NHS
Midlands and Lancashire
Commissioning Support Unit

Equality Impact and Risk Assessment Stage 2 for Services

Lung Health Checks

Equality & Inclusion Team, Corporate Affairs
For enquiries, support or further information contact
Email: equality.inclusion@nhs.net

NHS
Midlands and Lancashire
Commissioning Support Unit

EQUALITY IMPACT AND RISK ASSESSMENT TOOL FOR SERVICES

STAGE 2

ALL SECTIONS – MUST BE COMPLETED
Refer to guidance documents for completing all sections

SECTION 1 - DETAILS OF PROJECT

Organisation:
Lancashire and South Cumbria Cancer Alliance, on behalf of :

- Blackpool CCG and
- Blackburn with Darwen CCG (BwD)

Assessment Lead:
Calum Dixon, Project Manager, Lung Health Checks

Directorate/Team responsible for the assessment:
Lancashire and South Cumbria Cancer Alliance, on behalf of CCGs.

Responsible Director/CCG Board Member for the assessment:
Dr John Howells, Clinical Director, Targeted Lung Health Checks, L&SC Cancer Alliance

Who else will be involved in undertaking the assessment:
Catherine Bentley

Date of commencing the assessment:
10/12/2019

Date for completing the assessment:

EQUALITY IMPACT ASSESSMENT

Please tick which group(s) this service / project will or may impact upon?	Yes	No	Indirectly
Patients, Service Users	Y		
Carers or Family	Y		
General Public	Y		
Staff	Y		
Partner Organisations	Y		

Background of the service / project being assessed:

Lung disease is a leading cause of premature mortality across the UK. Lung cancer remains the biggest cancer killer in the UK, with more than one in five cancer deaths attributed to lung cancer. In 2012 in the UK there were over 35,000 deaths from lung cancer. The principal cause of many lung diseases is smoking. Other factors include workplace exposure, genetic make-up and general environmental pollution.

The diagnosis and treatment of lung cancer is supported by comprehensive guidelines from NICE. These show that it is possible to successfully treat lung cancer, especially when diagnosed at an early stage. The national cancer strategy, Improving Outcomes: A Strategy for Cancer 2011 notes better survival rates in some other countries and recognises the importance of diagnosing cancer earlier in the UK. Achieving World-class Cancer Outcomes - A Strategy for England 2015-2020, report of the Independent Cancer Taskforce that has been adopted by NHS England again stresses the importance of earlier diagnosis. It also makes clear the importance of listening to patient views, adopting innovative approaches and making the necessary investments to transform outcomes.

Targeted Lung Health Checks is one of the first projects to roll out following the launch of the NHS Long Term Plan. The NHS Long Term Plan sets an ambition that by 2028, 75% of cancer will be diagnosed at stages 1 or 2; improving on the current national figure of ~50%. The aim of the programme is to deliver Lung Health Checks to populations with the highest risk of developing lung cancer in order to identify lung cancer at an earlier stage. During a trial of the programme in Manchester, 65% of lung cancers were diagnosed at stage 1 and 13% at stage 4, compared to 18% at stage 1 and 48% at stage 4 before the trial.

The programme will be subject to rigorous evaluation, both local and with information submitted to the National Cancer Team for them to evaluate outcomes to determine a wider roll out of lung checks throughout the country.

What are the aims and objectives of the service / project being assessed?

The aims of the lung health check service are:

- Help increase the number of people diagnosed with lung cancer at an early stage by accurately identifying people at an elevated risk of lung cancer who would benefit from having a low dose CT scan
- Help to reduce smoking in people aged 55-74, and signpost people to lifestyle support services where appropriate
- Increase wider awareness of lung health and the benefits of stopping smoking within the two CCG populations via delivery of the programme and associated comms and engagement activity
- As a by-product of this work, we expect to find a number of other as yet un-diagnosed lung diseases and other incidental findings that can be monitored through existing pathways in primary and secondary care.

Objectives of lung health check service are to:

- Provide a user friendly service to smokers and ex-smokers aged 55-74, that results in high levels of customer satisfaction
- Provide sufficient lung health check appointments for any smokers and ex-smokers in

the population who wish to attend a Lung Health check based on national modelling
- Accurately calculate the 6 year lung cancer risk score of all participants
- Correctly inform participants about the lung health check process and the need for a CT scan if lung cancer risk is equal to or above the agreed risk threshold
- Provide a high quality baseline Spirometry test to people at high risk of lung health problems
- Correctly assess people's lung health and correctly refer those with important lung health problems to their GP practice or other health service
- Provide support and advice about lung health, in particular, the importance of not smoking.
- Encourage people who express any interest in quitting via brief advice, and/or by referring them to available smoking cessation services/resources.
- Produce a schedule of appointment slots for the period of operation spread over the length of the project and covering all targeted GP practices.
- Manage the booking of lung health check appointments to ensure high levels of attendance and sustained engagement throughout the patient pathway

Services currently provided in relation to the project:

This will be a new service that will work collaboratively with multiple other services.

GP practices will extract participant data for the eligible population and send it to the Targeted Lung Health Check (TLHC) service.

East Lancashire Hospitals NHS Trust's (ELHT) integrated respiratory team will deliver the nurse-led Lung Health Checks and also administer the programme via a dedicated admin hub. Nurses will see patients and perform a lung health check, including an assessment of the participant's personal risk of lung cancer. Low-dose CT (computed tomography) scans will be requested for patients assessed as being at a high risk of lung cancer.

Radiology departments from both Blackpool Teaching Hospitals (BTH) and ELHT will receive the CT requests. BTH will see Blackpool CCG patients, ELHT will see BwD CCG patients. Patients will be scanned and the CT scans will be interpreted by consultant radiologists, primarily to look for suspected lung cancers.

Suspected lung cancer patients will be 'upgraded' by the consultant radiologist into the local cancer 62-day consultant upgrade pathway. Local cancer teams (BTH for Blackpool, ELHT for BwD) will perform diagnostics and provide treatment for patients.

Which equality protected groups (age, disability, sex, sexual orientation, gender reassignment, race, religion and belief, pregnancy and maternity, marriage and civil partnership) and other employees/staff networks do you intend to involve in the equality impact assessment?

Please bring forward any issues highlighted in the Stage 1 screening

Staff: the project team is currently engaging with staff/providers in order to co-design the local service.

The national team has already engaged with patients when designing the patient letters, patient information leaflet and other comms – this was done in conjunction with Roy Castle Lung Cancer Foundation.

Are there any identified health inequalities relating to this decision? If so, please summarise these.

Yes, the project is being rolled out across CCGs with the highest areas of lung cancer mortality, in order to tackle variation between English CCGs. Lung cancer mortality correlates with smoking rates and deprivation, this project is therefore aimed at some of the most deprived CCGs and will also help improve smoking rate variation.

How will you involve people from equality/protected groups in the decision making related to the project?

The Lancashire and South Cumbria Integrated Care System (ICS) Communications and Engagement team have developed a Communication and Engagement plan for the project.

Does the project comply with the NHS Accessible Information Standard? (providing any documents, leaflets, resources in alternative formats if requested to meet differing communication needs of patients and carers) YES or NO

Yes

Please explain how?

A patient information leaflet has been developed by NHS England and complies with AIS. Alternative languages are available for patients who request these.

Communication needs will be identified when extracting patient data from GP systems. When participants phone to book their appointment the admin will also identify communication needs for their appointment e.g. translation services / alternative formats.

EVIDENCE USED FOR ASSESSMENT

What evidence have you considered as part of the Equality Impact Assessment?

- **All research evidence base references including NICE guidance and publication– please give full reference**
- **Bring over comments from Stage 1 and prior learning (please append any documents to support this)**

NHS England selected 12 CCGs as part of this initial rollout based on the CCGs with the highest lung cancer mortality rates.

Standardised lung cancer mortality rates per 100,000

- National average: 55.59
- Blackburn with Darwen CCG: 84.63
- Blackpool CCG: 72.37

Source: https://www.cancerdata.nhs.uk/mortality/age_standardised_rates

The full list of CCGs and Cancer Alliances is as follows:

1. North East and Cumbria Cancer Alliance – Newcastle Gateshead CCG
2. Greater Manchester Cancer Alliance – Tameside and Glossop CCG
3. Cheshire and Merseyside Cancer Alliance – Knowsley CCG and Halton CCG
4. Lancashire and South Cumbria Cancer Alliance – Blackburn with Darwen CCG and Blackpool CCG
5. West Yorkshire Cancer Alliance – North Kirklees CCG
6. South Yorkshire Cancer Alliance – Doncaster CCG
7. Humber, Coast and Vale Cancer Alliance – Hull CCG
8. East of England Cancer Alliance – Thurrock CCG and Luton CCG
9. East Midlands Cancer Alliance – Corby CCG and Mansfield and Ashfield CCG
10. Wessex Cancer Alliance – Southampton CCG

ENSURING LEGAL COMPLIANCE		
Think about what you are planning to change; and what impact that will have upon 'your' compliance with the Public Sector Equality Duty (refer to the Guidance Sheet complete with examples where necessary)		
In what way does your current service delivery help to:	How might your proposal affect your capacity to:	How will you mitigate any adverse effects? (You will need to review how effective these measures have been)
End Unlawful Discrimination?	**End Unlawful Discrimination?**	**End Unlawful Discrimination?**
Decision-making and procurement processes have followed jointly agreed governance structures/processes and are following legal/mandated requirements.	No impact expected.	Information will comply with NHS accessible information standards. All estates will comply with physical accessibility legislation.

Promote Equality of Opportunity?	**Promote Equality of Opportunity?**	**Promote Equality of Opportunity?**
Decision-making and procurement processes have followed jointly agreed governance structures/processes and are following legal/mandated requirements.	No impact expected.	Information will comply with NHS accessible information standards. All estates will comply with physical accessibility legislation
Foster Good Relations Between People	**Foster Good Relations Between People**	**Foster Good Relations Between People**
Decision-making and procurement processes have followed jointly agreed governance structures/processes and are following legal/mandated requirements.	No impact expected.	No impact expected. Comms and engagement plan will aim to inform the patients of the service.

WHAT OUTCOMES ARE EXPECTED/DESIRED FROM THIS PROJECT?

What are the benefits to patients and staff?

Patients will receive a Lung Health Check with a nurse, who will assess the patients lung health via spirometry and ask questions to assess the patient's risk of developing lung cancer (using clinically available risk calculation tools). The nurse will also provide smoking cessation advice to current smokers. Benefits will be increased awareness of lung health and smoking cessation advice/signposting. Smoking is associated with a range of conditions and health measures and this will mean that patients will be able to live healthier, longer lives.

Patients who are at high risk of lung cancer will be offered a low dose CT scan to check for possible signs of lung cancer. This is expected to find lung cancers at an 'early stage', meaning that the cancer is more likely to be curable and therefore more patients will receive treatment with curative intent. Currently, lung cancer is typically found at a later stage. This means that patients will live longer and the CCG's mortality rates for lung cancer will improve.

Staff will benefit by being part of a service that will find lung cancer earlier and save lives.

How will any outcomes of the project be monitored, reviewed, evaluated and promoted where necessary?

"think about how you can evaluate equality of access to, outcomes of and satisfaction with services by different groups"

- A patient survey will be agreed/developed in order to seek feedback
- The services will be performance monitored in order to ensure that patients are receiving an efficient, timely service
- Patients will be asked if they are willing to participate in promotional materials (posters, videos, etc) in order to provide other patients with a patient's view of the service's benefits
- The project is part of a national programme and therefore a national evaluation, being delivered by MLCSU and Ipsos Mori. The project will ensure that the Minimum Data Set is provided to the evaluators in order to ensure the programme can be evaluated at a national level. The project team will also participate in interviews with the Ipsos Mori evaluators.

EQUALITY IMPACT AND RISK ASSESSMENT

Does the 'project' have the potential to:

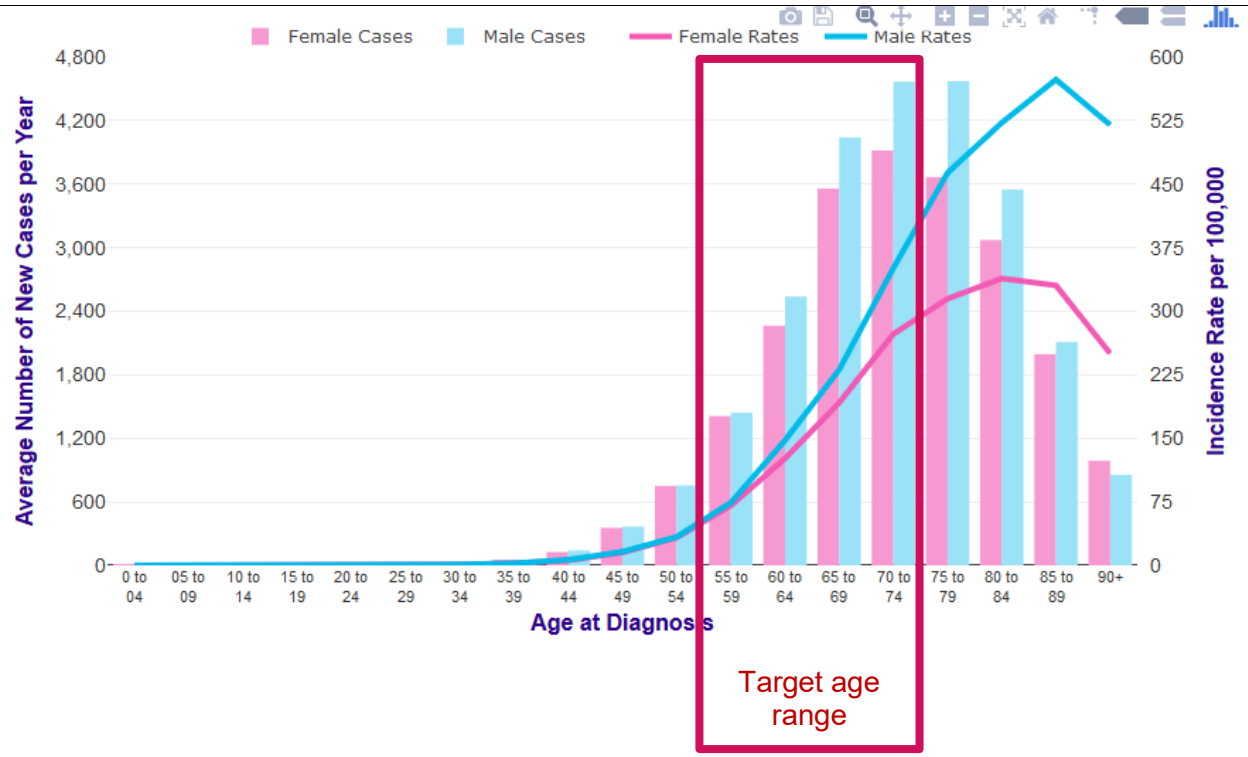
- Have a ***positive* impact (benefit)** on any of the equality groups?
- Have a ***negative impact* / *exclude* / discriminate** against any person or equality group?
- **Explain** how this was **identified? Evidence/Consultation?**
- Who is most likely to be **affected** by the proposal and **how** (think about barriers, access, effects, outcomes etc.)
- Please include all evidence you have considered as part of your assessment e.g. Population statistics, service user data broken down by equality group/protected group

Please see Equality Groups and their issues guidance document, this document may help and support your thinking around barriers for the equality groups

Equality Group / Protected Group	Positive effect	Negative effect	Neutral /Indirect effect
Age	X (55-74)		

Explanation:

The patient cohort is 55 – 74 year olds who have ever smoked. Therefore this service will benefit these patients, but not those outside of this age bracket. N.B. this cohort was selected based on medical evidence relating to lung cancer risk and likely benefit from the intervention.



https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/lung-cancer/incidence#collapseOne

People that are under 55 or over 74 years old are out of scope of this service but public communications will include advice on the signs and symptoms of lung cancer to raise awareness and encourage symptomatic patients to attend their GP, which is a secondary goal of the programme.

Equality Group / Protected Group	Positive effect	Negative effect	Neutral /Indirect effect
Disability	x		

Explanation:

Target cohort: data could not be found on smoking rates amongst people with disabilities.

It should be noted that living with a cancer diagnosis is classed as a disability, and therefore people who are diagnosed via this programme will be classed as disabled. The lives of people who are disabled by living with cancer will likely improve as part of this programme, as they will be diagnosed at an earlier stage and therefore have better outcomes and disabled to a lesser degree after curative treatment.

Patients with physical disabilities that would affect their ability to attend the appointment will be identified when they telephone to book their appointment. Estates will comply with NHS

accessibility standards.

If information is required in different formats, this will be made available as per the Accessible Information standards. The patient booklet has already been made available in the most common second languages in the pilot sites: Polish, Punjabi and Romanian. Further languages will be made available as per demand.

Equality Group / Protected Group	Positive effect	Negative effect	Neutral /Indirect effect
Gender Reassignment			X

Explanation:

The report linked to below states that "Whilst there is a lack of research on smoking among bisexual and trans people, surveys do show both bisexual and trans people are more likely to smoke (Stonewall, 2012; Rooney, 2012)"

Data available highlights that that overall, 35.5 percent of transgender adults smoke cigarettes compared to 14.9 percent of straight adults. Transgender adults are 2.1 times more likely than cisgender adults to smoke.

https://ash.org.uk/information-and-resources/health-inequalities/health-inequalities-resources/smoking-and-the-lgbt-community/
https://truthinitiative.org/research-resources/targeted-communities/tobacco-use-lgbt-communities

Equality Group / Protected Group	Positive effect	Negative effect	Neutral /Indirect effect
Pregnancy and Maternity			X

Explanation:

The age range for the programme is 55 – 74, it is not expected that many pregnant women will be invited. However, any that do attend will benefit from the nurse-led appointment and smoking cessation, which is very important for pregnant women.

Any pregnant women that do attend will be excluded from having a CT scan due to the possible harm to the fetus.

Equality Group / Protected Group	Positive effect	Negative effect	Neutral /Indirect effect
Race	X		

Explanation:

The project will target current/ex-smokers. Therefore people from different ethnic backgrounds with higher rates of smoking will benefit more than those with lower rates of smoking:

- in 2018, 14.4% of adults in England smoked
- the percentage of adults who smoked was higher than average in the Mixed (20.4%) and White (15.0%) ethnic groups
- the percentage of adults who smoked was lower than average in the Chinese (7.7%), Asian (9.1%) and Black (11.0%) ethnic groups
- Traveller groups have higher prevalence linked to males.

https://www.ethnicity-facts-figures.service.gov.uk/health/alcohol-smoking-and-drug-use/adult-smokers/latest
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/628721/2124046.pdf

Local statistics are listed below. N.B. ethnicity statistics are only available at council levels, therefore the figures for the corresponding CCGs will likely differ:

Ethnicity	**England**		**Blackburn with Darwen UA**		**Blackpool UA**	
	People	**%**	**People**	**%**	**People**	**%**
All	53012456		147489		142065	
White	45226247	85.3 %	101848	69.1%	137102	96.5%
Gypsy / Traveller	54895	0.1%	161	0.1%	237	0.2%
Mixed / Multiple Ethnic Groups	1192879	2.3%	1823	1.2%	1753	1.2%
Asian	4143403	7.8%	41494	28.1%	2282	1.6%
Black	1846614	3.5%	933	0.6%	346	0.2%
Other Ethnic Group	548418	1.0%	1230	0.8%	345	0.2%

In light that the service will be inviting patients from differing Black and Minority Ethnic groups (including Gypsy and Traveller) there may be a requirement for translation services. These are available from the provider Trusts.

The patient booklet has already been made available in the most common second languages in the pilot sites: Polish, Punjabi and Romanian. Further languages will be made available as per demand.

Staff delivering the service should have undertaken equality training.

Equality Group / Protected Group	**Positive effect**	**Negative effect**	**Neutral /Indirect effect**
Religion or Belief			X

Explanation:

The service should not have any impacts on people with differing religious beliefs.

Spiritual Care and Chaplaincy services are provided at both BTH and ELTH. All staff should be aware of the routes to access chaplaincy services.

Staff delivering the service should have undertaken equality training and be aware of the needs of different groups in relation to religion. If appropriate, dignity gowns and private changing areas should be available. A person's faith / belief can have an impact to how they view their health. Some faiths may take a fatalistic view of their health so public promotion of the service will take this into account when targeting faith groups (e.g. plans are underway to visit Mosques in Blackburn).

Equality Group / Protected Group	Positive effect	Negative effect	Neutral /Indirect effect
Sex (Gender)	X		

Explanation:

In the UK, 16.5% of men smoked compared with 13.0% of women. Therefore the service will likely target more men than women.

Staff delivering the service should have undertaken equality training and be aware of the needs of different groups in relation to sex. If appropriate, dignity gowns and private changing areas should be available.

https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2018

Equality Group / Protected Group	Positive effect	Negative effect	Neutral /Indirect effect
Sexual Orientation	X		

Explanation:

Smoking rates amongst lesbian and gay people are higher than the general population, the project will therefore likely invite a high proportion of lesbian and gay people.

Data highlights that overall, 20.6 percent of LGB adults smoke cigarettes compared to 14.9 percent of straight adults.

https://ash.org.uk/information-and-resources/health-inequalities/health-inequalities-resources/smoking-and-the-lgbt-community/
https://truthinitiative.org/research-resources/targeted-communities/tobacco-use-lgbt-communities

Staff delivering the service should have undertaken equality training and be aware of the needs of different groups in relation to sexual orientation.

Equality Group / Protected Group	Positive effect	Negative effect	Neutral /Indirect effect
Marriage and Civil Partnership N.B. Marriage & Civil Partnership is only a protected characteristic in terms of work-related activities and NOT service provision			X

Explanation:

No impact expected.

Equality Group / Protected Group	Positive effect	Negative effect	Neutral /Indirect effect
Carers			X

Explanation:

No impact anticipated. The service will offer a range of appointment days/times in order to allow carers more choice of time to attend, as this can often be a barrier for carers.

Equality Group / Protected Group	Positive effect	Negative effect	Neutral /Indirect effect
Deprived Communities	X		

Explanation:

Smoking rates and levels of deprivation correlate strongly. Therefore this project will benefit those in deprived areas –across Blackpool and Blackburn with Darwen CCGs.

Smoking rates and deprivation are linked to poorer health outcomes such as lung cancer mortality. NHS England considered this as part of the CCG selection process and the CCGs with the highest lung cancer mortality have been chosen to roll this service out first.

Accessing the service is free and will be located primarily in existing NHS community venues and

at the main hospital sites at BTH (Blackpool Victoria) and ELHT (Royal Blackburn) which are accessible via public transport.

https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/articles/likelihoodofsmokingfourtimeshigherinenglandsmostdeprivedareasthanleastdeprived/2018-03-14

Equality Group / Protected Group	Positive effect	Negative effect	Neutral /Indirect effect
Vulnerable Groups e.g. Asylum Seekers, Homeless, Sex Workers, Military Veterans, Rural communities.	X		

Explanation:

The impact for veterans should be positive as they will receive the service if they meet the criteria.

1. Smoking info: Veterans aged 16-64 and over 65 are slightly more likely to smoke compared to non-veterans. This is more noticed in female veterans in both working age and retirement age.
2. In terms of sex, shows that 55% of male veterans smoke compared to 50% female.
3. Veterans of working age 55% smoke compared to 66% retirement age. (therefore age is a key risk factor for veterans and smoking)
4. The information also indicates that chest and breathing conditions are higher in smoking veterans compared to non-smoking veterans.

Local figures and estimations are as follows:

Blackpool:

- Number of armed forces personnel – 183 living in Blackpool (total of 1060 serving people local bases such as Preston / Weeton)
- Number of Veterans – 7,400 (break down by age available on the web link)

Blackburn with Darwen:

1. Number of armed forces personnel – 148 living in BwD
2. Number of Veterans – (estimate) 5,334

Smoking info – general data from Royal British Legion household survey:

Sources:
http://www.blackpooljsna.org.uk/People-and-Places/People/Veterans-and-ex-service-personnel.aspx
https://www.midlandsandlancashirecsu.nhs.uk/wp-content/uploads/2019/04/VETERANS-GUIDANCE-2019.pdf

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/774937/20190128_-_APS_2017_Statistical_Bulletin_-_OS.pdf
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/282674/nhs-1-july-2013-revised-2.pdf

Both Trusts have veteran awareness status and therefore staff should have an understanding of veteran needs.

Homeless:
People that experience homelessness are more likely to smoke and experience poor health outcomes. If they are registered with a GP and meet the criteria they would be able to access this service – which could help early identification of lung disease / cancer.

The programme is using GP records so if someone that is homeless is registered at a GP they'll get invited (assuming the c/o address is up-to-date and correct). We have fed back to NHS that homeless/travellers/anyone who is less likely to register with a GP will get missed. The programme is getting evaluated by Ipsos Mori so they will collate all this and feed into any national roll out.

Source:
https://www.midlandsandlancashirecsu.nhs.uk/download/publications/equality_and_inclusion/Homelessness-guidance-2019.pdf

SECTION 3 - COMMUNITY COHESION & FUNDING IMPLICATIONS

Does the 'project' raise any issues for Community Cohesion (how it will affect people's perceptions within neighbourhoods)?

The service will invite smokers aged 55-74 and also release public communications to reach the wider populations of Blackpool and Blackburn with Darwen. We hope to increase conversations about the risks of smoking and raise awareness of the service, and hope any 'success' stories of people receiving life-saving/extending treatment because they attended the service will encourage people to support each other in quitting smoking.

What effect will this have on the relationship between these groups? Please state how relationships will be managed?

No effect anticipated.

Does the proposal / service link to QIPP (Quality, Innovation, Productivity and Prevention Programme)?
Yes - prevention

Does the proposal / service link to CQUIN (Commissioning for Quality and Innovation)?
No

What is the overall cost of implementing the 'project'?
Please state: Cost & Source(s) of funding:

CCG / £'000	2019/20	2020/21	2021/22	2022/23	Total
NHS Blackburn with Darwen CCG	951	1,035	868	784	**3,637**
NHS Blackpool CCG	1,059	1,158	969	870	**4,055**

This is the end of the Equality Impact section, please use the checklist in Appendix 2 to ensure and reflect that you have included all the relevant information.

SECTION 4 - HUMAN RIGHTS ASSESSMENT

If the Stage 1 Equality Impact and Risk Assessment highlighted that you are required to complete a Stage 2 Human Rights assessment (please request a stage 2 Human Rights Assessment from the Equality and Inclusion Team), please bring the issues over from the screening into this section and expand further using the Human Rights full assessment toolkit then email to equality and inclusion team.

SECTION 5 – RISK ASSESSMENT

See guidance document for step by step guidance for this section

Risk Matrix. Use this table to work out the risk score

RISK MATRIX					
	Risk level				
Consequence level	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	VERY LIKELY 5
1. Negligible	1	2	3	4	5
2. Minor	2	4	6	8	10
3. Moderate	3	6	9	12	15
4. Major	4	8	12	16	20
5. Catastrophic	5	10	15	20	25
Consequence Score: **Likelihood Score:** **Risk score = consequence x likelihood**					**4**
Any comments / records of different risk scores over time (e.g. reason for any change in scores over time):					

Important: If you have a risk score of 9 and above you should escalate to the organisations risk management procedures.

EQUALITY IMPACT AND RISK ASSESSMENT AND ACTION PLAN

Risk identified	Actions required to reduce / eliminate negative impact	Resources required (this may include financial)	Who will lead on the action?	Target date
Monitoring	Monitoring and collation of patient experience to identify any emerging equality related themes.		Privider / CCG	Ongoing

SECTION 6 – EQUALITY DELIVERY SYSTEM 2 (EDS2)

Please go to Appendix 1 of the EIRA and tick the box appropriate EDS2 outcome(s) which this project relates to. This will support your organisation with evidence for the Equality and Inclusion annual equality progress plan and provide supporting evidence for the annual Equality Delivery System 2 Grading

SECTION 7 – ONGOING MONITORING AND REVIEW OF EQUALITY IMPACT RISK ASSESSMENT AND ACTION PLAN

Please describe briefly, how the equality action plans will be monitored through internal CCG governance processes?
National evaluation of the programme is in place.

Date of the next review of the Equality Impact Risk Assessment section and action plan? (Please note: if this is a project or pilot, reviews need to be built in to the project/pilot plan) – being reviewed by NHSE as part of plans for national roll out

Which CCG Committee / person will be responsible for monitoring the action plan progress? Commissioners.

FINAL SECTION
SECTION 8

Review date linked to Commissioning Cycle: N/A

Acknowledgement that EIRA will form evidence for NHS Standard Contract Schedule 13: Yes - or equivalent processes

Date sent to Equality & Inclusion (E&I) Team for quality check: 11/03/2020

Date quality checked by Equality and Inclusion Business Partner: 11/03/2020 JM

Date of final quality check by Equality and Inclusion Business Partner: 12/03/2020
Signature Equality and Inclusion Business Partner: ***Jennifer Mulloy***
CCG Committee Name and sign off date: TBA

This is the end of the Equality Impact and Risk Assessment process: By now you should be able to clearly demonstrate and evidence your thinking and decision(s).
To meet publishing requirements this document SHOULD NOW BE PUBLISHED ON YOUR ORGANISATIONS WEBSITE.

- Save this document for your own records. Send this documents and copy of Human Rights Screening to equality.inclusion@nhs.net

Supplementary information to support CCG compliance to equality legislation:

Appendix 1: Equality Delivery System:

APPENDIX 1: The Goals and Outcomes of the Equality Delivery System			**Tick box(s) below**
Objective	**Narrative**	**Outcome**	
1. Better health outcomes	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	**1.1** Services are commissioned, procured, designed and delivered to meet the health needs of local communities	**x**
		1.2 Individual people's health needs are assessed and met in appropriate and effective ways	**x**
		1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	**x**
		1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	
		1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	**x**
2. Improved patient access and experience	The NHS should improve accessibility and	**2.1** People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	**x**

	information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	**2.2** People are informed and supported to be as involved as they wish to be in decisions about their care	**x**
		2.3 People report positive experiences of the NHS	**x**
		2.4 People's complaints about services are handled respectfully and efficiently	
3. A representative and supported workforce	The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs	**3.1** Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	
		3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	
		3.3 Training and development opportunities are taken up and positively evaluated by all staff	
		3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	
		3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	
		3.6 Staff report positive experiences of their membership of the workforce	
4. Inclusive leadership	NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders	**4.1** Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	
		4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are managed	
		4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work	

	and champions	environment free from discrimination	