

Policy:

NP034 Quality & Equality Impact Assessment

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Summary of policy

This policy sets out the background and process for the completion of Quality & Equality Impact Assessments.

Target audience	All Sheffield Health and Social Care (SHSC) staff (including staff seconded into, working or training in SHSC), contractors, partner organisations, students, patients, service users, carers, and visitors
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Keywords	Quality, Equality, Assessment,
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<p>Storage & Version Control</p> <p>Version 3.0 of this policy is stored and available through the SHSC intranet/internet. This version of the policy supersedes the previous version (2.0 October 2021). Any copies of the previous policy held separately should be destroyed and replaced with this version.</p>
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Version Control and Amendment Log

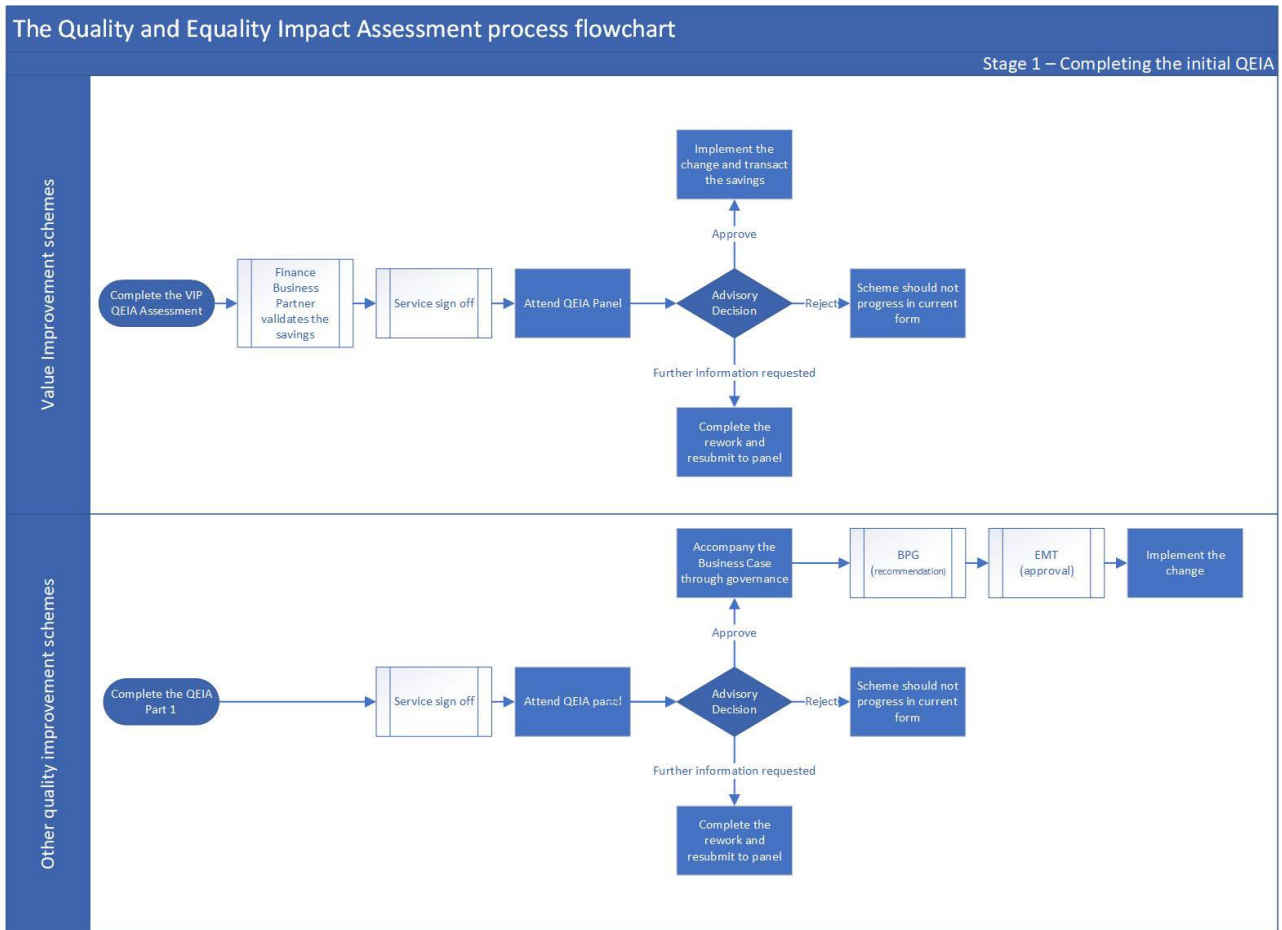
Version No.	Type of Change	Date	Description of change(s)
1.0	Policy, process and template issued to Policy Governance Group and Quality Assurance Group	05 May 2021	
2.0	Policy, process and template updates to reflect changes as a result of policy review	14 October 2021	Amended process based on consultation with Annual Integrated Planning Group and Business Planning Group regarding duration of process and complexity. Included reference, and required action, in line with lived experience involvement standard operating procedure into the process.
2.1	Policy, process and template updates to reflect changes as a result of policy review	Aug 24	Content revised to reflect changes to best practice and to reflect work-as-done.

Version No.	Type of Change	Date	Description of change(s)
3.0	Final version for reapproval	Oct 24	Revision presented for reapproval

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Flowchart



1 Introduction

- 1.1 SHSC recognises that the process of service change and improvement can present risk to the quality and safety of the care provided. As such, all service changes are to be evaluated for their impact on quality, equality, human rights implications, sustainability and SHSC carbon net zero targets to ensure that they are clinically safe and that risks to quality can be managed through mitigating actions.
- 1.2 The Trust requires a fit-for-purpose quality assessment-based process alongside financial assessment and probity in service changes (see section 3.2 below).
- 1.3 Further, the National Quality Board (NQB) issued guidance in 2012 outlining how quality of care should be assessed during the development of and implementation of Cost Improvement Plans (CIPs) to ensure proper scrutiny by provider boards and commissioning authorities.
- 1.4 Additionally, a public authority must, in the exercise of its functions, have due regard to the need to:
 - a. eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010
 - b. advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
 - c. foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 1.5 The QEIA process provides a focus on quality. It is to be used to prepare for any service change and alongside the financial and business case for any proposed change. It is not designed to replicate these and should be considered a balance to the financial case.
- 1.6 In applying the Policy, the needs and interests of the service user always come first, although the QEIA process acknowledges the other important factors which need to be included in the assessment of risk and positive impact associated with service change.
- 1.7 The Quality and Equality Impact Assessment Policy has been developed to ensure that appropriate steps are in place to safeguard quality and ensure there is oversight of other risks whilst delivering planned changes to service delivery.
- 1.8 The Quality and Equality Impact Assessment process analyses the type of impact (both positive and negative), and the corresponding plans for managing associated risks and potential benefits of any service change within the Trust. Evidence to support these decisions (e.g. data or information used to inform the QEIA) should be referenced.
- 1.9 QEIAs will be subject to ongoing assessment of their impact during the change process to ensure the impact assessment has not changed significantly either before the implementation of the change or after implementation until business as usual is established.

1.10 Post-implementation, routine performance monitoring will provide assurance that any further impact will be detected as part of business-as-usual practice.

2 Scope

- 2.1 This Policy should be read by all those with the responsibility for delivering and supporting service change, value improvement, quality improvement, and transformation within SHSC.
- 2.2 This policy must be followed and a QEIA completed before a permanent or temporary change to the pattern of service delivery is made (a service change).
- 2.3 Such service changes include:
- Service improvement
 - Transformation programmes
 - Projects
 - Significant commissioning changes
 - Value Improvement Plans (VIP)

The above are further defined in Section 4- Definitions.

2.4 Additionally, a QEIA must be completed and approved prior to submission of any Business Case to Business Performance Group (BPG) and must accompany the Business Case to that committee. BPG will not accept Business Cases for consideration without the accompanying approved QEIA.

3 Purpose

- 3.1 The purpose of this policy is to ensure that the implications of service change for service users, staff and all those with protected characteristics are considered fully prior to the introduction of any change, to ensure that these groups are not disproportionately affected and that any impacts can be mitigated or monitored to support equity for all. In addition, the QEIA will consider both positive and negative impacts on environmental and social sustainability, including the implications of service change on meeting our carbon net zero emissions targets outlined in our Green Plan and sustainability strategy.
- 3.2 The objectives of the Policy are to:
- Define the Trust's requirements for QEIA's related to service change.
 - Provide guidance to relevant staff on the criticality of the QEIA process and provide guidance on completing the QEIA template.
 - Define governance and decision-making related to the QEIA process.
 - Define the process for responding to section 149 of the Equality Act 2010 (The Public Sector Equality Duty) when considering and implementing service changes.
 - Define a process to support SHSC compliance with the Health and Care Act 2022, including duties for NHS Providers to address the UK net zero emissions target,

the environmental targets within the Environment Act 2021 and adapt to any current or predicted impacts of climate change identified within the 2008 Climate Change Act.

- 3.3 The Policy supports the Trust's quality governance systems by enabling an assessment of the impact of service change on quality and other key measures to inform and enable appropriate, informed decision making.
- 3.4 The Policy supports the Trust's commitment to equality by including an assessment of the impact of all service changes on the nine protected characteristics as defined by the Equality Act 2010.

4 Definitions

Integrated Change Framework – A methodology to enable systematic application of the knowledge, tools, and resources that provides organisations with a key process to achieve their strategies and support change.

Service improvement – any change to service provision resulting from continuous improvement, service development or recovery plans that will impact upon any of the areas of quality focus set out in Section 5.2. For example, changes to operating hours.

Transformation programme – Complex, transformative change initiated to deliver our strategic priorities and overseen by the Transformation Portfolio Board. For example, the Therapeutic Environments Programme.

Project – Less complex change undertaken to deliver a specific goal. For example, pilot of Safe2Share service user feedback tool

Significant commissioning changes – Cessation or reinstatement of services or significant change to what a service is commissioned to do. For example, the cessation of Substance Misuse Service provision.

Value Improvement Plans (VIP) – Service changes intended to release a cashable saving where the change will impact upon the areas of quality focus set out in Section 5.2. For example, introducing a fleet of electronic vehicles.

4.1 Glossary of terms

QEIA – Quality and Equality Impact Assessment

AIPG – Annual Integrated Planning Group – Responsible for consideration of Outline Business Cases.

BPG – Business Planning Group – Responsible for recommending approval of funding for Business Cases.

QAC – Quality Assurance Committee – Overall accountability for the SHSC QEIA policy and process.

Impact – the sum and magnitude of the result of a service change.

KPI – Key Performance Indicator – a measure used to judge whether risk mitigations documented in a QEIA are proving effective/impacts are as predicted.

5 Details of the policy

5.1 The Quality and Equality Impact Assessment process analyses the type of impact (both positive and negative), and the corresponding plans for managing associated risks and potential benefits of any service change within the Trust. Evidence to support these decisions (e.g. data or information used to inform the QEIA) should be referenced in the Quality and Equality Impact Assessment template.

- 5.2 The key quality indicators that must be considered as part of a holistic approach to impact assessment are:
- Patient Safety
 - Clinical Effectiveness
 - Service User and Carer Experience
 - Operational Effectiveness
 - Strategic Objectives
 - Reputation
 - Workforce
 - Sustainability
 - Equality and Diversity (Discrimination) and Human Rights Act compatibility
- 5.3 Impact assessment is a continuous process to help decision makers fully think through and understand the consequences of possible and actual impacts on quality, equality, and other relevant system impacts when planning and implementing change
- 5.4 The QEIA examines the extent to which a service change may impact, either negatively or positively, or have limited impact on any staff or service users with any of the nine protected characteristics, and where appropriate, asks the author to consider mitigation measures to ensure equal access to services and opportunities. It also asks the author to consider what measures will be used to judge whether those mitigations have proved to be effective.

6 Duties

6.1 Quality Assurance Committee

This role holds the overall accountability for governance of the QEIA Policy and process and will:

- Ensure that an effective Quality and Equality Impact Assessment Policy and process is in place across the Trust.
- Receive monthly reports from the Quality and Equality Impact Assessment Panel to ensure the impact on quality and performance is being thoroughly assessed, the level of risk understood, and any negative impact mitigated.
- Request more detailed ad hoc reports on services changes which are of particular interest to them from the quality perspective.

6.2 Quality and Equality Impact Assessment Panel (QEIAP)

This role is responsible for considering and approving the QEIAs and will:

- Be accountable and responsible for the formal consideration and corresponding approval or rejection of all QEIAs.
- Receive each review relating to a QEIA and direct the owner on the frequency or timing of subsequent reviews.
- Ensure that Quality Committee receives monthly assurance reports.

Panel membership currently consists of:

- Director of Nursing, Quality & Professions
- Medical Director
- Director of Psychological Services
- Race Equity Lead
- Human Rights Officer
- Head of Population Health & Inequalities
- Sustainability Lead

They may be assisted by other Senior Leaders as appropriate.

6.3 Executive Directors / Clinical and Corporate Directors / Professional leads / Heads of Service / SROs:

This role is accountable for the service change and responsible for reviewing and endorsing the QEIA prior to its submission to the QEIA panel and will:

- Ensure QEIAs are identified and completed for all new or ongoing service changes within their areas of responsibility.
- Appoint the QEIA Owner
- Be responsible for confirming the QEIA is accurate and ready for formal consideration by the Quality and Equality Impact Assessment Panel.
- Sign off the QEIA on behalf of the service prior to submission.

6.4 Owner (responsible for the service change):

This role is the primary author of the QEIA and will:

- Write, or delegate authorship of the QEIA as appropriate, in line with this policy and ensuring that the views of others are considered in the development of the document.
- For clinical QEIAs, co-ordinate representation at the panel meeting by Operations, Medical and Nursing colleagues
- Be responsible for ensuring QEIAs are monitored and reviewed at regular intervals to ensure quality and other key impact measures are not compromised and bring back to the panel
- Be accountable and responsible for working with the Programme Management Office (PMO) to schedule the QEIA for approval and subsequent reviews, sending the QEIA to the PMO for inclusion in the QEIA Register and definitive document repository. This responsibility may be delegated.

6.5 Programme Management Office (PMO):

This role co-ordinates and facilitates the QEIA panel meetings and is the custodian of the QEIA register and the repository of definitive documents, and will:

- Define and manage the QEIA process.
- Facilitate and support the Quality and Equality Impact Assessment Panel meetings.
- When requested by the owner, support authorship of the QEIA and subsequent reviews.
- Develop, maintain and monitor the QEIA Register and document repository on behalf of SHSC.
- Provide monthly reports to the Quality Assurance Committee on the QEIA process for assurance.
- Support the QEIA policy owner to conduct policy reviews.

6.6 Individual Staff will:

- Be responsible for notifying managers of service change opportunities in their area of work which may result in a QEIA being required.

7 Procedure

- 7.1 The Trust recognises that the process of service change and improvement can present risk to the quality of the care provided. As such, all service changes (as described above) must complete a QEIA assessment.
- 7.2 QEIAs should be continuously assessed throughout the life cycle of the service change and must be re-considered by panel if there are material alterations to the either the change being made or to the level of risk that the change represents.
- 7.3 Post-implementation, routine performance monitoring will provide assurance that any further impact will be detected as part of business-as-usual practice.
- 7.4 Where a decision is related to a third-party Public-Sector Organisation's decision-making process (for example commissioning) or a national policy decision, review of that party's QEIA may be useful in informing the SHSC QEIA, for example, a review of any data already collated or considered.
- 7.5 The QEIA process assesses risk using the Trust's standard risk matrix (see Appendix 1).
- 7.6 The Quality and Equality Impact Assessment process is outlined as follows:

Stage 1: Completing the Quality & Equality Impact Assessment

Contact PMO, who will provide the latest templates and provide support to or guidance on completion including sharing the contact details of colleagues who can help to complete specific sections of the QEIA. Service changes should involve people who use our services, their families and carers, consider this in completion of the QEIA. All service changes should involve people who use our services, their families and carers The templates can also be found on Jarvis. There is a specific template for Value Improvement schemes. The PMO will assign you to attend a QEIA panel meeting. The QEIA must be assessed by the panel before

you attend any other governance meetings including AIPG and BPG. For Value Improvement Schemes, no savings may be transacted until the proposal has been assessed by the panel. An approved QEIA must be appended to any Business Cases submitted through the Business Planning process.

Stage 2: Quality and Equality Assessment Panel Review of QEIAs

The Manager responsible for the service change must ensure that the scheme has been approved by the service prior to presentation to the panel and will assign appropriate representation at the panel to explain the background, context and the impact of the proposed change. The panel may approve the QEIA or may decide that further information is required before approval can be given.

Where further evidence is required to make a judgement, the PMO will liaise with the Manager to assist in preparing this. The QEIA will be revised and issued to the QEIA Panel. It is at the panel's discretion whether they require the Manager or other representative to attend the meeting again.

Once a service change is approved by the QEIA Panel, this will be recorded on the QEIA Register by the PMO and the approved version stored in the definitive document repository. Risks identified as part of the QEIA process will be recorded and managed through the Trust's Risk Management Policy, with high risks escalated to the Quality Assurance Committee and recorded on the Board Assurance Framework.

Stage 3: Ongoing Review of QEIA

QEIAs should be reviewed regularly and at least at the following times:

- Review 1 – Prior to change implementation taking place.
- Review 2 – During the change implementation
- Review 3 – Post implementation

The QEIA should also be reviewed if there is a significant change to the scope of the service change, or where there is a significant change to the risk or likely impact of the change. The QEIA template includes a section to log dates of reviews and changes to impact ratings. The reviews should be sent to QEIAP at each stage, but reviews can be escalated at any time. The PMO will organise this with the Manager.

Once the service change is completed and 'Business as Usual' established, a final review of the QEIA should be completed to support any Closure/Post Implementation Review report that will be prepared by the Manager and be reviewed and approved at appropriate local governance level.

8 Development, consultation and approval

8.1 The initial policy and process were created by a Task and Finish Group with representation from the Service User Engagement Team, Quality, Risk, Clinical

Governance, Contracting, Procurement, Equality and Diversity, Business Planning and PMO.

- 8.2 This version of the policy has been reviewed by the QEIA panel to reflect current best practice and to reflect work as done.
- 8.3 Version 2.0 of the policy was approved at PGG on 25/10/2021.
- 8.4 The policy has been reviewed, drawing on best practice from the Devon Partnership NHS Trust and reflecting changes to work-as-done and will be re-submitted to PGG once finalised.
- 8.5 The policy will be approved by the Policy Governance Group and ratified by the Quality Assurance Committee.

9 Audit, monitoring and review

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g., who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
Assurance of the QEIA Panel approvals / reviews and policy implementation	Review of monitoring by Head of PMO in QEIA Panel	QEIA Panel/PMO	Each panel meeting	Quality Assurance Committee	QEIA Panel (PMO)	QAC
Assurance on implementation and monitoring of QEIA Policy	monthly reports to Quality Assurance Committee	PMO on behalf of QEIA Panel	Bi-monthly	Quality Assurance Committee	PMO	QAC

10 Implementation Plan

Action / Task	Responsible Person	Deadline	Progress update
Secure re-ratification of the policy at Quality Assurance Committee	Head of PMO	Sep 24	Complete
Secure re-approval of the policy at Policy Governance Group	Head of PMO	21/10/24	
Follow the Trust procedure for publication of the policy and archiving the previous version	Head of PMO	Post reapproval	PMO Analyst to ensue this action is completed

Action / Task	Responsible Person	Deadline	Progress update
Maintain a local copy of the approved policy within the PMO document repository and schedule the next review cycle.	Head of PMO	31/10/24	On track

11 Dissemination, storage and archiving control

The policy will be made available to all staff via Jarvis. A communication will be issued to all staff via Connect immediately following publication.

Version	Date added to intranet	Date added to internet	Date of inclusion in Connect	Any other promotion/ dissemination (include dates)
3.0	TBC	TBC	TBC	TBC

12 Training and other resource implications

Advice on completing the QEIA can be gained from PMO. Training on the Public Sector Equality Duty and Equality Impact Analysis will be provided by the Head of Equality and Inclusion.

13 Links to other policies, standards, references, legislation and national guidance

- Public Sector Equality Duty
- Equality Impact Analysis Training Module

14 Contact details

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Head of Programme Management Office	Zoe Sibeko	0114 225 0710	Zoe.Sibeko@shsc.nhs.uk

Appendix 1: SHSC Risk Assessment Matrix

		Likelihood				
		1: Rare	2: Unlikely	3: Possible	4: Likely	5: Almost Certain
Severity	1: Insignificant	Very Low	Very Low	Very Low	Very Low	Very Low
	2: Minor	Very Low	Very Low	Low	Low	Medium
	3: Moderate	Very Low	Low	Medium	Medium	High
	4: Major	Very Low	Low	Medium	High	High
	5: Catastrophic	Very Low	Medium	High	High	High

Appendix A

Equality Impact Assessment Process and Record for Written Policies

Stage 1 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

NO – No further action is required – please sign and date the following statement.
 I confirm that this policy does not impact on staff, patients or the public.

I confirm that this policy does not impact on staff, patients or the public.
 Name/Date:

YES, Go to Stage 2

Stage 2 Policy Screening and Drafting Policy - Public authorities are legally required to have ‘due regard’ to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain ‘protected characteristics’ and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don’t know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 – Policy Revision - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age	No	The purpose of the QEIA policy is to ensure that these considerations are taken into account when changes are made to processes with a view to	The policy has been strengthened to consider human rights and health inequalities implications of change, with a view to enhancing the relations of those with any protected characteristics
Disability	No		
Gender Reassignment	No		
Pregnancy and Maternity	No		

Race	No	improving equality of opportunity for all those with any protected characteristics.	
Religion or Belief	No		
Sex	No		
Sexual Orientation	No		
Marriage or Civil Partnership	No		

Please delete as appropriate: - Policy Amended / Action Identified

Impact	Assessment
Completed	by: Helen
Roberts,	PMO Analyst

Appendix B

Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
Engagement		
1.	Is the Executive Lead sighted on the development/review of the policy?	✓
2.	Is the local Policy Champion member sighted on the development/review of the policy?	
Development and Consultation		
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	n/a
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	✓
5.	Has the policy been discussed and agreed by the local governance groups?	✓
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	n/a
Template Compliance		
7.	Has the version control/storage section been updated?	✓
8.	Is the policy title clear and unambiguous?	✓
9.	Is the policy in Arial font 12?	✓
10.	Have page numbers been inserted?	
11.	Has the policy been quality checked for spelling errors, links, accuracy?	✓
Policy Content		
12.	Is the purpose of the policy clear?	✓
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	✓
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	✓
15.	Where appropriate, does the policy contain a list of definitions of terms used?	✓
16.	Does the policy include any references to other associated policies and key documents?	✓

17.	Has the EIA Form been completed (Appendix 1)?	✓
Dissemination, Implementation, Review and Audit Compliance		
18.	Does the dissemination plan identify how the policy will be implemented?	n/a
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	✓
20.	Is there a plan to i. review ii. audit compliance with the document?	✓
21.	Is the review date identified, and is it appropriate and justifiable?	