CLIN08

Joint Quality and Equality Impact Assessment Policy

Policy applicable to:

NHS Guildford and Waverley CCG	✓
NHS North West Surrey CCG	✓
NHS Surrey Downs CCG	✓

Policy number	CLIN08
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Approved by	Quality Committees
Name of originator/ author	Liz Patroe, Head of Engagement, Diversity and Inclusion; Caroline Simonds Head of Quality – Safety
Owner (director)	Clare Stone, ICS Director of Quality and CCGs Chief Nurse
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Version control sheet

Version	Date	Author	Status	Comments / changes since last version
1.0	05/02/2019	Senior Quality and Safety Manager	Draft	Supersedes individual Surrey Heartlands CCGs policies to bring together one joint policy.
1.2	23/04/2019	Head of Engagement, Inclusion and Diversity Head of Quality- Safety	Draft	Reviewed by Head of Engagement, Inclusion and Diversity Head of Quality- Safety
1.3	23/04/2019	Senior Quality and Safety Manager	Draft	Final amendments
1.3	30/05/19	Quality Committees	Final	Approved
1.4	20/06/19	Head of Engagement, Inclusion and Diversity/ Head of Quality- Safety	Final	Updated Appendix 1

Equality statement

The Surrey Heartlands' CCGs aim 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. We take into account the Human Rights Act 1998 and promote equal opportunities for all. This document has been assessed to ensure that no employee receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

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

We embrace the four staff pledges in the NHS Constitution. This policy is consistent with these pledges.

See next page for an Equality Analysis of this policy.

Equality analysis

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

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

Name of Policy: Joint Quality and Equality Impact Assessment Policy	**Policy Ref:** CLIN08	Is this New? [✓] Or Existing? [ ]
Assessment conducted by: Liz Patroe, Head of Engagement, Diversity & Inclusion		**Date of Analysis:** 21/04/19
Directorate: Communications & Corporate Affairs Quality	**Director's signature:**	

1.	Who is intended to follow this policy? Explain the aim of the policy as applied to this group. As detailed in section 3 and 5, this policy is aimed at staff who are involved in the following activities (referred to as 'business decisions' throughout the policy): • Commissioning decisions • Service redesign and pathway development • Business cases • Quality and cost improvement plans • Changes to the infrastructure of the organisation • Workforce redesign The aim of the policy is to ensure a consistent approach to how the above are analysed for impacts on quality and equality.
2.	Who is intended to *benefit from* this policy? Explain the aim of the policy as applied to this group. • Staff working for the three Surrey Heartlands CCGs • Patients for whom health services are commissioned in this area will benefit from this policy and their families and carers.
3.	**Evidence considered.** What data or other information have you used to evaluate if this policy is likely to have a positive or an adverse impact upon protected groups when implemented? The report by the Equality and Human Rights Commission entitled 'Meeting the equality duty in policy and decision-making' describes the requirements for public authorities when setting policies to ensure the public sector equality duty is implemented as follows: In summary, public authorities covered by the general equality duty must ensure that: • Decision-makers are aware of the general equality duty requirements and place equality considerations at the centre of policy formulation, side by side with other considerations.

	• Decision-makers understand that the duty falls on them personally. What they know and what they take into account is what matters – not what is in the mind of officials who report to them. • Compliance with the general equality duty takes place before and at the time a particular policy is under consideration and when a decision is taken. • Decision-makers consciously consider the need to do the things set out in the aims of the general equality duty as an integral part of the decision-making process. They must recognise it is not just a matter of 'box ticking'. • Decision-makers have sufficient information to understand the effects of the policy, or of the particular decision, on the aims set out in the general equality duty. • Decision-makers review policies or decisions if circumstances change (e.g. if the make-up of service users alters). This is vital as the duty is a continuing one. • Decision-makers take responsibility for complying with the general equality duty with regard to all relevant functions. Responsibility cannot be delegated to external organisations that are carrying out public functions on their behalf. • Decision-makers consciously consider the need to do the things set out in the aims of the general equality duty not only when a policy is developed and decided upon, but when it is being implemented. Therefore those developing programmes and decision-makers need to be able to follow this policy, regardless of any protected characteristic(s)
a)	**Consultation.** Have you consulted people from protected groups? What were their views? This policy is aimed at ensuring that people from protected groups are consulted and engaged early on in the development of business decisions.
b)	**Promoting equality.** Does this policy have a positive impact on equality? What evidence is there to support this? Could it do more? This policy, if followed by all relevant staff, will have a positive impact on equality as it will ensure that no business decision is taken without due regard to the quality and equality impact of that decision. It will embed a consistent methodology, backed up by regular training opportunities, to ensure due regard is given to these. For this to happen, the steps detailed in section 9 must be followed by decision-makers.
c)	**Identifying the adverse impact of policies.** Identify any issues in the policy where equality characteristics require consideration for either those abiding by the policy or those the policy is aimed to benefit, based upon your research.
	i) People from different age groups: Implementation of the policy by CCG staff is not impacted by the age of those staff tasked with completing the quality and equality impact assessment (QEIA). It ensures that this protected characteristic is given due regard. No adverse impact is expected.

	ii) Disabled people: For CCG staff with visual impairment – the policy itself and the QEIA template can be made available in a range of formats e.g. large font, different font for people with dyslexia, yellow background with black bold text. All templates are available digitally and can be adapted for use. No adverse impact is expected for other disabilities.
	iii) Women and men: Implementation of the policy by CCG staff is not impacted by the gender or sex of employees. It ensures that this protected characteristic is given due regard. No adverse impact is expected
	iv) Religious people or those with strongly held philosophical beliefs: Implementation of the policy does not impact on a person's religious or philosophical beliefs. It ensures that this protected characteristic is given due regard. No adverse impact expected.
	v) Black and minority ethnic (BME) people: Implementation of the policy does not impact on a person's race or ethnic origin. It ensures that this protected characteristic is given due regard. No adverse impact expected.
	vi) Transgender people: Implementation of the policy does not impact on a person's gender identity or any gender change process they may be following. It ensures that this protected characteristic is given due regard. No adverse impact expected.
	vii) Lesbians, gay men and bisexual people: Implementation of the policy does not impact on a person's sexual orientation. It ensures that this protected characteristic is given due regard. No adverse impact expected.
	viii) Women who are pregnant or on maternity leave: Implementation of the policy does not impact on a person's pregnancy or maternity characteristic. It ensures that this protected characteristic is given due regard. No adverse impact expected.
	ix) People who are married or in a civil partnership: Implementation of the policy does not impact on a person's marriage or civil partnership status. It ensures that this protected characteristic is given due regard. No adverse impact expected.
4.	**Monitoring.** How will you monitor the impact of the policy on protected groups? Requests from CCG staff for different formats of the policy and the QEIA template will be monitored by the authors of this policy. Any difficulties will be raised in training sessions and with the Staff Partnership Forum.

Contents

1. Introduction and Policy Objective

1.1 Surrey Heartlands CCGs are committed to ensuring that commissioning decisions, business cases and any other significant plans and strategies are appropriately evaluated for their impact on both quality and equality.

1.2 Under the Equality Act 2010, public bodies have a legal duty to consider all individuals when carrying out their day-to-day work – in shaping policy, in delivering services and in relation to their own employees. They need to demonstrate how they pay due regard to eliminating discrimination, advancing equality of opportunity and fostering good relations between people from different groups.

1.3 The objective of this policy is to set out the responsibilities, process and format to be followed when undertaking a Quality and Equality Impact Assessment (QEIA). The purpose of the assessment is to examine the extent to which existing or proposed services /policies/strategies may benefit different members of the community and, where appropriate, prompt the consideration of adjustments.

1.4 Undertaking a QEIA enables us to consider the impact of each current and proposed service, policy, procedure or function, not only with regard to human rights but also with regard to the quality of provision and effect that this may have on patient outcome or experience. It is designed to ensure that 'due regard' is given to equality in relation to the services that we commission and where appropriate deliver.

1.5 This policy supersedes the individual CCG Quality Impact Assessment policies to bring together one joint Surrey Heartlands CCGs policy.

2. Legislative Framework

2.1 The following legislation is relevant to this policy:

- Equality Act 2010
- Health and Social Care Act (Safety and Quality) 2015
- Health and Social Care Act 2012
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

2.2 This policy should be read in conjunction with the following documents:

- Surrey Heartlands CCGs Joint Risk Management Policy
- NHS Outcomes Framework 2014/15

3. Scope

3.1 This policy relates to QEIA's that are undertaken during the course of decision making on any of the following aspects of CCG business:

- Commissioning decisions
- Service redesign and pathway development
- Business cases
- Quality and cost improvement plans
- Changes to the infrastructure of the organisation
- Workforce redesign

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

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

4. Definitions

4.1 Quality

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

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

4.2 Equality

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

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

- *Sexual orientation – meaning a person's sexual orientation towards persons of the same sex, persons of the opposite sex and persons of either sex*
- *Gender re-assignment – where people are proposing to undergo, are undergoing or have undergone a process for the purpose of reassigning the person's sex by changing physiological or other attributes of sex.*
- *Pregnancy and maternity*
- *Marriage and civil partnership*

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

4.3 Impact Assessment

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

4.4 Discrimination

4.4.1 Direct Discrimination

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

4.4.2 Indirect Discrimination

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

5. Roles and Responsibilities

5.1 Integrated Care System (ICS) Chief Officer

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

5.2 The Governing Bodies

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

5.3 ICS and Integrated Care Partnership (ICP) Directors

5.3.1 The ICS and ICP Directors are responsible for ensuring that QEIAs are effectively considered as part of 'business decisions' within their relevant directorates.

5.4 Quality Committees

5.4.1 The Quality Committees provide assurance to the Governing Bodies that there is a robust QEIA process in place and that it is implemented effectively.

5.5 Head of Quality - Safety and Head of Engagement Diversity and Inclusion

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

5.6 All Staff

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

6. Procedure

6.1 What should be considered as part of the QEIA

6.1.1 The 'business decision' will need to consider:

- *The impact it will have on Patient Safety, Clinical Effectiveness and Patient Experience.*
- *The potential risks it could have on the above areas and how these will be mitigated.*
- *How it may benefit different members of the community and, where appropriate, prompt the consideration of adjustments.*

6.2 Assessing potential risks to quality and equality

6.2.1 As part of the assessment the assessor is required to measure levels of risk in relation to Patient Safety, Clinical Effectiveness, Patient Experience and Equality.

6.2.2 The Surrey Heartlands CCGs' Risk Matrix and Scoring Methodology at Appendix 2 provides guidance on the criteria to consider when scoring each risk.

6.2.3 As part of the assessment the assessor is required to consider any risks that should be added to either the Project Risk Register or the Corporate Risk Register. Those identified as high risk will be reviewed by the relevant ICS and ICP Director and decisions on the planned change escalated as appropriate.

7. Frequency of Assessment

7.1.1 QEIA is a continuous process to help decision makers think through and understand the consequences of 'business decisions'. It must be undertaken as part of the development and proposal stage of all 'business

decisions'. It should be reviewed on initiation of the 'business decision', following any significant changes and following implementation.

8. Dissemination and Implementation

8.1.1 This policy will be disseminated through training and staff briefings and will be available on the CCGs' websites as part of the published suite of CCG policies.

8.1.2 All members of staff who undertake, scrutinise or challenge impact assessments will be required to attend mandatory QEIA training every three years.

9. Monitoring

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

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

10. Review

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

11. Bibliography

- Equality Act 2010

  http://www.legislation.gov.uk/ukpga/2010/15/contents

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

12. Appendix 1 – Quality and Equality Impact Assessment

Scheme Name:			
Directorate:			
Assessment Completed by:	Name / Job title	**Date:**	

What function/service change are you assessing? Describe the change being assessed in plain English.

Who is affected by the proposal outlined above? Identify the key stakeholders affected by this change, including patients, the public and staff.

Are there any specific geographies in Surrey Heartlands where this will make an impact? Tick where applicable

All of Surrey Heartlands		Guildford		Spelthorne		Not applicable	
Elmbridge		Mole Valley		Waverley			
Epsom and Ewell		Runnymede		Woking			

Briefly list what evidence you have gathered and what engagement you have carried out or are proposing to carry out on the impact of your proposals. This could include any qualitative or quantitative data to support your analysis e.g. surveys, focus groups, service monitoring, national and local datasets, reports etc.

EQUALITY ASSESSMENT

This aims to ensure that those with protected characteristics are able to benefit equally from the proposal and to consider mitigations.

There are 9 protected characteristics and 3 other groups to consider in your proposal. Indicate below (with a tick) which groups could be affected by your proposal.

Age		**Gender reassignment**		**Sexual orientation**	
Disability		**Religion & beliefs**		**Carers**	
Ethnicity / Race / Ethnic Group		**Marriage & Civil Partnerships**		**Deprivation / rural and urban areas / Socioeconomic disadvantage**	
Gender		**Pregnancy & maternity**		**Vulnerable groups** e.g. looked after children, armed forces, asylum seekers	

Complete the assessment on the following pages on these groups – delete the groups that you have assessed as not being impacted - and explain in the box below why the other groups are not likely to be impacted.

AGE - This refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds). Children, young people, adults and older people.						
Detail on service users / residents that could be affected.	*These age groups will be most impacted by this proposal*					
What kind of impact will the function/service change have?	Positive impact		Negative impact:		Both	
Impacts identified and supporting evidence.						
How will you maximise positive/minimise negative impacts?						
Any negative impacts that cannot be mitigated?	*Risks associated with negative impact*					

DISABILITY - A person has a disability if s/he has a physical or mental impairment including a long term condition which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.						
Detail on service users / residents that could be affected.						
What kind of impact will the function/service change have?	Positive impact		Negative impact:		Both	
Impacts identified and supporting evidence.						
How will you maximise positive/minimise negative impacts?						
Any negative impacts that cannot be mitigated?	*Risks associated with negative impact*					

ETHNICITY / RACE / ETHNIC GROUP - Refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.						
Detail on service users / residents that could be affected.						
What kind of impact will the function/service change have?	Positive impact		Negative impact:		Both	
Impacts identified and supporting evidence.						
How will you maximise positive/minimise negative impacts?						
Any negative impacts that cannot be mitigated?	*Risks associated with negative impact*					
GENDER - This is simply the impact on males / females.						
Detail on service users / residents that could be affected.						
What kind of impact will the function/service change have?	Positive impact		Negative impact:		Both	
Impacts identified and supporting evidence.						
How will you maximise positive/minimise negative impacts?						
Any negative impacts that cannot be mitigated?	*Risks associated with negative impact*					

GENDER REASSIGNMENT - The process of transitioning from one gender to another.						
Detail on service users / residents that could be affected.						
What kind of impact will the function/service change have?	Positive impact		Negative impact:		Both	
Impacts identified and supporting evidence.						
How will you maximise positive/minimise negative impacts?						
Any negative impacts that cannot be mitigated?	*Risks associated with negative impact*					

RELIGION & BELIEFS - 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.						
Detail on service users / residents that could be affected.						
What kind of impact will the function/service change have?	Positive impact		Negative impact:		Both	
Impacts identified and supporting evidence.						
How will you maximise positive/minimise negative impacts?						
Any negative impacts that cannot be mitigated?	*Risks associated with negative impact*					

MARRIAGE & CIVIL PARTNERSHIP - Equal Marriage (same sex) bill 2013 came into effect on 29th March 2014. Those in same sex relationships can now legally marry in the same way as a man and a woman apart from in Church. Civil Partnerships continue to be available for those not wishing to marry. Civil partners must be treated the same as married couples on a wide range of legal matters.						
Detail on service users / residents that could be affected.						
What kind of impact will the function/service change have?	Positive impact		Negative impact:		Both	
Impacts identified and supporting evidence.						
How will you maximise positive/minimise negative impacts?						
Any negative impacts that cannot be mitigated?	*Risks associated with negative impact*					

PREGNANCY & MATERNITY - Pregnancy is the condition of being pregnant. Maternity refers to the period of 26 weeks after the birth, which reflects the period of a woman's ordinary maternity leave entitlement in the employment context.						
Detail on service users / residents that could be affected.						
What kind of impact will the function/service change have?	Positive impact		Negative impact:		Both	
Impacts identified and supporting evidence.						
How will you maximise positive/minimise negative impacts?						
Any negative impacts that cannot be mitigated?	*Risks associated with negative impact*					

SEXUAL ORIENTATION -- Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes						
Detail on service users / residents that could be affected.						
What kind of impact will the function/service change have?	Positive impact		Negative impact:		Both	
Impacts identified and supporting evidence.						
How will you maximise positive/minimise negative impacts?						
Any negative impacts that cannot be mitigated?	*Risks associated with negative impact*					

CARERS						
Detail on service users / residents that could be affected.						
What kind of impact will the function/service change have?	Positive impact		Negative impact:		Both	
Impacts identified and supporting evidence.						
How will you maximise positive/minimise negative impacts?						
Any negative impacts that cannot be mitigated?	*Risks associated with negative impact*					

AREAS OF DEPRIVATION and GEOGRAPHICAL LOCATION (urban, rural, isolated) - Refers to where different people live						
Detail on service users / residents that could be affected.						
What kind of impact will the function/service change have?	Positive impact		Negative impact:		Both	
Impacts identified and supporting evidence.						
How will you maximise positive/minimise negative impacts?						
Any negative impacts that cannot be mitigated?	*Risks associated with negative impact*					

VULNERABLE GROUPS e.g. ex-military, homeless, looked-after children, those seeking asylum						
Detail on service users / residents that could be affected.						
What kind of impact will the function/service change have?	Positive impact		Negative impact:		Both	
Impacts identified and supporting evidence.						
How will you maximise positive/minimise negative impacts?						
Any negative impacts that cannot be mitigated?	*Risks associated with negative impact*					

QUALITY ASSESSMENT

The looks at the scheme as a whole and asks how it will impact 'Patient Safety', 'Clinical Effectiveness' and 'Patient Experience' and how any risks or negative impacts could be mitigated.

Patient Safety – the avoidance of unintended or unexpected harm to people during the provision of health care.

Clinical Effectiveness – the application of the best knowledge, derived from research, clinical experience and patient preferences to achieve optimum processes and outcomes of care for patients. The aim of clinical effectiveness is to use evidence to improve the effectiveness of clinical practice and service delivery.

Patient Experience – the way a patient feels about their care based on all interactions, before, during and after delivery of care.

Will the scheme have a positive, negative or neutral impact on the following areas?						
Patient Safety:	**Positive impact:**		**Negative impact:**		**Neutral impact:**	
Outline rationale for this:						

Clinical Effectiveness:	**Positive impact:**		**Negative impact:**		**Neutral impact:**	
Outline rationale for this:						

Patient Experience:	**Positive impact:**		**Negative impact:**		**Neutral impact:**	
Outline rationale for this:						

If the scheme is to go ahead, what risks will there be in relation to the following areas and how will these risks be mitigated? **Consequences:** 1 Low, 2 Minor, 3 Moderate, 4 Major, 5 Severe **Likelihood:** 1 Negligible, 2 Unlikely, 3 Possible, 4 Likely, 5 Almost certain **Score:** C x L					
Risk to Patient Safety: Frame risk as IF…THEN…RESULTING IN…					
Consequence:		**Likelihood:**		**Score:**	
Mitigations:					

Risk to Clinical Effectiveness: Frame risk as IF…THEN…RESULTING IN…					
Consequence:		**Likelihood:**		**Score:**	
Mitigations:					

Risk to Patient Experience: Frame risk as IF…THEN…RESULTING IN…					
Consequence:		**Likelihood:**		**Score:**	
Mitigations:					

AMENDMENTS to the programme following Quality & Equality Impact Assessment - explain any changes made as a result of this and why they have been made.

RECOMMENDATION

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

Outcome No.	Description	Tick
Outcome One	**No major change to the service/function required.** This QEIA has not identified any potential for discrimination or negative impact, and all opportunities to promote equality have been undertaken. Proceed with the programme and review QEIA mid-programme.	
Outcome Two	**Adjust the service/function** to remove barriers identified by the QEIA or better advance equality. Are you satisfied that the proposed adjustments will remove the barriers you identified? Proceed with adjustments, amend programme and review QEIA mid-programme.	
Outcome Three	**Continue the service/function** despite potential for negative impact or missed opportunities to advance equality identified. You will need to make sure the QEIA clearly sets out the justifications for continuing with it. You need to consider whether there are: • Sufficient plans to stop or minimise the negative impact • Mitigating actions for any remaining negative impacts plans to monitor the actual impact. Proceed with programme. Monitor and evaluate. Discuss with SRO.	
Outcome Four	**Stop and rethink** the service change/proposal when the QEIA shows actual or potential unlawful discrimination. Review with the SRO for this area of work within 28 days of completion of QEIA.	
Please use the box on the right to explain the		

rationale for your recommendation:	

Sign off	**Senior Responsible Officer/Director (name and job title)**	**Date:**

13. Appendix 2 – Risk Matrix and Scoring Methodology

These tables have been taken from the National Patient Safety Agency[1] and have been adapted for Surrey Heartlands CCGs' use.

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

Domains	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
Impact on the safety of patients, staff or public (physical/ psychological harm)	Minimal injury requiring no/ minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/ agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/ disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/ complaints/ audit	Peripheral element of treatment or service suboptimal Informal complaint/ inquiry	Overall treatment or service suboptimal Formal complaint stage 1 Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint stage 2 Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/ service Gross failure of patient safety if findings not acted on Inquest/ ombudsman inquiry Gross failure to meet national standards
Human resources/ organisational development/ staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale	Uncertain delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>5 days)	Non-delivery of key objective/ service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff

[1] http://www.npsa.nhs.uk/nrls/improvingpatientsafety/patient-safety-tools-and-guidance/risk-assessment-guides/risk-matrix-for-risk-managers/

Domains	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
			Poor staff attendance for mandatory/key training	Loss of key staff 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 or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business Projects/ Objectives	Insignificant cost increase/ schedule slippage Key 'political' target is being achieved and impact prevents improvement	<5 per cent over project budget Schedule slippage Key 'political' target is being achieved but impact reduces performance marginally below target in the near future or performance currently on target, but there is no agreed plan to meet the target	5–10 per cent over project budget Schedule slippage Key 'political' goal is marginally below target or is soon projected to deteriorate beyond acceptable limits or there is an agreed plan but it does not yet meet the rising target	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key 'political' target not being achieved and impact prevents improvement, or substantial decline in performance trend	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met Key 'political' target is not being achieved and the impact further deteriorates the position
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/ Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract/ payment by results

Domains	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
				Purchasers failing to pay on time	Claim(s) >£1 million
Service/ business interruption Environmental impact	Loss/ interruption of >1 hour Minimal or no impact on the environment	Loss/ interruption of >8 hours Minor impact on environment	Loss/ interruption of >1 day Moderate impact on environment	Loss/ interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

Table 2: Likelihood score (L)

What is the likelihood of the consequence occurring?

The frequency-based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify a frequency.

Likelihood score	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
Frequency How often might it/ does it happen	This will probably never happen/ recur	Do not expect it to happen/ recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/ recur but it is not a persisting issue	Will undoubtedly happen/ recur, possibly frequently

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

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

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

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

14. Appendix 3 – Procedural Document Checklist for Approval

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

Director Approval			
On approval, please sign and date it and forward to the chair of the committee/group where it will receive final approval.			
Name	Clare Stone	Date	
Signature			
Committee Approval			
On approval, Chair to sign and date.			
Name		Date	
Signature			

15. Appendix 4 – Compliance and Audit Table

Criteria	Measurable	Frequency	Reporting to	Action Plan/ Monitoring
All appropriate 'business decisions' have a completed QEIA	100%	Annual review	Relevant directorate committee	Relevant ICS and ICP Director
All staff completing QEIA's attend mandatory training every three years	90%	Annual review	Relevant directorate committee	Relevant ICS and ICP Director