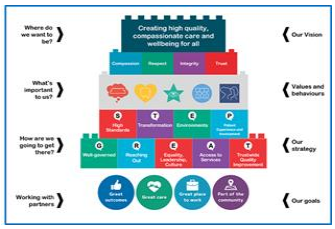


NHS
Leicestershire Partnership
NHS Trust

Equality and Quality Impact Assessment (EQIA) Policy

This policy sets out the background and process for the completion of Equality and Quality Impact Assessments.

Key words: Equality, quality, impact, assessment

Version: 2

Approved by: Transformation & Qi Delivery Group

Ratified By: Finance and Performance Committee

Date this version was ratified: February 2025

Date issued for publication: 24th February 2025

Review date: 1st August 2027

Expiry date: 28th February 2028

Type of Policy: Non-Clinical

Contents

Policy On A Page

SUMMARY & AIM

This Policy sets out the expectations and processes of equality and quality impact assessment (EQIA) for services undertaking transformation programmes, clinical service changes and Cost Improvement Programmes (CIPs).

It aims to provide information to support decisions on when an EQIA must be undertaken and what processes should be followed to ensure governance and oversight of this process.

KEY REQUIREMENTS

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
Good Governance The provider of your care must have plans that ensure they can meet these standards. They must have effective governance and systems to check on the quality and safety of care. These must help the service improve and reduce any risks to your health, safety and welfare.	All CIP, transformation projects or significant service level changes must have an EQIA, which is reviewed as required. Evidence of signoff of the EQIAs by the relevant leads and or committees.

TARGET AUDIENCE:

All staff conducting or overseeing transformation programmes, cost improvement programmes and change projects that may impact on quality/ equality.

TRAINING

There are no training requirements for this policy.

1.0 Quick look summary

It is essential to ensure service changes or CIP programmes consider the wider impact of the change on equality and quality. To ensure that this is considered then there is an expectation that an EQIA is completed and has oversight and sign off by Clinical Director and appropriate governance group. This policy provides information on relevant templates, processes to help with this.

1.1 Version control and summary of changes

Version number	Date	Comments (description change and amendments)
1	February 2022	New policy
2	December 2024	Updated terminology to reflect governance changes Updated template

For Further Information Contact: Gemma Barfoot – Head of Corporate PMO or Deanne Rennie, Associate Director of AHPs and Quality.

1.2 Key individuals involved in developing and consulting on the document

Name	Designation
Deanne Rennie	Associate Director for AHPs and Quality
Gemma Barfoot	Head of Programme Management
Sharon Murphy	Finance Director
Kate Dyer	Director of Governance and Risk
Haseeb Ahmad	Head of Equalities and Diversity and inclusion
Bhanu Chadalavada	Medical Director
James Mullins	Director of Nursing AHPs and Quality

Circulated to the following individuals for comment.

Members of the Transformation and QI Delivery Group and Trust Policy Experts

1.3 Governance

Level 2 or 3 approving delivery group – Transformation and QI Delivery Group

Level 1 Committee to ratify policy – Finance and Performance Committee

1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 (Amendment) Regulations 2023 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

If you would like a copy of this document in any other format, please contact lpt.corporateaffairs@nhs.net

1.5 Due Regard

LPT will ensure that due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010 (Amendment) Regulations 2023. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 4) of this policy

1.6 Definitions that apply to this policy.

EQIA	Equality and Quality Impact Assessment – the main balanced measures document used for assessing the impact of proposed service changes on clinical quality, equality and other services. The EQIA tool is an excel spreadsheet with tabs, checklist, narrative score and thresholds.
EIA	Equality Impact Assessment – the main part of the EQIA document, used for assessing the impact of proposed service changes by giving careful consideration to the nine protected characteristics as defined in the Equality Act 2010. The EIA tool is a tab within the EQIA Excel spread sheet.
NICE	National Institute for Health and Clinical Excellence - This is the NHS Department of Health organisation providing guidance on NHS clinical standards.
Leicestershire Partnership NHS Trust	The organisation providing Community and Mental Health services in Leicester, Leicestershire and Rutland.
SEB	Strategic Executive Board – one of the Trust's boards responsible for governance of Trust business
FPC	Financial and Performance Committee – Trust committee responsible for oversight and approval of Trust business and service developments
QSC	Quality and Safety Committee – the Trust committee responsible for oversight of quality and safety on behalf of the Trust Board.

2.0 Purpose and Introduction/Why we need this policy

The Trust requires a fit-for-purpose quality and equality assessment-based process alongside financial assessment and transformation programmes, Cost improvement Plans (CIPs) and tenders.

The National Quality Board (NQB) issued guidance in 2012 outlining how quality of care should be assessed during the development of and implementation of Cost Improvement Plans (CIPs) to ensure proper scrutiny by provider boards and commissioning authorities.

The EQIA process provides a focus on quality, taking on board learning from reports such as Berwick (2013), Keogh (2013) and Francis (2013). It is to be used alongside the financial and business case for any proposed change. It is not designed to replicate these and should be considered a balance to the financial case.

The Trust is also required to undertake equality analysis when it makes significant changes to services and policies. We need to identify whether the proposed change will disadvantage or advantage any group, across any of the protected characteristics as defined by the Equality Act 2010

The principal tool for quality risk assessment is the Equality and Quality Impact Assessment (EQIA) which can be accessed from the PMO page on the intranet. https://staffnet.leicspart.nhs.uk/support-services/project-management-office-pmo/

The secondary tool for more in depth equality impact assessment of policies, procedures and strategies is the Inclusive Decision Making Framework, which can be accessed from the link in https://staffnet.leicspart.nhs.uk/your-working-life/equality-diversity-and-inclusion/resources-to-develop-our-services-and-processes/due-regard-equality-impact-assessment/ "

The Trust EQIA tool uses an approach which tests the impact of a proposed change in service provision on the following areas: effectiveness of quality in patient care, equality in access and provision, patient safety and patient experience along with the impact of the change of other parts of the health and social care system. It seeks to ensure that fairness and accessibility is underpinning planning and provision.

The impact is tested using a standardised tool, included in Appendix 3. This policy effectively details who is responsible for completing an EQIA and when it should be done.

Using this approach, we are better placed to meet our NQB obligations to provide a standardised approach regarding how quality of care is assessed during the development and implementation of Cost improvement Plans (CIPs) and other service developments/ transformation programmes.

This approach also allows proper scrutiny by the Trust itself, provider collaborative boards and commissioning bodies.

To note chieving equity in capital bids from enabling and Directorates, is managed through the Capital Committee, chaired by Finance. Capital schemes are presented on a standard template. These are scored with a collegiate attendance and agreement of all services to fairly rank each scheme. Impacts are considered as part of the bid document and process. There is a recognised acknowledgment that capex is limited and a cut off is inevitable, emphasising the need for prioritisation.

The tool all considers the interface and interdependencies which is important for reviewing the impact on the wider system. Additionally, it considers the impact on service users in a high level of detail.

3.0 Policy Requirements

Projects or service changes which may have a negative impact on quality and equality. This includes CIP schemes, transformation, changes to service delivery. All projects which are overseen by the transformation committee should have an EQIA completed unless there is a clear rationale where there will be no impact on quality or equality.

4.0 Duties within the Organisation

Role: Directorate Senior, Clinical and Service Managers

This is the main role who completes the EQIA for new schemes also referred to as accountable manager.

The EQIA tool must be completed for new projects alongside a business case/CIPS/significant service change. Completion of the tool is the responsibility of the accountable manager of the proposed service change. This includes clinical and service managers.

Role: Clinical, Finance and Operations directors

This role conducts reviews of EQIAs relating to schemes in development.

The role of the Medical/Nursing Directors is to hold accountability for final signoff of EQIAs. This accountability may be delegated to their relevant deputies.

EQIAs within directorates should be signed off by the Clinical Director or Associate Medical Director. Operations directors and finance directors are responsible for

ensuring EQIAs are undertaken for any CIP or any transformation related projects.

The magnitude of the change (i.e. how many patients are affected and the overall duration) also affects which body/committee regularly reviews the EQIA. This will be different for small projects affecting few patients versus large projects affecting multiple directorates.

Role: Quality and Safety Committee (on behalf of Board)

This role receives a summary of EQIAS relating to CIPs for assurance that these have been undertaken and any escalation of concerns in relation to quality impact.

For CIPs this is prior to the end of the financial year. The role of QSC is to provide assurance on the governance and oversight of the EQIA process.

Role: Finance and Performance Committee (FPC)

This role approves the financial element for projects

This includes CIPs relating to schemes in development prior to end of year.

Role: Executive Management Board (EMB)

This role is to review CIP proposals and ensure EQIAs completed prior to sign off by SEB. The review any additional EQIAs as escalated by directorates.

Role: Strategic Executive Board (SEB)

This role receives and approves summaries of new CIP projects in development.

CIP proposals (Which contain the EQIAs) prior to end of financial year.

Reviews overall CIP schemes being delivered during the year.

This role may also review non-CIP and cross directorate EQIAs should the accountable service manager or cross directorate project team deem necessary.

Role: Programme Management Office (PMO)

The PMO can support directorates in developing CIP and non-CIP EQIAs and the relevant EQIAs during the annual business planning process prior to yearend sign off. The role also supports development of non-CIP and cross directorate projects as necessary.

See EQIA process flow chart for CIP related EQIAs at Appendix 2

Role: Clinical Reference Group

This role can provide multi-disciplinary, senior clinical review of any CIP where further clinical opinion is sought.

Role: Equality, Diversity and Inclusion Groups

This role notes the Equality Impact Assessment element of the EQIA for escalation of any recommendations to relevant Level 2 committees following assessment of trends arising from analysis of EIAs carried out by the Head of EDI. The Head of Equality, Diversity and Inclusion Lead will review all EIAs within the EQIA for new schemes and schemes being delivered throughout the financial year, to ensure all considerations have been made and remedial action considered where necessary.

It is the responsibility of the EQIA author to ensure that the Head of Equality, Diversity and Inclusion has sight of the EQIA in a timely manner once completed to ensure legal compliance where there is an impact on equality. In these cases the Head of Equality, Diversity and Inclusion will assess and agree with the EQIA author that the document meets legal requirements. The Head of Equality, Diversity & Inclusion will then table EQIAs at the relevant Equality, Diversity and Inclusion Groups for information and note.

Role: Transformation and QI Delivery Group

This group ensures that EQIAS are completed and tracked for projects and where an EQIA is not completed there is a clear rationale.

4.0 What the EQIA covers

The principal tool for risk assessment is the Equality and Quality Impact Assessment (EQIA). This is a Microsoft Excel based tool used by the groups outlined in the roles and responsibilities section 4 above. The tool can be accessed at https://staffnet.leicspart.nhs.uk/support-services/project-management-office-

pmo/

A user-guide and a simple flowchart for completion are held within the tool itself. Further process guidance is found in Appendix 1and 2 for CIP related EQIAs.

Completion of the tool is the responsibility of the accountable manager of the proposed service change as outlined in the roles and responsibilities in section 5.

The tool focusses on balanced risk and benefit from CIPs and other service developments, ensuring that Equality and Quality-related risks are identified and managed.

The tool tests the impact of a proposed change in service provision on the quality of fair and accessible patient care and in addition the impact of the change of other parts of the health and social care system. Impact is calculated using an impact rating which is calculated by multiplying the consequence rating (1-5) by the likelihood rating (1-5).

The Tool has five core components which are scored:

- Clinical effectiveness
- Patient safety
- Patient experience
- Staff experience /engagement
- Other quality impact

See also the detailed EQIA process outlined in Appendix.

5.0 When to complete the full EQIA

The tool should be used if the change is likely to impact on patient care or there are any equality concerns an EQIA must be completed. An EQIA should be completed for all CIP and large-scale transformation projects.

The tool itself includes guidance notes and a flow chart covering the completion process.

Please refer to Appendix 1 for a quick guide to assess if an EQIA should be completed. Further detailed information on Equality Impact Analysis is included on the Inclusive Decision Making Framework on staffnet.

The consequences of not using the EQIA tool:

a. The project may result in poorer clinical quality.
b. The project would not meet its objectives in terms of measuring and understanding the impact on clinical quality.
c. This could result in the Trust falling short of the National Quality Board requirements.
d. This could leave the Trust exposed to legal or other challenges as a result of failure to address the impact of change on clinical quality.
e. Failure to complete regular reviews would result in escalation to QSC
f. This would result in a failure to comply with the Trust's policy.
g. This may leave the Trust open to legal challenge in failing its Equality Duties.

Directorate projects EQIA process:

For Cost Improvement Plans (CIPs) and related Directorate projects the EQIA needs to be completed during the annual business planning cycle process prior to sign off along with a CIP proposal See appendix 2.

For non-CIP related Directorate projects, the EQIA can be completed at any time during the planning of service developments which affect clinical quality. In this case the Directorate governance processes, and risk registers should be used internally to both approve and review the non-CIP EQIA along with any escalation to SEB or relevant Level 2 committee if required.

Significant Service Change

If the change is likely to impact on patient care or there are any equality concerns, then an EQIA must be completed. An EQIA should be completed for all CIP and large-scale transformation projects.

EQIA is to be completed at design/Project initiation phase.

Project related EQIAs.

Sign off and ongoing review governed by programme boards, EDI lead and L2 committee as defined in project.

Directorate CIP/EQIA

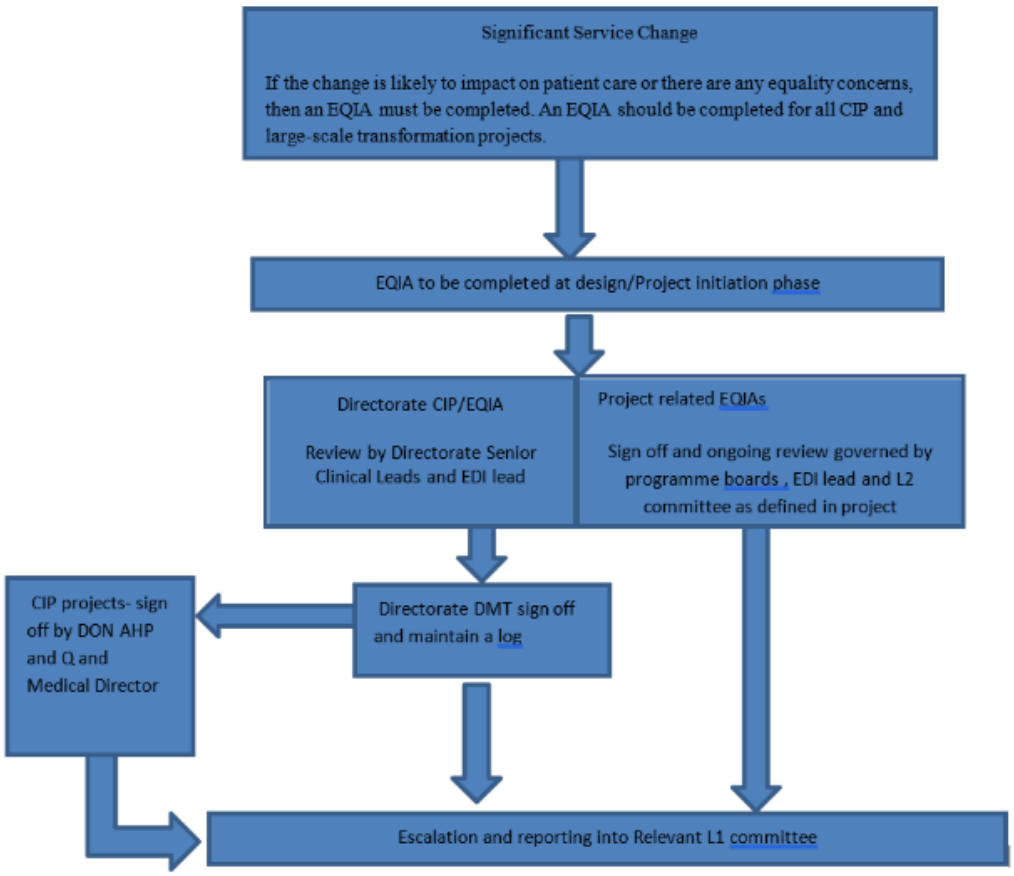
Review by Directorate Senior Clinical Leads and EDI lead

Directorate DMT sign off EQIAs and maintain a copy/log.

CIP projects- sign off by Director of Nursing AHPs and Quality and Medical Director

Escalation and reporting into relevant level committee.

This process is illustrated in the flowchart below.



Cost Improvement Plans (CIPs) and the EQIA process:

For CIPs the EQIA status is also reviewed by the Director of Nursing AHPs and Quality and Medical Director for clinical signoff. See Appendix 2 for detail.

Cross Directorate projects

Cross directorate CIP and non-CIP EQIA completion is the responsibility of the accountable manager of the proposed service change which may be administered by a cross directorate project team. Ongoing EQIA reviews would be overseen by the cross-directorate project team until the project is closed and moves to business-as-usual quality governance.

6.0 Monitoring of EQIAs

The Equality and Quality Impact Assessment process will be monitored by the

following bodies:

Initial approval

1. Directorate Quality Assurance meetings – during the sign off of EQIAs under the annual planning process during project development.
2. Level 2 committees for CIPs and transformation projects
3. Head of Equality and Diversity –Where there is any negative impact identified a full EIA/IDMF must be completed with support from the EDI team and relevant patient groups.
4. QSC should receive any escalations for CIP EQIAs and confirmation that EQIAS are taking place.
5. FPC – indirectly during the financial sign off of projects in development.
6. SEB – indirectly via sign off of CIP schemes in development.
7. PMO - via support given during development and monitoring of business justifications including EQIAs.

On-going monitoring

It is the responsibility of the accountable officer to ensure EQIAs are reviewed and updated. For other projects this will be determined by the project times line.

1. Directorates – via internal EQIA reviews at directorate governance meetings (CIP and non-CIP), via monthly CIP checkpoint reports and Q&S scheduled reporting to PMO.
2. Equality, Diversity and Inclusion Groups –quarterly as part of the standard agenda
3. Relevant level 2 committee for example, for transformation and CIP programmes this will be the transformation and QI Delivery Group, for workforce this would be the Strategic Workforce Committee.
4. QSC –as necessary for other developments or by exception.
5. SEB – indirectly via CIP reports
6. PMO – via the PMO framework for non-CIP programme and project EQIAs

7.0 Monitoring Compliance and Effectiveness

Page/Section	Minimum Requirements to monitor	Method for Monitoring	Responsible Individual /Group	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group). Frequency of monitoring
Policy Requirements	All transformation projects presented to transformation & quality improvement delivery group must have evidence of a EQIA submission.	Annual Effectiveness Review	Transformation & Quality Improvement Delivery Group	Transformation & Quality Improvement Delivery Group (Annually)
Policy Requirements	All CIP projects presented to EMB must have completed EQIA	Action notes		EMB

8.0 References and Bibliography

Berwick D (2013) A promise to learn – a commitment to act: improving the safety of patients in England. London: Department of Health.

Francis, R., (2013). Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry Executive summary.

Keogh B (2013) Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report. London: NHS England.

National Quality Boards Guidance for Cost Improvement Programmes available at

How to Quality Impact Assess Provider Cost Improvement Plans (publishing.service.gov.uk)

NHSE Delivering sustainable cost improvement programmes available at Sustainable cost improvement programmes for the NHS - GOV.UK (www.gov.uk)

9.0 Fraud, Bribery and Corruption consideration

The Trust has a zero-tolerance approach to fraud, bribery and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

Fraud relates to a dishonest representation, failure to disclose information or abuse of position in order to make a gain or cause a loss. Bribery involves the giving or receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.

Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.

If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance.

Appendix 1 Do I need to complete and EQIA?

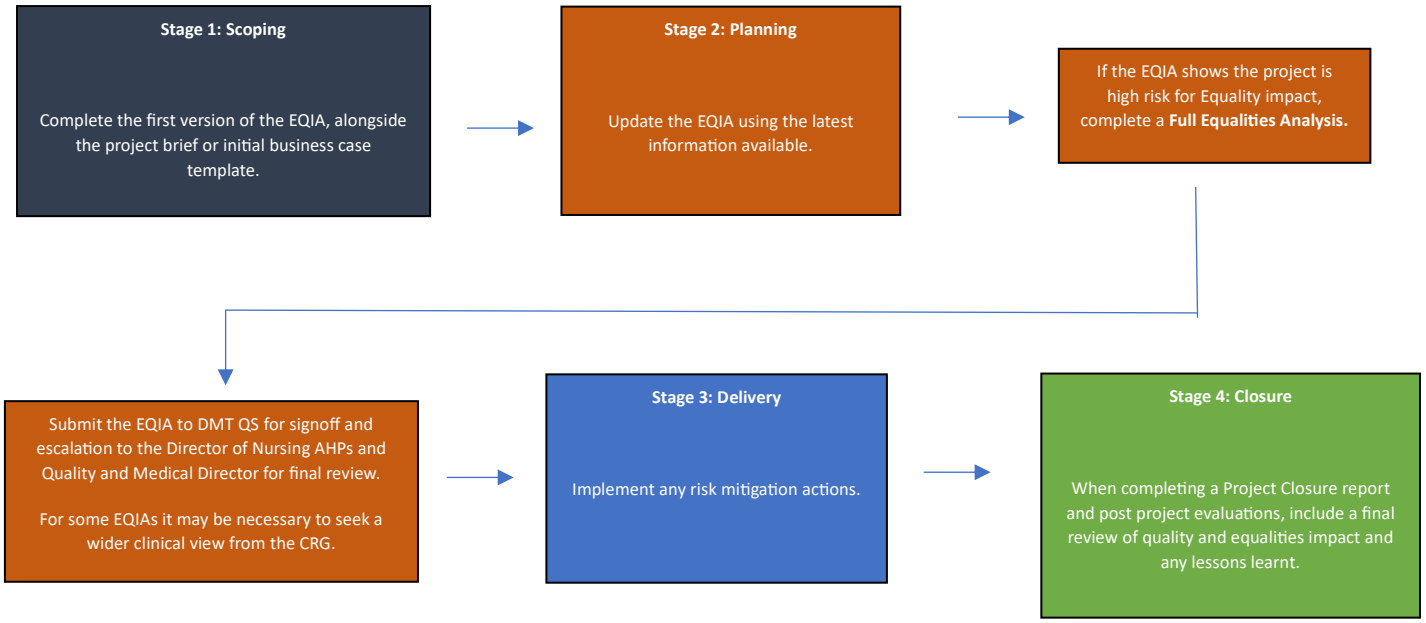
An EQIA should be completed when a permanent or temporary change to the pattern of service delivery is caused. For project overseen by the transformation and QI delivery group it is likely this will require an EQIA unless it is agreed that there will be no impact on quality or equality by the Group.

The EQIA examines the extent to which a policy or strategy (including strategic decisions, service or function) may impact, either negatively or positively, or have limited impact on any groups of the community and, where appropriate, recommends alternative mitigation measures to ensure equal access to services and opportunities.

Impact assessment is a continuous process to help decision makers fully think through and understand the consequences of possible and actual impacts on quality, equality, wider health and social care organisations and other relevant system impacts within commissioning decisions, business cases, projects and other business plans.

If the proposed changes will affect any of the following 6 categories, an EQIA must be completed, and potential impact documented and addressed. This must then be reviewed at agreed intervals during the project lifecycle. Further detailed information on Equality Impact Analysis is included in the Inclusive Decision Making Framework on staffnet.

1.	Adversely affect patient safety or clinical effectiveness	☐
2.	Adversely affect compliance with statutory/regulatory requirements e.g. NICE requirements, CQC, Equality Act, Care Act etc.	☐
3.	Adversely affect patient experience	☐
4.	Adversely affect staff experience	☐
5.	Adversely affect access to services	☐
6.	Adversely affect some people with protected characteristics.	☐



EQIA tasks aligned to project gateway stages description of process.

Stage 1: Scoping

Complete the first version of the EQIA, alongside the project brief or initial business case template.

Directorate clinical/quality leads to review and provide feedback.

Stage 2: Planning

Update the EQIA using the latest information available.

Identify measures to be used to monitor quality impact.

If the EQIA shows the project is high risk for Equality impact, complete a Full Equalities Analysis

Submit the EQIA to DMT Quality and Safety for signoff and escalation to the Director of Nursing AHPs and Quality and Medical Director for final review.

For some EQIAs it may be necessary to seek a wider clinical view from the CRG.

Stage 3: Delivery

Implement any risk mitigation actions.

Monitor impact measures - quarterly quality impact reviews.

Review analysis as the project evolves.

Stage 4: Closure

When completing a Project Closure report and post- project evaluation, include a final review of quality and equalities impacts and any lessons learnt.

Appendix 2 CIP EQIA process

1. Introduction

The purpose of this process is to set out how Cost Improvement Programmes (CIPs) are formulated and approved across the Trust. The Enhancing Value Programme Group (EVPG) will collate & review draft CIP schemes as part of the annual financial planning process. These procedures describe the approval process that needs to be followed to ensure that the quality, financial and equality impacts of schemes are understood & managed appropriately before schemes are implemented. They are summarised in appendix 3.

2. CIP approval stages

- ### Stage 1 – Identification

Services will undertake their own processes for identifying potential CIP schemes, as a minimum, in advance of each financial year & preferably for at least the next three years.

All proposals should be discussed with clinical leads within the service to ensure that the proposal is understood and agreed before proposing to draft stage. It is anticipated that not all proposals will proceed to the next stage following service review.

A lead from the service should be identified for each proposed scheme.

- ### Stage 2 – Proposal Drafting

Once an idea has been approved to proceed within the service, it should be presented to EVPG along with any other schemes in a summarised list form. As a minimum this information should include scheme value, recurrency and impact.

- ### Stage 3 – Proposal Presentation

EVPG will review the scheme and ensure that is deliverable. The group will also ensure that it aligns with the Trust's strategic plans and ambitions. Feedback and suggestions will be made where applicable.

If EVPG is satisfied with the scheme they will request a combined CIP and EQIA template is completed by the scheme lead.

- **Stage 4 – Completing the CIP & EQIA Templates**

After implementing and providing any feedback requested by EVPG the scheme lead will complete the combined CIP and EQIA template.

The CIP section will capture details on the scheme, impact on services, risks, KPIs and savings.

The EQIA section will capture any impacts on quality and the potential consequences. It will also capture mitigations and any monitoring required.

Both the CIP and the EQIA sections will be reviewed by the Divisional Director and Clinical Lead. Once they are satisfied with the proposal, they will add their signatures and comments to the EQIA.

- **Stage 5 – CIP & EQIA Template Review**

Once the templates have been completed, they will be forwarded on to the Deputy Director of Finance (DDoF). They will:

- Consistency check
- Ensure the templates are fully complete.
- Ensure there is no duplication in the schemes.
- Check schemes are compatible with wider LLR system plans.
- Ask for amendments / clarification.

On completion of the above, the DDoF will group the schemes into batches and forward to the Medical Director and Chief Nurse.

- **Stage 6 – MD & CN Review**

The MD and CN will review all schemes and assess their viability from a clinical standpoint. Any queries will be passed back to the scheme leads or Divisional Clinical Leads.

Once satisfied the MD and CN will sign the EQIAs and send back to the DDoF with any comments.

- **Stage 7 – Monitoring**

Once the completed templates are received the DDoF will report via the EVPG that the scheme is approved and should commence.

The schemes will be monitored monthly by the Heads of Divisional Finance. They will provide information to the Head of Corporate Finance who will record the information for inclusion in:

- Trust Finance Report
- EVPG progress report
- NHSE Returns
- ICS Returns

Where schemes do not meet expectations, Divisions will be tasked with identifying mitigations.

3. CIPs resulting from other processes.

Some CIP schemes may be a by-product of a process such as a procurement exercise, management of change or transformation (i.e., resulting estates changes) and so may not follow the idea generation process stages outlined above. In these circumstances, the combined CIP & EQIA from the relevant process should be presented to the EVPG and any resulting queries or concerns should be recorded and followed up in the meeting action notes.

Any proposed savings proposed from wider system work should follow the same route as internally developed schemes with the impacted service identifying a lead for them.

4. Quality Impact

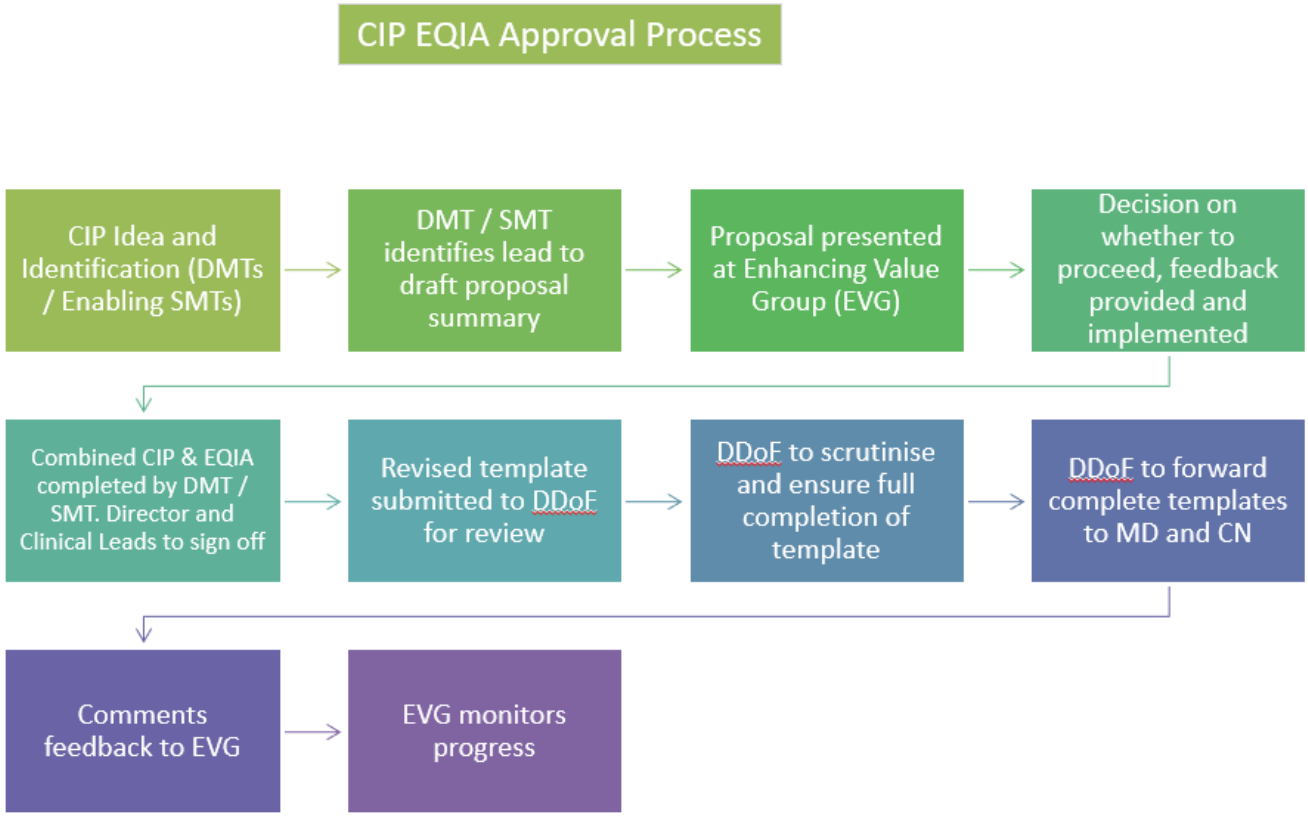
Schemes that are found to have an increased quality impact either through environmental changes or through failed mitigations will be reviewed by clinical leads and their suitability to continue assessed.

Schemes that have an unforeseen impact on non-LPT services may also be reassessed.

5 Further Considerations

This Process is not exclusive, and eventualities may occur that have not been considered. These should be discussed at the EVPG.

The Trust's Executive Management Boatd (EMB) will have oversight of the CIP plan development and delivery. Where there are concerns around pace, identification or delivery of CIP schemes, additional oversight and governance will be introduced.

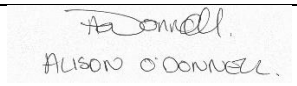


Appendix 3 – EQIA tool and guidance

https://staffnet.leicspart.nhs.uk/support-services/project-management-office-pmo/

Appendix 4 Training Needs Analysis

Training required to meet the policy requirements must be approved prior to policy approval. Learning and Development manage the approval of training. Send this form to lpt.tel@nhs.net for review.

Training topic/title:			
Type of training: (see Mandatory and Role Essential Training policy for descriptions)	☐x Not required ☐ Mandatory (must be on mandatory training register) ☐ Role Essential (must be on the role essential training register) ☐ Desirable or Developmental		
Directorate to which the training is applicable:	☐ Directorate of Mental Health ☐ Community Health Services ☐ Enabling Services ☐ Estates and Facilities ☐ Families, Young People, Children, Learning Disability and Autism ☐ Hosted Services		
Staff groups who require the training: (consider bank /agency/volunteers/medical)	N/A		
Governance group who has approved this training:	N/A	Date approved:	N/A
Named lead or team who is responsible for this training:	N/A		
Delivery mode of training: elearning/virtual/classroom/ informal/adhoc	N/A		
Has a training plan been agreed?	N/A		
Where will completion of this training be recorded?	☐ uLearn ☐ Other (please specify)		
How is this training going to be quality assured and completions monitored?	N/A		
Signed by Learning and Development Approval name and date		Date N/A	

Appendix 5 The NHS Constitution

- **The NHS will provide a universal service for all based on clinical need, not ability to pay.**
- **The NHS will provide a comprehensive range of services.**
- **Shape its services around the needs and preferences of individual patients, their families and their carers Answer YES**

- **Respond to different needs of different sectors of the population YES**

- **Work continuously to improve quality services and to minimise errors YES**

- **Support and value its staff YES**

- **Work together with others to ensure a seamless service for patients YES**

- **Help keep people healthy and work to reduce health inequalities YES**

- **Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance YES**

Appendix 6 Due Regard Screening Template

Section 1	
Name of activity/proposal	Equality and Quality impact Assessment Policy
Date Screening commenced	6/12/24
Directorate / Service carrying out the assessment	Quality
Name and role of person undertaking this Due Regard (Equality Analysis)	Deanne Rennie
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: To strengthen the oversight of equality and quality for CIPS, and transformation projects across the Trust	
OBJECTIVES: To define a clear rationale for when an EQIA should be completed. To ensure consistency of the use of tools To sign post to in depth equality impact assessments as required.	
Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact, please give brief details
Age	Positive as strengthening the project and CIP process to include Equality impacts
Disability	As above
Gender reassignment	As above
Marriage & Civil Partnership	As above
Pregnancy & Maternity	As above
Race	As above
Religion and Belief	As above
Sex	As above
Sexual Orientation	As above
Other equality groups?	As above
Section 3	
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.	
Yes	No
High risk: Complete a full EIA starting click here to proceed to Part B	Low risk: Go to Section 4. **X**
Section 4	

If this proposal is low risk please give evidence or justification for how you reached this decision:			
Signed by reviewer/assessor	Deanne Rennie	Date	6/12/24
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed		Date	29.01.25

Appendix 7 Data Privacy Impact Assessment Screening

Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy. The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.			
Name of Document:	Equality and Quality Impact Assessment (EQIA) Policy		
Completed by:	**Deanne Rennie**		
Job title	**Associate Director for AHPs and Quality**		**Date - 6/12/24**
Screening Questions		**Yes / No**	**Explanatory Note**
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.		N	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.		N	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?		N	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?		**Y**	**No identifiable information but reference to groups of patients or staff**
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.		N	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?		N	

7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	N	
8. Will the process require you to contact individuals in ways which they may find intrusive?	**N**	
If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.		
Data Privacy approval name:	**Sarah Ratcliffe**	
Date of approval	**29/01/2025**	

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust