

# Quality Equality Impact Assessment (QEIA) Policy

## November 2021

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Name of originator/author:	Rachel Welton / Richard Kennedy
Name of Sponsor:	Chief Nurse
Name of responsible committee	Governance Sub-committee
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<http://www.intranet.sheffieldccg.nhs.uk/policies-procedure-forms-templates.htm>



## Policy Audit Tool

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Please give status of Policy: <b>New / Revised</b>		
<b>1.</b>	<b>Details of Policy/Procedural Document</b>	
1.1	Policy Number:	CO031/02/2023
1.2	Title of Policy/document:	Quality Equality Impact Assessment (QEIA) Policy
1.3	Sponsor	Chief Nurse
1.4	Author:	Rachel Welton, Senior Nurse Primary Care Transformation and Nursing Workforce lead Richard Kennedy, Engagement and Equality Manager
1.5	Lead Committee	Governance Sub-committee
1.5	Reason for policy/document:	To ensure that the CCG can achieve its aims of reducing health inequalities, discharge its statutory responsibilities with regard to commissioning high quality and safe services, and to meet the requirements of the Equalities Act 2010
1.6	Who does the policy affect?	All CCG staff
1.7	Are the National Guidelines/Codes of Practice etc issued?	
1.8	Has an Equality Impact Assessment been carried out?	No, an Equality Impact Assessment is not required for this policy. The policy gives guidance on the use of quality and equality impact assessments within NHS Sheffield CCG.
<b>2.</b>	<b>Information Collation</b>	
2.1	Where was Policy information obtained from?	Research around the practices and policies of other CCGs, notably, Northern, Eastern and Western (NEW) Devon CCG. Also the requirements of the NHS Equality Delivery System
<b>3.</b>	<b>Policy Management</b>	
3.1	Is there a requirement for a new or revised management structure for the implementation of the Policy?	No
3.2	If YES attach a copy to this form.	
3.3	If NO explain why.	
<b>4.</b>	<b>Consultation Process</b>	
4.1	Was there external/internal consultation?	Yes
4.2	List groups/persons involved	QEIA Review Group Clinical Commissioning Committee SPIEEC Deputy directors Staff forum Rachel Dillon – Senior Programme manager, Urgent Primary Care; Lucy Ettridge – Deputy Director of Communications, Engagement and Equality;

		Jane Howcroft, Programme and Performance Assurance Manager; Tahirah Iqbal, Business Support Officer; Richard Kennedy, Engagement and Equality Manager; Sarah Neil, Quality Manager, Patient Experience Manager; Rachel Welton, Senior Nurse, Primary Care Transformation and Nursing Workforce lead Alun Windle, Chief Nurse Dr Sally Fowler–Davies, Clinical Academic Researcher
4.3	Have external/internal comments been included?	Yes.
4.4	If external/internal comments have not been included, state why.	
<b>5.</b>	<b>Implementation</b>	
5.1	How and to whom will the policy be distributed?	All staff need to be informed, but particularly those who are involved in developing and/or business cases, investments proposals, service changes and policies which affect CCG staff.
5.2	If there are implementation requirements such as training please detail.	Training has already been delivered to CCG staff by representatives from NHS Devon CCG. There will be a continued roll-out of training led by the QEIA Review Group.
5.3	What is the cost of implementation and how will this be funded	Cost neutral
<b>6.</b>	<b>Monitoring</b>	
6.1	How will this be monitored	The QEIA Review Group will monitor the effectiveness of the policy including: <ul style="list-style-type: none"> <li>• Number of QEIA tools completed</li> <li>• Quality of QEIA tools</li> <li>• Number of QEIA tools supporting papers at decision making committees</li> <li>• Delivery of QEIA launch plan</li> </ul>
6.2	Frequency of Monitoring	Annually

## Version Control

VERSION CONTROL				
Version	Date	Author	Status	Comment

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## **1. Introduction and Purpose**

- 1.1. The purpose of this policy is to assure NHS Sheffield Clinical Commissioning Group (the CCG) that a quality and equality impact assessment (QEIA) is clearly defined and embedded within the decision-making of the organisation.
- 1.2. The CCG needs evidence it shows due regard to statutory and/or mandatory requirements such as the Health and Social Care Act 2012, Equality Act 2010 and the NHS equality delivery system (2013).
- 1.3. The QEIA examines the extent to which a “policy” may impact, either negatively or positively, on any groups of the community and, where appropriate, recommend alternative mitigation measures (ie avoiding or lessening impacts) to ensure equal access to services and opportunities. The impact assessment also ensures that consideration to quality issues are considered in decisions, at the design and scoping stage.
- 1.4. The term ‘policy’ within this QEIA policy covers the range of functions, activities and decisions for which the CCG is responsible, including, for example, strategic decision-making, service changes and employment policies. The full list on when a QEIA should be carried out is shown in appendix A.
- 1.5. QEIAs are designed to help the CCG ensure policies, practices, events and decision-making processes are fair and do not present barriers to participation or disadvantage any protected groups. And also to help assesses whether the change/ policy has an unequal impact on people with protected characteristics.
- 1.6. Impact assessments are a continuous process to help decision makers fully think through and understand the consequences of possible and actual decisions on quality, equality, wider health and social care organisations and other relevant system impacts within decisions, business cases, service specifications, projects and other business plans. The process also supports staff in thinking through any issues which may pose a reputational risk to the CCG, or any potential breach of relevant legislation.
- 1.7. NHS Sheffield CCG undertook a scoping exercise to see what quality impact assessments (QIA) and equality impact assessments (EIA), and specifically joint quality and equality tools existed. The tool created by the ‘NEW Devon CCG’ was the preferred option and as such was chosen to be piloted. A six month pilot took place to ensure the tool enabled the CCG to fulfil its quality and equality analysis obligations. Further details of this pilot are available in papers presented to the CCG’s Clinical Commissioning Committee meetings on 2 April and 6 August 2019.
- 1.8. The QEIA process provides a focus on quality issues, encompassing learning from reports such as Berwick (2013), Keogh (2013) and Francis (2013). It is to be used alongside the financial and business case for any proposed change. It is not designed to replicate these and should be considered in conjunction with the financial case.

- 1.9. Decision-making will take account of issues of equity and fairness and positively demonstrate due regard to equality legislation. The QEIA tool ensures that the patient remains the core focus of NHS business and any decision made about patient care is taken with full consideration of potential impact.

The tool also encourages users to consider impacts on staff.

## 2. Scope

- 2.1. This policy applies to all NHS Sheffield CCG staff. All Governing Body members and staff. However, the following staff have specific responsibilities:

2.1.1 The Accountable Officer has ultimate responsibility for quality and equality across the organisation.

2.1.2 The Chief Nurse and the Director of Commissioning Development are responsible for ensuring that quality and equality (respectively) Impact Assessments are effectively considered as part of discussions and decisions regarding cost improvement programmes, business cases and other service developments or change arising from commissioning activity. They (or their delegated deputies) will review all assessments prior to final approval by the governing body or delegated committee.

2.1.3 Managers/project/programme managers are responsible for undertaking impact assessments for each proposal.

2.2 Appendix A gives guidance as to when a QEIA should be undertaken.

## 3. Definitions

- 3.1. The table below provides an overview for some of the specific terms and abbreviations used within this policy.

Term	Definition
CIP	Cost improvement plan/ like QIPP
JSNA	Joint Strategic Needs Assessment. JSNAs are used to provide a broad range of information about health and factors which influence the health of the population and to help inform and shape the planning and commissioning of services
NICE	National Institute for Health and Care Excellence
QEIA	Quality and equality impact assessment
ICS	Integrated Care System
QAC	Quality Assurance Committee is responsible for securing continuous improvements for the quality of services commissioned by the CCG.
PCCC	Primary Care Commissioning Committee is responsible for making collective decisions on the review, planning and

	procurement of primary care services in Sheffield under delegated authority from NHS England.
Governing body	The CCG Governing Body is responsible for NHS clinical commissioning decisions across Sheffield. They meet formally once a month and are a mixture of NHS clinicians, experienced NHS managers and lay members.
SPIEEC	Strategic Public Involvement, Experience and Equality Committee. Role is assuring governing body that engagement, patient experience and equality and diversity activity is being carried out in line with statutory requirements and to a high standard by the CCG and by its providers
EDS	Equality delivery system, an NHS England framework which helps NHS organisations meet requirements of Public Sector Equality Duty

#### 4. QEIA Process

##### 4.1 The QEIA Process

4.1.1 The quality and equality impact assessment tool has been developed to include:

- Qualitative narrative
- Judgements based on evidence through data such as public health Joint Strategic Needs Assessments (JSNA) or performance
- Assessment of impact

4.1.2 The core components of the assessment are as follows:

- The Darzi Three: (2008)
  - Safety – rating the impact of the proposal on patient safety
  - Effectiveness – rating the impact of the proposal on the clinical effectiveness of patient care
  - Experience – rating the impact of the proposal on the patient experience of care delivery
- Other system impacts – rating the impact of the proposal on the wider health and social care system, patient groups, staff or reputation of the organisation
- Measurement
- The protected characteristics (equality, diversity and inclusion) – rating the impact on those in specific groups as outlined in the Equality Act 2010

and also including other hard to reach groups. Engagement is also noted here

- Supporting evidence documents (contained in the Upload tab)

#### 4.1.3 QEIAs will help:

- Ensure that CCG decisions impact in a fair way: where there is evidence that particular groups will be negatively affected by a decision, action should be taken to address this
- Make CCG decisions based on evidence: QEIA provides a clear and structured way to collect, assess and put forward relevant evidence
- Make decision-making more transparent: a process which involves those affected by the policy and which is based on evidence is much more open and transparent. This is more likely to engender trust in decision-makers and in your decisions
- Ensure that measures are in place to monitor what the impact of policies and commissioning decisions are, after the change has been implemented

#### 4.1.4 They should be applied to:

- A proposed change to a service
- Developing options in a business case for potential changes to service delivery e.g. revision of service specification
- A new policy or change to an existing policy, which is being developed that will affect commissioning or delivery of services i.e. commissioning for outcomes framework

Impact assessments must be undertaken within the development and proposal stage of developing "policies". A QEIA must be undertaken when new policies are developed and when existing policies are updated. When an existing policy is updated the impact assessment should be conducted on the policy in its entirety, not just on the changes that are being made.

- A new or refreshed strategy
- New services are being planned and considered in preparation for business cases or option appraisals
- Local implementation of national policy or legislation which affect commissioning or delivery of services

- An internal staffing change that has direct patient contact and impacts on patients/carers/families
  - Internal staffing restructure which will affect working conditions and employment
  - All service proposals (including mergers, closures or the discontinuation of services) for whatever reason, will require a QEIA for review by the CCG
- 4.1.5 It is to be completed by the lead member of staff responsible for the proposed work or delegated and reviewed as appropriate. It should be informed by affected patient and public views to ensure their engagement in the process. The tool is then used as part of and throughout the process rather than as a review once the proposal is completed
- 4.1.6 The QEIA tool includes guidance on completion and embedded notes throughout to assist in the completion of the tool. The tool requires an assessment of each of the core components
- 4.1.7 Each component includes a narrative section that allows the assessor to summarise the new policy or changes, or embed a further document. This narrative should reference any evidence including JSNAs, NICE, Cochrane reviews etc. and should be uploaded within the Upload tab
- 4.1.8 Where a large scale change is proposed the tool will be used for each component of the proposed change. The designated lead for the QEIA will make a judgement with the team leading on the change as to which components will need to be assessed
- 4.1.9 For example, for a Sheffield wide proposal, large ongoing programme of change, or high level impact, it may be appropriate to complete one impact assessment at the early stages of the programme with additional, more detailed versions being completed for each emerging option or as appropriate throughout the programme. These additional versions may focus on a specific area of the change, or the impact of change within a specific CCG locality
- 4.1.10 The quality and equality impact assessment tool is available on the CCG's website and intranet. This will be updated regularly to ensure the most recent version is always available. Please ensure that when completing the QEIA this version is used (See link on page <https://www.intranet.sheffieldccg.nhs.uk/resources-and-materials.htm>)
- 4.1.11 Those responsible for completing QEIAs should draw on support from a number of sources to complete the QEIA. This should include but is not exclusive to:
- Utilising the guidance within this policy

- Drawing on previously completed QEIAs
- An author of a previous QEIA
- Public health and/or the audit and effectiveness team within the quality directorate
- The equality leads within the communications and engagement team (specifically for the EIA element of the tool)
- The programme management office and the Information and Intelligence teams
- A relevant quality manager within the quality directorate (depending on what the piece of work was about this could be the quality manager for either children’s services, acute services, mental health services, care homes or primary care)
- The patient experience lead within the quality directorate
- The medicines optimisation team

4.1.12 The impact assessment rating tables can be found at appendices C and D.

4.1.13 QEIAs should be monitored and reviewed on a monthly basis by the project leads, as part of reviewing the actual impact throughout the implementation stage and during the final review after the “policy” has been implemented. Thereafter, a review should be undertaken annually, or at any change of circumstance.

## **4.2 Governance**

4.2.1 Feedback and assurance on completed QEIAs will be provided by the CCG’s QEIA Review Group, which meets monthly. The role of the group will be reviewed in 12 months.

4.2.2 QEIAs will form part of all involvement plans and reports and be presented as a key piece of evidence to all decision making committees (CCG, PCCC and governing body) to show that knowledge of our communities is appropriately influencing our approach to involvement activity.

4.2.3 SPIEEC will provide feedback on the experience and equality aspects of the QEIA including whether:

- The views of relevant communities have been considered
- Impacts have been reflected and recorded
- Mitigations have been considered

- There are measures to monitor the impact of the change on patient experience

4.2.4 The Governance Sub-committee has been established by the CCG's Governing Body as set out within the Constitution to assist the Audit and Integrated Governance Committee (AIGC) with the discharge of its functions and responsibilities.

The Sub-committee's role is to ensure that a sound system of integrated governance, risk management and internal control is in place which supports the achievement of the CCG's objectives and provides the AIGC and ultimately the CCG's Governing Body with assurance as both an employer and a statutory body.

4.2.5 The QEIA will be considered as part of full documentation by the Governing Body (GB) or Primary Care Clinical Commissioning Committee (PCCC).

### **4.3 Assessment, Rating, Evidence**

4.3.1 Each domain requiring assessment (e.g. safety, experience, effectiveness, and equality) requires the responsible lead to record a narrative in support of the assessment

4.3.2 Each component should be rated by the assessor using the scales included within the QEIA tool. These scales include:

- Impact Score – This is a rating of the impact scoring matrix (see appendices). It runs from positive impact e.g. benefit, to negative impact e.g. deficit
- The number of patients affected – This refers to the total number of patient affected by the change over a period of one week
- The timescale of change – This refers to the likely duration of change. For short term change select the timescale from the options. For a permanent change, the rating of more than 40 weeks should be used.

4.3.3 The QEIA Summary tab brings together the scoring for all core components into a single table and graphical representation

4.3.4 The impact is calculated using the core components of the tool, there are four scores displayed:

- Total score – this is the absolute score of the assessment representing the scale of impact. This score should be used to determine the review level

- Overall quality – this score is the sum of the three domains of quality (safety, effectiveness and experience). This score should be used to judge the relative scale of impact of the proposed change
- Other impacts – this is the overall score of the other impacts identified within the tool.
- Equality Impact – this score outlines the number of groups affected, consultation undertaken and the overall impact score, any potential or negative impacts should be raised with engagement and equality manager(s) for the CCG and they should be clearly flagged in the narrative of any business cases, policies etc. along with a statement as to how these will be mitigated

4.3.5 A section is also included on how the impact will be measured and monitored with time. This may include narrative accounts, embedded documents and should make reference to objective, measurable indicators including JSNAs

4.3.6 All evidence documentation must be uploaded in the Upload tab

#### **4.4 Weighting**

4.4.1 Provision is made within the QEIA tool for weighting of the score domains relative to one another. This would not normally be used but does allow for relative weighting of one domain over another

4.4.2 For example, it may be felt that for a particular case the score for ‘safety’ should carry greater weight than other domains. Thus the weighting for other domains may be reduced by a suitable amount. Assuming safety is the dominant domain a decision may be made that the experience domain should be rated at 75% of the safety domain. However, an adjustment to the weighting of the scoring may require agreement by the Quality Assurance Committee (QAC).

#### **4.5 Interpreting the scores**

4.5.1 The review date and outcome of the meeting that reviews any changes to the initial QEIA should be recorded in front of the QEIA tool

4.5.2 The individual safety, effectiveness, experience and equality scores guide the completion of actions to mitigate or enhance the assessed impact. The Director signing off the QEIA will need to take into account the scale of benefit or harm assessed based on the score matrix. This will give a narrative equivalent to the score.

4.5.2 The information below details a scoring example that identifies an experience score of -40.

Experience score	Numbers of	Number of weeks	Overall score:
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rated @ <b>-4</b>	patients rated @ <b>2</b>	affected rated @ <b>5</b>	<b>-4 x 2 x 5 = -40</b>
From Decision matrix			
Multiple complaints/ independent review Low performance rating Critical report	10 – 50 patients	>40 weeks	Severe level of scrutiny and complaint for a significant number of patients over a prolonged period

4.5.3 The overall quality score totals the advantages and disadvantages of safety, effectiveness and experience. This is an overall score with positive scores balancing negative scores to gain an insight into the overall effect on quality as a whole of the change proposal.

4.5.4 The other impact score represents the impacts of the change proposal on factors other than the quality of patient care/service. It is included to balance the quality score and give insights into the impact that the change will have on been included in the overall quality calculations.

4.5.5 The total impact of change score measure gives the impact of all impacts measured, including the overall quality and other impacts. This should describe the total impact of the scheme on the patient quality and other areas.

See appendix C for impact scoring for patient, safety, effectiveness and experience and appendix D for impact scoring for other impacts

## 5. Equality Impact Assessments

### 5.1. Why do we do Equality Impact Assessments

5.1.1. Equality impact assessments allow us to record our decision making, specifically where we have considered:

- If there are any unintended consequences for some groups
- If the policy or service will be fully effective for all target groups.

5.1.2. Considering these issues allows us to make better, more informed decisions that will result in more appropriate, accessible and improved services for the people who will, or may need to, use them

5.1.3. EIAs draw upon a range of data, research, and information and insight from involvement and consultations. This helps our decision makers to identify potential impacts – both positive and negative that can be used to help understand the issues and look at ways to mitigate negative impacts. The assessment tool helps the CCG show how they are meeting their duties under the Public Sector Equality Act 2010 in a transparent and evidence based way.

This is important in giving due regard to the needs of those with protected characteristics during our decision making

## **5.2. Public Sector Equality Duty**

5.2.1. The Public Sector Equality Duty (PSED) is set out in section 149 of the Equality Act 2010

5.2.2. In summary, the Duty requires the CCG to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

5.2.3. The Equality Act explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low

5.2.4. The Act describes fostering good relations as tackling prejudice and promoting understanding between people from different groups. It states that compliance with the equality duty may involve treating some people more favourably than others

## **5.3. Protected Characteristics**

5.3.1. The protected characteristics include:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership (in the workplace)

- Pregnancy and maternity
- Race
- Religion and belief
- Sex
- Sexual orientation

5.3.2. Other vulnerable groups that are often considered in order to give regard to reducing health inequalities include, but are not exclusive to:

- Carers
- People experiencing homelessness
- Deprived communities
- People seeking asylum/refugees

#### 5.4. **Brown and Bracking principles**

5.4.1. To help support organisations to meet their public sector equality duties a set of principles have been detailed in case law. These are referred to as the Brown Principles.

5.4.2. The Bracking Principles have also been included here as they are relevant for a public body in fulfilling its duty to have 'due regard' and to have enough evidence to demonstrate that it has discharged the duty.

5.4.3. Brown Principles:

- An organisation must be aware of its duty
- Due regard is fulfilled before and at the time any change is considered as well as at the time a decision is taken. Due regard involves a conscious approach and state of mind
- The duty cannot be satisfied by justifying a decision after it has been taken
- The duty must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision
- The duty is a non-delegable one
- The duty is a continuing one

5.4.4. Bracking Principles:

- The equality duty is an integral and important part of the mechanisms for ensuring the fulfilment of the aims of anti-discrimination legislation

- The duty is upon the decision maker personally. What matters is what he or she took into account and what he or she knew
- A body must assess the risk and extent of any adverse impact and the ways in which such risk may be eliminated before the adoption of a proposed policy

## 5.5 How to complete an equality impact assessment

5.5.1 Identifying potential impacts requires an understanding of how the city is made up, who uses our health services, and the issues that people face. To help identify possible impacts and to help shape and inform the equality impact assessment process there are various sources of data that can be called upon.

- Previous EIAs/ QEIAs
- Evidence gathered through previous consultation and involvement activities
- Patient experience data including national surveys, provider level surveys, complaints, on line feedback
- Targeted involvement with identified affected communities
- Demographic monitoring information that we hold
- Usage and equality data from providers
- Sheffield joint strategic needs assessments and other health needs assessments
- National and local research and datasets including Sheffield Equality data pack <https://www.england.nhs.uk/wp-content/uploads/2018/12/ehircp-ney-sheffield-ccg-dec-18.pdf>

5.5.2 A wide range of evidence is collated on the CCG website for reference at [www.sheffieldccg.nhs.uk/understanding-our-communities.htm](http://www.sheffieldccg.nhs.uk/understanding-our-communities.htm).

5.5.3 Once the data has been gathered together in one place it now needs to be considered for its likely impact (benefit, neutral, adverse impact, or unknown) on people's experiences, outcomes or opportunities.

5.5.4 The EIA captures whether protected characteristic groups currently use or access the service

- Some of the significant issues that may be relevant to our service users and staff are detailed below, this is not an exhaustive list but should be a good start
- What equality data do you ask for from Providers to support that all people who are potential users of the service are able to, or do access them, i.e. is their service user data representative of the community as a whole, or of the proportion of the population eligible for it? Are there any representation/data gaps?
- How is the service advertised and promoted– is it in accessible formats, with representative images, in locations likely to be seen by people not

being reached or who are under-represented have we ensured providers are required do this?

- What timing has the service been commissioned for; is this when the service is needed or can be accessed by people who may have different needs, parents of school age children, people of different religions and older and younger people?
- Have you required the provider to consider any different needs people may have, interpreters, accessible information, suitable catering and locations that are accessible by public transport and have accessible parking bays?
- When commissioning services have you incorporated the requirement to involve service users in service design, delivery and feedback mechanisms.
- To be able to measure progress in equality for our communities and staff we need to appreciate the outcomes, rather than the input, so the 'what difference will this make' part allows for consideration of the likely outcomes.

5.5.5 The EIA asks how many people will be affected from each protected characteristic. Where this figure is available from current data, this can easily be put in. If this figure is not available an informed estimate can be made using a mixture of available data including the demographic make-up of the population of Sheffield and usage data.

5.5.6 Evidence is required to record why the impact has been chosen. This consists of two parts, the first part asks what are the identified issues, the second – 'what are you going to do about it'; this forms the core of the analysis.

5.5.7 An impact score is given based upon the type of impact, the number of people affected and how many protected characteristic groups are affected.

5.5.8 The EIA template asks whether each protected characteristic group has been involved in the specific piece of work.

## **5.6 Action planning**

5.6.1 Give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Include here any action to address specific equality issues and data gaps that need to be addressed through consultation or further research. If neutral, have you challenged yourself sufficiently? If negative, how will the gaps be addressed?

5.6.2 Ensure the actions are specific, measurable, achievable, realistic and have a timescale.

5.6.3 Any actions identified should also be reflected in the relevant business case document or policy.

## **6 Training**

- 6.1 Staff will be supported to complete a QEIA using the model described above at 4.1.11. Additionally the principles around why we complete QEIAs will be built into existing training delivered by the human resources and organisation team e.g. corporate induction and the MALTS programme. Additional specific training re the equality requirements within the tool will be facilitated by the CCG's Communications and Engagement team.

## **7 Monitoring effectiveness of the policy**

- 7.1 Regular review of this policy and its effectiveness will be undertaken.

## **8 Review**

- 8.1 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed after twelve months and thereafter on a bi-annual basis or when a change in legislation dictates.

## **9 Links to other documents**

- 9.1 Details of the QEIA process and procedure can be found in the following linked documents:

Appendix A - When to complete a QEIA

## **10 References**

Berwick, D. (2013) *A promise to learn - a commitment to act. Improving the Safety of Patients in England*. National Advisory Group on the Safety of Patients in England. Accessed on 18.10.19 from [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/226703/Berwick\\_Report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/226703/Berwick_Report.pdf)

Darzi, A. (2008) *High Quality Care For All. NHS Next Stage Review Final Report*. Accessed on 18.10.19 from [https://webarchive.nationalarchives.gov.uk/20120104191747/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_085825](https://webarchive.nationalarchives.gov.uk/20120104191747/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825)

Francis, R. (2013) *The Mid Staffordshire NHS Foundation Trust Public Inquiry. Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*. Accessed 18.10.19 from [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/279124/0947.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/279124/0947.pdf)

Keogh, B. (2013) *Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report*. Accessed on 18.10.19 from <https://www.nhs.uk/NHSEngland/bruce-keogh-review/Documents/outcomes/keogh-review-final-report.pdf>

## **11 Accessibility Statement**

- 11.1 NHS Sheffield CCG aims 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. It takes into account the Human Rights Act 1998 and promotes equal opportunities for all. This document has been assessed to ensure that no-one receives less favourable treatment on grounds of their gender, sexual orientation, marital status, race, religion, age, ethnic origin, nationality, or disability. Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the person requesting has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.
- 11.2 NHS Sheffield CCG embraces the six staff pledges in the NHS Constitution. This policy is consistent with these pledges.

## **12 Disability Confident**

- 12.1 NHS Sheffield CCG has been accredited with the Disability Confident Award – level 1. This is in recognition of meeting the commitments regarding employment of disabled people and permits the organisation to use the Disability Confident logo on all of its stationery. The Disability Confident symbol should be added as a footer to all policies / procedural documents.

## Appendix A - When to complete a QEIA

A QEIA needs to take place when one or more of the following is being proposed:

1. A change to a service is being proposed i.e. introduction of additional service activity, withdrawal of service activity, change of location, change to opening hours, new strategic plan for a population. It is likely to increase variation in service i.e. patient access, differently serve marginal populations, increase demand for care or meet an unmet need.
2. A new policy or change to existing policy, which is being developed that will affect commissioning or delivery of services i.e. commissioning for outcomes framework
3. A new or refreshed strategy
4. In developing options for potential changes to service delivery e.g. revision of service specification
5. New services are being planned and considered in preparation for business cases or option appraisals.
6. Local implementation of national policy or legislation which affect commissioning or delivery of services.
7. An internal staffing change which has direct patient contact and impacts on patients/carers/families.
8. An internal staffing restructure which will affect working conditions and employment.

TO NOTE - the QEIA improves planning for change at scale by helping the commissioner take a range of perspectives on population benefit AND to assure the Governing Body that the proposal is safe, equitable and effective.

A key point of an impact assessment is that you take account of equality as you develop your policy and plans. It should not be completed at the end.

If the change you are making requires a QEIA, then you must do one. Papers to PCCC or GB will not be accepted if one has not been completed.

A QEIA should help shape your plan, options appraisal, policy, business case in proof of concept or commissioning intention as part of the commissioning cycle as well as inform the impact the change will have on implementation.

The QEIA is a key part of developing your proposal for change. (this can be a business case, options appraisal, paper for a committee). A QEIA can inform these and vice versa.

Use the QEIA to help you inform proof of concept. Why are you making this change, have you defined the benefits, is it to improve quality and equality, safety, effectiveness, is it improving patient experience?

A QEIA does not need to take place when:

1. The proposed change is an internal administrative change, i.e. a new post, a new monitoring system, an extension to current analysis methods.
2. A corporate or HR policy is introduced or changed which affects staff only. The Human Resources team undertake an annual QEIA which looks at the impact of all corporate and HR policy changes on staff with protected characteristics.
3. There is a change in service provider but the service delivery and specification remains the same.

## **Appendix B - How to complete a QEIA**

1. To help you complete the form, get support from the PMO/Engagement Team. PMO will signpost you to staff who can help you ensure that the QEIA is completed to the appropriate standard. Support is also available on the Intranet/Team QEIA champions/QEIA review group
2. Access QEIA on the Intranet (the tool is on intranet PMO page.)
3. Download and save the QEIA tool. (The tool is constantly being updated, therefore download a new tool from the intranet for every new assessment you need to make.)
4. Complete tool collaboratively ideally with your project team/reference group. In addition, you will need input from Quality, Finance, Engagement and Equality, Experience, and Business Intelligence teams to help complete the tool.
5. Use the information which you have gathered from your broader project/business case to inform this tool such as public and stakeholder engagement, demographics, population health data, evidence for change, literature research.
6. You may not be able to complete all the boxes regarding the demographics. However, gaps in evidence should be identified and filled where possible. Lack of data is never a reason for not assessing impact and does not provide an excuse for not completing an assessment. Different types of evidence, for example, can be used. If you have any evidence which provides a proxy, e.g. evidence of change carried out in different CCGs or national statistics/good practice, then use that.
7. If you have a draft for sharing, please share with the Engagement Team and PMO who can advise and feedback.
8. If the change is highly sensitive then share with your deputy director/deputy director of communications, engagement and equality who will be able to give you advice.
9. Once the tool is completed, please send the draft tool with the draft business case/proposal/paper to the QEIA Review Group and PMO. The QEIA Review Group will assess whether the tool has been completed to an appropriate standard, and provide a rating:

- a) **Transformative**; enabling clear health and wellbeing benefits at population (and sub population) level with no potential for discrimination or adverse impact.
- b) **Robust**; maintaining quality improvement at population level, adapting to system or population changes. There is no potential for discrimination or adverse impact and that all opportunities to promote equality have been taken.
- c) **Requiring adjustment**; Quality identified but not sustainable, identifies potential problems or missed opportunities with action required to remove barriers or better promote equality.
- d) **Justifies continuation**; Quality assessment identifies the potential for adverse impact or missed opportunities to promote equality but proposal makes a compelling case with reasons and justification for continuation, with improvement.
- e) **Stop and remove the proposal**; Quality impact identifies actual or potential unlawful discrimination. It must be stopped and removed or changed.

10. If the tool requires further development, please do this. It does not need to come back to the QEIA Review Group.
11. Accompany the business case with the completed tool and send for approval to the CCG decision making group it needs to go to, i.e. GB, PCCC.

## Appendix C – Impact scoring for patient, safety, effectiveness & experience

		Safety	Effectiveness	Experience
-5	Neive	<b>Catastrophic</b> Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients	Totally unacceptable level or effectiveness of treatment	Gross failure of experience if findings not acted on inquest/ombudsman inquiry Gross failure to meet national standards
-4		<b>Major</b> 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	Non-compliance with national standards with significant risk to patients if unresolved	Multiple complaints/ independent review Low performance rating Critical report
-3		<b>Moderate</b> 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	Treatment or service has significantly reduced effectiveness	Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards
-2		<b>Minor</b> Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Overall treatment suboptimal	Formal complaint (stage 1) Local resolution Single failure to meet internal standards
-1		<b>Negligible</b> Minimal injury requiring no/minimal intervention or treatment. No time off work	Peripheral element of treatment suboptimal	Informal complaint/inquiry
0	Neutral	<b>Neutral</b> No effect either positive or negative	No effect either positive or negative	No effect either positive or negative
1	P c	<b>Negligible</b> Minimal benefit requiring no/minimal intervention or treatment.	Peripheral element of treatment optimal	Informal positive expression/inquiry
2		<b>Minor</b> Minor benefit, requiring minor intervention Reduction in length of hospital stay by 1-3 days	Overall treatment optimal	Letter of praise Local recognition Meets internal standards
3		<b>Moderate</b> Moderate benefit requiring professional intervention Reduction in length of hospital stay by 4-15 days	Treatment has significantly improved effectiveness	Letter of praise to board Local recognition Repeatedly meets internal standards

			<b>Safety</b>	<b>Effectiveness</b>	<b>Experience</b>
<b>4</b>		<b>Major</b>	Major benefit leading to long-term improvement/reduction in disability Reduction in length of hospital stay by >15 days Improvement in management of patient care with long-term effects	Compliance with national standards with significant benefit to patients	Multiple letters of praise / positive independent review Repeatedly exceeds internal standards
<b>5</b>		<b>Excellence</b>	Incident leading to enhanced benefit Multiple permanent benefits or irreversible positive health effects	Totally acceptable level of effective treatment	Consistently exceeds local and national standards of experience verified by external scrutiny.

## Appendix D – Impact scoring for other impacts

	Publicity and Corporate Finance and/or Claims	Publicity and Locality Finance and/or Claims	Adverse Publicity/reputation	Locality Level % over performance against budget	Finance including claims	Corporate level % over performance against budget
-5	<b>CATASTROPHIC</b> Adverse Publicity/reputation PLUS <b>Corporate</b> level over performance against budget AND/OR Finance claims	<b>CATASTROPHIC</b> Adverse Publicity/reputation PLUS <b>Locality</b> level over performance against budget AND/OR Finance claims	Loss of public confidence Sustained and open external criticism of organisation/individual by (named) staff/GPs on social media Sustained criticism by MPs/ministers leading to resignation of chair/chief officer Sustained external criticism of organisation/individual by staff/GPs on social media leading to the resignation of chair/chief officer Sustained criticism of organisation/individual by staff/GPs in media leading to the resignation of chair/chief officer Local and national broadcast/print/trade news coverage over more than seven days PMQ discussion with Governmental and shadow parties critical of CCG Political crisis as a result of CCG action/inaction Loss of criminal proceedings	>2.1% over performance against budget	Loss of 0.2% or more of budget £2m + Claims over £1million	>1.51% over performance against budget
-4	<b>MAJOR</b> Adverse Publicity/reputation PLUS <b>Corporate</b> level over performance against budget AND/OR Finance claims	<b>MAJOR</b> Adverse Publicity/reputation PLUS <b>Locality</b> level over performance against budget AND/OR Finance claims	Long-term reduction of public confidence Sustained criticism by MPs Sustained external criticism of organisation/individual by staff/GPs on social media Sustained criticism of organisation/individual by staff/GPs in media Sustained PALS/complaints contacts National broadcast news coverage over more than two days Local broadcast news coverage over more than three days Frontpage trade press coverage Frontpage broadsheet coverage Escalation and public comment at ministerial/PM level with intervention Sustained criticism by Health and Wellbeing Board and intervention National/international recognition of campaigning OSC escalation to ministerial level with intervention Loss of civil court proceedings due to a willful act Criminal proceedings	1.51%-2% over performance against budget	Loss of 0.1% to 0.2% – 0.5% of budget £2m - Claim(s) between £100,000 and £1million	1%-1.5% over performance against budget
			Medium-term reduction in public confidence Moderate external criticism of organisation/individual by staff/GPs on social media Local media coverage with criticism by another statutory organisation Front page negative local media coverage Local negative lead broadcast item		Loss of	

		Publicity and Corporate Finance and/or Claims	Publicity and Locality Finance and/or Claims	Adverse Publicity/reputation	Locality Level % over performance against budget	Finance including claims	Corporate level % over performance against budget
-3		<p><b>MODERATE</b> Adverse Publicity/reputation PLUS <b>Corporate</b> level over performance against budget AND/OR Finance claims</p>	<p><b>MODERATE</b> Adverse Publicity/reputation PLUS <b>Locality</b> level over performance against budget AND/OR Finance claims</p>	<p>National broadsheet coverage limited to inside pages National broadcast news coverage Trade (HSJ etc...) media coverage Heavy increase in PALS/complaints contacts about issue National negative broadsheet coverage of issue Difficult MP enquiries and/or requests to meet to discuss/criticism Escalation internally or externally to ministerial level Difficult Healthwatch presentation with criticism/escalation Difficult Health and Wellbeing Board presentation with criticism/escalation Persistent and effective campaigning OSC escalation to ministerial level Loss of civil court proceedings due to negligence or maladministration</p>	1.1%-1.5% over performance against budget	0.05% to 0.1% of budget  £0.5m - £1m  Claim(s) between £10,000 and £100,000	0.5%-1% over performance against budget
-2	Minor	<p><b>MINOR</b> Adverse Publicity/reputation PLUS <b>Corporate</b> level over performance against budget AND/OR Finance claims</p>	<p><b>MINOR</b> Adverse Publicity/reputation PLUS <b>Locality</b> level over performance against budget AND/OR Finance claims</p>	<p>Short-term reduction in public confidence Internal criticism by staff Local print media coverage limited to inside pages/small articles Moderate social media comment with criticism by patient/s and/or carer/s Increase in PALS/complaints contacts about issue MP enquiry Healthwatch questions/FOI/ request to present Health and wellbeing Board request to meet Overview and scrutiny committee (OSC) presentation request Active social media campaigning Loss of civil court proceedings</p>	0.51%-1% over performance against budget	Small loss (less than 0.05% to 0.01% of budget) <£0.5million  Claim less than £10,000	0.26%-0.5% over performance against budget
-1	Negligible	<p><b>NEGLIGIBLE</b> Adverse Publicity/reputation PLUS <b>Corporate</b> level over performance against budget AND/OR Finance claims</p>	<p><b>NEGLIGIBLE</b> Adverse Publicity/reputation PLUS <b>Locality</b> level over performance against budget AND/OR Finance claims</p>	<p>Public awareness of issue Discussion among staff Questions from staff/other NHS organisation Limited critical social media comment Questions from public/FOI Healthwatch interest or questions Health and Wellbeing board interest or questions Overview and scrutiny committee interest or questions Interest from campaigning organisation Civil court proceedings</p>	0-0.5% over performance against budget	Less than 0.01% or £100k  Risk of claim remote	0-0.25% over performance against budget
0	Neutral	<p><b>NEUTRAL</b> Adverse Publicity/reputation PLUS <b>Corporate</b> level over performance against budget AND/OR Finance claims</p>	<p><b>NEUTRAL</b> Adverse Publicity/reputation PLUS <b>Locality</b> level over performance against budget AND/OR Finance claims</p>	No effect either positive or negative	On budget	On budget	On budget

			Publicity and Corporate Finance and/or Claims	Publicity and Locality Finance and/or Claims	Adverse Publicity/reputation	Locality Level % over performance against budget	Finance including claims	Corporate level % over performance against budget
0	Neutral	Neutral	<b>NEUTRAL</b> Adverse Publicity/reputation PLUS <b>Corporate</b> level over performance against budget AND/OR Finance claims	<b>NEUTRAL</b> Adverse Publicity/reputation PLUS <b>Locality</b> level over performance against budget AND/OR Finance claims	No effect either positive or negative	On budget	On budget	On budget
		Negligible	<b>NEGLIGIBLE</b> Positive Publicity/reputation PLUS <b>Corporate</b> level underperformance against budget AND/OR Finance claims	<b>NEGLIGIBLE</b> Positive Publicity/reputation PLUS <b>Locality</b> level under performance against budget AND/OR Finance claims	Public awareness of issue Discussion among staff Questions from staff/other NHS organisation Limited supportive social media comment Questions from public/FOI Healthwatch interest or questions Health and Wellbeing board interest or questions Overview and scrutiny committee interest or questions Interest from campaigning organisation	0-0.5% underperformance against budget	Saving of 0.01% or £100k  Potential claim rewards	0-0.25% under performance against budget
2	Positive	Minor	<b>MINOR</b> Positive Publicity/reputation PLUS <b>Corporate</b> level underperformance against budget AND/OR Finance claims	<b>MINOR</b> Positive Publicity/reputation PLUS <b>Locality</b> level under performance against budget AND/OR Finance claims	Short-term improvement in public confidence Internal support by staff Local print media coverage limited to inside pages/small articles Moderate social media comment with support by patient/s and/or carer/s Increase in PALS/complaints contacts about issue MP enquiry Healthwatch questions/FOI/ request to present Health and wellbeing Board request to meet Overview and scrutiny committee (OSC) presentation request Active social media campaigning	0.51%-1% under performance against budget	Small saving (less than 0.05% to 0.01% of budget) <£0.5million  Claim less than £10,000	0.26%-0.5% under performance against budget
		Moderate	<b>MODERATE</b> Positive Publicity/reputation PLUS <b>Corporate</b> level underperformance against budget AND/OR Finance claims	<b>MODERATE</b> Positive Publicity/reputation PLUS <b>Locality</b> level underperformance against budget AND/OR Finance claims	Medium-term improvement in public confidence Moderate external support of organisation/individual by staff/GPs on social media Local media coverage with support by another statutory organisation Frontpage positive local media coverage Local positive lead broadcast item National broadsheet coverage limited to inside pages National broadcast news coverage Trade (HSJ etc...) media coverage Heavy increase in PALS/complaints contacts about issue National positive broadsheet coverage of issue Positive MP enquiries and/or requests to meet to discuss/support Escalation of positive work internally or externally to ministerial level	1.1%-1.5% over performance against budget	Saving of 0.05% to 0.1% of budget  £0.5m - £1m  Claim(s) awards between £10,000 and £100,000	0.5%-1% under performance against budget
3								

		Publicity and Corporate Finance and/or Claims	Publicity and Locality Finance and/or Claims	Adverse Publicity/reputation	Locality Level % over performance against budget	Finance including claims	Corporate level % over performance against budget
4	Major	<p><b>MAJOR</b></p> <p>Positive Publicity/reputation PLUS</p> <p><b>Corporate</b> level under performance against budget AND/OR Finance claims</p>	<p><b>MAJOR</b></p> <p>Positive Publicity/reputation PLUS</p> <p><b>Locality</b> level underperformance against budget AND/OR Finance claims</p>	<p>Long-term enhancement of public confidence</p> <p>Sustained support by MPs</p> <p>Sustained external support of organisation/individual by staff/GPs on social media</p> <p>Sustained support of organisation/individual by staff/GPs in media</p> <p>Sustained PALS/complaints contacts</p> <p>National broadcast news coverage over more than two days</p> <p>Local broadcast news coverage over more than three days</p> <p>Frontpage trade press coverage</p> <p>Frontpage broadsheet coverage</p> <p>Escalation and public comment at ministerial/PM level with intervention</p> <p>Sustained support by the Health and Wellbeing Board and intervention</p> <p>National/international recognition of campaigning</p> <p>OSC positive escalation to ministerial level with intervention</p>	1.51%-2% over performance against budget	<p>Saving of 0.1% to 0.2% – 0.5% of budget £2m</p> <p>Claim(s) awards between £100,000 and £1million</p>	0.5%-1% underperformance against budget
5	Excellence	<p><b>EXCELLENCE</b></p> <p>Positive Publicity/reputation PLUS</p> <p><b>Corporate</b> level under performance against budget AND/OR Finance claims</p>	<p><b>EXCELLENCE</b></p> <p>Positive Publicity/reputation PLUS</p> <p><b>Locality</b> level underperformance against budget AND/OR Finance claims</p>	<p>Enhancement of public confidence</p> <p>Sustained and open external support of organisation/individual by (named) staff/GPs on social media</p> <p>Sustained support by MPs/ministers leading to recognition of CCG Chair and Chief Officer</p> <p>Sustained external support of organisation/individual by staff/GPs on social media leading to recognition of CCG Chair and Chief Officer</p> <p>Sustained support of organisation/individual by staff/GPs in media leading to recognition of CCG Chair and Chief Officer</p> <p>Local and national broadcast/print/trade news coverage over more than seven days</p> <p>PMQ discussion with Governmental and shadow parties critical of CCG</p>	>2.1% over performance against budget	<p>Saving of 0.2% or more of budget £2m+</p> <p>Claims awards of over £1million</p>	>1.51% underperformance against budget