NHS
Kent and Medway

Impact Assessment Information

This is Version 3.0 of this tool - current as of 14/07/2025

EHQIA	This tool has been developed for use across all Kent and Medway NHS organisations If you have any feedback, experience any problems or require advice on completion, please contact: kmicb.kmehqia@nhs.net Where there is a red marker please hover over with mouse for instructions to guide completion of the QIA tool The Project Lead should review the EHQIA monthly during the development phase in order to identify any potential equality, health inequality and quality impacts not previously considered. If there are any changes required to the EHQIA please update the EHQIA tool - identifying that the update is V2 (or subsequent version if indicated) - make any changes in red but keep original details in place. **Authors - Please ensure you scroll down on the EHQIA summary tab to complete the EHQIA summary boxes and ensure you complete at least both the QIA Stage 1 and EHIA Screening tool**

Virtual Tab (Panel Members Only)	EACH ORGANISATION WILL DETERMINE WHICH BUSINESS DECISIONS ARE REVIEWED VIRTUALLY. The virtual review tab is highlighted 'yellow'. Here are the instructions on how to complete it. 1. Review the EHQIA summary, stage one and two and EIA as normal. 2. Instead of providing verbal feedback complete the free text and drop down boxes against your name on Virtual tab. 3. The virtual tab should be completed in order. This is the process that will need your patience and feedback. If it works well there should be one email trail. a. X to review, complete virtual tab and email it to XX b. XX to review, complete virtual tab and email it to XXX c. XXX to review, complete virtual tab and email it to XXXX d. XXXX to review, complete virtual tab and email it to committee chair (X) i. Please only email it to person beneath your name (or chair). Always copy in to your completed review the kmicb.kmehqia@nhs.net This way we can monitor that it is completed in order and if one review in the chain is absent the EHQIA chair can make alternative arrangements. 4. Timescale for review a. As the last person to complete, XXXX should email it to the chair (X) by COB on the DAY BEFORE THE PANEL. This is the time the face to face panel should finish. Therefore, all members of the chain should complete it as soon as possible.

Organisation internal EHQIA panels	If assessment identifies potential system wide impact it should be escalated to the K&M EHQIA Panel for further review. **To do this please send completed tool to kmicb.kmehqia@nhs.net and advise your SRO.**

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Authors - Please ensure you scroll down on the EHQIA summary tab to complete the EHQIA summary boxes and ensure you complete at least both the QIA Stage 1 and EHIA Screening tool tabs

Equality, Health Inequalities and Quality Impact Assessment
Summary

	Organisation (Free Text)					
	Type of EHQIA (to be completed by Panel Chair)					
	Project, policy, function or service Title:	Decommissioning the Bedgebury Unit		URN Number (if appropriate):		Version Number: 1
	Project, policy, function or service Lead Name:	Louise Clack		Has your Division / Committee / Team has generic email		
	Project, policy, function or service Lead Job Title:	Deputy Director Adult Mental Health				
	Project, policy, function or service Division					
	Project, policy, function or service Lead Contact Details	Phone		BLANK		
		Email	CLACK, Louise (NHS KENT AND MEDWAY ICB - 91Q) <louise.clack@nhs.net>			
	Project, policy, function or service clinical lead	Name				
	Project, policy, function or service Manager (if applicable):	Name		Email		
	Project, policy, function or service Sponsor/SRO:	Name		Email		
	Who has been consulted to support and inform completion of this EQIA - i.e. Clinical Lead, relevant commissioning lead, provider, stakeholder, patient experience leads	The Clinical lead for the ICB Mental Health Commissioning Team, The Chief Nursing Officer Nhs Kent and Medway, NHS Kent and Medway Pateint saftey and Quality Team. NHS Kent and Medway Director of Strategic Change and Population Health				
	Recommendation (in chronological order (first to last))	Date of Recommendation	BLANK			
V	Virtual panel recommendation (to be completed by panel):					
1	EHQIA panel recommendation (*to be completed by Panel*):					
2	EHQIA panel recommendation (*to be completed by Panel*):					
3	EHQIA panel recommendation (*to be completed by Panel*):					
4	EHQIA panel recommendation (*to be completed by Panel*):					
5	EHQIA panel recommendation (*to be completed by Panel*):					

Please complete the Review Sheet

EHQIA Panel Comments (***to be completed by EHQIA Panel***)

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Project, policy, function or service Overview, purpose and or objectives

Current Service

Bedgebury Ward is provided by Kent and Medway Mental Health NHS Trust (KMMH Trust) and was originally commissioned as a step-down rehabilitation service for individuals discharged from forensic inpatient services. Over time, the service has drifted away from its original commissioned model.

The commissioning review undertaken in May 2025 identified that both the original commissioning intention and the service's current function are no longer aligned with current best practice or the NHS England Inpatient Rehabilitation Commissioning Framework. The review also concluded that the service does not align with current Integrated Care Board–commissioned care pathways.the review confirmed that there is already existing provision within the system that is more suitable and appropriate to meet the needs of individuals as part of discharge planning from forensic inpatient services.
As a result, the review concluded that Bedgebury Ward is no longer required within the current commissioning landscape and recommended that the service be considered for decommissioning

Planned Changes

To de-commission Bedgebury Ward to ensure that patietns access thealready avilable appropriate indivudalised care pathways to meet their needs in line with NICE Guidance and best practice.

Future Services

There are already well established appropriate care pathways in place to meet the needs of patients being discharged from Medium Secure Services. However NHS Kent and Medway will be further strengthening those with the introduction of an Assertive Outreach Service .

National, local policy/strategy

The NHS 10-Year Health Plan and 2025/26 operational guidance are driving a significant shift from hospital-based care to community-based care, aiming to move care closer to home. The patients will be found arrpaotitre care packages and pathways in the community .

Who is intended to benefit and in what way?

Patinets currently admitted on Walmer and Emmett's ward as they will now be offered the same NICE guidance and best practice, community care pathways inline with the principle of least restrictive environment

What is the intended outcome

All Medium secure patients are offered the same appropriate community care pathways wherever they are admitted .

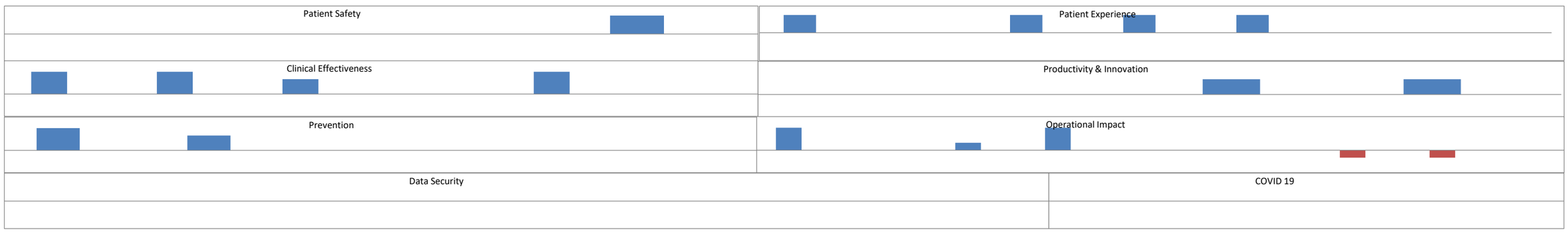
What factors may contribute to the outcomes of this policy, function or service? Identifying these will help you to design any public-facing communications to support your initiatives

What factors may detract from the outcomes of this policy, function or service? Identifying these will help you to design any public-facing communications to support your initiatives

PLEASE NOTE: Panel are unable to consider incomplete EQIAs

Summary - Stage 1 Assessment

	Questions Answered	*Questions NOT Answered*	Positive Scores	Neutral Scores	Negative Scores
Patient Safety	4	*0*	1	3	0
Patient Experience	7	*0*	4	3	0
Clinical Effectiveness	6	*0*	4	2	0
Productivity & Innovation	4	*0*	2	2	0
Prevention	5	*0*	2	3	0
Operational Impact	9	*0*	3	4	2
Data Security	2	*0*	0	2	0
COVID 19	1	*0*	0	1	0
Risk	1	*0*	0	1	0
WHOLE PROJECT	39	0	16	21	2



RISK LEVEL

LOW Risk

No negative scores for Patient Safety, Patient Experience or Clinical Effectiveness, and scores of no less than -1 for Productivity & Innovation, Prevention and Operational Impact

RISK TO BE MITIGATED PRIOR TO COMMENCEMENT

Who will own this risk? (e.g. Organisation. Committee, Individual)

POST MITIGATION (MODERATED) RISK LEVEL

NO Risk

JUSTIFICATION FOR MODERATED RISK LEVEL

Quality Impact Assessment

Stage 1

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Domain		Criteria	Answer (select from drop down list)	Score	Next Stage required	Rationale (Please provide rationale for scoring for each question ie. If the project might increase number of admissions then there may be more incidence of HCAI)
Patient Safety	Q1	Is there an impact on staffing levels or staffing acuity	no impact on staffing			There will be a reduction of 13.74 posts but KMMHT have confirmed that they do not believe there will be any redundancies
	Q2	Is there an impact on avoidable harm / incidents?	No impact on harm/incidents	+ 0		
	Q3	Is there an Impact on Health Care Associated Infection (HCAI)?	No impact on HCAI	+ 0		
	Q4	Will there be an impact on the number of safeguarding incidents?	No impact on safeguarding	+ 0		
	Q5	Does the Business Decision impact on ability to follow current guidance from professional bodies?	Increase in ability to follow current guidance from professional bodies likely.	+ 2		Staff working with patients on Walmer and Emmetts will follow best practice in helping patients access their personalised and appropriate community care pathways in line with the least restrictive principle.
Patient Experience	Q6	Is there an impact on patient experience (complaints / PALS)?	Improved patient experience likely (decrease in complaints)	+ 2		Instead of remaining in an inpatient service which they not longer require, patients will be accessing the appropriate community care pathway to meet their individual needs in line with the least restrictive principle . Which will bring their care into line with other MSU patients moving towards discharge
	Q7	Is there an impact on patient and staff consent and confidentiality?	no impact on consent and confidentiality	+ 0		
	Q8	Is there an impact on informed choice and involvement in care planning?	Increase in choice and involvement likely	+ 2		Instead of remaining in an inpatient service which they not longer require, patients will be accessing the appropriate community care pathway to meet their individual needs in line with the least restrictive principle . Which will bring their care into li
	Q9	Is there an impact on personalised care?	Increase in personalised care and involvement likely	+ 2		Instead of remaining in an inpatient service which they not longer require, patients will be accessing the appropriate community care pathway to meet their individual needs in line with the least restrictive principle . Which will bring their care into li
	Q10	Is there an impact on quality of the environment for patients?	Improved quality of patient environment likely	+ 2		Patients will be living in a community setting and able to personalise their environment, rather than placed inappropriately on an inpatient service which they do not require
	Q11	Has there been involvement of patients / carers in Business Decision development?	No patient / carer involvement required	+ 0		None required as the current patients have individual personalised discharge plans in place as per best practice and patients and carers are involved in these and there will be no more admissions to the unit
	Q12	Have lessons learned from patient experience been used to develop scheme?	Nothing available	+ 0		

Clinical Effectiveness	Q13	Has evidence based practice been utilised?	Project fully developed using EBP	+ 3	Yes the decommissioning of the service will mean that patients will be bale to access community pathways that are in line with NICE guidance, Best practice and principle of least restrictive practice as outlined in the Mental Health Act , in the same way as other patients being discharged form modicums secure services
	Q14	Does the Business Decision have clinical leadership / engagement?	Clinical leader / engagement in place	+ 3	Yes, the NHS Kent and Medway ICB mental health lead has been engaged and supports the decision to move towards de-commissioning . The clinical lead for the service form KMMHT has also been involved as has the executive director of nursing and both support the recommendation .
	Q15	How does the Business Decision reduce variations / improve consistency in care?	Reduction in variation / improvement in consistency likely	+ 2	All patients admitted to Medium Secure services will be accessing the same appropriate and least restrictive care pathways .
	Q16	Will quality metrics that measure outcomes be used to measure success?	Not required	+ 0	
	Q17	Does the Business Decision impact on ability to follow current NICE guidance?	Improved ability to follow current NICE guidance.	+ 3	There will be access to the appropriate NICE pathways for the patients , the current service is not in line with NICE Guidance .
	Q18	How will the Business Decision impact upon re-admission to inpatient facilities?	Not applicable/no impact	+ 0	
Productivity & Sustainability	Q19	Does the Business Decision help to eliminate inefficiency and waste or improve value by economy, efficiency and effectiveness?	Not applicable/no impact	+ 0	
	Q20	Does the Business Decision support sustainable development e.g. low-carbon pathways, efficient energy use, reduced waste?	No impact	+ 0	
	Q21	Will the Business Decision help to improve organisational performance?	Improvement in provider performance is likely	+ 2	The provider will be offering appropriate community discharge care pathways to patients in Walmer and Emmetts, in line with other Medium secure units
	Q22	Will the Business Decision improve care pathways?	Improvement in care pathways likely	+ 2	The plan is to reinvest the funding from Bedgebury into an Assertive outreach team which will further enhance the community pathway offer
Prevention	Q23	Will the Business Decision promote people to stay well?	Promotion of wellness expected	+ 3	Promoting wellbeing is part of the community pathways offer that patients will be accessing in future.
	Q24	Will the Business Decision promote self care for long term conditions?	Promotion of self care for LTC likely	+ 2	Promoting self care is part of the community pathways offer that patients will be accessing in the future
	Q25	Will the Business Decision help reduce health inequalities?	Not applicable/no impact	+ 0	No change envisaged
	Q26	Will the Business Decision prevent inappropriate hospital admissions or A&E attendance/ use of emergency services?	Not applicable/no impact	+ 0	No change envisaged
	Q27	Will the Business Decision prevent people dying prematurely?	Not applicable/no impact	+ 0	No change envisaged

Operational Impact	Q28	Will staff have relevant capability, knowledge and skills?	All staff will have the relevant capability and knowledge	+ 3		The patients will be accessing the current community care pathways and KMMHT are responsible for ensuring that all staff have the relevant capabilities and knowledge for their posts.
	Q29	Will this Business Decision impact upon the level of violence & aggression experienced by patients, service users and staff?	Not applicable/no impact	+ 0		
	Q30	Could there be impact on service reputation / media coverage	Positive impact on service reputation / media coverage possible	+ 1		Potential coverage of this pathway re-design has been considered and covered in the plan for de-commissioning.
	Q31	Does the Business Decision affect effective support in the community?	Improved effective support in the community expected	+ 3		There will be investment into an AOT service to enhance the effectiveness of the community care pathways
	Q32	Does the Business Decision impact on waiting times?	Not applicable/no impact	+ 0		
	Q33	Will the Business Decision impact on current Clinician availability?	No impact	+ 0		Not clear depends on outcome of the discussions around staffing
	Q34	Are staff engaged in the scheme?	A few staff are engaged	- 1	Stage 2 Required	senior service managers are aware of the proposal and support the pathway re-design
	Q35	Any impact on staff (e.g.Staff experience, Staff wellbeing, terms and conditions, base change, role change etc.)?	Minor negative impact expected	- 1	Stage 2 Required	there are 13.74 posts on the unit but KMMHT have confirmed they do not expect any redundancies as a result to the decommissioning
	Q36	Any impact on any other services or stakeholders.	No impact	+ 0		None envisaged
Data Security	Q37	Will this Business Decision change the way data is used in the organisation.	No impact	+ 0		
	Q38	Could the Business Decision pose a risk to the confidentiality, integrity or availability of data?	No impact	+ 0		
COVID 19	Q39	Is the proposed business decision a result of new ways of working developed in response to the COVID-19 pandemic	NO	+ 0		
RISK	Q40	Does this business decision reduce a recognised risk as contained on the Provider risk register?	NO	+ 0		

There are still 15 rationales you have not answered

RISK LEVEL

LOW Risk

No negative scores for Patient Safety, Patient Experience or Clinical Effectiveness, and scores of no less than -1 for Productivity & Innovation, Prevention and Operational Impact

RISK TO BE MITIGATED PRIOR TO COMMENCEMENT

Quality Impact Assessment

Stage 2 Assessment

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	Question		Answer	Score	Stage 2 required?	What are the issues?	How will they be mitigated?	When can this be completed by?	Who will own it?
Patient Safety	Q1	Is there an impact on staffing levels or staffing acuity	moderate impact on staffing	+ 0	NO	there will be a loss of 13.74 WTES if the service closes.	KMMHT have vacancies in other services that may be suitable for these post holders		
	Q2	Is there an impact on avoidable harm / incidents?	No impact on harm/incidents	+ 0	NO				
	Q3	Is there an Impact on Health Care Associated Infection (HCAI)?	No impact on HCAI	+ 0	NO				
	Q4	How will the reporting of safeguarding incidents be affected?	No impact on safeguarding	+ 0	NO				
	Q5	Does the Business Decision impact on ability to follow current guidance from professional bodies?	Increase in ability to follow current guidance from professional bodies likely.	+ 2	NO				
Patient Experience	Q6	Is there an impact on patient experience (complaints / PALS)?	Improved patient experience likely (decrease in complaints)	+ 2	NO				
	Q7	Is there an impact on consent and confidentiality?	no impact on consent and confidentiality	+ 0	NO				
	Q8	Is there an impact on informed choice and involvement in care planning?	Increase in choice and involvement likely	+ 2	NO				
	Q9	Is there an impact on personalised care?	Increase in personalised care and involvement likely	+ 2	NO				
	Q10	Is there an impact on quality of the environment for patients?	Improved quality of patient environment likely	+ 2	NO				
	Q11	Has there been involvement of patients / carers in project development?	No patient / carer involvement required	+ 0	NO				
	Q12	Have lessons learned from patient experience been used to develop scheme?	Nothing available	+ 0	NO				
Clinical Effectiveness	Q13	Has evidence based practice been utilised?	Project fully developed using EBP	+ 3	NO				
	Q14	Does the project have clinical leadership / engagement?	Clinical leader / engagement in place	+ 3	NO				
	Q15	How does the project reduce variations / improve consistency in care?	Reduction in variation / improvement in consistency likely	+ 2	NO				
	Q16	Will quality metrics that measure outcomes be used to measure success?	Not required	+ 0	NO				
	Q17	Does the Business Decision impact on ability to follow current NICE guidance?	Improved ability to follow current NICE guidance.	+ 3	NO				
	Q18	How will the project impact on re-admission?	Not applicable/no impact	+ 0	NO				
Productivity & Innovation	Q19	Does the Business Decision help to eliminate inefficiency and waste or improve value by economy, efficiency and effectiveness?	Not applicable/no impact	+ 0	NO				
	Q20	Does the project support sustainable development e.g. low-carbon pathways, efficient energy use, reduced waste?	No impact	+ 0	NO				
	Q21	Will the project help to improve provider performance?	Improvement in provider performance is likely	+ 2	NO				
	Q22	Will the project improve care pathways?	Improvement in care pathways likely	+ 2	NO				

Prevention	Q23	Will the project promote people to stay well?	Promotion of wellness expected	+ 3	NO				
	Q24	Will the project promote self care for long term conditions?	Promotion of self care for LTC likely	+ 2	NO				
	Q25	Will the project help reduce health inequalities?	Not applicable/no impact	+ 0	NO				
	Q26	Will the Business Decision prevent inappropriate hospital admissions or A&E attendance/ use of emergency services?	Not applicable/no impact	+ 0	NO				
	Q27	Will the project prevent people dying prematurely?	Not applicable/no impact	+ 0	NO				
Operational Impact	Q28	Will staff have relevant capability, knowledge and skills?	All staff will have the relevant capability and knowledge	+ 3	NO				
	Q29	Will this project impact upon the level of violence & aggression experienced by patients, service users and staff?	Not applicable/no impact	+ 0	NO				
	Q30	Could there be impact on service reputation / media coverage	Positive impact on service reputation / media coverage possible	+ 1	NO				
	Q31	Does the project affect effective support in the community?	Improved effective support in the community expected	+ 3	NO				
	Q32	Does the project impact on waiting times?	Not applicable/no impact	+ 0	NO				
	Q33	Will the Business Decision impact on current Clinician availability?	No impact	+ 0	NO				
	Q34	Are staff engaged in the scheme?	A few staff are engaged	- 1	YES	KMMHT are the provider and senor managers, clinical staff including ward managers were aware of the review . KMMHT requested to manage staff communications	KMMHT are looking to see what the options will be for staff including moving to other services		
	Q35	Any impact on staff (e.g.Staff experience, Staff wellbeing, terms and conditions, base change, role change etc.)?	Minor negative impact expected	- 1	YES	13.74 WTES will no longer be required if the service is decommissioned so there will need to be staff consultation	KMMHT are looking to see what the options will be for staff including moving to other services.		
	Q36	Any impact on any other services or stakeholders.	No impact	+ 0	NO				
Data Security	Q37	Will this Business Decision change the way data is used in the organisation.	No impact	+ 0	NO				
	Q38	Could the Business Decision pose a risk to the confidentiality, integrity or availability of data?	No impact	+ 0	NO				
COVID 19	Q39	Is the proposed business decision a result of new ways of working developed in response to the COVID-19 pandemic	NO	+ 0	NO				
RISK	Q40	Does this business decision reduce a recognised risk as contained on the Provider risk register?	NO	+ 0	NO				

Equality and Health Inequality Impact Assessment (EHIA) Screening

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The screening EHIA can be used as an initial screening tool if you are unsure about the level of impact the project may have on groups of people. This tool can be completed as a stand-alone document (e.g. for a minor policy update) or as a precursor to the Extended EHIA.

1	**Introduction and Overview** **The main purpose of this Screening Tool is to help you decide whether or not you need to undertake a more in-depth Equality and Health Inequality Impact Assessment (EHIA) for your project or piece of work**	
	Does your project, service, policy, strategy or function impact on the community or service users? • Protected characteristic groups (as outlined in the Equality Act 2010) • Social / health inclusion groups • Deprivation and socio-economic disadvantage within local communities • Local health inequalities for groups and communities	**Yes** If yes please complete sections 2, **3a**, 4, 5, 6 and 7 If no - please explain your rationale
	Does your project, service, policy, strategy or function impact on the workforce? This includes the ICB workforce, but may also include the wider health and social care workforce in the K&M Integrated Care System. In undertaking this EHIA screening, current and relevant workforce data must be considered to ensure that: • No group is experiencing disproportionate disadvantage • No group is experiencing discrimination • All opportunities to advance equality, diversity and inclusion are considered proactively	**Yes** If yes plese complete sections 2, **3b**, 4, 5, 6 and 7 If no - please explain your rationale

2	**Equality Impact Assessment - Protected Characteristics**	**Positive**	**Neutral**	**Negative**	**Comments** **In supplying comments please consider both negative impacts and ways in which the work could proactively address known inequalities. Please also consider where there is a cumulative impact over time of the proposed change or for those who have more than one protected characteristic.** **If there is no data available please add an action to capture.**
	Race		x		
	Sex		x		
	Gender reassignment		x		
	Age		x		
	Religion and belief		x		
	Disability		x		
	Sexual orientation		x		
	Marriage or civil partnership		x		
	Pregnancy and maternity		x		
3a	**Health inequality impact Assessment - Disadvantaged, inclusion groups and communities** Does this project, service, policy, strategy or function impact on any health and social inclusion groups? Please give details. *Other health or social inclusion groups (please note below list are examples, consider which groups may be relevant to your work – there may be others you think are important)**. please note that if this is an internal workforce related change / project then it is only necessary to complete section 2 and section 3b**	**Positive**	**Neutral**	**Negative**	**Comments** **In supplying comments please consider both negative impacts and ways in which the work could proactively address known inequalities.** **If there is no data available please add an action to capture.**
	Homeless people		x		
	Lone parents		x		
	People with substance misuse issues		x		
	Geographically isolated and rural		x		
	Carers		x		
	Refugees, migrants and asylum seekers		x		
	Ex-offenders and unrelated convictions		x		
	Those surviving domestic and sexual violence		x		
	Armed forces communities		x		
	Children and young people in care and/or care leavers		x		
	Those who may be digitally excluded		x		
	People with literacy and/or numeracy issues		x		
	People who have experienced female genital mutilation		x		

	People who have experienced human trafficking or modern slavery		x		
	Does this service, policy or function impact on deprivation and socio-economic disadvantage of local communities? Please give details.		x		
	e.g. people on a low income/people living in the most deprived areas		x		
3b	**Impact Assessment - Disadvantaged, health inclusion groups of staff** Does this project, service, policy, strategy or function impact on any health and social inclusion groups? Please give details. *Other health or social inclusion groups (examples to consider could include part time workers, carers, low income workers – there may be others you think are important)	**Positive**	**Neutral**	**Negative**	**Comments Please note that when assessing impact for staff a greater weighting will be placed on the protected characteristics set out in the Equality Act (in section 2). The ICB's public sector equality duty does not extend to consideration of the groups set out in section 3b. However we recognise that there are broader aspects of workplace inclusion beyond the protected characteristics described and it is important to consider these when developing or reviewing processes / policies etc.** **In supplying comments please consider both negative impacts and ways in which the work could proactively address known inequalities.** **If there is no data available please add an action to capture.**
4	**Engagement**				
	Has there been any engagement activity relating to this project, service, policy, strategy or function? If not, why not?		No	The provider KMMHT and KSS Secure care provider collabartive were inovled in the review and this inlcuded clinical , and service managers from both organisations (inlcuding exectuvie level).	
	Does there need to be any further engagement? If yes please provide details here and add this as an action to the action plan below.	Yes		Comments:There may need ot be a formla staff consutlations this will need to be over seen by KMMHT and it has been suggested that the Oversight comittees shoud be aware of this service clousre , there is a communicaitons plan to adress comunicaitons across the system	
5	**Extended EHIA**				

	Is an Extended EHIA required?	Yes		There are 13.74 WTE posts that will no longer be required and so there is an impact on the staff group working in the TGU.	
6	**Actions** Record your Screening EHIA assessment concerns, opportunities and actions below:				
	Concerns	Action		Deadline	Lead Person and Job Title
1a					
1b					
1c					
1d					
7	**Person to implement, monitor and review EHIA post decision**	**Note: The EHIA should now form part of BAU activity for the proposal with actions embedded and reviewed.**			
	Name	**Job title**			**Contact details**

Equality and Health Inequality Impact Assessment (EHIA)

Extended

The extended EHIA is also the appropriate tool to use to assess larger scale change programmes including new commissioning and / or any decommissioning.

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1	**Introduction**	**Comment (if staff only are affected please do not complete sections 4a and 4b)**					
	Who will be affected: *Staff* *Carers* *Patients/service users* *Communities* *Other*	**Staff - loss of 13.74 WTE posts if service closes.**					
	What patient and public and/or staff engagement has already taken place in relation to this proposal?	The provider organisation and the KSS PC were involved in the service review and accepted the recommendations , some staff ward managers , clinical and senior managers were part of the review group.					
2	**Update on previous EHIA and outcomes of actions**						
	Does a previous EHIA exist? And if so outline what actions have already been taken / describe outcomes and identify any outstanding actions	no					
3	**Equality Impact Assessment - Protected Characteristics**	**Positive**	**Neutral**	**Negative**	Comment: **Include quantitative and qualitative insights; engagement/feedback and information to support your assessment on each group/community; actions to be taken forward. Please ensure you have considered cumulative impact for those with negative impacts associated with multiple protected characteristics.*		
	Race		x				
	Sex		x				
	Gender reassignment		x				
	Age		x				
	Religion and belief		x				
	Disability		x				
	Sexual orientation		x				
	Marriage or civil partnership		x				
	Pregnancy and maternity		x				
4a	**Health inequality assessment - please consider the impact on groups particularly identified in the EHIA screening and detail these below.**	Positive	Neutral	Negative	Comment: **Include quantitative and qualitative insights; engagement/feedback and information to support your assessment on each group/community; actions to be taken forward. Please ensure you have considered cumulative impact for those who face multiple health inequality factors.*		
			x				
			x				

			x				
			x				
4b	**Health inequalities**						
	Will this initiative help to reduce health inequalities for any specific groups or communities? Provide evidence to support your assessment .	x			Yes patients admitted to walmer and emmetts ward will access the appropriate community care pathways in a timely manner, in the same way as Kent and Medway Secure pateints admitted in other unit are able too.		
5	**Impact Assessment - Disadvantaged, health inclusion groups of staff** Does this project, service, policy, strategy or function impact on any health and social inclusion groups? Please give details. *Other health or social inclusion groups (examples to consider could include part time workers, carers, low income workers – there may be others you think are important)	**Positive**	**Neutral**	**Negative**	**Comments Please note that when assessing impact for staff a greater weighting will be placed on the protected characteristics set out in the Equality Act (in section 2). The ICB's public sector equality duty does not extend to consideration of the groups set out in section 3b. However we recognise that there are broader aspects of workplace inclusion beyond the protected characteristics described and it is important to consider these when developing or reviewing processes / policies etc.** **In supplying comments please consider both negative impacts and ways in which the work could proactively address known inequalities.** **If there is no data available please add an action to capture.**		
6	**Equalities or health inequalities data gaps**	**Comment**					
	As a result of undertaking this EHIA, are there any gaps in inequalities or health inequalities data or information?	**Provide evidence to support your assessment and include this as an action below where there are gaps in data or information.*					
7	**Action plan**	**Priority**	**Actions to mitigate impact**		**Staff or patient engagement**	**Action owner/s**	**Target completion date**
	provide details of action here and complete a line for each separate action identified including actions to address data gaps						
8	**Person to implement, monitor and review EHIA post decision**	**Note: The EHIA should now form part of BAU activity for the proposal with actions embedded and reviewed.**					
	Name	**Job title**			**Contact details**		

EHIA Guidance notes

Within the Equality Act, **NHS Kent and Medway as a public authority has a legal requirement** to **promote equality** and set out how we **plan to meet the "general" and "specific" duties specified in Section 149 (1) of the Public Sector Equality Duty.**

As a public authority NHS Kent and Medway is required to pay "due regard" to the three aims of the **general equality duty to**:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Having "due regard" for **advancing equality** involves:

- Removing or minimising disadvantages people encounter due to their protected characteristics
- Taking steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people
- Encouraging people with certain protected characteristics to participate in public life or in other activities where their participation is disproportionately low.

NHS Kent and Medway are legally bound to demonstrate that we are taking action to promote equality in relation to policy making, development of policies and procedural documents, alongside the delivery of services, service developments and employment.

Within the Act, we also have **a legal duty to show that we have given due regard to the nine protected characteristics** below:
Sex
Ethnicity
Gender
Disability
Religion / belief
Sexual orientation
Gender reassignment
Marriage or civil partnership
Pregnancy / maternity
Age.

Case law known as the Brown Principles sets out **a broad indication of what public sector organisations need to do** to in respect of the aims set out in the general equality duties and they provide useful insight into how courts interpret the duties although they are not additional legal requirements.

In summary, the Brown principles say:
Decision-makers must be made aware of their duty to have "due regard" to the three aims of the general equality duty.
Due regard is fulfilled before and at the time a particular policy that will or might affect people with protected characteristics is under development and consideration, as well as at the time a decision is taken.
Due regard involves a conscious approach and state of mind. A body subject to the duty cannot satisfy the duty by justifying a decision after it has been taken as this is unlawful. Attempts to justify a decision as being consistent with the exercise of the duty, when it was not considered before the decision, are not enough to discharge the duty.
The duty must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision.
The duty must be integrated within the discharge of the public functions of the body subject to the duty. It is not a question of "ticking boxes".
The duty cannot be delegated and will always remain on the body subject to it
It is good practice for those exercising public functions to keep an accurate. record showing that they had considered the general equality duty and pondered relevant questions. If records are not kept it may make it more difficult, evidentially, for a public authority to persuade a court that it has fulfilled the duty imposed by the equality duties.
Equality and Health Inequality Impact Assessments provide a robust process to demonstrate how our legal duties have been considered in commissioning, design and delivery of services, and is a systematic continuous process which involves analysing and reviewing local equality and health inequality information and the results of any engagement to understand the impact (or potential impact) of functions, policies, strategies, services, projects, practices or decisions on people with different protected characteristics.

When to use EQIA and enhanced EQIA

EHIAs are an essential tool to use when:
Developing and reviewing a policy, strategy, function, or project.
Designing, delivering and evaluating services.
Commissioning and decommissioning services.
Undertaking transformation and change.
Reconfiguring services.
Carrying out our role as employers.
Minor changes that will not impact on people are unlikely to require an EHIA, however, all significant and major changes will require an EHIA.

The **screening EHIA can be used as an initial screening tool** if you are unsure about the level of impact the project may have on groups of people. This tool can be completed as a stand-alone document (e.g. for a minor policy update) or as a precursor to the Extended EHIA.

The extended EHIA is a more in-depth assessment and additional engagement is expected to have taken place with staff / and or patient groups as part of this assessment. The extended EHIA will be completed when the proposed change has potential negative impact, e.g. if any groups or communities are identified in the Screening EHIA as being potentially disadvantaged or negatively impacted upon by the proposed change. The **extended EHIA is also the appropriate tool to use to assess larger scale change programmes including new commissioning and / or any decommissioning**.

Gathering relevant equality information and undertaking analysis

The information that you will use in the assessment will vary to identify important impacts on people with different protected characteristics. It may be useful to look at:
Knowledge - e.g. about the culture or needs of a particular group.
Comparisons with similar policies in other departments or NHS Trusts to help you identify relevant equality issues.
Analysis of enquiries or complaints from the public to help you understand the needs or experiences of different groups of people.
Recommendations from inspections or audits to help you identify any concerns about equality matters from regulators.
Information about the local community, including census findings to help you establish the numbers of people with different protected characteristics.
Internal equality reporting statistics and data for patients and staff.
Recent research from national, regional and local sources that includes information on relevant equality issues.
Results of engagement activities or surveys to help you understand the needs or experiences of people with different protected characteristics (this can be sourced from the public engagement team).
Information from the public, and voluntary organisations to help you understand the needs or experiences of people with different protected characteristics.
If you do not have equality information about people with protected characteristics, part of the analysis process is considering whether you need this information and how you will fill these information gaps.

This may mean undertaking short studies or surveys, or some engagement work. If it is not possible to collect this in time to inform your assessment, consider how you can increase your understanding in the short term before undertaking more robust research later. This could mean, for example, meeting with stakeholders. The information that you collect later will be valuable for your monitoring and review work. The information you gain from engagement with stakeholders will help you to understand the potential impacts of your plans on different groups.

Bringing together equality information and analysing it will enable a judgement to be made about what the likely impact of the policy will be on equality. Remember that assessing impact on equality is not simply about identifying, and mitigating or removing, negative effects or discrimination. It is also an opportunity to identify ways to advance equality of opportunity and foster good relations. This may involve using positive action measures within your services or employment, as permitted under the Equality Act 2010.

Considering impact

Discriminatory - a negative or adverse impact. An impact that could disadvantage people who share a particular protected characteristic. This disadvantage may be differential, where the negative impact on people with one characteristic group is likely to be greater than on another (e.g. steps into a building will disadvantage both wheelchair users and those pushing prams, but whereas small children might be carried in, wheelchair users will not be able to enter).

Sometimes a negative impact may be intended and justified (e.g. a Safeguarding Children's policy will have no or little reference to adults).
The aim of an EHIA is to identify where any disadvantage lies, to identify whether it is discriminatory and the extent to which any discrimination can be eliminated, minimised or justified.

A positive impact (advancing equality): An impact that could have a positive effect by improving equality in opportunity. A positive impact may be differential where the positive impact on one group of people with a shared protected characteristic is likely to be greater than on another

Cumulative Impact. It is important to recognise that impacts may not be isolated and / or may affect more than one group or community. Furthermore, impacts may be multiple and / or be increased over time. Therefore, the EHIA process requires people to record
"cumulative impact" in relation to three aspects:
The impact on specific groups from more than one effect of the change, so the group may experience a greater impact, e.g. the effect on patients if there is a proposal to change a service location, opening hours and access route
The impact on some individuals who have more than one protected characteristic (intersectionality) and / or be a member of more than one disadvantaged group and therefore experience the impact of the change in a greater way
The impact of the proposed change over time, e.g. the long-term impact on wellbeing for staff members required to travel greater distances between office locations because of the change
The impact of several proposals and changes at the same time or in quick succession which may have more impact for some groups than others e.g. a decision to relocate or decommission several services in one area of deprivation.
Making a decision

The consideration given to equality in your decision-making should be proportionate to the importance of the policy to advancing equality and fostering good relations. In some cases, the policy will be critical to those aims. In other cases, it will be less so. In all decisions, financial and other considerations will inevitably also be important. You should ensure that appropriate weight is given to equality, alongside other considerations. The weight given to different factors can be challenged in court if a decision is deemed to be irrational or based on irrelevant considerations or facts.

Your decision-making may mean that your policies will benefit certain groups of people. A strong evidence base and transparency about how you reached your decision should help you to explain and justify your decisions internally and externally. Having your decisions and rationale easily accessible should also help to counter any misconceptions.

As a result of your analysis, you will take one of the following courses of action:
Continue – Your assessment demonstrates no potential for discrimination, and you have taken all appropriate opportunities to advance equality of opportunity and foster good relations between people with different protected characteristics. Document the reasons for this and the information you used to make this decision
Justify and continue – Ultimately, there may be other factors (such as other policy aims or financial constraints) which make it reasonable for you to decide to continue despite adverse equality impact. This is an option where your policy does not unlawfully discriminate, or where the discrimination can be objectively justified. If your decision is challenged, you will need to be able to satisfy a court that you had due regard to the aims of the general equality duty when you reached your decision. It is therefore particularly important that you document your reasons and the information you used to reach them.
Make Changes – This involves making changes to ensure it does not adversely affect certain groups of people or miss opportunities to affect them positively. This can involve taking steps to mitigate adverse impacts, or to bolster or tailor positive ones. It is lawful under the Act to treat people differently in some circumstances, such as putting in place single-sex provision where there is a need for it. Document the reasons for this and the information you used to make this decision.
Stop - If a policy shows unlawful discrimination that cannot be changed or objectively justified, it is a potential breach of the Equality Act 2010. Document the reasons for this and the information you used to make this decision.

EHIA actions

Any mitigating actions identified in the EHIA to address the impact of the decisions proposed should be achievable, proportionate and relevant. Actions that proactively enable the advancement of equality and / or the opportunity for NHS Kent and Medway to reduce inequalities should also be recorded.

Any actions arising from the impact assessments should feed into team and service plans, ensuring that the impact assessment process is integral to service planning and improvement. Any risks should also be noted. Furthermore, actions from EHIAs can inform processes for monitoring the quality of commissioned services. EHIA action planning and review is a live part of normal business planning processes.

Sign off

The Senior Responsible Officer (SRO) for a policy, strategy, service, change, transformation, project or procedure has responsibility for “signing off” the EHIA to ensure that the assessment and actions are appropriate and proportionate, and they are also responsible for ensuring that actions are embedded in core business planning and review as part of business as usual (BAU).

NHS
Kent and Medway

TO BE COMPLETED BY PANEL MEMBERS ONLY

Virtual Assessment Authorised By Chair	Name of Chair	Date Authorised	Instructions: 1. Only complete a virtual assessment if indicated on Outcome Form 2. Assess Summary, Stage 1,Stage 2 & S14Z2 as you would face to face. 3. Complete all text boxes on this sheet 4 Last Assessor on List to Email Completed form to QIA Inbox.	Virtual Assessment Complete. (Select from drop down list).
Yes				

Virtual Assessment

Panel Member Name (Free Text)	Date Assessed	Comments (Free Text)	Recommendation (Select from drop down list)	
Clinical Quality				

Are you the last colleague to review/complete? If yes, please email to it Chair.

Chair Only

Reviewed by All Panel Members	Virtual Review Complete?	Final Recommendation	1. Complete Virtual Recommendation on QIA Summary Tab 2. Email to Admin Support