



**Public – To be published on the Trust external website**

# Quality and Equality Impact Assessment (QEIA) Policy

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## 1 Introduction

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The Trust recognises that the process of service change and improvement can present risk to the quality, equality and safety of the care provided. As such, significant service changes are evaluated for their impact on quality, equality, patient safety and patient experience, to ensure that they are clinically safe and that risks to quality can be managed through mitigating actions.

Examples of significant service change requiring a Quality and Equality Impact Assessment (QEIA) could include:

- Changes to the scope of a service
- Changes in location of service provision
- Changes in the skill mix of a team (Safe Staffing requirement for a QEIA before a roster template change can be approved)
- **The introduction of new workforce roles (for example physician associates, nursing associates)**

Examples of service change not requiring a Quality and Equality Impact Assessment (QEIA) could include:

- Change of name
- Change of location but within same area with no change to beds, space or discernible environmental quality
- Administrative changes related to how teams are 'tagged' on electronic systems
- Loss of contract (there may be elements e.g. redeployment of staff within TEWV services where a QEIA would be required to ensure equity)
- Non-clinical service changes that don't relate to or impact clinical delivery
- Policies and procedures (covered by a separate policy)

This Policy supports the Trust's commitment to equality by including an assessment of the impact of all significant service changes on the nine protected characteristics as defined by the Equality Act 2010 and our duties under the Armed forces Act (2021), the Human Rights Act (1998), and Poverty Proofing and Health Inequalities [nenc-chwn-poverty-proofing-health-settings-report.pdf](https://www.nenc-chwn-poverty-proofing-health-settings-report.pdf) ([children-ne.org.uk](https://www.children-ne.org.uk))

In applying the Policy, the needs and interests of the patient always come first, although the QEIA process acknowledges other important factors which need to be included in the assessment of risk associated with significant service change.

This policy is critical to the delivery of Our Journey to Change ([link](#)) and our ambition to co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism. It helps us deliver our three strategic goals as follows:

- This policy supports the trust to co-create a great experience for all patients, carers and families from its diverse population by supporting outstanding and compassionate care through the consideration of all the appropriate elements when making service changes.
- This policy supports the trust to co-create a great experience for our colleagues by ensuring service changes are Well led and managed through considering all appropriate elements.
- This policy supports the trust to be a great partner, so we will develop a shared understanding of the needs and the strengths of our communities through considering all factors that impact on our mental health provision in our communities.

## 2 Why we need this policy

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### 2.1 Purpose

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The Quality and Equality Impact Assessment (QEIA) helps the Trust manage the impact of service changes. The QEIA considers all risks to quality and equality alongside mitigating actions. This policy supports Trust staff to consider both quality and equality. This supports decisions that are going to impact on people from different groups.

Quality is a fundamental aspect of all service delivery and Our Journey to Change. All significant changes to services must receive a quality and equality impact assessment. This ensures change is aligned with, and not detrimental to:

- patient safety,
- patients and carers,
- our values, and
- our journey to change.

Considering equality as part of the impact assessment reduces the likelihood of 'Institutional Discrimination'. This happens when the culture, policies, systems and procedures in an organisation inherently discriminate against a group or groups of people because the systems and processes are designed without taking into account the diverse needs of groups within the community in relation to their race, disability, sex, gender identity/reassignment, sexual orientation, religion or belief, age, pregnancy and maternity and marriage and civil partnership status.

### 2.2 Objectives

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The objectives of this Policy are to:

- 
- Define the Trust's requirements for QEIA's related to significant service change.
  - Provide guidance on both the need for QEIA's and completing the QEIA template.
  - Define QEIA process's governance and decision-making.
  - Ensure the QEIA process meets the requirements of the Equality Act 2010 as set out in the Trusts Equality Impact Assessment Policy (The Public Sector Equality Duty), the Armed Forces Act 2021, the Human Rights Act 1998, poverty proofing and health inequalities when considering and implementing service changes.
  - To support the Trust Board of Directors in their decision-making processes.
  - To enable service leads, etc. to manage the Trusts impact on quality and equality and to ensure that all of our practices are inclusive and meet people's needs.
  - To support the identification of potential negative impacts and risks, and to consider that unlawful discriminatory impacts must be removed completely.
  - To support in the identification of positive practice and alternative approaches, which might alleviate negative impact and more effectively promote both quality and equality of opportunity and choice.

### 3 Scope

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This Policy outlines the requirements and governance around the Quality and Equality Impact Assessment process (QEIA) which is required to support service improvement, transformation programmes, projects, significant commissioning changes, reinstatement of services, cost improvement plans, and business plans related to any significant service change within the Trust. For ease of use, the aforementioned are grouped together in this policy as 'service change(s)'

This Policy supports the Trust's quality governance systems by including an assessment of the impact of service change on quality and other key measures to inform and enable appropriate, informed decision making.

The QEIA Policy has been developed to ensure that appropriate steps are in place to safeguard quality and equality and ensure there is oversight of other risks whilst delivering planned changes to service delivery.

The QEIA process must be followed to assess the impact that any identified programmes or projects may have on the quality of care provided to patients receiving treatment across the health care system.

QEIA's are required to be assessed at the: beginning, during implementation, and at the end of the programmes of work and projects relating to significant service change and transformation.

The key indicators that must be considered as part of a holistic approach to QEIAs are:

- Patient Safety
- Clinical Effectiveness
- Patient and Carer Experience
- Operational effectiveness
- Delivery of strategic objectives
- Financial Impact
- Reputational Risk
- Workforce
- Equality Diversity Inclusion and Human Rights (Discrimination)

### 3.1 Who this policy applies to

All Trust staff.

### 3.2 Roles and responsibilities

Role	Responsibility
<p><b>Quality Assurance Committee</b></p>	<ul style="list-style-type: none"> <li>• Ensure that an effective Quality and Equality Impact Assessment Policy and process is implemented through the overall governance of the QEIA approach.</li> <li>• Receive quarterly reports from the Quality and Equality Impact Assessment Panel via the Programme Management Office (PMO) on QEIA's to ensure process to ensure the impact on quality and equality is being thoroughly assessed, the level of risk understood and any negative impact mitigated.</li> </ul>

<p><b>Quality and Equality Impact Assessment Panel (QEIAP)</b></p>	<ul style="list-style-type: none"> <li>• Be accountable and responsible for the formal consideration and corresponding approval or rejection of all QEIAs. The Executive Directors: Executive Medical Director, Chief Nurse, and the Executive Director of Therapies together constitute the Quality and Equality Impact Assessment Panel. However they may be assisted by other Senior Leaders as appropriate.</li> <li>• Receive each review relating to a QEIA. If either the scope of a service change is amended or where any predicted impact significantly changes during the implementation phase the QEIA will be reviewed more regularly at the direction of the QEIAP.</li> </ul>
<p><b>Executive Directors / Clinical and operational Directors / Associate Directors of Professions / General Managers / Senior Responsible Officer's</b></p>	<ul style="list-style-type: none"> <li>• Ensure QEIA's are identified and completed for all new or existing significant service changes within their areas of responsibility.</li> <li>• Be responsible for confirming the QEIA is accurate and ready for formal consideration by the Quality and Equality Impact Assessment Panel.</li> <li>• Sign off the QEIA on behalf of the service prior to submission for allocation to panel.</li> </ul>
<p><b>Service Managers</b></p>	<ul style="list-style-type: none"> <li>• Responsible for initiating the QEIA entry into the QEIA tracker.</li> <li>• Responsible for ensuring QEIA's are monitored and reviewed at regular intervals to ensure quality, equality and other key impact measures are not compromised.</li> <li>• Responsible for forwarding QEIA's to the PMO for inclusion on the QEIA tracker and presentation at the Quality and Equality Impact Assessment Panel meeting.</li> </ul>
<p><b>Programme Management Office</b></p>	<ul style="list-style-type: none"> <li>• Define and manage the QEIA process.</li> <li>• Develop, maintain and monitor the QEIA Tracker on behalf of the Trust.</li> <li>• Forward signed QEIA's received from service to the QEIA Panel</li> <li>• Provide quarterly updates to the Quality Assurance Committee on the QEIA process, identifying areas of</li> </ul>

	risk and appropriate mitigation.
<b>Strategy, function or service owner/lead</b>	<ul style="list-style-type: none"> <li>• Conduct QEIA screening (this includes the standalone Equality Impact Assessment Form).</li> <li>• Should any amendments be made to the service change then the Lead must review QEIA's when changes are made that are more than minor or trivial (including Equality Impact Assessment) and notify the PMO team for a new panel date to be considered.</li> <li>• Identify training need.</li> </ul>
<b>Equality, Diversity and Inclusion and Human Rights (EDI &amp; HR) Team</b>	<ul style="list-style-type: none"> <li>• The EDI &amp; HR Team will offer advice on request in relation to the completion and approval of the Equality Impact Assessments (EIA's) that are included in the QEIA process</li> <li>• The EDI &amp; HR Team will, on request support the strategy, function or service owner / lead to identify ways to reduce or remove any negative impact that may have been identified.</li> </ul>
<b>Individual Staff</b>	<ul style="list-style-type: none"> <li>• Be responsible for notifying managers of service improvement opportunities in their area of work which may result in a QEIA being required.</li> </ul>

## 4 Quality and Equality Impact Assessment process

All significant service changes (as described above in section 1) are required to undertake the QEIA process (*detailed in Appendix 3*). If you are unsure whether one is required, please contact the Personal Assistant (PA) of the Trust Chief Nurse for advice and signposting.

Where a decision is related to a third-party Public-Sector Organisation decision making process (for example commissioning) or a national policy decision, review of that parties QEIA may be useful in informing the Trust's QEIA, for example, a review of any data already collated or considered.

The QEIA process assesses risk using the Trust's standard risk matrix.

Service changes which require a business case must have an approved QEIA for inclusion with the business case prior to submission, the care group directors are responsible for the approval of the investment but must be assured that the QEIA has been approved. Business cases will not be submitted for approval without an approved QEIA. The completion of the business case will continue to follow the existing Trust process.

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The Quality and Equality Impact Assessment process required under this Policy is outlined as follows.

## 4.1 Stage 1: Completing the Quality & Equality Impact Assessment

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1. Contact PMO, who will provide the latest templates (*see Appendix 4 – the Quality and Equality Impact Assessment Process – PART A*).
2. If the QEIA relates to an investment request it will be presented with a draft business case to the Care Group Board prior to submission to the QEIA Panel (QEIAP). The QEIA will support the creation of a comprehensive business case by providing a structure to effectively assess the options from quality and equality perspectives.

If the QEIA does not relate to a Cash Releasing Efficiency Scheme (CRES) Plan or Cost Improvement Plan (CIP) or investment request the QEIA will be presented to the QEIA panel only. However, regardless of the type of service change the completed QEIA must be reviewed and approved and signed off by the responsible owner (Service Manager (Author) / Professional Lead or Associate Director / General Manager / Director (Care Group / Corporate) / Senior Responsible Officer (SRO) prior to submission to the Quality and Equality Assessment Panel for consideration.

3. Submit the **fully signed** QEIA to the PMO team (last 3 signatures will be that of the panel) who will assign you a slot to attend a QEIA panel meeting. The QEIA document is signed once on the Governance Route & Sign off tab.

## 4.2 Stage 2: Quality and Equality Assessment Panel Review of QEIAs

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1. Completed QEIAs will be reviewed by the QEIAP which may be supported by colleagues. The QEIA Panel may approve the QEIA or may decide that further information is required before approval can be given. The manager or responsible owner will be asked to attend the panel meeting to present the QEIA.
2. Where further evidence is required the QEIA will be revised and issued to the QEIA Panel. It is at the panels discretion whether they require the manager / SRO to attend the meeting again.

3. Once a service change is approved by QEIAP this will be recorded on the QEIA tracker by the PA to the Chief Nurse. PA to Chief Nurse will obtain panel signatures and forward fully signed QEIA to PMO and Service Manager to keep for records. Risks identified as part of the QEIA process will be recorded and managed through the Trust's Risk Management Policy via the QEIA Service owner, with high risks escalated via risk management processes to the Quality Assurance Committee and recorded on the Board Assurance Framework.

### **4.3 Stage 3: Ongoing Review of Integrated Impact Assessment**

1. QEIA's should be reviewed regularly and at least at the following times:
  - a. Review 1 - Prior to change implementation taking place.
  - b. Review 2 - During the change implementation (*please see Appendix 8 – The Quality and Equality Impact Assessment Process – PART B - Review*)
  - c. Review 3 - Post implementation (*please see appendix 9 – The Quality and Equality Impact Assessment Process – PART C - Closure*)
2. Or whenever there is a significant change to the scope of the service change, or where there is a significant change to the risk or likely impact of the change. The QEIA template includes a section to log dates of reviews (QEIA Part B) and changes to impact ratings. The reviews should be sent to QEIAP at each stage; however, reviews can be escalated at any point. PMO will organise this with the Manager.
3. Once the project or programme is completed and 'Business as Usual' established, a closure/Post Implementation Review report will be prepared by the Manager which details the overall impact of, and provides assurances on, the impact of the service change. The closure reports should be reviewed and approved at appropriate local governance level.

## **5 Equality Impact Assessment Screening**

This is set out in full in the Equality Impact Assessment Policy which is supported by Equality Impact Assessment Guidance.

This aspect of the Quality Impact Assessment is built in to the template and must be completed by the owner or lead for:

- Organisational Change

- Buildings, includes - new builds, hospitals, rented premises etc.
- Functions
- Strategies
- Services
- Pathways
- Codes of practice
- Guidance or guidelines
- Projects
- Business plans
- Trust Events

Please note that this is a non-exhaustive list. If you are unsure about what your responsibilities are then please contact the EDI & HR Team for further advice, contact [tewv.eandd@nhs.net](mailto:tewv.eandd@nhs.net)

## 5.1 Identifying a Negative Impact

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Should you identify a negative impact/s on any of the protected groups whilst completing the Equality Impact Assessment you **must** contact the EDI & HR Lead or Officer to discuss your concerns / findings etc. [tewv.eandd@nhs.net](mailto:tewv.eandd@nhs.net) for further advice.

## 5.2 Review

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Equality Impact Assessment will be reviewed by the owner / lead every three years for any that remains open at the three year point on the QEIA tracker. This is in line with the guidance which can be found in the **Governance of policies, CORP-0001 and Guidance for Writers Procedure** or when there are changes made that are more than minor or trivial.

**Please note:** it is the owner, lead or manager's responsibility to identify when a review should be undertaken.

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## 5.3 Context

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The Trust must be compliant with the Equality Act 2010. It applies to all organisations that provide a service to the public or a section of the public (service providers). It also applies to anyone who sells goods or provides facilities. It applies to all of our services, whether or not a charge is made for them.

The Act protects people from discrimination on the basis of a 'protected characteristic' (these used to be called 'grounds'). The relevant characteristics for services, public functions and employment are:

- 149(1) – A public authority must, in the exercise of its functions, have due regard (take seriously) to the need to –
- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

Section 149(1) of the Act requires that the Trust demonstrates 'due regard'; this means the Trust **MUST** demonstrate that it has reasonably considered its impact on equality. This is an ongoing requirement (continuous duty) and it is essential that this is done in a proactive and anticipatory way, rather than in a reactive way which is ineffective and does not evidence or demonstrate 'due regard' (reasonable consideration) of the requirements of the Act.

Conducting Equality Impact Assessments provides the Trust with the best evidence of a proactive approach. This evidence is vital should the organisation be challenged or be required to give evidence of what it has taken into consideration with regard to its impact on equality.

Protected Characteristic Groups identified in the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnerships (in employment only), pregnancy and maternity, race, religion or belief, sex and sexual orientation.

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## 5.4 The Duty of 'Due regard'

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As an NHS employee you cannot delegate your duty of 'due regard'. This means that you cannot lawfully ask another person to make a decision that could impact negatively on equality in order to not have to make that decision yourself.

## 5.5 Equality Impact Assessment Guidance

Staff conducting the Equality Diversity Inclusion and Human Rights aspect of the QEIA must read **The Equality Impact Assessment Guidance, Ref CORP-0052-001** before they begin. The guidance gives staff important context that will help with their understanding of what an equality impact assessment is and how to conduct this part of the process.

## 6 Definitions

Term	Definition
The Quality and Equality Impact Assessment (QEIA) process	<p>The Quality and Equality Impact Assessment process analyses the type of impact (both positive and negative), the likelihood of impact, the level of impact and the corresponding plans for managing associated risks and potential benefits of any service change within the Trust. Evidence to support these decisions (i.e., the data or information used to inform the QEIA) should be referenced in the Quality and Equality Impact Assessment template (including the Equality Impact Assessment).</p> <p>All QEIA's will be subject to ongoing assessment of their impact after the change process has been implemented to ensure the impact assessment has not changed significantly either before the implementation of the change or after implementation until business as usual is established.</p> <p>Post-implementation, routine performance monitoring will provide assurance that any further impact will be detected as part of "business as usual" practice.</p>
Service change(s)	Service change(s) refer to service improvement, Transformation programmes, projects, significant commissioning changes, reinstatement of services and Cost Improvement Plan's.

QEIAP	Quality and Equality Impact Assessment Panel
CIP	Cost Improvement Plan
CRES	Cash Releasing Efficiency Scheme
SRO	Senior Responsible Owner (SRO)
PMO	Programme and Project Management Office
QAC	Quality Assurance Committee
Public Sector Equality Duty	A public authority must, in the exercise of its functions, have due regard to the need to: <ul style="list-style-type: none"> <li>(a) eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under the Equality Act 2010</li> <li>(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.</li> <li>(a) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.</li> </ul>
EDI & HR	Equality, Diversity, Inclusion and Human Rights

## 7 Related documents

[Human Rights, Equality Diversity and Inclusion Policy](#)

[Equality Impact Assessment Policy](#)

[Equality impact assessment guidance](#)

[Organisational Change Procedure](#)

[Digital and Data Services Change Advisory Group \(CAG\) Procedure](#)

[Clinical Risk Management Procedure](#)

[DPIA procedure](#)

[Maintenance of IT Systems](#)

[Access to Information Systems Policy](#) –

[Introduction or Upgrade of Information Systems Procedure](#)

[Digital Technology Assessment Criteria \(DTAC\) procedure](#)

[The Programme and Project Management Office \(PMO\)](#) – TEWV intranet resources

## 8 How this policy will be implemented

- This policy will be published on the Trust’s intranet and external website.
- Line managers will disseminate this policy to all Trust employees through a line management briefing.
- Support specifically for the Equality Impact Assessment aspect is available from the Equality, Diversity, Inclusion and Human Rights Team.

### 8.1 Implementation action plan

Activity	Expected outcome	Timescale	Responsibility	Means of verification/ measurement
n/a – this is an existing process. This version emphasises EDI&HR element of assessment.				

### 8.2 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training

Staff requiring assistance with the Quality elements / process of QEIA	One to one support on a case by case basis provided from experienced operational and clinical staff within services	As required	As required
Staff requiring assistance with Equality Diversity Inclusion and Human Rights elements of QEIA	One to one training supplied by EDI&HR Team	Approx. 1 hour	As required

## 9 How the implementation of this policy will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Assurance of the QEIA Panel approvals process	Frequency = 3 per year Method = report on review of QEIA tracking spreadsheet Responsible = PMO Office	Quality Assurance Committee
2	Ongoing monitoring of individual QEIA and use of risk assessment	Frequency = Monthly Method = progress report Responsible = Care Group Board Sub-Groups	Care Group Board

## 10 References

- [The Equality Act 2010](#)

- [The Human Rights Act 1998](#)
- The Equality and Human Rights Commission – [www.equalityhumanrights.com](http://www.equalityhumanrights.com)
- Armed Forces Act 2021
- Poverty Proofing and Health Inequalities - [nenc-chwn-poverty-proofing-health-settings-report.pdf \(children-ne.org.uk\)](#)

## 11 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	04 November 2025
Next review date	04 November 2028
This document replaces	n/a – new document
This document was approved by	Executive Directors Group
This document was approved	04 November 2025
This document was ratified by	Executive Directors Group
This document was ratified	04 November 2025

<b>An equality analysis was completed on this policy on</b>	14 March 2025
<b>Document type</b>	Public
<b>FOI Clause (Private documents only)</b>	n/a

### Change record

Version	Date	Amendment details	Status
1	04 Nov 2025	New Policy	ratified

## Appendix 1 – Equality Impact Assessment Screening

Please note: The [Equality Impact Assessment Policy](#) and [Equality Impact Assessment Guidance](#) can be found on the policy pages of the intranet

<b>Section 1</b>	<b>Scope</b>
<b>Name of service area/directorate/department</b>	Trustwide
<b>Title</b>	Quality Equality Impact Assessment Policy
<b>Type</b>	Policy
<b>Geographical area covered</b>	Trustwide
<b>Aims and objectives</b>	<p>The purpose of this Policy is to:</p> <ul style="list-style-type: none"> <li>• Define the Trust's requirements for QEIA's related to service change.</li> <li>• Provide guidance on both the need for QEIA's and completing the QEIA template.</li> <li>• Define QEIA process's governance and decision-making.</li> <li>• Define the process for responding to section 149 of the Equality Act 2010 (The Public Sector Equality Duty), the Armed Forces Act 2021 and the Human Rights Act 1998 poverty proofing and health inequalities when considering and implementing service changes.</li> <li>• To support the Trust Board of Directors in their decision-making processes.</li> <li>• To enable policy owners and service leads, etc. to manage the Trusts impact on quality and equality and to ensure that all of our practices are inclusive and meet people's needs.</li> <li>• To support the identification of potential negative impacts and risks, and to consider that unlawful discriminatory impacts must be removed completely.</li> <li>• To support in the identification of positive practice and alternative approaches, which might alleviate negative impact and more effectively promote both quality and equality of opportunity and choice.</li> </ul> <p>Objectives</p> <ul style="list-style-type: none"> <li>• To ensure Trust policies, strategies, functions and services etc. meet the requirements of the Equality Act 2010, the Armed Forces Act 2021 and the Human Rights Act 1998 with a specific focus on the Public Sector Equality Duty;</li> <li>• To ensure, so far as is reasonable and practical, that the Trust makes a proactive and consistent effort to ensure that it does not discriminate in</li> </ul>

	<p>employment or in the delivery and provision of goods, services and functions;</p> <ul style="list-style-type: none"> <li>• To support and promote fair, inclusive services that meet people’s needs;</li> <li>• To support and promote fair and equal treatment of Trust staff, regardless of role, grade or position;</li> <li>• To further minimise the risk of litigation through legal challenge.</li> <li>• Provide relevant information that enables staff to consider equality before decisions are made.</li> </ul>
<b>Start date of Equality Analysis Screening</b>	18 Sept 2024
<b>End date of Equality Analysis Screening</b>	14 March 2025

Section 2	Impacts
<b>Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?</b>	Patient, Families, Carers, Staff and partners benefit from properly considered service change.
<b>Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?</b>	<ul style="list-style-type: none"> <li>• <b>Race</b> (including Gypsy and Traveller) <b>NO</b></li> <li>• <b>Disability</b> (includes physical, learning, mental health, sensory and medical disabilities) <b>NO</b></li> <li>• <b>Sex</b> (Men and women) <b>NO</b></li> <li>• <b>Gender reassignment</b> (Transgender and gender identity) <b>NO</b></li> <li>• <b>Sexual Orientation</b> (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) <b>NO</b></li> <li>• <b>Age</b> (includes, young people, older people – people of all ages) <b>NO</b></li> <li>• <b>Religion or Belief</b> (includes faith groups, atheism and philosophical beliefs) <b>NO</b></li> <li>• <b>Pregnancy and Maternity</b> (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) <b>NO</b></li> <li>• <b>Marriage and Civil Partnership</b> (includes opposite and same sex couples who are married or civil partners) <b>NO</b></li> <li>• <b>Armed Forces</b> (includes serving armed forces personnel, reservists, veterans and their families) <b>NO</b></li> <li>• <b>Human Rights Implications</b> <b>NO</b> (<a href="#">Human Rights - easy read</a>)</li> </ul>

<b>Describe any negative impacts / Human Rights Implications</b>	None
<b>Describe any positive impacts / Human Rights Implications</b>	This policy actively seeks to engage with all stakeholder in the Trust to ensure that all Patient, Families, Carers, Staff and partners are considered from a EDI and HR perspective when service changes are developed.

<b>Section 3</b>	<b>Research and involvement</b>
<b>What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)</b>	See references section
<b>Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?</b>	Yes
<b>If you answered Yes above, describe the engagement and involvement that has taken place</b>	with all internal stakeholders – this includes all staff six week consultation process
<b>If you answered No above, describe future plans that you may have to engage and involve people from different groups</b>	n/a

<b>Section 4</b>	<b>Training needs</b>
------------------	-----------------------

<b>As part of this equality impact assessment have any training needs/service needs been identified?</b>	No
<b>Describe any training needs for Trust staff</b>	n/a
<b>Describe any training needs for patients</b>	n/a
<b>Describe any training needs for contractors or other outside agencies</b>	n/a

**Check the information you have provided and ensure additional evidence can be provided if asked.**

## Appendix 2 – Approval checklist

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

Title of document being reviewed:	Yes / No / Not applicable	Comments
<b>1. Title</b>		
Is the title clear and unambiguous?	Y	
Is it clear whether the document is a guideline, policy, protocol or standard?	y	Policy
<b>2. Rationale</b>		
Are reasons for development of the document stated?	Y	
<b>3. Development Process</b>		
Are people involved in the development identified?	Y	
Has relevant expertise has been sought/used?	Y	
Is there evidence of consultation with stakeholders and users?	y	Six week consultation
Have any related documents or documents that are impacted by this change been identified and updated?	N/A	
<b>4. Content</b>		
Is the objective of the document clear?	Y	
Is the target population clear and unambiguous?	Y	
Are the intended outcomes described?	Y	
Are the statements clear and unambiguous?	Y	
<b>5. Evidence Base</b>		

Is the type of evidence to support the document identified explicitly?	Y	
Are key references cited?	y	
Are supporting documents referenced?	y	
<b>6. Training</b>		
Have training needs been considered?	Y	
Are training needs included in the document?	Y	
<b>7. Implementation and monitoring</b>		
Does the document identify how it will be implemented and monitored?	Y	
<b>8. Equality analysis</b>		
Has an equality analysis been completed for the document?	Y	
Have Equality and Diversity reviewed and approved the equality analysis?	Y	
<b>9. Approval</b>		
Does the document identify which committee/group will approve it?	y	
<b>10. Publication</b>		
Has the policy been reviewed for harm?	yes	No harm
Does the document identify whether it is private or public?	Y	Public
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	
<b>11. Accessibility</b> ( <a href="#">See intranet accessibility page for more information</a> )		

Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	y	
Do all pictures and tables have meaningful alternative text?	y	
Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	y	

## Appendix 3 - Process Flowchart

### The Quality and Equality Impact Assessment Process Flowchart

#### Key:

**QEIAP**, Quality and Equality Impact Assessment Panel

**QAC**, Quality Assurance Committee

The below process provides an overview of the steps taken from commencing a QEIA through to transition to business as usual of the service change. However, to ensure a robust implementation, and clarity for all involved in the process, sub processes have been developed which provide greater detail for the individual steps.

### Quality and Equality Impact Assessment (QEIA) aide memoire

#### Introduction

The role of the Executive Director of Therapies / Chief Nurse / Executive Medical Director is to objectively review the impact of proposed change and to advise the board if this is a change that can be / should be made inline of the potential impacts on quality of service and equality.

Every NHS organisation is required to consider any impact of any CRES (Costs Releasing Efficiency Scheme) schemes or significant changes. This includes the impact they might have on the quality of services provided, any equality implications and the quality of people providing and receiving services following the change.

The requirements are statutory and the impact assessment must be of considered by the clinical executives on the NHS board.

#### Requirements

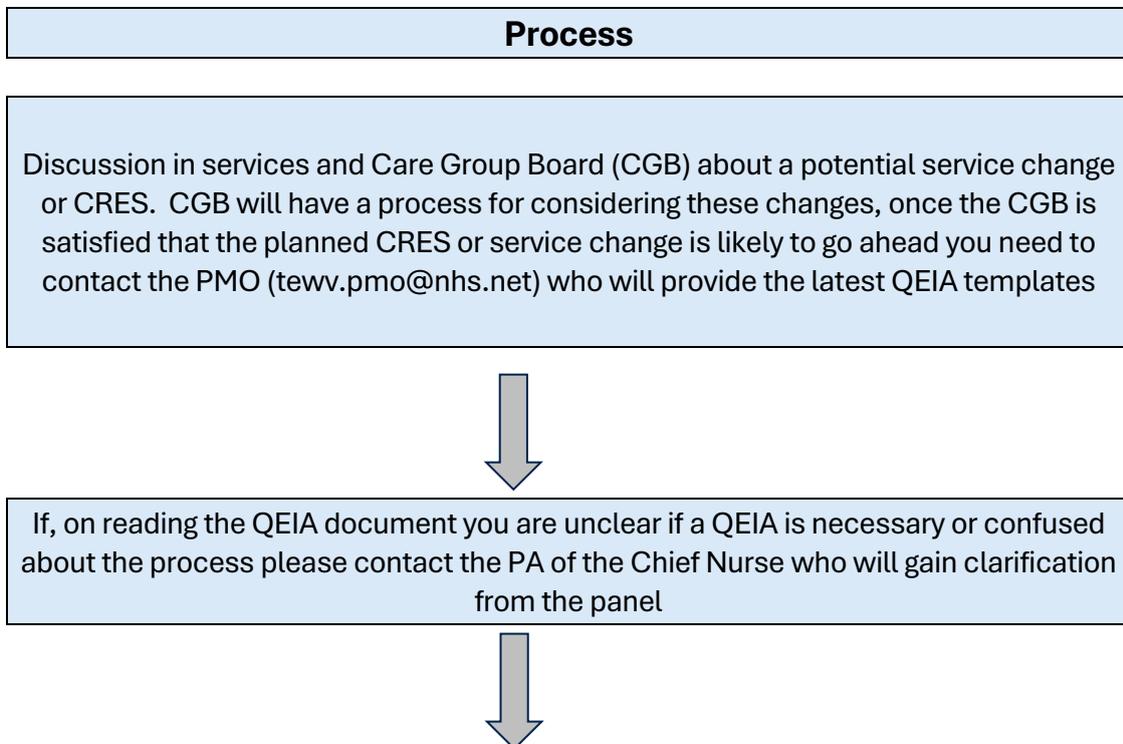
Every clinical service must consider a Quality and Equality Impact Assessment (QEIA) in line with this policy for any CRES and any significant service changes including new service development.

[Quality and Equality Impact Assessment \(QEIA\) Policy](#)

**Changes that may not require a QEIA because they may not be significant are:**

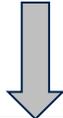
- Change of team, ward or service name
- Change of location of a service with no change to beds, space or discernible environmental quality, which does not involve moving that service to a different town
- Administrative changes to how teams are labelled on internal electronic systems
- Loss of a contract: - however there may be elements for example redeployment of staff within TEWV services where a QEIA would be required to ensure equality for all
- Governance of policies via a separate process
- Non-clinical services changes that don't relate and impact clinical delivery
- Changes to the Trust's strategic framework or strategies, or programme / project management scoping documents (but any major changes brought in as a result of these would require an EQIA)

Many of the above will however require a Notification of Service Change (NSC) form to be completed. This process is governed separately to the QEIA process.



Once you have decided that a QEIA is necessary you should contact the PMO (tevv.pmo@nhs.net) who will provide you with a link to the QEIA Tracker (your Business Manager / Senior Planner should already have a link). You will then be asked to populate this tracker with the high level details of your QEIA and the expected time it would be ready to go to panel (monthly)

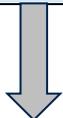
QIA Register



The PMO review this tracker weekly and can then allocate a date on a QEIA panel. You will then receive a time slot and calendar invitation to the panel

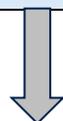


You will be required to email your signed QEIA (completing sections: QEIA Part A, Impact assessment and EI Screening tabs) one week in advance of the panel to the PMO inbox (tevv.pmo@nhs.net)

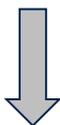


Your panel slot is dependent on the size of the change that your QEIA is required for, as follows:

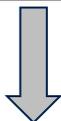
- a. For simple changes the panel meeting (if you have completed the template comprehensively) with the clinical triumvirate may only require 15 – 20 minutes.
- b. For larger changes the panel meeting may need an hour. It would be helpful to contact the PA of the Chief Nurse to determine this up front to save multiple meetings



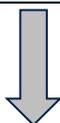
In the panel, the Executive Director of Therapies / Chief Nurse / Executive Medical Director will ask that you walk them through your completed QEIA document and impact assess together about where the quality or equality impact might be and discuss together how they could be mitigated



A CRES scheme or service change will not necessarily be prevented if there are quality and equality impacts, however it may be that the Executive Director of Therapies / Chief Nurse / Executive Medical Director will want to raise potential impacts with the Executive Directors Group and discuss the planned risk mitigations before a final decision can be made

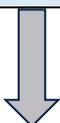


Schemes that have the greatest impact or schemes where the QEIA is not comprehensively completed before the first panel meeting may need to return to a further panel meeting to enable the impact to be fully understood

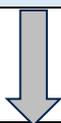


Following the panel, the PA of the Chief Nurse will populate the QEIA Tracker with the outcome. This can include:

1. Amendment Required – to come back to panel
2. Approval subject to amendments
3. Approved – amendments made during review
4. Approved



Your QEIA may require a follow up review, at a frequency determined by the panel (e.g. in 3 months, 6 months etc...). The PA of the Chief Nurse will record this on the QEIA tracker. This slot will then be scheduled in your calendar by the PMO



The PMO is required to have copies of all final signed-off QEIAs to keep in a repository for future reference and review. Therefore, any amended QEIAs need to be sent to the PMO (tevv.pmo@nhs.net)

## **Governance**

This process ensures that we meet our statutory duties, it supports our commitment to the Equality Act 2010, our duties under the Armed Forces Act 2021, Human Rights Act 1998, Poverty Proofing and Health Inequalities guidance. This is not a process that the Care Group Boards can deliver.

The QEIA process does not remove the need for consultation with LCC, JCC and compliance with organisational change.

The clinical triumvirate will report on which QEIAs it has received and the potential impact of CRES and service changes to the Executive Directors Group and the Quality Assurance Committee.

# Appendix 4 - PART A - Quality and Equality Impact Assessment

## PART A - Quality and Equality Impact Assessment

<b>QIA Title</b>	
------------------	--

<b>Type of service change</b>	
-------------------------------	--

<b>Team Cost Centre Number</b>	
--------------------------------	--

<b>Type of Service Change (please select from drop down box)</b>	
--	--

*Complete the following box if the service change is being led by an external organisation, please state which and explain the arrangements. This is to ensure that the QEIAP are aware of the impact of this on the QEIA process. It is useful to request a copy of the lead organisation's QEIA. If not, this section is not relevant, please state n/a.*

<b>Specialty (decision making authority with another organisation)</b>	
--	--

<b>Roles - TEWV (please select from drop down box)</b>	
--	--

*Not all roles may be relevant for the QEIA, please complete manager and Executive Director / Director / Head of Service / SRO. Which role approves the QEIA locally will depend on the seniority of the manager*

<b>Approval (PMO to complete)</b>	
Date Created (--/--/--)	
Approval Date (--/--/--)	

<b>Cost Improvement Plan Only</b>	
Gross (£)	
Net (£)	
CRES Ref No. where applicable	

## Description of service change

Please enter enough detail in this section to ensure that the Quality Impact Assessment Panel understand the importance of the change and to be able to put the impact assessment into context

**Service Change proposal**

**Why is the change needed?**

**What it involves?**

**If relevant, brief summary of the engagement undertaken with service users, their carers and families following the Lived Experience Involvement SOP  
Please ensure that Appendix A in the SOP is completed and returned with the QEIA**

**If available provide an estimate of costs and timescales**

<b>Quality Impact Assessment</b>	
----------------------------------	--

*Please note whilst only the negative impacts on quality and equality are scored, this tool offers an opportunity to test out our assumptions on the potential benefits of the project and to review both whether these have been achieved and whether the project has generated other unexpected benefits. This evidence can contribute to evidencing of our progress towards the Public Sector Equality Duty*

---

## Impact Summary

*Complete this section using the risk assessment tool and the Trust risk matrix*

*The Impact Rating is the residual risk rating, please enter the score and whether it is high, medium, low, very low as per the risk matrix*

Domain	Impact rating (High / Medium / Low / Very Low)
<b>Patient Safety</b>	
<b>Clinical Effectiveness</b>	
<b>Patient &amp; Carer Experience</b>	
<b>Operational Effectiveness</b>	
<b>Criticality to delivering the Trusts strategic objectives</b>	
<b>Staff Experience</b>	
<b>Trust Reputation</b>	
<b>Financial Impact</b>	
<b>Duty of Quality</b>	
<b>Discrimination</b>	

## Action Plan

Issues Identified	Action Proposed	Owner	Due Date

## Appendix 5 - Risk Impact Matrix

Risk Impact Matrix

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

Please use the risk impact matrix in conjunction with the risk assessment tool which provides a description of the risk score per domain in the quality assessment. Also use the guidance document as a prompt and contact the topic experts as necessary. This will help you to sense check your scores.

Please enter numbers into the impact, likelihood and risk score columns. If there isn't a negative impact, please enter 1 in the current risk and residual risk columns. If there is a negative impact, please score, then carefully consider the risk mitigations and actions you will take, and rescore the risk based on the effectiveness of the actions you will take.

## Appendix 5 - Risk Assessment Tool

Impact Assessment	Very Low/ Low Impact (Risk Rating 1-8)	Medium Impact (Risk Rating 9-12)	High Impact (Risk Rating 15-25)
<b>Patient Safety</b>	Improved patient safety (such as reducing the risk of adverse events) is anticipated or same level of risk remains	<p>May have an impact on patient safety.</p> <p>May have an impact on partner organisations which creates shared risk.</p> <p>Measures are in place or planned to mitigate this impact to an acceptable level.</p>	<p>Increased risk to patient safety.</p> <p>May have safeguarding implications.</p> <p>Further mitigation needs to be put in place to manage risk to an acceptable level.</p>
<b>Clinical Effectiveness</b>	Clinical effectiveness will be improved resulting in better outcomes anticipated for patients or same level of risk remains	<p>May have an adverse impact on clinical effectiveness.</p> <p>Measures are in place or planned to mitigate this impact to an acceptable level.</p>	<p>Significant reduction in clinical effectiveness.</p> <p>Further mitigation needs to be put in place to manage risk to acceptable level</p>
<b>Patient and Carer Experience</b>	Improved patient and carer experience is anticipated, or the same level of risk remains.	<p>May have an adverse impact on patient/carers experience.</p> <p>Measures are in place or planned to mitigate this impact to an acceptable level.</p>	<p>Significant reduction in patient and carer experience.</p> <p>Further mitigation needs to be put in place to manage risk to acceptable level</p>
<b>Non-Clinical or Operational Effectiveness</b>	Improvements in non-clinical or operational performance are expected, or the same level of risk remains.	<p>May have an adverse impact on operational performance.</p> <p>Measures are in place or planned to mitigate this impact to an acceptable level.</p>	<p>Significant adverse impact on operational performance.</p> <p>Further mitigation needs to be put in place to manage risk to acceptable level.</p>

<b>Criticality to delivering the Trusts Strategic Objectives</b>	Positively impacts on the delivery of the Trust's Strategic Objectives or the same level of risk remains.	May have some adverse impact on the delivery of the Trust's Strategic Objectives.	Negatively impacts on the delivery of the Trusts Strategic Objectives
<b>Staff Experience</b>	A positive impact is expected for the Trust's staff experience, or the same level of risk remains.	May have an adverse impact on staff experience. Measures are in place or planned to mitigate this impact to an acceptable level.	Significant adverse impact on Trust staff experience. Further mitigation needs to be put in place to manage risk to acceptable level
<b>Trust reputation with patients, staff and other stakeholders</b>	An improved or positive impact on the Trust's reputation is expected or same level of risk remains.	May have some adverse impact on the Trust's reputation.	Significant adverse impact on Trust reputation
<b>Finance</b>	See Part A of QEIA for guidance.	See Part A of QEIA for guidance.	See Part A of QEIA for guidance.
<b>Duty of Quality (CQC / constitutional standards).</b>	A positive impact is expected for the Trust's Duty of Quality (CQC / constitutional standards).	May have an adverse impact on Duty of Quality. Measures are in place or planned to mitigate this impact to an acceptable level.	Significant adverse impact on Trust's Duty of Quality. Further mitigation needs to be put in place to manage risk to acceptable level
<b>Discrimination</b>	The service change will have a positive impact for people with protected characteristics or the same level of risk remains.	May adversely impact on the Trust's responsibilities with regard to protected characteristics. Measures are in place or planned to mitigate this impact to acceptable level	Significant adverse impact on the Trust's responsibilities with regard to protected characteristics Further mitigation needs to be put in place to manage impact to acceptable level

# Appendix 6 - Impact Assessments

## Impact Assessments (note Equality Impact Assessment part follows next section)

Positive Impact	Negative Impact	Current Risk			Risk Mitigation & Monitoring Arrangements	Residual Risk			Quality Measures
		Impact	Likelihood	Risk Score		Impact	Likelihood	Risk Score	
Impact on <b>Patient Safety</b> does the project have a potential to impact positively or negatively on Patient Safety?									
<b>Total</b>		Current Risk				Residual Risk			
				0				0	

Positive Impact	Negative Impact	Current Risk			Risk Mitigation & Monitoring Arrangements	Residual Risk			Quality Measures
		Impact	Likelihood	Risk Score		Impact	Likelihood	Risk Score	
Impact on <b>Clinical Effectiveness</b> does the project have a potential to impact positively or negatively on Clinical Outcomes?									
<b>Total</b>		Current Risk				Residual Risk			
				0				0	

Positive Impact	Negative Impact	Current Risk			Risk Mitigation & Monitoring Arrangements	Residual Risk			Quality Measures
		Impact	Likelihood	Risk Score		Impact	Likelihood	Risk Score	
Impact on <b>Patient and Carer Experience</b> does the project have a potential to impact positively or negatively on Patient and Carer Experience? Please consider your learning and assessments from involvement of services users, carers and their families									
<b>Total</b>		Current Risk				Residual Risk			
				0				0	

Positive Impact	Negative Impact	Current Risk			Risk Mitigation & Monitoring Arrangements	Residual Risk			Quality Measures
		Impact	Likelihood	Risk Score		Impact	Likelihood	Risk Score	
Impact on <b>Operational Effectiveness</b> does the project have a potential to impact positively or negatively on Operational Delivery?									
<b>Total</b>		Current Risk		0		Residual Risk		0	
Positive Impact	Negative Impact	Current Risk			Risk Mitigation & Monitoring Arrangements	Residual Risk			Quality Measures
		Impact	Likelihood	Risk Score		Impact	Likelihood	Risk Score	
Criticality to delivering the Trusts strategic objectives does the project have a potential to impact positively or negatively on <b>Criticality to delivering the Trusts strategic objectives?</b>									
<b>Total</b>		Current Risk		0		Residual Risk		0	
Positive Impact	Negative Impact	Current Risk			Risk Mitigation & Monitoring Arrangements	Residual Risk			Quality Measures
		Impact	Likelihood	Risk Score		Impact	Likelihood	Risk Score	
Impact on <b>Staff Experience</b> does the project have a potential to impact positively or negatively on Staff Experience?									
<b>Total</b>		Current Risk		0		Residual Risk		0	

Positive Impact	Negative Impact	Current Risk			Risk Mitigation & Monitoring Arrangements	Residual Risk			Quality Measures
		Impact	Likelihood	Risk Score		Impact	Likelihood	Risk Score	
Impact on <b>Trust Reputation</b> does the project have a potential to impact positively or negatively on Trust Reputation?									
<b>Total</b>		Current Risk				Residual Risk			
				0				0	

Positive Impact	Negative Impact	Current Risk			Risk Mitigation & Monitoring Arrangements	Residual Risk			Quality Measures
		Impact	Likelihood	Risk Score		Impact	Likelihood	Risk Score	
<b>Financial Impact</b> does the project have a potential to impact positively or negatively Financially?									
<b>Total</b>		Current Risk				Residual Risk			
				0				0	

Positive Impact	Negative Impact	Current Risk			Risk Mitigation & Monitoring Arrangements	Residual Risk			Quality Measures
		Impact	Likelihood	Risk Score		Impact	Likelihood	Risk Score	
Impact on <b>Duty of Quality</b> (CQC / constitutional standards) does the project have a potential to impact positively or negatively on Duty of Quality?									
<b>Total</b>		Current Risk				Residual Risk			
				0				0	

Positive Impact	Negative Impact	Current Risk			Risk Mitigation & Monitoring Arrangements	Residual Risk			Quality Measures
		Impact	Likelihood	Risk Score		Impact	Likelihood	Risk Score	
<b>Discrimination</b> (Question 1 Equality Impact Assessment) does the project have a potential to impact positively or negatively on Discrimination?									
<b>Total</b>		Current Risk				Residual Risk			
				0					0
<b>Overall Total</b>		Current Risk				Residual Risk			<b>0</b>
				0					0

# Appendix 7 - Equality Impact Assessment Screening Form

## Equality Impact Assessment Screening Form

**Please note that the Equality Impact Assessment Screening Form is undergoing review at present. It is expected that this review will update terminology, include poverty proofing and health inequalities assessment within the screening process**

*Please note: The Equality Impact Assessment Policy and Equality Impact Assessment Guidance can be found on the policy pages of the intranet*

<b>Section 1</b>	<b>Scope</b>
<b>Name of service area / directorate / department</b>	
<b>Title (Policy/ document/service/project name)</b>	
<b>Type</b>	
<i>Other - please state</i>	
<b>Geographical area covered</b>	
<b>Aims and objectives</b>	
<b>Start date of Equality Analysis Screening (The date you are asked to write or review the document/service etc)</b>	
<b>End date of Equality Analysis Screening (The date the equality analysis was completed and is ready to be approved)</b>	
<b>Section 2</b>	<b>Impacts</b>

<b>Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?</b>	
<b>Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?</b>  <b>Are there any Human Rights implications?</b>	Race (including gypsy and traveller)
	Disability (includes physical, learning, mental health, sensory and medical disabilities)
	Sex (Men and women)
	Gender reassignment (Transgender and gender identity)
	Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.)
	Age (includes, young people, older people – people of all ages)
	Religion or Belief (includes faith groups, atheism and philosophical beliefs)
	Pregnancy and Maternity (includes pregnancy, women / people who are breastfeeding and women / people on maternity leave)
	Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners)
	Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) Human Rights Implications
<b>Describe any negative impacts / Human Rights Implications</b>	
<b>Describe any positive impacts / Human Rights Implications</b>	

<b>Section 3</b>	<b>Research and Involvement</b>
<b>What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)</b>	

Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	
If you answered Yes above, describe the engagement and involvement that has taken place	
If you answered No above, describe future plans that you may have to engage and involve people from different groups	

<b>Section 4</b>	<b>Training Needs</b>
As part of this equality analysis have any training needs/service needs been identified?	
Describe any training needs for Trust staff	
Describe any training needs for patients	
Describe any training needs for contractors or other outside agencies	

*Check the information you have provided and ensure additional evidence can be provided if asked*

# Appendix 8 - PART B – Quality and Equality Impact Assessment

## PART B - Quality and Equality Impact Assessment

### Quality and Equality Impact Assessment Review

*Review as a minimum at the following points*  
*Review 1 - Prior to change implementation taking place*  
*Review 2 - During the change implementation*  
*Review 3 - Post Implementation*  
 Complete further reviews when any significant changes are made in delivering the service change

### Current Status

*Please provide brief recap on purpose of service change. Explain current status of the service change, pre implementation, during implementation, post implementation. If the review is due to a significant change in scope of the service change please provide details*

### Summary of Changes

*If the risk score has changed for the initial impact assessment / previous review, please explain which domains have changed, how and why*

	Impact	Likelihood	Risk Score
Impact on Patient Safety			
Impact on Clinical Effectiveness			
Impact on Patient & Carer Experience			
Impact on Operational Effectiveness			
Criticality to delivering the Trust's Strategic Objectives			

<b>Impact on Staff Experience</b>			
<b>Impact on Trust Reputation</b>			
<b>Financial Impact</b>			
<b>Impact on duty of quality (CQC / constitutional standards)</b>			
<b>Discrimination (Question 1 Equality Impact Assessment)</b>			

**Impact Summary**

*Complete this section using the risk assessment tool and the Trust risk matrix*

*The Impact Rating is the residual risk rating, please enter the score and whether it is high, medium, low, very low as per the risk matrix*

<b>Domain</b>	<b>Impact rating (High / Medium / Low / Very Low)</b>
<b>Patient Safety</b>	
<b>Clinical Effectiveness</b>	
<b>Patient &amp; Carer Experience</b>	
<b>Operational Effectiveness</b>	
<b>Criticality to delivering the Trusts strategic objectives</b>	
<b>Staff Experience</b>	
<b>Trust Reputation</b>	
<b>Financial Impact</b>	
<b>Duty of Quality</b>	
<b>Discrimination</b>	

**Action Plan**

*Complete this section to provide details on how issues raised in the review will be addressed*

<b>Issues Identified</b>	<b>Action Proposed</b>	<b>Owner</b>	<b>Due Date</b>

# Appendix 9 - PART C – Quality and Equality Impact Assessment process

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<b>The Quality and Equality Impact Assessment Process – PART C</b>
<b>Closure of Quality and Equality Impact Assessment</b>
<b>Reasons for closure</b> <i>Please provide brief recap on purpose of service change. Explain the reasons for closure how and when it has transitioned into business as usual</i>
<b>Impact of service change</b> <i>Please explain the measurable impact the change has had. Use the quality measures identified in Part A of the QEIA. If the risk score has changed for the initial impact assessment / previous review please explain which domains have changed, how and why</i>
<b>Lessons learned</b> <i>Please explain what went well and what should be improved for next time and suggestions on how to make it better</i>
<b>Follow on actions</b>
<b>Action</b>
<b>Owner</b>
<b>Due Date (--/--)</b>

# Appendix 10 - Governance route and Sign Off

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**Governance route and date prior to QIA Sign Off Panel**

Meeting Title	Date (---/---)

**Approval**

Date Created (---/---)			
Signed by	Name	Electronic Signature	Approval Date (---/---)
<b>Pre-Panel</b>			
Relevant Therapy Lead / Professional Lead			
Relevant Associate Director of Nursing			
General Manager			
Care Group Director or Corporate Director			
<i>Approval sign off must be achieved before submitted forms will be taken to panel</i>			
<b>Panel</b>			
Therapies Director			
Chief Nurse			
Medical Director			