential consequences on quality are considered and any necessary mitigating actions are outlined in a uniformed way.</p>
<b>Equality Impact Assessment</b>	<p>Equality impact assessment is a way of systematically analysing a new or changing policy, strategy, process or papers to a ICB Committee etc. to identify what effect, or likely effect it could have on 'protected groups' to ensure appropriate decisions, which reduce health inequalities or at least do not increase them, address discriminatory consequences, or at least don't cause them and maximise opportunities to promote equality, are made.</p>

#### 4.0 Duties / Responsibilities

Overall accountability within the Integrated Care Board lies with the Chief Officer who has responsibility for establishing and maintaining the effective risk management system.

Responsibility is formally delegated as follows:

**Chief Executive** – The Chief Executive has ultimate accountability for quality and equality across the organisation.

**Chief Nursing Officer** – The Chief Nursing Officer has responsibility for ensuring the equality and quality impact assessments are embedded within the Quality team processes and has oversight of the Director of Nursing and Quality responsibilities.

**Director of Nursing and Quality** – The Director of Nursing and Quality is responsible for ensuring that equality and quality impact assessments are effectively considered as part of discussions and decisions about QIPP, business cases and other business plans. The Director of Nursing and Quality is responsible for an equality and quality impact assessment sign off; maintaining records of completed equality and quality impact assessments and ensuring that those representing high risk (8 or above) are considered by the Quality and Risk Committee.

**Governing Body Members inc. Non-Executive Directors** – Each Board member is responsible for ensuring that financial and operational initiatives (e.g., QIPP, business cases and other business plans) have been evaluated for their impact on quality and equality and have assured themselves that

minimum standards will not be compromised. They will also assure themselves that the impact on quality and equality on an on-going basis is monitored appropriately.

**Project Leads** – The Project Lead is responsible for undertaking equality and quality impact assessments, identifying risks and mitigating actions and submitting equality and quality impact assessments to the Policy, Procedure and Strategy Assurance Group for signoff.

**Senior Responsible Officers (SRO)** – The Senior Responsible Officer is responsible for reviewing and signing equality and quality impact assessments undertaken by Project Leads in their areas/ services prior to submission to the Policy, Procedure and Strategy Assurance Group for final sign off and logging. The Senior Responsible Officer will also ensure that the impact on equality and quality on an on-going basis is monitored appropriately.

**All Staff** – All staff have a responsibility to complete equality and quality impact assessments in accordance with the procedure outlined in this policy.

## 5.0 Details of Policy

### 5.1 When and how often an equality and quality impact assessment should be undertaken?

An equality and quality 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. These initiatives can include the following, although this is not an exclusive list:

- Commissioning decisions, including service decommissioning
- Business cases
- QIPP schemes
- Service development and improvement plans
- Other significant service and improvement plans
- Other ICB business plans

Equality and quality impact assessments must be undertaken as part of the development and proposal stage and should also be reviewed on a regular basis by the Project Lead, as part of reviewing the actual impact throughout the implementation stage and during the final review after the business plan has been implemented.

The frequency of review will be dependent on the level of risk identified and will be documented in the equality and quality impact assessment document (see Appendix 1). Reviews should be completed at a minimum on a six-monthly basis during a change process and/or in accordance with the rationale stipulated on the form (see Appendix 1) and must be completed if the scope of the project changes in any way.

### 5.2 What should be considered as part of the impact assessment?

The impact assessment template can be found in Appendix 1 and outlines the questions to be considered to assess the impact in relation to quality and equality in services.

### 5.3 Process for assessing potential risks to quality

**Initial assessment of the potential equality and quality impact, identification of mitigating actions**  
(Undertaken by Project Lead (in consultation with other relevant parties) and signed off by Senior Responsible Officer)



**All Equality and Quality Impact Assessments must be submitted to the [ICB's Governance Team](#) for the attention of the Policy, Procedure and Strategy Assurance Group for sign-off and logging**  
(those with high risks (8 or above) to be referred to the Clinical Quality and Governance Committee. If the Committee do not sign off of the EQIA, feedback will be provided to the Project Lead)



**Monitor risks during implementation and post implementation for changes**  
(Project Lead and Senior Responsible Officer)

*NB: If a scheme or project covers a number of ICB only one EQIA needs to be completed. It should be determined at the start of the process which ICB is going to take the lead and they should consult with relevant parties from the ICB involved.*

### 5.4 Process for raising Equality or Quality concerns

Where equality or quality concerns are identified as part of a scheme of work that requires an EQIA to be completed the Project Lead has the responsibility to share any concerns with the ICB Quality team for them to consider in line with the Clinical Governance Framework. Equality and quality concerns may not directly relate to the EQIA or project and may be identified through many routes including monitoring of clinical outcomes; risk assessments; or staff and/or patient feedback.

### 6.0 Dissemination and Implementation

The policy will be available on the ICB intranet. It will be presented to Directors and Executives and promoted via internal communication channels. It will be supported on ongoing basis by the Quality and Governance teams.

### 7.0 Training

The implementation and use of the policy will be presented to the Directors meeting. Support in completing assessments will be provided by Quality and Governance teams as required.

## 8.0 Monitoring Compliance

### 8.1 Monitoring Table

Aspect of compliance or effectiveness being monitored	Monitoring method (i.e. regular audits/reviews)	Individual/ department responsible for the monitoring	Frequency of the monitoring activity (i.e. Monthly/ Annually)	Group / committee which will receive the findings / monitoring report	Group / committee / individual responsible for ensuring that the actions are completed
EQIAs are required to accompany all business case proposals/ business plans at relevant group	Papers for meetings should be scrutinised. Those submitted without impact assessments completed must be returned to Project Lead before being progressed.	Project Lead and relevant Senior Responsible Office/ Executive.	As presented to relevant group.	Relevant group.	Relevant group.
All EQIAs must be submitted to the Policy, Procedure and Strategy Assurance Group for sign-off and logging	A spreadsheet of EQIAs will be maintained.	Governance and Corporate Affairs	Ongoing as EQIAs are completed	Policy, Procedure and Strategy Assurance Group	Policy, Procedure and Strategy Assurance Group
All assessments judged as having high risk (8 or above) must be referred to the Clinical Quality and Governance Committee.	Minutes of Clinical Quality and Governance Committee / Completed EQIAs	Governance and Corporate Affairs	Ongoing as EQIAs are completed	Clinical Quality and Governance Committee	Clinical Quality and Governance Committee.

## 9.0 Staff Compliance Statement

All staff must comply with this ICB-wide policy and failure to do so may be considered a disciplinary matter leading to action being taken under the ICB's Disciplinary Policy. Actions which constitute breach of confidence, fraud, misuse of NHS resources or illegal activity will be treated as serious misconduct and may result in dismissal from employment and may in addition lead to other legal action against the individual/s concerned.

A copy of the ICB's Disciplinary Policy is available on the Intranet and ICB websites.

## 10.0 Equality & Diversity Statement

In applying this policy, the ICB will have due regard for the need to eliminate unlawful discrimination,

promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

### **11.0 Ethical Considerations**

The ICB recognises its obligations to maintain high ethical standards across the organisation and seeks to achieve this by raising awareness of potential or actual ethical issues through the PPS consultation and approval process.

### **12.0 References and Bibliography**

- Guidance for NHS commissioners on equality and health inequalities legal duties, NHS England (2015)

### **13.0 ICB Associated Records**

- Equality and Diversity Policy
- Quality Assurance Framework
- Risk Management Policy
- Policy, Procedure and Strategy Approval and Management Policy

## Appendix 1: Equality and Quality Impact Assessment Tool

### Overview

This policy requires all projects to undergo a quality assessment to identify any potential impacts (positive, negative, or neutral) on quality from any proposed changes to the way services are commissioned or delivered. The tool describes quality in a number of areas, each of which must be assessed. The rationale to support the identification of the impact as positive or negative must be recorded in the comments column.

Where a potential negative quality impact is identified it should be risk assessed using the standard risk matrix shown below.

The Equality Impact Assessment section must be completed unless a very clear explanation can be provided as to why it is not necessary, such as the decision concerned not having been made by the ICB or it is very clear that it will not have any impact on patients or staff (this would be unusual).

All EQIAs must be signed and dated by the person carrying out the assessment. All completed EQIAs must then be reviewed and signed by the SRO or relevant executive, prior to submission to the ICB's Governance Team for final sign off and logging.

### Scoring

An overall risk score for each quality element is achieved by assessing the level of impact and the likelihood of this occurring and assigning a score to each. These scores are multiplied to reach an overall risk score.

The following table defines the impact and likelihood scoring options and the resulting score.

Please take care with this assessment. A carefully completed assessment should safeguard against challenge at a later date. See the guidance on pages 12 to 14 of this policy to assist in selecting appropriate impact and likelihood scores.

Consequence	Likelihood				
	Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)
Catastrophic (5)	5	10	15	20	25
Major (4)	4	8	12	16	20
Moderate (3)	3	6	9	12	15
Minor (2)	2	4	6	8	10
Negligible (1)	1	2	3	4	5

## Equality and Quality Impact Assessment Tool

The following assessment screening tool will require judgement against all listed areas of risk in relation to quality. Each proposal will need to be assessed whether it will impact adversely on patients / staff / organisations.

**Insert your assessment as positive (P), negative (N) or neutral (N/A) for each area.**

Record your reasons for arriving at that conclusion in the comments column. If the assessment is negative, you must also 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.

### Quality Impact Assessment

#### Quality and Equality Impact Assessment

<b>Scheme Title:</b>			
<b>Project Lead:</b>		<b>Senior Responsible Officer:</b>	
		<b>Quality Sign Off:</b>	
<b>Intended impact of scheme:</b>			
<b>How will it be achieved:</b>			
<b>Name of person completing assessment:</b>			

<b>Position:</b>	
<b>Date of Assessment:</b>	

<b>Quality Review by:</b>	
<b>Position:</b>	
<b>Date of Review:</b>	

**High level Quality and Equality Questions**

The risk rating is only to be done for the potential negative outcomes. We are looking to assess the likelihood of the negative outcome occurring and the level of negative impact. We are also seeking detail of mitigation actions that may help reduce this likelihood and potential impact.

AREA OF ASSESSMENT		OUTCOME ASSESSMENT (Please tick one)			Evidence/Comments for answers	Risk rating (For negative outcomes)			Mitigating actions
		Positive	Negative	Neutral		Risk impact (I)	Risk likelihood (L)	Risk Score (IxL)	
<b>Duty of Quality</b> Could the scheme impact positively or negatively on any of the following:	Effectiveness – clinical outcome								
	Patient experience								
	Patient safety								
	Parity of esteem								
	Safeguarding children or adults								
<b>NHS Outcomes Framework</b> Could the scheme impact positively or negatively on the	Enhancing quality of life								
	Ensuring people have a positive experience of care								

delivery of the five domains:									
	Preventing people from dying prematurely								
	Helping people recover from episodes of ill health or following injury								
	Treating and caring for people in a safe environment and protecting them from avoidable harm								
<b>Patient services</b> Could the proposal impact positively or negatively on any of the following:	A modern model of integrated care, with key focus on multiple long-term conditions and clinical risk factors								
	Access to the highest quality urgent and emergency care								
	Convenient access for everyone								
	Ensuring that citizens are fully included in all aspects of service design and change								
	Patient Choice								
	Patients are fully empowered in their own								

	care								
	Wider primary care, provided at scale								
<b>Access</b> Could the proposal impact positively or negatively on any of the following:	Patient choice								
	Access								
	Integration								
<b>Compliance with NHS Constitution</b>	Quality of care and environment								
	Nationally approved treatment/drugs								
	Respect, consent and confidentiality								
	Informed choice and involvement								
	Complain and redress								

\*Risk score definitions are provided in the next section.

## Equality Impact Assessment

### Project / Policy Details

**What is the aim of the project / policy?**

**Who will be affected by this work? e.g staff, patients, service users, partner organisations etc.**

**Is a full Equality Analysis Required for this project?**

Yes	Proceed to complete this form.	No	Explain why further equality analysis is not required.
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If no, explain below why further equality analysis is not required. For example, the decision concerned may not have been made by the ICB or it is very clear that it will not have any impact on patients or staff.

## Equality Analysis Form

### 1. Evidence used

**What evidence have you identified and considered?** This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.

### 2. Impact and Evidence:

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should also include any identified health inequalities which exist in relation to this work.

**Age:** A person belonging to a particular age (e.g. 32 year olds) or a range of ages (e.g. 18-30 year olds)

Describe age related impact and evidence. This can include safeguarding, consent and welfare issues:

**Disability:** A person has a disability if he/she has a physical, hearing, visual 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

Describe disability related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health/ learning disabilities, cognitive impairments:

**Gender reassignment (including transgender):** Where a person has proposed, started or completed a process to change his or her sex.

Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment.

**Marriage and civil partnership:** A person who is married or in a civil partnership.

Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part-time working, and caring responsibilities:

**Pregnancy and maternity:** A woman is protected against discrimination on the grounds of pregnancy and maternity. With regard to employment, the woman is protected during the period of her pregnancy and any statutory maternity leave to which she is entitled. Also, it is unlawful to discriminate against women breastfeeding in a public place.

Describe any impact and evidence on pregnancy and maternity. This can include working arrangements, part-time working, and caring responsibilities:

**Race:** A group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

Describe race related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers:

**Religion or belief:** A group of people defined by their religious and philosophical beliefs including lack of belief (e.g. atheism). Generally, a belief should affect an individual's life choices or the way in which they live.

Describe any religion, belief or no belief impact and evidence. This can include dietary needs, consent and end of life issues:

**Sex:** A man or a woman

Describe any impact and evidence on men and women. This could include access to services and employment:

**Sexual orientation:** Whether a person feels generally attracted to people of the same gender, people of a different gender, or to more than one gender (whether someone is heterosexual, lesbian, gay or bisexual).

Describe any impact and evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers:

**Carers:** A person who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support

Describe any impact and evidence on part-time working, shift-patterns, general caring responsibilities:

**Other disadvantaged groups:**

Describe any impact and evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include lower socio-economic status, resident status (migrants, asylum seekers), homeless, looked after children, single parent households, victims of domestic abuse, victims of drugs / alcohol abuse: (This list is not exhaustive)

<b>3. Human Rights</b>		
<b>FREDA Principles / Human Rights</b>	<b>Question</b>	<b>Response</b>
<b>Fairness</b> – Fair and equal access to services	How will this respect a person's entitlement to access this service?	
<b>Respect</b> – right to have private and family life respected	How will the person's right to respect for private and family life, confidentiality and consent be upheld?	
<b>Equality</b> – right not to be discriminated against based on your protected characteristics	How will this process ensure that people are not discriminated against and have their needs met and identified?	
<b>Dignity</b> – the right not to be treated in a degrading way	How will you ensure that individuals are not being treated in an inhuman or degrading way?	
<b>Autonomy</b> – right to respect for private & family life; being able to make informed decisions and choices	How will individuals have the opportunity to be involved in discussions and decisions about their own healthcare?	
<b>Right to Life</b>	Will or could it affect someone's right to life? How?	

Right to <b>Liberty</b>	Will or could someone be deprived of their liberty? How?	

**4. Engagement, Involvement and Consultation**

If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:

<b>Engagement Activity</b>	<b>Protected Characteristic/ Group/ Community</b>	<b>Date</b>

For each engagement activity, please state the key feedback and how this will shape policy / service decisions (E.g. patient told us .... So we will .....):

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### 5. Mitigations and Changes

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to mitigate against any actual or potential adverse impacts, reduce health inequalities, or promote social value. Identify the **recommendations** and any **changes** to the proposal arising from the equality analysis.

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### 6. How will you measure how the proposal impacts health inequalities?

e.g Patients with a learning disability were accessing cancer screening in substantially lower numbers than other patients. By revising the pathway the ICB is able to show increased take up from this group, this is a positive impact on health inequalities.

You can also detail how and when the service will be monitored and what key equality performance indicators or reporting requirements will be included within the contract.

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**7. Is further work required to complete this assessment?**

Please state what work is required and to what section. e.g additional consultation or engagement is required to fully understand the impact on a particular protected group (e.g disability).

Work needed	Section	When	Dare completed
e.g Further engagement with disabled service users to identify key concerns about accessibility of the service.	2. Disability	June – July 2020	July 2020.

**8. Sign off**

The Equality Analysis will need to go through a process of **quality assurance** by a Senior Manager within the department responsible for the service concerned before being submitted to

the Policy, Procedure and Strategy Assurance Group for approval. Committee approval of the policy / project can only be sought once approval has been received from the Policy, Procedure and Strategy Assurance Group.

<b>Requirement</b>	<b>Name</b>	<b>Date</b>
Senior Manager Signoff		
Which committee will be considering the findings and signing off the EA?		
Approved by the Policy Procedure and Strategy Assurance Group.		

Once complete, please send to the ICB's Governance Team.

## Appendix 2: Equality and Quality Impact Assessment

The following assessment screening tool will require judgement against all listed areas of risk in relation to quality. Each proposal will need to be assessed whether it will impact adversely on patients/staff/organisation.

**Insert your assessment as positive (P), negative (N) or neutral (N/A) for each area.**

Record your reasons for arriving at that conclusion in the comments column. If the assessment is negative, you must also 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.

### Quality Impact Assessment

#### Quality and Equality Impact Assessment

<b>Scheme Title:</b>	Equality and Quality Impact Assessment Policy		
<b>Project Lead:</b>	Andrew Wilkins, Head of Governance and Corporate Affairs	<b>Senior Responsible Officer:</b>	Anita Wilson, Associate Director of Governance and Corporate Affairs
		<b>Quality Sign Off:</b>	Mary Mansfield, Deputy Director of Nursing
<b>Intended impact of scheme:</b>	To ensure that commissioning decisions, business cases and any other business plans are evaluated for their impact on equality and quality.		
<b>How will it be achieved:</b>	This policy details the process to be undertaken in order to assess the equality and clinical quality impact of commissioning decisions, Quality, Innovation, Productivity and Prevention (QIPP) plans, Business Cases and any other plans for change.		

<b>Name of person completing assessment:</b>	Andrew Wilkins,
<b>Position:</b>	Head of Governance and Corporate Affairs
<b>Date of Assessment:</b>	21 August 2020

<b>Quality Review by:</b>	M Mansfield
<b>Position:</b>	Deputy Director Nursing and Quality
<b>Date of Review:</b>	21/8/20

### High level Quality and Equality Questions

The risk rating is only to be done for the potential negative outcomes. We are looking to assess the likelihood of the negative outcome occurring and the level of negative impact. We are also seeking detail of mitigation actions that may help reduce this likelihood and potential impact.

AREA OF ASSESSMENT		OUTCOME ASSESSMENT (Please tick one)			Evidence/Comments for answers	Risk rating (For negative outcomes)			Mitigating actions
		Positive	Negative	Neutral		Risk impact (I)	Risk likelihood (L)	Risk Score (IxL)	
<b>Duty of Quality</b> Could the scheme impact positively or negatively on any of the following:	Effectiveness – clinical outcome			✓					
	Patient experience			✓					
	Patient safety			✓					
	Parity of esteem			✓					
	Safeguarding children or adults			✓					
<b>NHS Outcomes Framework</b> Could the scheme impact positively or negatively on the delivery of the five domains:	Enhancing quality of life			✓					
	Ensuring people have a positive experience of care			✓					
	Preventing people from dying prematurely			✓					

	Helping people recover from episodes of ill health or following injury			✓					
	Treating and caring for people in a safe environment and protecting them from avoidable harm			✓					
<b>Patient services</b> Could the proposal impact positively or negatively on any of the following:	A modern model of integrated care, with key focus on multiple long-term conditions and clinical risk factors			✓					
	Access to the highest quality urgent and emergency care			✓					
	Convenient access for everyone			✓					
	Ensuring that citizens are fully included in all aspects of service design and change			✓					
	Patient Choice			✓					
	Patients are fully empowered in their own care			✓					
	Wider primary care, provided at scale			✓					

<b>Access</b> Could the proposal impact positively or negatively on any of the following:	Patient choice			✓					
	Access			✓					
	Integration			✓					
<b>Compliance with NHS Constitution</b>	Quality of care and environment			✓					
	Nationally approved treatment/drugs			✓					
	Respect, consent and confidentiality			✓					
	Informed choice and involvement			✓					
	Complain and redress			✓					

\*Risk score definitions are provided in the next section.

## Equality Impact Assessment

### Project / Policy Details

#### What is the aim of the project / policy?

The Integrated Care Board (ICB) is committed to ensuring that commissioning decisions, business cases and any other business plans are evaluated for their impact on equality and quality.

This policy details the process to be undertaken in order to assess the equality and clinical quality impact of commissioning decisions, Quality, Innovation, Productivity and Prevention (QIPP) plans, Business Cases and any other plans for change.

#### Who will be affected by this work? e.g staff, patients, service users, partner organisations etc.

The policy applies to staff that undertake, scrutinise and challenge impact assessments.

#### Is a full Equality Analysis Required for this project?

Yes	Proceed to complete this form.		Explain why further equality analysis is not required.
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If no, explain below why further equality analysis is not required. For example, the decision concerned may not have been made by the ICB or it is very clear that it will not have any impact on patients or staff.

## 2. Evidence used

**What evidence have you identified and considered?** This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.

Equality Act, 2010

Guidance for NHS commissioners on equality and health inequalities legal duties, NHS England (2015)

## 2. Impact and Evidence:

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should also include any identified health inequalities which exist in relation to this work.

**Age:** A person belonging to a particular age (e.g. 32 year olds) or a range of ages (e.g. 18-30 year olds)

Describe age related impact and evidence. This can include safeguarding, consent and welfare issues:

The policy supports and promotes the careful consideration of this protected characteristic from design through to implementation service changes and policies. In doing this it should ensure there is no negative impact on this protected characteristic and where possible, positive impacts are identified and delivered.

**Disability:** A person has a disability if he/she has a physical, hearing, visual 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

Describe disability related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health/ learning disabilities, cognitive impairments:

The policy supports and promotes the careful consideration of this protected characteristic from design through to implementation service changes and policies. In doing this it should ensure there is no negative impact on this protected characteristic and where possible, positive impacts are identified and delivered.

**Gender reassignment (including transgender):** Where a person has proposed, started or completed a

process to change his or her sex.

Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment.

The policy supports and promotes the careful consideration of this protected characteristic from design through to implementation service changes and policies. In doing this it should ensure there is no negative impact on this protected characteristic and where possible, positive impacts are identified and delivered.

**Marriage and civil partnership:** A person who is married or in a civil partnership.

Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part-time working, and caring responsibilities:

The policy supports and promotes the careful consideration of this protected characteristic from design through to implementation service changes and policies. In doing this it should ensure there is no negative impact on this protected characteristic and where possible, positive impacts are identified and delivered.

**Pregnancy and maternity:** A woman is protected against discrimination on the grounds of pregnancy and maternity. With regard to employment, the woman is protected during the period of her pregnancy and any statutory maternity leave to which she is entitled. Also, it is unlawful to discriminate against women breastfeeding in a public place.

Describe any impact and evidence on pregnancy and maternity. This can include working arrangements, part-time working, and caring responsibilities:

The policy supports and promotes the careful consideration of this protected characteristic from design through to implementation service changes and policies. In doing this it should ensure there is no negative impact on this protected characteristic and where possible, positive impacts are identified and delivered.

**Race:** A group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

Describe race related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers:

The policy supports and promotes the careful consideration of this protected characteristic from design through to implementation service changes and policies. In doing this it should ensure there is no negative impact on this protected characteristic and where possible, positive impacts are identified and delivered.

**Religion or belief:** A group of people defined by their religious and philosophical beliefs including lack of belief (e.g. atheism). Generally a belief should affect an individual's life choices or the way in which they live.

Describe any religion, belief or no belief impact and evidence. This can include dietary needs, consent and end of life issues:

The policy supports and promotes the careful consideration of this protected characteristic from design through to implementation service changes and policies. In doing this it should ensure there is no negative impact on this protected characteristic and where possible, positive impacts are identified and delivered.

**Sex:** A man or a woman

Describe any impact and evidence on men and women. This could include access to services and employment:

The policy supports and promotes the careful consideration of this protected characteristic from design through to implementation service changes and policies. In doing this it should ensure there is no negative impact on this protected characteristic and where possible, positive impacts are identified and delivered.

**Sexual orientation:** Whether a person feels generally attracted to people of the same gender, people of a different gender, or to more than one gender (whether someone is heterosexual, lesbian, gay or bisexual).

Describe any impact and evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers:

The policy supports and promotes the careful consideration of this protected characteristic from design through to implementation service changes and policies. In doing this it should ensure there is no negative impact on this protected characteristic and where possible, positive impacts are identified and delivered.

**Carers:** A person who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support

Describe any impact and evidence on part-time working, shift-patterns, general caring responsibilities:

The policy supports and promotes the careful consideration of this protected characteristic from design through to implementation service changes and policies. In doing this it should ensure there is no negative impact on this protected characteristic and where possible, positive impacts are identified and delivered.

**Other disadvantaged groups:**

Describe any impact and evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include lower socio-economic status, resident status (migrants, asylum seekers), homeless, looked after children, single parent households, victims of domestic abuse, victims of drugs / alcohol abuse: (This list is not exhaustive)

The policy supports and promotes the careful consideration of protected characteristics from design through to implementation service changes and policies. In doing this it should ensure there is no negative impact on this protected characteristic and where possible, positive impacts are identified and delivered.

<b>6. Human Rights</b>		
<b>FREDA Principles / Human Rights</b>	<b>Question</b>	<b>Response</b>
<b>Fairness</b> – Fair and equal access to services	How will this respect a person's entitlement to access this service?	The specific purpose of this policy is to achieve fair and equal access to all services for all protected groups.
<b>Respect</b> – right to have private and family life respected	How will the person's right to respect for private and family life, confidentiality and consent be upheld?	Having a right of family life specifically considered as part of the EQIA ensures this is respected.
<b>Equality</b> – right not to be discriminated against based on your protected characteristics	How will this process ensure that people are not discriminated against and have their needs met and identified?	The careful consideration of protected characteristics in the creation and implementation of services mitigates any risk of unconscious bias or perverse outcomes for those with protected characteristics.
<b>Dignity</b> – the right not to be treated in a degrading way	How will you ensure that individuals are not being treated in an inhuman or degrading way?	Having dignity specifically considered as part of the EQIA ensures this is respected.
<b>Autonomy</b> – right to respect for private & family life; being able to make informed decisions and choices	How will individuals have the opportunity to be involved in discussions and decisions about their own healthcare?	Having autonomy specifically considered as part of the EQIA ensures this is respected.

Right to <b>Life</b>	Will or could it affect someone's right to life? How?	Having a right to life specifically considered as part of the EQIA ensures this is respected.
Right to <b>Liberty</b>	Will or could someone be deprived of their liberty? How?	Having a right to liberty specifically considered as part of the EQIA ensures this is respected.

### 7. Engagement, Involvement and Consultation

If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:

Engagement Activity	Protected Characteristic/ Group/ Community	Date
EQIA tool has been trialed and positive feedback was received from the project lead.	N/A	July 2020
The policy has been reviewed by the Chair of the Equality, Diversity and Inclusion Group.	N/A	August 2020

For each engagement activity, please state the key feedback and how this will shape policy / service decisions (E.g. patient told us .... So we will .....):

Positive feedback was received following a trial of the EQIA tool.

## 8. Mitigations and Changes

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to mitigate against any actual or potential adverse impacts, reduce health inequalities, or promote social value. Identify the **recommendations** and any **changes** to the proposal arising from the equality analysis.

No gaps identified.

## 6. How will you measure how the proposal impacts health inequalities?

e.g Patients with a learning disability were accessing cancer screening in substantially lower numbers than other patients. By revising the pathway the ICB is able to show increased take up from this group, this is a positive impact on health inequalities.

You can also detail how and when the service will be monitored and what key equality performance indicators or reporting requirements will be included within the contract.

The policy does not relate to the specific implementation of services and it is therefore not possible to identify specific measures. However, mechanisms are in place to measure the uptake and quality of EQIAs.

<b>7. Is further work required to complete this assessment?</b>			
Please state what work is required and to what section. e.g additional consultation or engagement is required to fully understand the impact on a particular protected group (e.g disability).			
<b>Work needed</b>	<b>Section</b>	<b>When</b>	<b>Date completed</b>
None required.			

<b>8. Sign off</b>		
The Equality Analysis will need to go through a process of <b>quality assurance</b> by a Senior Manager within the department responsible for the service concerned before being submitted to the Policy, Procedure and Strategy Assurance Group for approval. Committee approval of the policy / project can only be sought once approval has been received from the Policy, Procedure and Strategy Assurance Group.		
<b>Requirement</b>	<b>Name</b>	<b>Date</b>
Senior Manager Signoff	Andrew Wilkins, Head of Governance and Corporate Affairs	21/08/20
Which committee will be considering the findings and signing off the EA?	Clinical Quality and Governance Committee	27/08/20
Approved by the Policy Procedure and Strategy Assurance Group.		21/08/20