

Equality Quality Impact Assessment



North East and
North Cumbria

Corporate	ICBP056 Equality Quality Impact Assessment Policy
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Version Number	Date Issued	Review Date
2.0	May 2026	May 2028

Prepared By:	ICB Quality team
Consultation Process:	Director of Quality Nursing and Medical Directorates
Formally Approved:	14 May 2026
Approved By:	Quality and Safety Committee

EQUALITY IMPACT ASSESSMENT

Date	Issues
NA	

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
V1.1	March 2025	Sarah Dronsfield, Director of Quality – NENC ICB	New Policy First Issue Minor formatting changes
V2.0	May 2026	Robert Milner, Senior Quality and Safety Manager, NENC ICB Gillian Airey, Quality and Safety Manager, NENC ICB	Amended policy wording to align with NHS England Quality Impact Assessment Framework Revised Appendix 1 EQIA Process Flowchart Revised Appendix 2 EQIA Process Revised Appendix 3 EQIA Template Amended review date

Approval

Role	Name	Date
Approver	Quality and Safety Committee	March 2025
Approver	Quality and Safety committee	May 2026

Contents

1. Introduction.....	4
2. Definitions.....	6
3. Overview of Equality Quality Impact Assessment.....	6
4. Implementation.....	6
5. Training Implications.....	8
6. Documentation.....	8
7. Monitoring, Reviewing & Archiving.....	8
• Appendix A – Schedule of Duties and Responsibilities	
• Appendix 1 EQIA Process Flowchart	
• Appendix 2 EQIA Process	
• Appendix 3 Equality Quality Impact Assessment (EQIA) – Template	
• Appendix 4 Record of Review, Monitoring Arrangements and Approval	
• Appendix 5 Prompts for EQIA	

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).

Quality care is defined in accordance with the National Quality Board Shared Commitment that care is **safe, effective, provides a personalised experience, is well led, sustainable and equitable (addresses inequalities)**.

In June 2025, NHS England published a Quality Impact Assessment Framework which provides good practice principles and guidance for undertaking quality impact assessments (QIAs) as part of the decision-making process for planning, approving and implementing changes to health and care services or when commissioning new ones.

Equality impact assessments (EIAs) enable organisations to show compliance with the requirements of the Equality Act (2010) and the Public Sector Equality Duties (PSED).

As QIAs and EIAs are closely linked, the NHS England QIA framework states organisations can determine whether they combine them into a single EQIA process. The ICB has chosen to combine these into a single EQIA process.

This policy aims to ensure a consistent approach to Equality Quality Impact Assessment (EQIA) is taken within the ICB by aligning with the principles outlined within the NHS England Quality Impact Assessment Framework. 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 Equality, Diversity and Inclusion (EDI) policy ([nenc-icb-hr01-equality-diversity-and-inclusion-v2.pdf](#)) and strategy, when considering the impact of any proposed changes.

This 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 as detailed in the Risk Management Strategy. This policy will ensure that the appropriate steps are in place to safeguard quality, safety, equality, and health inequalities which 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.
- Creating/reviewing policies or procedures.

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

Status

This policy is a Corporate Policy.

Purpose

The overall purpose of this policy is to:

- Detail the process to follow when undertaking an EQIA.
- Detail consideration of all aspects 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 a robust process in place across the North East and North Cumbria to assess (and approve/reject) the impact of service changes on quality.

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. Impact assessments must consider the positive impact expected on quality and ensure that any known, expected or unintended negative impact on quality is identified, robustly assessed and mitigated. The EQIA should be used in conjunction with the EDI policy and strategy, when considering the impact of any proposed changes.

The EQIA looks at a 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 is considered throughout the development, implementation, and review stages of any changes. This process ensures any necessary mitigating action to reduce residual risk is outlined, implemented, and evaluated in a robust way.

Adopting the following key principles will ensure a robust approach to undertaking EQIAs:

- **Board commitment and oversight** ensuring any decisions made about service changes have an associated EQIA.
- **System oversight** to consider the impact of changes more widely than at the individual provider level.
- **Multidisciplinary engagement, oversight and review**, which includes input from clinical leaders and people using services.
- **A dynamic process**, which sets out an iterative approach to the completion and ongoing review of EQIAs.
- **A standardised template** that allows for the assessment of impact against the NQB's definition of quality.
- **An ability to monitor and review** the impact captured in EQIAs on decisions made.

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 who undertake impact assessments, decommissioning, implementation of new pathways or service changes and commission new services.

2. Definitions

DPA	Data Protection Act 2018
EDI	Equality, Diversity and Inclusion
EQIA	Equality Quality Impact Assessment
GDPR	UK General Data Protection Regulation
ICB	Integrated Care Board
ICS	Integrated Care System
NENC	North East and North Cumbria
NQB	National Quality Board
PSED	Public Sector Equality Duty 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.
QIA	is a structured process used to evaluate how proposed changes to services, projects, or commissioning decisions may affect patient safety, clinical effectiveness, and patient/staff experience, ensuring risks are identified and mitigated.
SOP	Standard Operating Procedure

3. Overview of Equality Quality Impact Assessments (EQIA)

In a system as complex and interdependent as healthcare, decisions in one part of the service can impact on other areas that are not always easy to predict or assess. An EQIA should be completed to consider the impact of any proposed changes.

The EQIA template (Appendix 3) should be completed by the team leading the proposed change (known thereafter as the Author) detailing the anticipated positive impact and/or identified potential risks to quality and the mitigations required or put in place. This template has two parts; Part A is the initial assessment and Part B details mitigating actions. Where negative impacts are identified in Part A, Part B must be completed. Change can impact on equality and health inequality, so these have been incorporated into this process.

Sign off by the Quality team is dependent on review of the EQIA document, the recommendations made by the Author and the risk rating. Where necessary, the Author will be contacted to request further information or to be offered additional advice. Full details of the sign off processes are included in the EQIA SOP (Appendix 6).

It is understood that the Author will monitor and report progress on the impact of the change as defined in their implementation plan. Should unintended negative impacts be identified then it may be necessary to undertake a further EQIA.

4. Implementation

Chief Executive

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

ICB Chief Nurse

The Chief Nurse holds 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 to ensure that unintended impacts are identified and mitigated appropriately.

ICB Quality Team

Responsible for reviewing and commenting (where necessary) on EQIAs 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 Team. A response will be provided at the earliest practicable opportunity.

The Quality Team will develop a checklist to ensure compliance with the policy for all completed EQIA's. This will be logged and reported through the ICB's quality reporting mechanisms.

Directors of Nursing/Medical Directors

Responsible for ensuring that EQIAs are effectively considered as part of discussions and decisions about Cost Improvement Programmes, business cases, procurements, service changes 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 undertaken by members of their team have been conducted in line with this policy.

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

Health, Equity and Inclusion Team (HEI)

The HEI Team is responsible for reviewing the EQIA documentation and contributing to the sign-off process for relevant EQIA templates.

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 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 ensuring alignment with this policy. Oversight will be achieved through individual review of each submitted EQIA and regular reporting of compliance with this policy and the EQIA Standard Operating Procedure (SOP) (Appendix 6).

In addition, the Quality and Team will audit the impact of proposed changes, where Part B of the EQIA template has been completed, six calendar months following sign off by the Quality Team.

Reporting of compliance both within the team and of the impact of the change will be through the ICB Quality and Safety Committee. These processes are described in the EQIA SOP.

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 Chief Nurse with responsibility for quality.

5. Training Implications

The ICB will develop guidance materials to accompany the EQIA Policy, template forms and SOP.

The EQIA process will form part of the ICB operating model. 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.

Staff can contact the Quality Team with any EQIA queries or advice required.

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

6. Documentation

Other Related Policy Documents

- Appendix 1 EQIA Process Flowchart
- Appendix 2 EQIA Process
- Appendix 3 Equality Quality Impact Assessment (EQIA) -Template
- Appendix 4 Record of Monitoring Arrangements and Approval
- Appendix 5 Prompts for EQIA
- Appendix 6 EQIA Standard Operating procedure

7. Monitoring, Reviewing and Archiving

Monitoring

The Board will agree with the Director of Quality with responsibility for the EQIA process a method for monitoring the dissemination and implementation of this process. Monitoring information will be recorded in the policy database.

Compliance will be monitored by the ICB Quality team and the ICB Quality and Safety Committee.

Review

This policy is an amended policy and will be reviewed within two years 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

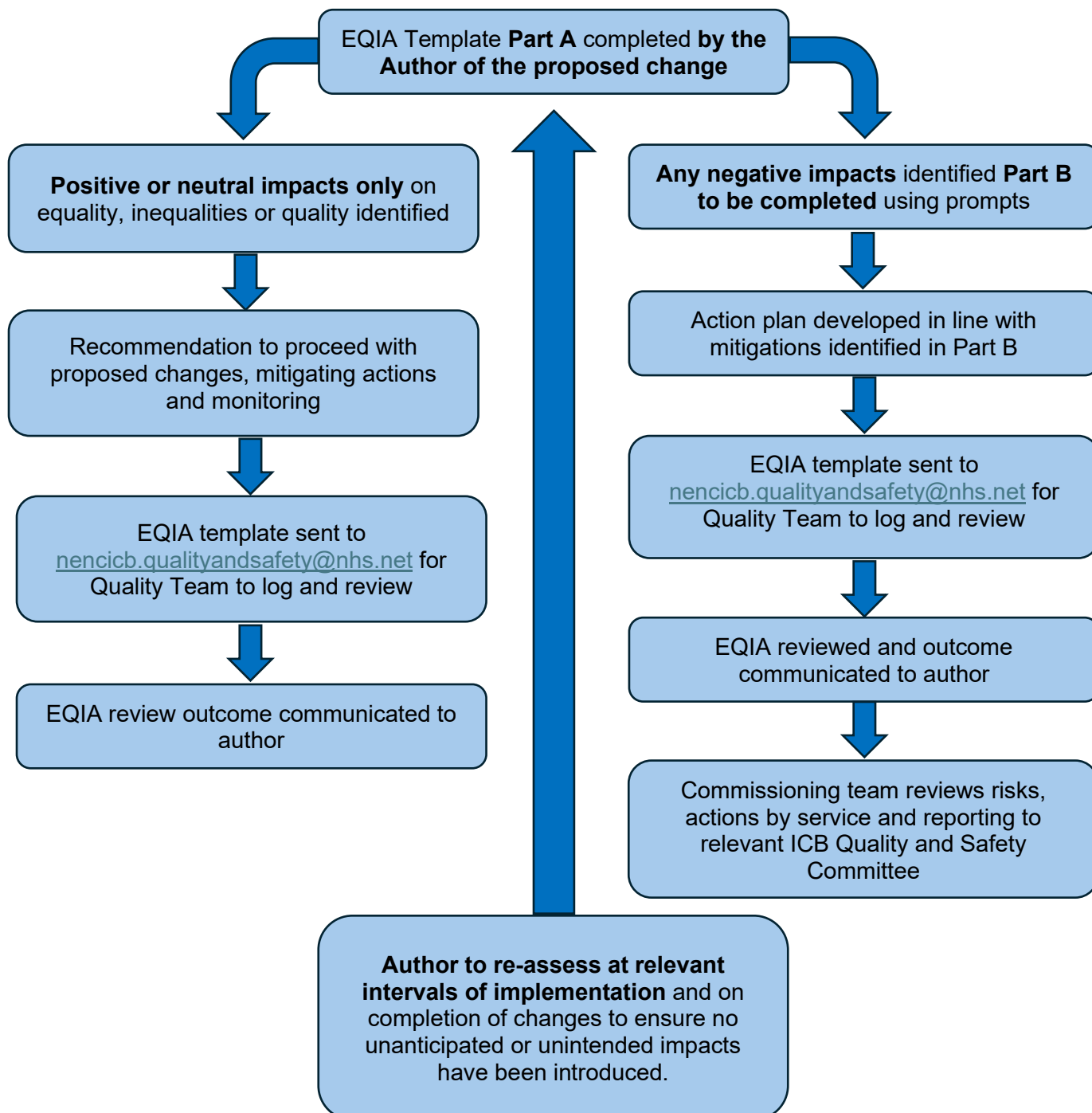
NHS England (2025) [Quality Impact Assessment Framework](#).

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.
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	<p>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.</p> <p>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.</p>
All Staff	<p>All staff, including temporary and agency staff, are responsible for:</p> <ul style="list-style-type: none"> • 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.

Equality Quality Impact Assessment (EQIA) Process Flowchart



Equality Quality Impact Assessment (EQIA) Process

In a system as complex and interdependent as healthcare, decisions in one part of the service can impact upon other areas that are not always easy to predict or assess. An EQIA should be completed to consider the impact of any proposed changes.

This process aims to ensure:

- Each stage is clearly defined.
- The actions required at each stage of the process.
- Who is responsible for completing the actions.
- What outputs should be generated from each stage of the process.

EQIA Template – Part A

The EQIA template should be completed by the team leading the proposed change (known thereafter as the Author). The information entered in the EQIA template should outline the anticipated positive impact and/or identified potential risks to quality, the mitigations required or put in place, and details of the people/team/group proposing the change, where relevant this should include a:

- Relevant Clinical Lead and/or Healthcare Professional
- Local Delivery Team Lead
- Commissioning Lead
- Contracting Lead
- Finance Lead

Appendix 3 contains the EQIA template which has two parts; Part A is the initial assessment and Part B the mitigating actions. **Where negative impacts are identified in Part A, Part B must be completed.** The EQIA uses a format that looks at the key quality areas:

- Equitable, i.e., Equality and Health Inequalities
- Patient Safety
- Clinical Effectiveness
- Patient Experience
- Well Led
- Sustainable
- Workforce
- Performance
- Strategic Objectives

Change can impact on equality and health inequality, so these have been incorporated into this process. Prompts for each of the six areas are included in Appendix 5 and should be used when considering the risks.

EQIA Template – Part B

Where negative impacts have been identified in Part A of the EQIA template then Part B, must be completed. Part B assesses the negative risks of the proposed change using consequence and likelihood scores that will then determine the overall risk score; this is aligned to the ICB's Risk Management Strategy (ICBP037). The Author should complete this including details of the

identified negative impacts, and mitigations planned or implemented to address these. The team should ensure that an action plan is completed detailing SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) actions, the responsible action leads, and timescales for completion.

Completion of EQIA Template

The Author should make recommendations on how to proceed based on their assessment, indicating which course of action they are recommending to the Quality Team decision makers. Finally, the Project Lead and Accountable Lead from the Author should complete and sign the EQIA Tool before submitting to the Quality Team.

Approval of EQIA Template

Submitted EQIA templates are reviewed by members of the Quality Team with final agreement sought at the Quality Team's EQIA Review Panel. This panel is held weekly or as required to ensure EQIA Templates are reviewed and processed promptly.

Where risks are identified the Author should manage these through their usual governance process.

The Quality Team will review submitted EQIA templates and share these with the Health Equalities and Inequalities (HEI) team as appropriate. Approval is sought depending on risk rating as detailed below:

- Green – approved by Deputy Director of Quality
- Yellow – approved by Director of Nursing
- Amber and Red – approved at the EQIA Star Chamber Panel

It is understood that the Author will complete the impact assessment prior to approval of the change and to re-assess at relevant points during implementation and on completion to provide assurance that no unintended/unanticipated negative impacts have been introduced.

Appendix 4 details the document employed by the Quality Team for recording the monitoring arrangements and approval/sign off process.

Equality Quality Impact Assessment (EQIA) – Template

Part A

Please refer to the Appendix 5 for further guidance on completing an EQIA.

Reference Number: (To be used on ALL correspondence)		Quality Team Use Only	
Proposal Title:			
Proposal Overview (Brief Description of the proposed change)			
Proposed Change:			
Current State:			
Anticipated Effects:			
Summary of Change			
Commissioning a service/pathway of care	<input type="checkbox"/>		
De-commissioning a service/pathway of care	<input type="checkbox"/>		
Re-designing a service/pathway of care	<input type="checkbox"/>		
Creating/reviewing a policy/procedure	<input type="checkbox"/>		
Other (Please specify below)	<input type="checkbox"/>		
LDT/Neighbourhood:	e.g., Newcastle, Tees, Cumbria, NENC wide		
Proposal Discussions Held With (Who has been involved in the discussions – should include relevant clinical lead)			
Name	Role		
Who will be impacted by this proposal?	Engagement Completed	Engagement Planned	
Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service User / Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Public Sector Organisations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary / Community groups / Trade Unions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others, please specify below:	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Funding arrangements and financial implications for proposal (Briefly list each)

Evidence (Detail any known gaps in available evidence and the plans to address them)

Gap	Plan to Address

Equalities Impact	Negative	Neutral	Positive
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender Re-assignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage/Civil Partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy and Maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race and ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religion or belief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (see appendix 5 and provide detail)			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supporting Evidence (Briefly list)

Positive Impact (List each impact)

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Where Negative Impacts are identified please list each impact and their corresponding mitigation in Part B.

Health Inequalities Impact	Negative	Neutral	Positive
CORE 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORE 20 PLUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Inclusion Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combined Overall Impact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supporting Evidence (Briefly list)

Positive Impact (List each impact)

Where **Negative Impacts** are identified please list each impact and their corresponding mitigation in Part B.

Quality Impact Assessment	Negative	Neutral	Positive
Patient Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well Led	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sustainable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workforce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategic Objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combined Overall Impact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supporting Evidence (Briefly list)

Positive Impact (List each impact)

Where Negative Impacts are identified please list each impact and their corresponding mitigation in Part B.

Overall Conclusion			
	Negative	Neutral	Positive
Equality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Inequality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combined Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Next Steps

Have any **Negative** impacts to this change been identified in **Part A**?

- If **YES** complete **Part B**
- If **NO** proceed to **EQIA Template Completion**

EQIA Template – Part B

List each **NEGATIVE** impact and their corresponding mitigation under the corresponding domain; completing the Initial and Residual Risk Scores (see ICBP037 Risk Management Strategy for further guidance).

Domain	Impact (include evidence demonstrating impact)	Initial Risk Score			Mitigation/Monitoring Arrangements	Residual Risk Score		
		Impact	Likelihood	Risk Score		Impact	Likelihood	Risk Score
Equality								
Health Inequality								
Patient Safety								
Clinical Effectiveness								
Patient Experience								
Well Led								
Sustainable								

Workforce								
Performance								
Strategic Objectives								

EQIA Action Plan

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

ACTION PLAN						
Item	Date Initiated	Action/Item	Lead	Target Completion	Progress	Open/Closed
1.						
2.						
3.						
4.						
5.						
6.						

Recommendations

Based on your assessment, please indicate which course of action you are recommending to the Quality Team/Decision Makers.

Outcome	Risk Rating	Description	Tick One
Outcome One	Green	No major change to service/function required. Proceed no mitigations needed.	<input type="checkbox"/>
Outcome Two	Yellow	Adjust the service/ function. Proceed with minor mitigations.	<input type="checkbox"/>
Outcome Three	Amber	Continue the service/ function with sufficient mitigations in place to minimise risks and negative impacts. Proceed with significant mitigating actions in place.	<input type="checkbox"/>
Outcome Four	Red	Stop and rethink- QIA shows actual or potential significant harm. Review service and function with senior responsible officer.	<input type="checkbox"/>
Please explain the rationale for your recommendation:			

KEY:

Rating:	Green	Yellow	Amber	Red
Approval Level:	Deputy Director of Quality	Director of Nursing	EQIA Star Chamber Panel	EQIA Star Chamber Panel

EQIA Template Completion

Completed by (Name and Role of Project Lead completing EQIA Template)	
	Date:
Authorisation (Name and Role of Lead Accountable for the project and Authorising EQIA)	
	Date:

1. Ensure the completed EQIA Template is approved at the appropriate group.
2. Send the completed EQIA Template to: nencicb.qualityandsafety@nhs.net
3. File for your audit purposes as appropriate

For further advice or guidance on this form, please contact: nencicb.qualityandsafety@nhs.net

Record of Review, Sign Off and Monitoring

REVIEW OF EQIA

EQIA Reference No.			
Proposal Title:			
Review			
Part A	<input type="checkbox"/>	Part B	<input type="checkbox"/>
Outcome			
Part A only Part B not required	<input type="checkbox"/>		
Proceed no mitigations needed	<input type="checkbox"/>		(Approval by Deputy Director of Quality)
Proceed with minor mitigations	<input type="checkbox"/>		(Approval by Director of Nursing)
Proceed with significant mitigating actions in place	<input type="checkbox"/>		(EQIA Star Chamber Panel)
Stop and rethink	<input type="checkbox"/>		(EQIA Star Chamber Panel)
More Information Required	<input type="checkbox"/>		
EQIA Part B required	<input type="checkbox"/>		
Brief Summary of Review (Enter date of review and brief explanation for outcome. Add multiple reviews)			
Date	XXX		

HEI Team Comments			
Brief Summary (Enter date of review and summary of comments. Add multiple comments if needed)			
Date	XXX		

QUALITY TEAM REVIEW PANEL (MUST include Equalities Lead where appropriate)			
Panel Date			
Members in attendance at the panel:			
Review panel comments:			

SIGN OFF

DIRECTOR SIGN OFF - GREEN & YELLOW Risks		
Signature:		Date: DD/MM/YYYY
Name (Print)		
Role:	<input type="checkbox"/> Deputy Director of Quality	<input type="checkbox"/> Director of Nursing

STAR CHAMBER PANEL	
Panel Date	
Members in attendance at the panel:	
Star Panel comments:	

EXECUTIVE SIGN OFF - AMBER & RED Risks		
Signature:		Date: DD/MM/YYYY
Name (Print)		
Role:	<input type="checkbox"/> Chief Nurse	<input type="checkbox"/> Chief Medical Officer

Monitoring Arrangements		
Audit Tool to be Sent (i.e., Part B completed)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date Audit Tool to be Sent (6 calendar months from date of Sign Off)	Date: DD/MM/YYYY	

Prompts for EQIA

EQUITABLE

- Are you aware of any groups of people who may be positively or negatively impacted by the proposed change?
- How does the change support the reduction in variation experienced by different groups of people?
- How does the change support a reduction in health inequalities for groups of people – at a provider and system level?
- Does the change have an impact on the accessibility of the service for any identified groups of patients or service users?

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% of national population as identified by the Index of Multiple Deprivation (IMD)
- 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 does safety intelligence currently show about the areas affected?
- Will the change lead to a reduction or increase in the safety risks to patients and services user?
- Will there be any impact of infection prevention and control as part of this change?
- Could the change impact on likelihood of harm experienced by patients and services users?
- Does the change impact on medicines safety or medical devices safety?

CLINICAL EFFECTIVENESS

- Will the change impact on avoidable readmission rates?
- Will the change impact on the timeliness of access to care?
- Will the change impact on any reported effectiveness outcomes?
- Will the change see an impact on the use of evidence-based standards?

PATIENT EXPERIENCE

- Will there be a change in satisfaction levels reported by people using the service and their unpaid carers?
- Will people using services and their unpaid carers experience longer or reduced waiting times for services?
- Will people using services and their unpaid carers find it easier or harder to access services?
- Will the change effect the opportunity for people's choice within a pathway?
- Will the change enable care to be provided closer to home?

WELL LED

- Will there be an impact on the staff working within the setting or service areas?
- Will there be a change in satisfaction levels reported by staff?
- Will there be change to the way in which staff within the service are expected to work, such as number of hours or impact on workload?
- Will there be any changes to the oversight and accountability requirements for the service, is it clear where these responsibilities will sit?
- Will there be an impact on the recruitment and retention of staff working in the service area?

SUSTAINABLE

- Will there be a financial impact from the change? For example, will there be an impact on any elements of the supply chain?
- What is the effect on the long-term sustainability of the service or care pathway?
- Will changes to resources (such as staff, time, energy, buildings) be required?
- Will changes affect the environmental impact of the service (such as energy demand, increased waste, refurbishment required)?
- Will it impact on efficiency and waste?
- Is there a likely impact on other contracts or system partners that provide associated services or elements of the pathway?
- Will there be an impact on the travel requirements (increases or reductions) and needs for staff, patients and service users as part of the proposal?

WORKFORCE

- Will the change impact on the required skill mix of staff?
- Will the proposal impact on training provision and availability of placements?
- Will the change have an impact on the competencies of staff working within the service?

PERFORMANCE

- Will the change impact of the services or organisation's ability to meet national and or local performance targets?
- Will the change affect the performance of care pathways?

STRATEGIC OBJECTIVES

- Does the proposal impact on the organisation's strategic objectives?
- Does the proposal align with the wider objective and ambitions of the NHS?
- Does this proposal impact on the joint forward plan for the ICB, and partnership working across ICBs?

EQIA SOP – insert