North East and North Cumbria

Corporate	ICBP056 - Equality Quality Impact Assessment Policy

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Consultation Process:	ICB PMO Team Director of Quality Boost Improvement Operational Group Nursing and Medical Directorates
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Approved By:	Quality and Safety Committee

EQUALITY IMPACT ASSESSMENT

Date	Issues

POLICY VALIDITY STATEMENT

Policy users should ensure that they are consulting the currently valid version of the documentation. The policy will remain valid, including during its period of review. However, the policy must be reviewed at least once in every 3-year period.

ACCESSIBLE INFORMATION STANDARDS

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact necsu.comms@nhs.net

Version Control

Version	Release Date	Author	Update comments
V1	March 2025	Sarah Dronsfield, Director of Quality – NENC ICB	New Policy First Issue

Approval

Role	Name	Date
Approver	Quality and Safety Committee	31 March 2025

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1. Introduction

The North East and North Cumbria Integrated Care Board, known thereafter as the ICB, are committed to ensuring that quality is central to planning and decision making within the organisation, and the North East and North Cumbria Integrated Care System (ICS).

Care quality can be defined as embracing three key components: -

- Patient safety- the potential for unintended or avoidable harm to patients from the healthcare they receive, is minimised.
- Clinical Effectiveness- providing the most appropriate treatments, interventions, support and services to patients at the right time.
- Patient Experience – ensuring that the patients experience is at the centre of the ICB's and ICS approach to quality.

It has also become increasingly evident that inequalities can impact quality and patient safety.

In December 2024, NHS England issued guidance on the principles for assessing and managing risks across integrated care systems, which described how to manage risk, recognising in multi-factorial and complicated situations, collaborative approaches and whole system solutions are required.

Whilst the guidance is not specific to quality impact assessments, specifically, they identify situations where system consideration of risks should be considered: -

"The guidance is clear that mitigation and management of risks and concerns often requires whole system approaches and solutions, involving partners from across health, social care and other services in places, systems, regions and nationally."

This policy aims to ensure a consistent approach to Equality Quality Impact Assessment (EQIA) within the ICB is taken, this will ensure that the impact on quality and safety will be accurately assessed and managed. The need for a formal quality impact assessment process is essential in a system as complex and interdependent as healthcare, where decisions in one part of the service can impact upon another with many co-dependencies that are not always easy to predict or assess. The EQIA should be used in conjunction with other ICB policies and procedures with specific consideration given to the ethical framework, when considering the impact of any proposed changes.

Historically this has only taken place at individual provider level, however now that collaborative working has started following the implementation of the ICS, a mechanism for system-wide quality assurance is also needed. In addition to the three components of quality, it is essential the ICB consider any wider implications across the ICB, providers and the whole ICS; therefore, an integral component of the ICB's EQIA will be to consider the impact across the system.

The policy ensures there is a clear system to manage current and future risks to the quality of services with a proportionate approach to managing risks, in line with the ICB risk appetite statement (Appendix 8). Particularly this is to ensure that the appropriate steps are in place to safeguard quality, safety, equality, and health inequalities and these should be considered when we are: -

- commissioning services or pathways of care
- de-commissioning services or pathways of care
- re-designing services or pathways of care,
- or creating new policies or procedures.

Therefore, to do this in a robust and comprehensive way a EQIA should be undertaken in these situations.

Status

This policy is a Corporate Policy.

Purpose and scope

Purpose

The purpose of this policy is to set out the principles, responsibilities, process, and format to be followed, to ensure that changes are fully assessed for their impact on quality and safety. Impact assessments must consider the positive impact expected on quality and ensure that any known or expected negative impact on quality is robustly assessed and understood to ensure that any potential unintended negative consequences are identified and mitigated. The EQIA should be used in conjunction with the ethical framework, when considering the impact of any proposed changes.

The EQIA looks at the change as a whole and asks how it will impact on quality and how any risks or negative impacts could be mitigated. This is a continuous process to ensure quality and patient safety are considered throughout the development, implementation, and review stages of any changes. This process ensures any necessary mitigating action to reduce residual risk are outlined, implemented, and evaluated in a robust way.

The overall purpose of this document is to:

- detail the process to follow when undertaking a EQIA.
- detail consideration of all three areas of quality, equality, health inequalities and the wider system or operational impacts.
- explain the approval process and level of scrutiny and oversight for all EQIA's.
- provide assurance there is robust process in place across North East and North Cumbria to assess (and approve/reject) the impact of service changes on quality and safety.

Scope

The policy applies to the ICB and all its employees and must be followed by all those who work for the organisation. It applies to all staff that undertake impact assessments, implement new pathways or service changes and commission new services.

2. Definitions

- NENC: North East & North Cumbria
- ICB: Integrated Care Board
- ICS: Integrated Care System
- EQIA: Equality Quality Impact Assessment
- CQC: Care Quality Commission
- GDPR: UK General Data Protection Regulation / Data Protection Act 2018
- PSED: Public Sector Equality Duty – *this is a statutory duty under the Equality Act 2010. Its purpose is to ensure that equality considerations are built into the design of our policy and practices, rather than considered as an afterthought.*

3. Overview of Equality Quality Impact Assessments (EQIA)

Once potential risks to quality have been identified, an initial assessment using the screening tool should be undertaken by the lead and review panel. The review panel where relevant should include: -

- a local delivery team lead,
- a commissioning lead,
- a contracting lead
- a finance lead,
- a quality lead- this would normally be expected to be a clinician or health care professional,

When a change may be across the ICB, the panel should contain a LDT representative / lead commissioner / contacting lead.

Where relevant the panel should also include an equalities lead, a patient experience lead or an expert by experience. Consideration should also be given as to whether a Care professional or other representative of the system partnership is required.

The steps in the process are outlined in appendix 1, these are intended to ensure:

- Clear stages to the process and when each stage should be undertaken.
- The actions required at each stage of the process.
- Who is responsible for the actions.
- What outputs should be generated from each stage from the process.

Appendix 2 contains the initial screening tool; once completed, if the initial screening identifies any negative outcomes, a full EQIA (appendix 3) must be undertaken. The EQIA uses a format that looks at the key quality areas:

- Patient safety
- Clinical Effectiveness
- Patient Experience
- System/ operational impacts.
- Equality
- Health inequalities

Recognising the impact of equality and health inequality consideration of these areas have also been incorporated.

Prompts for each of the six areas are included in appendix 7 and should be used to consider the risks.

The full EQIA assesses risks using consequence and likelihood scores that will then determine the overall risk score; this is aligned to the ICB's risk management strategy (appendix 8).

The panel should make recommendations on how to proceed (appendix 4) and complete an action plan (appendix 5) which details actions, responsible leads, and timescales for completion.

Appendix 6 details the sign off process for the levels of risks (including executive sign off where needed) and should detail ongoing monitoring arrangements.

Where risks are rated as low or medium these should be monitored within the relevant directorate through local governance meetings. Where risks are rated high or extreme these should have executive oversight, where consideration against the ICB's risk appetite levels will be given and should be monitored through the executive committee and relevant board or sub-board committee.

It is good practice to complete the impact assessment prior to approval of the change and to re-assess at the mid-point of implementation and on completion to provide assurance that no unintended/ unanticipated impacts have been introduced.

4. Implementation

Chief Executive

The Chief executive as accountable officer has ultimate responsibility for quality across the organisation.

ICB Executive Chief Nurse

This is the person with overall responsibility for ensuring there are robust governance and risk management processes in place to assess quality and to mitigate and manage risk at both service and organisational level.

Executive Directors of the ICB

Each Board member is responsible for ensuring that financial and operational initiatives and service redesign have been evaluated for their impact on quality and have assured themselves that minimum standards will not be compromised.

They will also assure themselves that the impact on quality on an on-going basis is monitored in order to ensure that unintended impacts are identified and mitigated appropriately.

ICB Quality Team

Responsible for reviewing and commenting (where necessary) on quality impact assessments undertaken by leads in their areas/ services prior to submission to the relevant Executive Directors.

The EQIAs should be emailed to nencicb.qualityandsafety@nhs.net; they will be logged, and progress recorded by the Quality and Safety Team. A response will be provided within 10 working days.

The Quality team will also complete a checklist (to be developed) to ensure compliance with the policy for all completed EQIA's. This will be logged and reported through the ICB's quality reporting.

In addition, Equity and Inclusion advice and support can be obtained via: nencicb.healthequityandinclusion@nhs.net

N.B: The Equity and Inclusion Team can provide support; it is the responsibility of the policy makers to draft and decide the mitigations.

Directors of Nursing/ Medical Directors/ Director of AHP's.

Responsible for ensuring that quality impact assessments are effectively considered as part of discussions and decisions about Cost Improvement Programmes, business cases and other business plans. Both are responsible for quality impact assessment sign off.

Directors or Service Leads

Directors or service leads are responsible for ensuring that EQIAs conducted by members of their team have been conducted in line with the policy.

Directors or service leads are responsible for ensuring that EQIAs are effectively considered as part of 'business decisions' within their relevant directorates.

All Staff

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

Oversight and Compliance with the Policy

The ICB Quality team will maintain oversight of the completion of EQIA's and that they are completed in line with this policy. This will be achieved through individual sign off, of the EQIA's in addition to regular reporting of compliance.

Reporting of compliance will be through reporting to the North and South Quality and Safety sub-committees and the ICB Quality and Safety committee.

Where unidentified or unintended quality risks materialise a learning review will be undertaken, to support the ICB's commitment to continual learning and improvement.

ICB Internal Governance Meetings

The relevant North and South Quality and Safety Subcommittees are responsible for:

- Ensuring compliance with the ICB Policy.
- Overseeing the discharge of the ICB's responsibilities.

ICB Quality and Safety Committee

The ICB Quality and Safety Committee is responsible for:

- The approval of this policy document.
- Seeking assurance that the ICB is discharging its duties in relation to EQIA policy.

Consultation

Locally the ICB has engaged with ICB Quality Leads, Directors of Nursing and the Executive Chief Nurse with responsibility for quality.

5. Training Implications

The ICB is currently working with a training partner to design a training package which will accompany the EQIA Policy, forms and SOP. The training package will include videos to outline the steps to take when carrying out an EQIA.

The EQIA process will also be incorporated into the programme toolkit template; and will also form part of the operating model. Training will be available to access via the Boost platform. Engagement and testing of the proposed EQIA Policy and SOP has taken place via the ICB's Improvement Operational Group membership, along with senior colleagues within Primary Care and Transformation teams.

If the Executive Committee approve the content of the proposed EQIA Policy and SOP, the ICB Quality Team will work with the Programme Management Office (PMO) Team and Organisational Development (OD) Team to launch and embed the process across the organisation from April 2025. In the meantime, colleagues can contact the Quality Team with any EQIA queries or advice required.

This policy will be disseminated and be available on the ICB's website.

6. Documentation

Other Related Policy Documents

- Appendix 1 (EQIA 1): Process for Assessing Potential Risks to Quality
- Appendix 2 (EQIA 2): Initial Screening Tool
- Appendix 3 (EQIA 3): EQIA Process Steps
- Appendix 4 (EQIA 4): EQIA Tools & Recommendations
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7. Monitoring, Review and Archiving

Monitoring

The ICB Board will agree with Sarah Dronsfield (Director of Quality – NENC ICB), as the Policy author, a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database. Compliance will be monitored and will be reported to the ICB Quality and Safety team and the ICB Quality and Safety Subcommittee.

Review

This policy is a new policy and will be reviewed within one year of approval. Staff who become aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives that affect, or could potentially affect policy documents, should advise the sponsoring director as soon as possible, via line management arrangements. The sponsoring director will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

For ease of reference for reviewers or approval bodies, changes should be noted in the ‘document history’ table on the front page of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

Archiving

The ICB Board will ensure that archived copies of superseded policy documents are retained in accordance with the NHS Records Management Code of Practice.

References

NHS England (2024) The principles for assessing and managing risks across integrated care systems guidance.

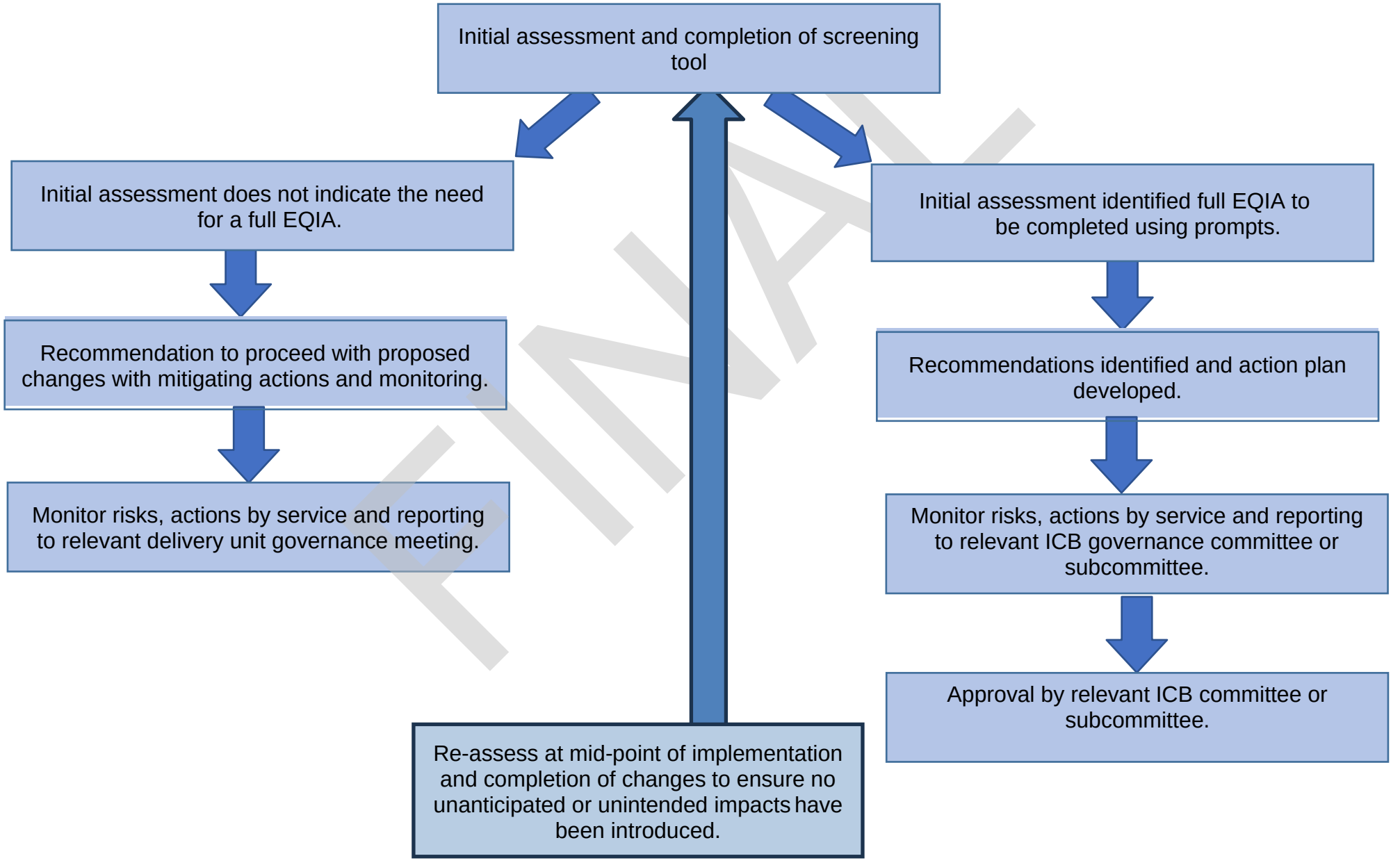
Appendix A

Schedule of Duties and Responsibilities

Through day-to-day work, employees are in the best position to recognise any specific fraud risks within their own areas of responsibility. They also have a duty to ensure that those risks, however large or small, are identified and eliminated. Where it is believed fraud, bribery or corruption could occur, or has occurred, this should be reported to the CFS or the chief finance officer immediately.

Accountable Officer	The accountable officer has overall responsibility for the strategic direction and operational management, including ensuring that ICB process documents comply with all legal, statutory and good practice guidance requirements.
Executive Chief Nurse	This is the person with overall responsibility for ensuring there are robust governance and risk management processes in place to assess quality and to mitigate and manage risk at both service and organisational level.
ICB Executive Directors	Each Board member is responsible for ensuring that financial and operational initiatives and service redesign have been evaluated for their impact on quality and have assured themselves that minimum standards will not be compromised. They will also assure themselves that the impact on quality on an on-going basis is monitored in order to ensure that unintended impacts are identified and mitigated appropriately.
All Staff	All staff, including temporary and agency staff, are responsible for: • Compliance with relevant process documents. Failure to comply may result in disciplinary action being taken. • Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities. • Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly. • Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager. • Attending training / awareness sessions when provided.

Appendix 1 (EQIA) Process for Assessing Potential Risks to Quality.



Appendix 2 (EQIA 2) Initial Screening Tool

Title
Directorate
Brief Description of the proposed change

Who will the project/service/policy /decision impact?	Staff	☐
	Service User/ Patients	☐
	Carers	☐
	Other Public Sector Organisations	☐
	Voluntary / Community groups / Trade Unions	☐
	Others, please specify below	☐
	Details:	

Integrated Impact Assessment Review Panel
Members of the panel: Date:
Equalities Impact
For each protected characteristics group, consider whether the proposed change has: Negative Impact: **N** Neutral Impact: **Ne** Positive Impact: **P** Unknown: **U**

Impact	**No Impact**	**Negative**	**Neutral**	**Positive**	**Unknown**

Age	☐	☐	☐	☐	☐
Disability	☐	☐	☐	☐	☐
Gender Re-assignment	☐	☐	☐	☐	☐
Marriage/Civil Partnership	☐	☐	☐	☐	☐
Pregnancy and Maternity	☐	☐	☐	☐	☐
Race and ethnicity	☐	☐	☐	☐	☐
Religion or belief	☐	☐	☐	☐	☐
Sex	☐	☐	☐	☐	☐
Sexual Orientation	☐	☐	☐	☐	☐
Other (see appendix 6 and provide detail)	☐	☐	☐	☐	☐

Summarise the overall impact:

Summarise the evidence used to make the judgement:

If there are negative impacts how these might be mitigated:

Health Inequalities Impact

For each listed group at risk of health inequalities, consider whether the proposed change has:

Negative Impact: **N**
Neutral Impact: **Ne**
Positive Impact: **P**
Unknown: **U**

Impact	No Impact	Negative	Neutral	Positive	Unknown
CORE 20	☐	☐	☐	☐	☐
PLUS	☐	☐	☐	☐	☐
Health Inclusion Groups	☐	☐	☐	☐	☐
Combined Overall					

Summarise the overall impact:

Summarise the evidence used to make the judgement:

If there are negative impacts how these might be mitigated:

Quality Impact Assessment

For each domain of quality, consider whether the proposal has:
Negative Impact: **N**
Neutral Impact: **Ne**
Positive Impact: **P**
Unknown: **U**

Impact	No Impact	Negative	Neutral	Positive	Unknown
Patient Safety	☐	☐	☐	☐	☐
Clinical Effectiveness	☐	☐	☐	☐	☐
Patient Experience	☐	☐	☐	☐	☐
System/ Operational Impacts	☐	☐	☐	☐	☐
Combined Overall					

Summarise the overall impact:

Summarise the evidence used to make the judgement:

If there are negative impacts how these might be mitigated:

Overall Conclusion

Summarise the overall outcome of the screening tool, any key potential impacts identified, and any key mitigations, and tick the relevant score under each domain below.

Impact	No Impact	Negative	Neutral	Positive	Unknown
Equality	☐	☐	☐	☐	☐
Health Inequality	☐	☐	☐	☐	☐
Quality	☐	☐	☐	☐	☐
Combined Overall					

Any negative impact outcomes will need a full impact assessment.

Recommendation	Tick Applicable
Proceed	☐
More information needed	☐
Full impact assessment required	☐
Stop.	☐

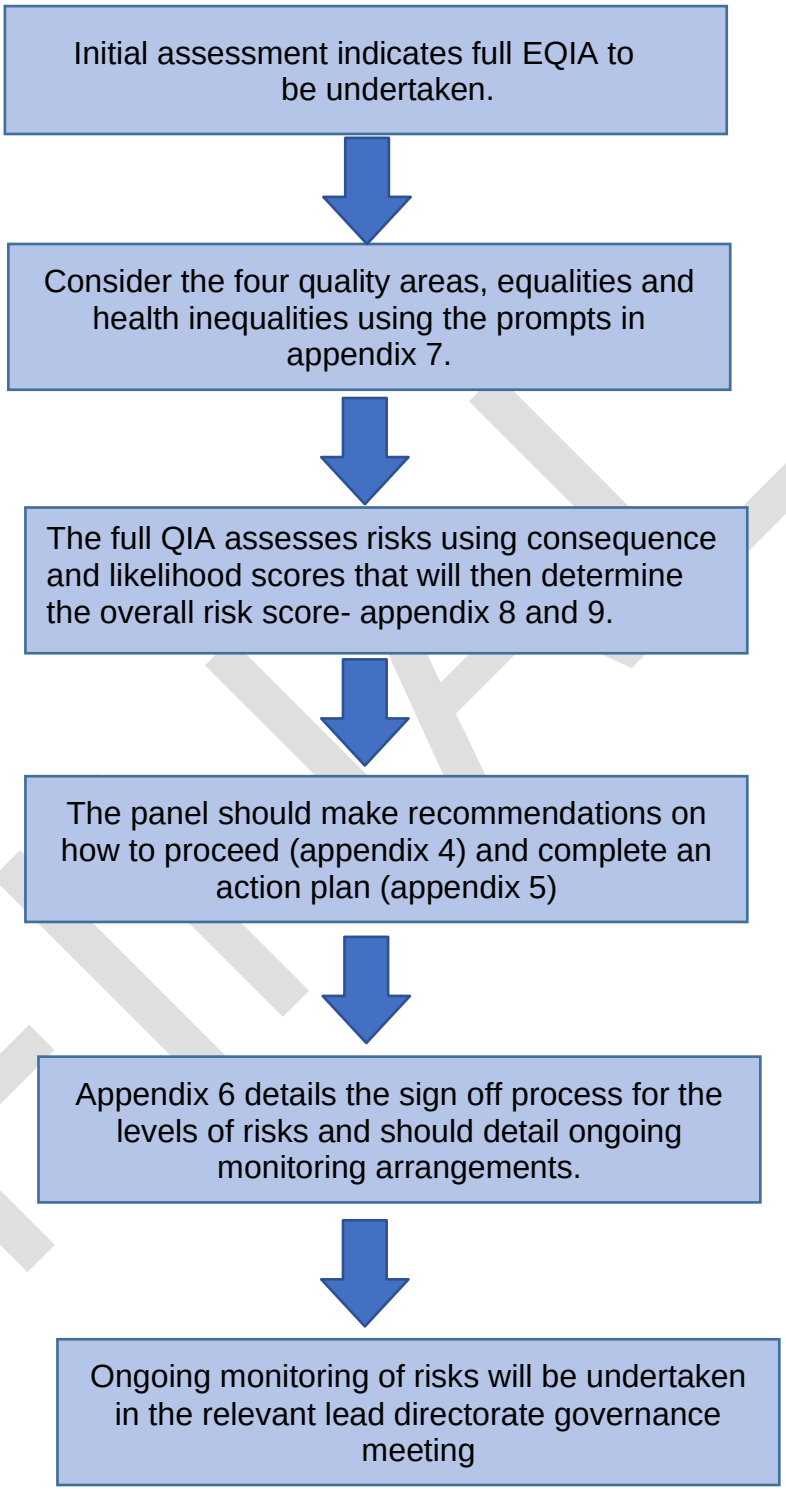
Any other key issues to record

Completion

Name and Job Title of the lead completing the screening tool:

Date:
Authorisation
Name and Job Title of the accountable lead: Date:

Appendix 3 (EQIA 3) EQIA Process Steps



Appendix 4 (EQIA 4) EQIA Tool and Recommendations

Title
Brief Description of proposed change and Type of change
• Change to an existing strategy or policy ☐ • Change to a service or function ☐ • A new strategy or policy ☐ • A new service or function ☐ • Other ☐
Describe why the change is being proposed, include current status and anticipated effects of change

Area of assessment	Relevant information	Initial risk score			Residual risk			Risk mitigation and monitoring arrangements.
		Impact	Likelihood	Risk score	Impact	Likelihood	Risk score	
Equality								
Health Inequalities								

Patient safety								
Clinical Effectiveness								

Area of assessment	Relevant information	Initial risk score			Residual risk			Risk mitigation and monitoring arrangements.
		Impact	Likelihood	Risk score	Impact	Likelihood	Risk score	
Patient experience								
System and Operational impacts								

Recommendations

Based on your assessment, please indicate which course of action you are recommending to decision makers.

Outcome	Description	Tick
Outcome One- Green risk rating	No major change to service/ function required. **Proceed no amendments needed.**	☐
Outcome Two- yellow risk rating	Adjust the service/ function. **Proceed with minor amendments.**	☐
Outcome Three- Amber risk rating	Continue the service/ function with sufficient mitigations in place to minimise risks and negative impacts. **Proceed with significant mitigating actions in place.**	☐
Outcome Four- Red risk rating	**Stop and rethink**- QIA shows actual or potential significant harm. Review service and function with senior responsible officer.	☐
Please explain the rationale for your recommendation.		

Appendix 5 (EQIA 5) Action Plan

Develop your action plan, based on the mitigations recommended and ensuring that progress is monitored and progress against actions is documented.

Action plan						
Item	**Date initiated**	**Action/ item**	**Lead**	**Target completion**	**Progress**	**Open/closed**
1.						
2.						
3.						
4.						
5.						
6.						

Appendix 6 (EQIA 6) Monitoring Arrangements and Approval

Monitoring arrangements		
Name of individual, group, or committee	Role	Frequency
Quality team Review Panel- must include Equalities lead where appropriate		
Members of the panel: **Date**:		
Director sign off (green and yellow risks)		
Director of Nursing or Medical Director **Date:**		
Executive sign off (amber and red risks)		
Executive Chief Nurse or Executive Medical Director **Date:**		

Guidance

Appendix 7 (EQIA 7) Prompts for EQIA

Equalities	Does the piece of work involve or have a negative impact on: • Eliminating unlawful discrimination, victimisation and harassment • Advancing quality of opportunity • Fostering good relations between protected and non-protected groups Consider: • communication needs • information requirements. • Participation • Access

Health Inequalities	Consider location and impact on:
	• The most deprived 20% 0f national population as identified by the index of Multiple Deprivation
	• The most deprived 20% of the region's population as defined by the Income Deprivation Affecting Children Index (IDACI).
	• Other Vulnerable Groups e.g.
	  ○ Carers
	  ○ Socio Economic
	  ○ Armed Forces
	  ○ People with substance/alcohol abuse challenges
	  ○ Sex Workers
	  ○ Care experience people (Looked after children and young people)
	  ○ Carers of patients: unpaid, family members.
	  ○ Homeless people rough sleepers; staying temporarily with friends /family; in hostels or B&Bs.
	  ○ People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.
	  ○ People with addictions and/or substance misuse issues
	  ○ People or families on a low income
	  ○ People with low literacy or health Literacy: (e.g., poor understanding of health services poor language skills).
	  ○ People living in deprived areas for example indexes of multiple deprivation.

	○ People living in remote, rural and island locations. ○ People seeking Sanctuary seekers, Migrants, Refugees, ○ People who have experienced human trafficking or modern slavery. ○ Lone parents ○ Domestic and sexual violence ○ Ex-service personnel / veterans ○ Gypsies, Roma and Travellers ○ Other groups experiencing health inequalities specific to your policy (please describe)
Patient Safety	• What are the known patient safety issues/ Is there a potential impact on avoidable harms? • How will the planned changes to service provision provide evidence of improved or continued safe care? • Is there a potential impact on the ability to deliver fundamental standards of care as defined by the HSCA? • Is there an increased risk of regulatory breaches and enforcement action? • Will the plans impact on the ability to protect children, young people and adults? • Have staffing, skill mix, and workload issues been considered within the plans? • Is there a risk that patients with higher clinical need won't access the service/ Could waiting for care and treatment lead to harm?
Clinical Effectiveness	• Are the planned changes in line with the most up-to date guidance ensuring the provision is evidence based? • Do the changes impact on ensuring that care is delivered in the most clinically and cost-effective setting? • Could the changes in the services result in an increased patient acuity that impacts on services in other ways? • Will there be gaps in pathways because of the changes? • Is there a potential impact on patient outcomes? • How is clinical evidence being used to monitor the impact on patients?
Experience	• Is there a potential impact on access to care and treatment? • Will patient choice be affected? • Will some people be more disadvantaged by the proposed changes e.g., further travel/ public transport? • Is there a potential impact on patient satisfaction and complaints/ What level of public support do you anticipate for the changes? • How will people be involved and informed of any changes to services? How will people be involved in the decision making? • How will patients experience be monitored?

Systems / Operational Impacts	• What is the impact and is there a shared risk across providers or the system/ Are there wider impacts on other services, organisations, stakeholders? • Is there clarity of accountability and responsibilities across organisations, • Will this impact on the delivery of the ICB's strategy or the operational plans? • Is there a potential impact on public perception and confidence? • Are there wider concerns about workforce and capacity in services? • Are services and organisations experiencing sustained and significant service pressure or disruption? • Will changes in service threshold result in an increase in acuity of patient needs that impact on services in other ways (i.e., longer length of stay, more intervention needed, reduce patient flow)?

Appendix 8 (EQIA 8) Outcome Threshold Key and Risk Assessment

For Initial Assessment- Outcome Threshold Key

Outcome		
Impact	**Level**	**Description**
No Impact	**No Impact**	There is no impact on the group from the proposed change.
Positive	**Excellent**	Multiple enhanced benefits including excellent improvement in access, experience and/ or outcomes for patients. Leading to consistently improved standards of experience and an enhancement of public confidence, significant improvements to performance, and an improved and sustainable workforce. Outstanding reduction in health inequalities by narrowing gap in access, experience and/ or outcomes between people with protected characteristics and general population.
	Major	Major benefit leading to long term improvements and access, experience and/ or outcomes for people. Benefits include improvements in the management of patients with long term conditions and compliance with national standards. Major reduction in health inequalities by narrowing gap in access, experience and/ or outcomes between people with protected characteristics and general population.
	Moderate	Moderate benefits requiring professional intervention with moderate improvement in access, experience and/ or outcomes for people. Moderate reduction in health inequalities by narrowing gap in access, experience and/ or outcomes between people with protected characteristics and general population.
	Minor	Minor improvement in access, experience and/ or outcomes for people. Minor reduction in health inequalities by narrowing gap in access, experience and/ or outcomes between people with protected characteristics and general population.
	Negligible	Negligible improvement in access, experience and/ or outcomes for people. Negligible reduction in health inequalities by narrowing gap in access, experience and/ or outcomes between people with protected characteristics and general population.
Neutral	**Neutral**	The impact is neither positive nor negative – overall the group is not advantaged or disadvantaged
Negative	**Negligible**	Negligible negative impact on access, experience and/ or outcomes for people. Negligible increase in health inequalities by widening the gap in access, experience and/ or outcomes between people with protected characteristics and general population. Potential to result in minimal injury or illness requiring no/ minimal intervention or treatment, peripheral element of treatment or service suboptimal.
	Minor	Minor negative impact on access, experience and/ or outcomes for people. Minor increase in health inequalities by widening the gap in access, experience and/ or outcomes between people with protected characteristics and general population. Potential to result in minor injury or illness requiring minor intervention or treatment, peripheral element of treatment or service suboptimal.
	Moderate	Moderate negative impact on access, experience and/ or outcomes for people. Moderate increase in health inequalities by widening the gap in access, experience and/ or outcomes between people with protected characteristics and general population. Potential to result in moderate injury or illness requiring professional intervention.
	Major	Major negative impact on access, experience and/ or outcomes for people. Major increase in health inequalities by widening the gap in access, experience and/ or outcomes between people with protected characteristics and general population. Potential to result in major injury or illness leading to impairment for over 28 days.
	Catastrophic	Catastrophic negative impact on access, experience and/ or outcomes for people. Major increase in health inequalities by widening the gap in access, experience and/ or outcomes between people with protected characteristics and general population. Potential to result in incident leading to death, permanent injuries. Totally unacceptable level does not meet required standards.

For full EQIA- Risk Assessment

To manage risks effectively, it is crucial to ensure that both the initial (inherent) and residual risk is assessed. The initial (inherent) risk assessment gives an indication of the impact of the risk should controls fail. The residual risk assessment shows the current level of the risk remaining after mitigating controls are applied.

A standardised approach is taken across the ICB to analyse and measure risk, this is detailed below. Managers must ensure that, for their area, risk assessments are carried out and documented, and that the necessary control measures are implemented in order to reduce risks. The level of detail in the risk assessments and any subsequent action taken should be proportional to the risk.

Step 1 Determine the Consequence Score.

This is offered as guidance when completing a risk assessment, either when an incident has occurred or if the consequence of potential risks is being considered. Choose the most appropriate domain for the identified risk from the left-hand side of the table. Then work along the columns in same row to assess the severity of the risk on the scale of 1 to 5 to determine the consequence score, which is the number given at the top of the column. Note consequence will either be negligible, minor, moderate, major or catastrophic.

Table 1: Consequence Score

Impact score (consequence levels) and examples of descriptors				
1	2	3	4	5
Very Low	Low	Moderate	High	Very High
• Minimal injury requiring no/ minimal intervention or treatment. • Peripheral element of treatment or service suboptimal. • No impact across services or providers reducing patient flow. • Unsatisfactory patient experience, Informal complaint/ concern • Minimal loss or interruption to the service. • A partner organisation may experience brief service pressure or disruption. • Short term low staffing levels temporarily reducing service quality. • Minor noncompliance with standards and/ or policies • No or little impact on fundamental standards of care and regulatory standards.	• Minor illness or injury first aid or minor intervention/ treatment needed. • Minor implications for patient safety if unresolved. • Reduced performance if unresolved. • Limited impact across services or providers reducing patient flow. • Partner organisations will experience short term and service pressure or disruption. • Unsatisfactory patient experience which is readily resolvable. • Short term reduction in public confidence • Short term loss or service interruption over 8 hours • Ongoing low staffing level reducing service quality. • Noncompliance national and local standards and/	• Moderate illness or injury requiring treatment or intervention. • An event which impacts on a small number of patients. • Moderate impact across services in one provider reducing patient flow. • Partner organisations will experience time limited and moderate service pressure or disruption. • Treatment or service has reduced effectiveness and has moderate implications for patient safety if unresolved or not acted on. • Mismanagement of patient care • Late delivery of key objectives/ service requirements. • Longer term reduction in public confidence. • Service loss or service interruption over 1 day. • Ongoing safe staffing concerns impacting on	• Major illness or injury resulting in sensory, motor, or intellectual impairment that has lasted, or is likely to last for a continuous period of at least 28 days. • Major impact across services and providers in a place or the whole system reducing patient flow. • Partner organisations will experience sustained and major service pressure or disruption. • Treatment or service has significantly reduced effectiveness and has major implications for patient safety if unresolved or not acted on. • Serious mismanagement of patient care with long term impact. • Uncertain delivery of key objectives/ service requirements.	• An issue which impacts on a large number of patients, increased probability of death or irreversible permanent health effects. • Major impacts across services and providers in in a place or the whole system with a significant reduction in patient flow. • A large number of partner organisations will experience sustained and critical service pressure or disruption. • Totally unacceptable level or quality of treatment/ service with significant impacts on patients. • Totally unsatisfactory patient outcome or experience. • Serious mismanagement of patient care with long term impact. • Total loss of public confidence.

	or policies and procedures. • Minor impact on fundamental standards of care and regulatory standards.	patient safety and ability to attend mandatory or key training. • Noncompliance national and local standards and/ or policies and procedures with risks to patients if unresolved. • Moderate impact on fundamental standards of care with regulatory breaches identified and enforcement action.	• Major reduction in public confidence. • Unsafe staffing levels significantly impacting on patient safety and limited ability to attend mandatory or key training. • Major non-compliance with national and local standards and/ or policies and procedures with significant risks to patients if unresolved. • Some fundamental standards of care are not being delivered with regulatory breaches identified and more significant enforcement action.	• Non- delivery of key objectives/ service requirements. • Ongoing unsafe staffing levels significantly impacting on patient safety and no ability to attend mandatory or key training. • Total non-compliance with national and local standards and/ or policies and procedures with significant risks to patients if unresolved. • Complete system change required. • Permanent loss of service or pathway • Significant risk that all fundamental standards of care are not being delivered with regulatory breaches identified and more significant enforcement action.

Step 2 Determine the Likelihood Score.

Now determine what is the likelihood of the impact occurring. The frequency-based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify a frequency. The frequency-based score will either be classed as rare, unlikely, possible, likely or almost certain.

Table 2: Likelihood score

Likelihood score	1	2	3	4	5
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost certain**
Frequency- How often might it/ does it happen	Only occurs in exceptional circumstances. No impact on service user	Could occur at sometime within 1 to 5 years. Minimal impact on service user which could directly affect their experience but will have no foreseeable impact on health and wellbeing.	Could occur in the next 12 months. Moderate impact on service user which will directly affect their experience and will require amendment to their current care. This may affect health and well-being.	Will probably occur in the next 6 months. Major impact on service user which will directly affect their experience and will require major changes to their current care delivery model. This is likely to affect the health and wellbeing of the individual and support network.	Expected to occur in the next 3 – 6 months. Significant impact on service user which will radically change their experience with a potential for significant adverse effect on their health and wellbeing. This will affect a number of service users, partner agencies and support systems.

Step 3 Assigning a Risk Rating.

Now apply the consequence and likelihood ratings to give you a risk rating for each of the risks you have identified. Calculate the risk rating by multiplying the consequence by the likelihood: C (consequence) x L (likelihood) = R (risk score)

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

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

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

	1-6	Low risk
	8-10	Moderate risk
	12-16	High risk
	20-25	Extreme risk

Appendix 9 (EQIA 9) ICB Risk Appetite

Step 4 Risk Oversight

Where risks are rated as low or medium risk these should be monitored within the delivery unit through local governance meetings.

Where risks are rated high or extreme these should have executive oversight and should be monitored through the executive committee and relevant board or sub-board committee.

nenc-icb-risk-appetite-statement-23-24-nov-2023.pdf

Appendix 10 (EQIA 10) - Fundamental Standards CQC Regulations

Fundamental standards of Care Health and Social Care Act (Regulated Activities) Regulations 2014 (Part 3).

The act was amended to reflect Sir Robert Francis recommendations following his inquiry into care at Mid Staffordshire NHS Foundation Trust. Fundamental standards enable CQC to pinpoint more clearly the standards which care, and the provision of regulated activities must ***never*** fall below.

Fundamental standards (regulations)

- Regulation 8: General
- Regulation 9: Person-centred care
- Regulation 10: Dignity and respect
- Regulation 11: Need for consent.
- Regulation 12: Safe care and treatment
- Regulation 13: Safeguarding service users from abuse and improper treatment
- Regulation 14: Meeting nutritional and hydration needs.
- Regulation 15: Premises and equipment
- Regulation 16: Receiving and acting on complaints.
- Regulation 17: Good governance
- Regulation 18: Staffing
- Regulation 19: Fit and proper persons employed.
- Regulation 20: Duty of candour
- Regulation 20A: Requirement as to display of performance assessments.

Care Quality Commission website Regulations for service providers and managers - Care Quality Commission (cqc.org.uk)