

Document Details		
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Main points the document covers	This document explains the process for QEIA, who is involved and gives clarification of those schemes requiring presentation at the QEIA Review meeting for approval, recommendations, or rejection.	
Who is the document aimed at?	Service managers, team leads, project leads, executive sponsors, QEIA review panel, management accounts, Shropshire Community health NHS Trust Board, CIP Delivery Group and Transformation programme Group	
Owner	Deputy Director of Nursing and Quality	
Approval process		
Who has been consulted in the development of this policy?	Quality & Operational Leads, Strategy and Business Development team, HR and Workforce, Finance, Internal Audit and Service Delivery Group Leads through Q&S SDG	
Approved by (Committee/Director)	QEIA Group Deputy Director of Nursing and Quality	
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Initial Equality Impact Screening		
Full Equality Impact Assessment		
Lead Director	Director of Nursing and Clinical Delivery	
Category	General	
Subcategory		
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Required by CQC		
Other	Project Management Tool kit, Project Initiation Document; SCHK Risk Rating Chart on Staff Zone and part of PID/QEIA template.	
Amendments History		
No	Date	Amendment
1	May 2015	Approved at Q&S Committee May 2015
2	Sep 2015	Updated following feedback from Auditors; Approved at Q&S Committee Sep 2015
3	July 2016	Updated following process changes in April 2016; not approved at Q&S Committee. Sep 2016
4	Nov 2016	Updated following comments from Q&S Committee in Sep 2016; Approved at Q&S Committee Dec 2016
5	May 2018	General updates throughout guidance to reflect current processes. Greater focus on equality impact assessment Refreshed QEIA tool

6	July 2023	Review date changed to cover until July 2024 when a full review of the policy will take place. The membership will be reviewed by July 2024 and updated to fit with the new structures that are being implemented.
7	January 2024	Review and small amendments to reflect Trust structures and meeting changes.

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1 Introduction

Quality must remain at the heart of everything we do, the NHS strives to improve quality and reduce costs to operate within financial constraints. The NHS England definition of quality encompasses three equally important parts:

- Care that is clinically effective, for clinicians and patients themselves
- Care that is safe
- Care that provides a positive experience for patients

Quality can be protected and even enhanced whilst we work to contain cost, but this is not always the case and we must not assume that because nobody wishes to compromise on quality, this will not happen. It is important to have a process in place to ensure that any service changes that have an impact on quality or equality of care, delivered to our patients and carers or staff experience are considered and mitigated appropriately.

We strive to ensure equality for all of services by considering the effect on different groups. There are two reasons for this:

- To consider if there are any unintended consequences.
- To consider whether any changes will be fully effective for all target groups.

2 Purpose

The purpose of this guidance is to ensure that we have the appropriate steps in place to improve quality and ensure equality whilst delivering changes to service delivery. This process should be used to assess the impact that any individual efficiency saving, service development or improvement project may have on the quality of care provided to patients and staff experience and evaluate the impact of that change on other parts of the health and social care system.

- 2.1 When assessing the impact of any change effecting patients or staff we must assess both the impact on both quality and equality. As a Public Authority, our Trust has a legal requirement to promote equality and set out how we plan to meet the 'general' and specific duties specified in the Public Sector Equality Duty Public Sector Equality Duties which gives public bodies legal responsibilities to demonstrate that they are taking action to promote equality in relation to policy making, the delivery of services and employment.
- 2.2 The purpose of assessing the impact on equality is to improve the work of our Trust by making sure it does not discriminate and that, where possible, promotes equality. It is a way to make sure individuals and teams think carefully about the likely impact of their work on service users/ staff and take action to improve activities, where appropriate.
- 2.3 This will support Shropshire Community Health NHS Trust (SCHT) to meet the statutory regulations laid out by The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, The Equality Act 2010. Care Quality Commission (CQC) regulations (2009) and NHS Operating Framework Domains 1-5 (DH 2016).

3 Duties

The **QEIA Review panel** is made up of Medical Director, Deputy Director of Nursing & Quality, Deputy Director of Finance, Non- Executive Director, Clinical lead for Quality, Head of Quality and HR representative. Schemes or projects are presented by the Project Lead and/or Clinical Lead. Appropriate Deputies can

attend for the panel to be quorate (identified in the terms of reference). The panel will review the completed Project Initiation Document (PID) and QEIA. The quorate panel have a shared responsibility at Board Level to challenge and approve or reject schemes or projects based on their quality and /or equality impact and the mitigation to be put in place and monitored against.

- 3.1 **The Executive Sponsor** is responsible for confirming their approval or rejection of each scheme or project to the Project Lead and Project Management Office (PMO) prior to QEIA Review. The Executive Sponsor is responsible for ensuring that the process is adhered to and ongoing monitoring of quality key performance indicators is taking place by the Project Lead and Clinical Lead for the scheme or project. The Executive Sponsor must ensure that the paperwork has been completed correctly and full consideration has been given to potential impacts on quality as well as how ongoing monitoring will be managed within the scheme or project. Consideration must also be given to the cumulative impact across other parts of the Trust.
- 3.2 **The Project Lead** is responsible for ensuring that the PID/QEIA process is adhered to and that paperwork is fully completed and approved by the Executive Sponsor, QEIA Review Panel and Transformation Programme Group, as appropriate. In addition, the Project Lead and Clinical Lead are responsible for regular monitoring of potential impacts on quality and equality and updating the project risk register. If the scheme or project impacts on staff then the Project Lead is responsible for sharing information at Joint Negotiating Partnership (JNP). The Project Lead is responsible for reporting on quality and project key performance indicators at the team or service meetings, and escalating quality and equality issues beyond tolerance to the Quality & Safety Committee, which escalate as per Appendix 1: Escalation Process Flow Diagram.
- 3.3 **The Clinical Lead** is responsible for liaising with the Project Lead to ensure regular monitoring of potential impacts on quality and equality, monitoring/reporting quality and equality at scheme or project level, reporting and escalating quality and equality issues to the team or service meeting, Service Delivery Group Meeting and escalation of quality and equality issues, beyond tolerance to the next level, through to the Quality & Safety Committee, if relevant.
- 3.4 **The Clinical Lead for Quality** representative is responsible for ensuring that the QEIA Review represents the impact on the service being presented. The Clinical Lead for Quality is responsible for liaising with the Project Lead and Clinical Lead to monitor and resolve quality exceptions and escalate the quality and equality impact of the scheme or project as shown in Appendix 1: Escalation Process Flow Diagram. The Deputy Director of Nursing and Quality responsible for ensuring that supported and unsupported schemes at QEIA Review are shared with Quality & Safety Committee.
- 3.5 **The Programme Management Office (PMO)** representative will maintain a log of all schemes and projects and their progress and report, as required. The PMO is responsible for updating the PIDs and PMO Reports to reflect the outcome of the QEIA Review.
- 3.6 **The Business Support & Information officer** will, prior to the review, ensure that schemes and projects are signed off by the Executive Sponsor and put forward for review and ensure that the Project Lead and / or Clinical Lead are invited to the next QEIA Review to present their PID and QEIA for discussion or can arrange for deputies to attend in their place, if relevant. The Business Support & Information officer will liaise with the Programme Management Office (PMO) to request documentation for the Sponsor approved schemes or projects to be reviewed. The Business Support & Information officer facilitates the review and ensures that all participants are fairly represented, captures outcomes of meetings

and key information to feed back to PMO or escalate to Quality & Safety Committee accordingly.

3.7 **The Transformation Programme Group** is sent the PID/QEIA document and project plan, by the PMO, for Executive Sponsor approved schemes or projects. Schemes initially assessed in the PID with a medium or high risk to quality must also be approved or recommended for implementation by the QEIA Review panel.

3.8 **The Service Delivery Group Meeting** is responsible for monitoring quality and equality indicators and identifies the source or issue of the problem to establish whether a scheme or project is the cause. If so, this is escalated to Quality and Safety Committee and added to the risk register and as a risk within the scheme or project.

4 **The QEIA Process**

A Project Initiation Document (PID) including QEIA section must be completed for Cost Improvement Projects (CIP), Improvement Projects, New Services or Service Development/Improvements. A PID must be completed as a minimum requirement for all schemes or projects and includes an initial Quality and Equality Impact Assessment (QEIA) whereby schemes are rated as High / Medium / Low Risk using the SCHAT Risk Rating Chart for the affected service(s) relating to the Care Quality Commission (CQC) domains (Safe, Effective, Caring & Responsive, and Well Led).

4.1 The PID and QEIA tool together with appropriate guidance can be found on the Staff Zone > Strategy tab > Transformation > Transformation & Project Management. Link > <http://www.shropscommunityhealth.nhs.uk/transformation>

For a visual representation of the process, see Appendix 2: PID/QEIA Process

- 4.2 Schemes or projects **need** a QEIA review if they impact on staff and/or patients. If the scheme or project does not need a QEIA review an explanation must be completed in the PID to describe why a QEIA review is not required. There may also be occasions when just the QEIA is required due to changes within a service that are not due to a service improvement or transformation. The Transformation Programme Group or CIP Delivery Group can identify, challenge or trigger whether a scheme needs to have a full QEIA Review. Schemes or projects which have any impact on staff and / or patients in the initial QEIA must complete a QEIA and present the PID/QEIA approved by the Executive Sponsor at the next QEIA Review Meeting.
- 4.3 Prior to QEIA Review, the Project Lead should email the PID/QEIA to the Executive Sponsor, the Sponsor should confirm their approval by return, ensuring that the latest version is emailed to Programme Management Office (PMO). Project Lead and/or Clinical Lead (or a suitable representative) must present their PID/QEIA at the QEIA Review.
- 4.4 The QEIA Review meetings take place every month, whereby each scheme or project is presented, usually by the Project Lead and / or Clinical Lead and challenged, discussed and an outcome is agreed; the meeting considers and assesses the impact on patients, staff, carers, public and local health and social care economy. If there is an impact on staff then the QEIA should be presented at JNP. For previously presented schemes or projects, the meetings obtain updates upon request to discuss quality and equality Issues and where they should be escalated, as appropriate.
- 4.5 If projects or schemes are “Not Recommended” to continue, as an outcome of the QEIA Review, Deputy Director of Nursing and Quality is to send a list of unsupported schemes to Quality & Safety Committee.
- 4.6 If the project has system impacts then there is an integrated care system (ICS) process and a QEIA found on the ICS website to follow.

5 Is a QEIA Required?

All schemes or projects must complete the initial QEIA in PID; however, not all schemes require presentation at a QEIA review. To assist with the decision, a threshold is detailed below.

- 5.1 If the answer is 'Medium Risk or High Risk' to any of the questions then a QEIA is required and the QEIA section must be completed and submitted for a QEIA review.

Threshold:

If the scheme or project is implemented, what level of risk will the affected services have for the following CQC key lines of enquiry?

Safe - that people are protected from abuse and avoidable harm.

Effective - that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Caring - that staff involve and treat people with compassion, kindness, dignity and respect.

Responsive – services are delivered, made accessible and coordinated to take account of the needs of different people, including those with protected characteristics under the Equality Act and those in vulnerable circumstances.

Well Led (by well led we mean the leadership, management and governance of the organisation assures the delivery of high-quality person centered care, supports learning and innovation and promotes an open and fair culture).

- If a QEIA Review is not required, then an explanation describing why it is not required in the PID.
- Schemes or projects requiring a QEIA Review should adhere to the QEIA Flowchart (See Appendix A).



6 Completing a QEIA

A QEIA is a risk assessment relating to patients, carers or staff. When completing QEIA the Project Lead / Work stream Lead / Clinical Lead (QEIA author) must complete all sections (or clearly state which CQC Domain(s) it relates to and whether it is "High, Medium, Low Risk or Not Required") and describe the impact of the scheme paying attention (positive and negative) to the CQC key lines of enquiry and how they can monitor and report on it.

- 6.1 For negative impacts, the current controls in place as well as mitigation will be used to reduce the risk. In order to achieve a risk score for each of the listed domains the author is advised to use the Trust risk scoring system as detailed within the Risk Assessment Policy (available on the Staff Zone) using the 'consequence (c) x likelihood (l) =' matrix (Appendix 3 on the QEIA tool).

Residual risk is the risk score that is estimated following implementation of the proposed mitigation or controls to reduce the risk.

Escalation of Risk:

- Any risk score of 12 or above must be reflected in the Service Delivery Group risk register.
- Any risk score of 15 or above must be reflected on the Trust Risk Register

7 Measuring Quality Impact

Specific, Measurable, Achievable, Relevant and Timely (SMART) quality measures must be included in the QEIA section to enable monitoring of risks throughout the duration of the scheme or project.

- 7.1 Measures must be identified and put in place to monitor the potential impact of schemes or projects on clinical services at the start of a scheme or project. The QEIA provides an indication of risk level and SMART indicators at the outset and risks and issues must be monitored, reviewed, reassessed and escalated, if appropriate, throughout the scheme or project life.
- 7.2 The Project Lead and Clinical Lead must identify key performance indicator metrics for the impact of risks, monitor, review and report impact to the Executive Sponsor and Team or Service Meeting. Current performance metrics should be identified and included in the QEIA e.g. mandatory training compliance, incidents reported, patient feedback, complaints, sickness absence, waiting lists or length of stay data etc.

8 Equality Impact Assessment

On 1st October 2010, the Government introduced the Equality Act. The Act makes it unlawful to discriminate either directly or indirectly because of a protected characteristic in relation to employment, supply of goods and services including healthcare, education etc. We have a legal responsibility to assess the services we provide and identify how we will protect people from discrimination on the basis of the following 'protected' characteristics:

Age
 Disability
 Gender reassignment
 Marriage and civil partnership
 Pregnancy and maternity
 Race
 Religion or belief
 Sex
 Sexual orientation



8.1 The equality impact assessment section of the QEIA focuses on thoroughly assessing and recording the likely equality impact of a scheme or project. People, which include both staff and patients, must be protected from discrimination, which might amount to abuse or cause psychological harm. This includes discrimination in relation to protected characteristics under the Equality Act. There is a focus on assessing the impact on people with protected characteristics. This involves anticipating the impacts of a potential scheme or project on these groups and making sure that, as far as possible, any negative consequences are removed or minimised and opportunities for promoting equality are maximised for service users or staff. For example:

- changing the nature or location of a service so that access is more difficult for a particular group who use that service.
- developing a service which will especially improve outcomes for a particular equality group.

8.2 The impact on equality is carried out by completing the equality impact assessment section within the QEIA drawing on existing evidence, monitoring information, local data and consultation. The Governance Manager with responsibility for Patient Experience can support consultation through existing local group representing diversity in our community. Once this has been completed, action plans can be drawn up and any decisions to change the delivery of scheme or project can be made.

8.3 The key purpose of an Equality Impact Assessment is to:

- Promote all aspects of equality.
- Identify whether certain groups are excluded from any of our services.
- Identify any direct or indirect discrimination.
- Assess if there is any negative/positive impact on particular groups.
- Promote good relations between people of different equality groups.
- Act as a method to improve services.
- It increases social inclusion.
- It promotes understanding and sensitivity.

8.4 Equality Impact Assessment should not be seen as a separate exercise for managers to undertake but as an integral part of delivering service improvement.

9 Project Reporting and Escalation Arrangements

Reporting and review arrangements for schemes and projects must be identified so that it is clear how the risks, issues and performance metrics are to be monitored (including timeframes), reported and escalated, if required, and who has responsibility for this action.

The QEIA may need to be shared with external stakeholders as a method of communicating risk and mitigations of any change that impacts on patients or staff. An example of this is when a service specification is changed by commissioners, and we may need to share any potential risks that we have identified as a result of this change.

The PMO has a list of all schemes and the status of the QEIA, which should be shared with the Business Support and Information Officer. Regular quality monitoring and escalation of issues for each scheme or project is the responsibility of the Project Lead and Clinical Lead with the Executive Sponsor. Delivery Group meetings monitor against key performance indicators and exceptions are scrutinised. Any quality issues relating to a scheme or project should be raised in this forum so that it can be resolved or escalated appropriately as per Appendix 1: Escalation Process Flow Diagram.

10 Useful Sources of Guidance

The Shropshire Community Health Trust website hosts:

- Project Process and Templates on Staff Zone
- Link to the SharePoint PMO Site (Restricted Access) on Staff Zone.
- Equality Impact Assessment Policy under Policies on Staff Zone
- SCHT Risk Rating Chart on Staff Zone and part of PID/QEIA template.

Individuals and Teams which can provide advice and guidance:

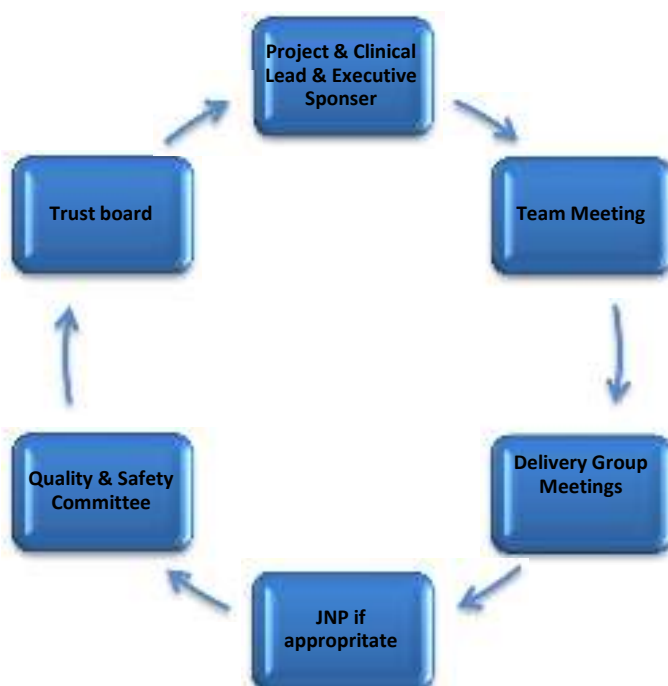
- Heads of Quality
- Service Delivery Group Managers
- Governance Team
- Programme Management Office (PMO)
- Human Resources

11 References

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
<http://www.legislation.gov.uk/ukxi/2014/2936/contents/made> (Accessed 27/04/2018)

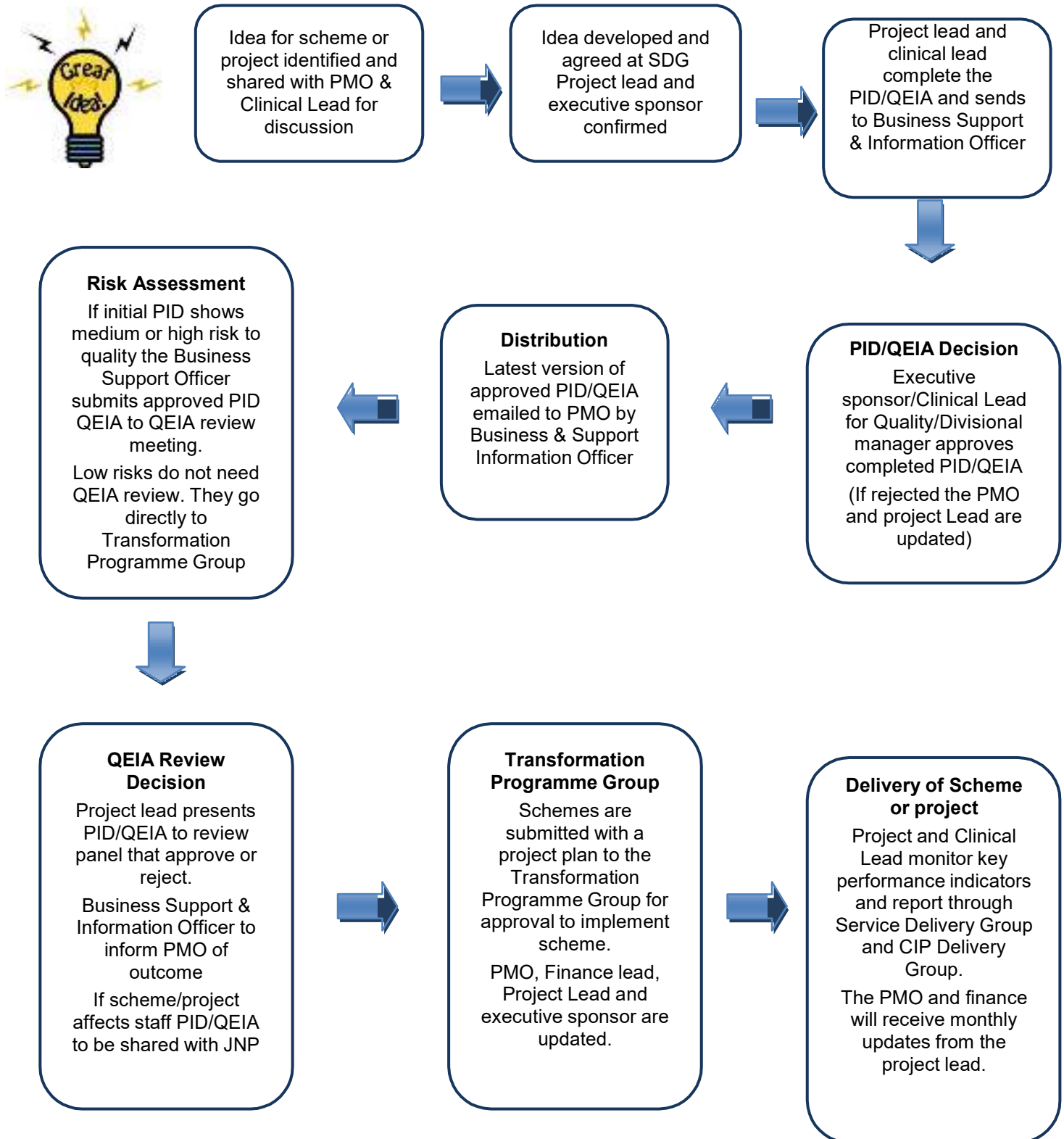
The Equality Act (2010) <http://www.legislation.gov.uk/ukpga/2010/15/contents> (Accessed 25/04/2018)

Care Quality Commission Regulations (2009) <http://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulations-service-providers-managers> (Accessed 27/04/2018)



The above diagram shows individuals, groups and committees that are responsible for monitoring, reporting and escalation, if required (beyond tolerance), relating to quality and equality of projects or schemes.

13 Appendix 2 – PID/QEIA process flow diagram



Appendix 3 - QUALITY & EQUALITY IMPACT ASSESSMENT (QEIA) Tool

Project Title				Project No.	
Completed by: <i>(Clinical Lead & Project Lead)</i>				Date:	
Initial Assessment					
Description of project or scheme (Only complete if Project Initiation Document has not been completed)					
Will patients, carers or staff be affected by the scheme or project? (please tick appropriate)	Yes	No	Explanation:		
Have patients, carers, the public or staff been involved in the development of the scheme or project? (please tick appropriate)	Yes	No	Explanation:		
What consultation method(s) did you use?	Explanation:				
IMPACT ON- ENVIRONMENTAL SUSTAINABILITY Consider the green agenda.					
IMPACT ON QUALITY - SAFE By safe we mean that people are protected from abuse and avoidable harm					
IMPACT ON QUALITY – EFFECTIVE By effective we mean that peoples care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence					
IMPACT ON QUALITY – CARING & RESPONSIVENESS By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect. By responsive we mean that services are organised so that they meet people's needs					
IMPACT ON QUALITY – WELL LED By well led we mean that the leadership, management and governance of the organisation assures the delivery of high quality person centred care, supports learning and innovation and promotes an open and fair culture					
CQC Domains	Risk	Risk Score CxL= (Prior To Mitigation)	Mitigating Action	Risk Score CxL= (After Mitigation)	

Project Title				Project No.	
Quality Measure/Indicator (KPI) (Specific, Measurable, Achievable, Relevant, Timely)		Target	Monitored By/Frequency		
EQUALITY IMPACT ASSESSMENT					
Considering the above information, what impact will this proposal have on the following groups in terms of impact on service, delivery, patients and staff. Explain below:					
Protected Characteristic	Positive	Negative	None (why)	Actions to be mitigated	
Sex					
Gender Reassignment					
Age					
Disability					
Race & Ethnicity					
Sexual Orientation					
Religion or Belief (or No Belief)					
Pregnancy & Maternity					
Marriage & Civil Partnership					
QEIA Review Meeting Date		QEIA Review Meeting Outcome			
QEIA Approval	Role	Name/Signature		Date	
	Divisional or Operational Manager				
	Clinical Lead for Quality				

Risk Rating Chart - Risks should be rated Consequence (C) x Likelihood (L) x = (e.g. 3x3=9) and once mitigated, the consequence usually remains unchanged (e.g. 3x1=3)

Risk Rating Chart

				Consequence Score	Will undoubtedly occur, possibly frequently	Will occur but not persistently	May occur occasionally	Do not expect to happen but is possible	Cannot believe this will ever happen
Injury/Harm	Finance	Service	Reputation		Almost certain	Likely	Possible	Unlikely	Rare
Likelihood Score					5	4	3	2	1
Very minor or no harm	Less than £10,000	No or very little impact on services	Some negative publicity	1 None	LOW 5	LOW 4	VERY LOW 3	VERY LOW 2	VERY LOW 1
Minor injury/illness (e.g. cuts and bruises) will resolve within a month	£10,000 to £50,000	Disruption of services causing inconvenience. May cause efficiency/ effectiveness problems	Regular negative publicity	2 Minor	MODERATE 10	MODERATE 8	LOW 6	LOW 4	VERY LOW 2
Injuries of illness which requires extra treatment or protracted period of recovery. Should resolve within a year	£50,000 to £500,000	Loss of service for a significant period of time (less than a month)	Loss of public confidence, protest action	3 Moderate	HIGH 15	MODERATE 12	MODERATE 9	LOW 6	VERY LOW 3
Single serious (life threatening) injuries/illness	£500,000 to £3.5m	Loss of services to such an extent that effects on public health will be measurable	Punitive action, e.g HSE, CQC significant organisational change results	4 Major	HIGH 20	HIGH 16	MODERATE 12	MODERATE 8	LOW 4
Multiple Serious (life threatening) injuries/illness	£3.5m plus	Permanent loss of a significant service. Threatens the viability of the organisation	Damage to such an extent that the organisation must cease to exist as is	5 Catastrophic	HIGH 25	HIGH 20	HIGH 15	MODERATE 10	LOW 5