Equality Impact and Risk Assessments

Pan Merseyside Policy Review - Transanal Irrigation Policy.

Midlands and Lancashire CSU

Current Status
Stage 2 Approved

Review Date
06/03/2018

Person Responsible
Harinder Sanghera

Service
Policy for Transanal Irrigation.

Service Area
Individual Funding Request / Individual Patient Activity Procedure for Lower Clinical Value

Project Lead

Name:	O'Brien, Michael
Email:	michael.o'brien1@nhs.net
Phone:	07990561572

Explanation
This is a new policy for the treatment of Transanal Irrigation. This treatment has never been formally commissioned in Pan Merseyside and Warrington CCGs but G.Ps are prescribing nearly £1 million worth of these products per year. At the moment, there is no criteria in place for its use. Trananal Irrigation treatment is usually given to patients who experience bowel incontinence or constipation in line with NICE guidance. This assessment is based on a new policy to provide criteria for funding this treatment through the CCG's. Transanal Irrigation is a way of facilitating the evacuation of faeces from the bowel by introducing water (or other fluids) into the colon via the anus in a quantity sufficient to reach beyond the rectum. It is thought to result in an emptying of the descending colon as well as the sigmoid and rectum. Due to the volume of fluid used, the procedure is conducted over the toilet or commode. NICE guidance states that it should not be carried out within Primary Care. The CCG's that are part of this review are: NHS Halton Clinical Commissioning Group NHS Liverpool Clinical Commissioning Group NHS St Helens Clinical Commissioning Group NHS South Sefton Clinical Commissioning Group NHS Southport and Formby Clinical Commissioning Group NHS Warrington Clinical Commissioning Group This assessment has been carried out by Equality and Inclusion Business Partner at MLCSU – Jennifer Mulloy.

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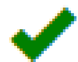
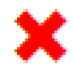
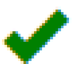
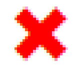
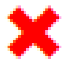
Assessment

Equality Impact

1	**Does this issue plan to withdraw a service, activity or presence?**	
No: this is a new policy.		
2	**Does this issue plan to reduce a service, activity or presence?**	
No: this is a new policy that provides criteria for transanal irrigation. This is a new policy and therefore the introduction of criteria may potentially reduce the number of people currently receiving this treatment. This is an existing service which didn't previously have any policy in place.		
3	**Does this issue plan to introduce or increase a charge for Service?**	
No: there is no plan to introduce a charge for patients. The proposed policy v1 states that treatment is for patients with neurogenic bowel dysfunction.		
4	**Does this issue plan to make a change to a commissioned service?**	
Possibly - the policy provides criteria for patients accessing the current Transanal Irrigation treatment. This may affect patients with certain conditions that currently get access to this treatment.		
5	**Does this issue plan to introduce, review or change a policy, strategy or procedure?**	

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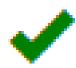
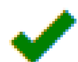
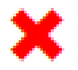
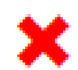
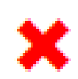
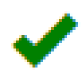
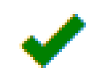
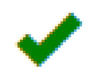
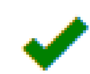
Yes: this is a new policy. It provides criteria for patients all ages and currently in v1 the criteria is for patients with neurogenic bowel dysfunction. There may be other groups of people that may be clinically suitable - this will be further explored within clincial review work / engagement. The policy development has been guided by NICE : Medical technologies guidance [MTG36] Published date: February 2018. There is no current policy in place however the treatment is prescribed for patients. It is possible that there is variation in the appropriate use of the treatment with different providers.		
6	**Does this issue plan to introduce a new service or activity?**	
No - this is a new policy.		
7	**Is this primarily about improving access to, or delivery of a service?**	
No- however the policy will help clinicians provide consistency within Merseyside and Warrington CCG's.		
8	**Does this affect Employees or levels of training for those who will be delivering the service?**	
Yes: potientially. If this treatment was to be provided within primary care settings it may require staff training. NICE guidance states that this treatment should not be provided by G.Ps in primary care without specialist management.		
9	**Does this issue affect Service users?**	
Yes: this policy will affect patients with neurogenic bowel dysfunction and possibly other groups of patients with bowel problems.		
10	**Can you foresee a negative impact on any Protected Characteristic Group(s)?** *If YES please state what these could be.*	

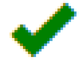
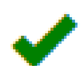
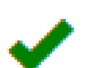
Possibly this may impact on people within the protected characteristic of Disability. People with neurogenic bowel dysfunction may benefit from accessing this treatment (where conservative methods have failed). These people may have spinal cord injuries, spina bifida, MS or Parkinsons. This group would fall under the protected characteristic of disability. The current policy (v1) does not include other groups of people with non neurogenic bowel dysfunction. These may include people with rectal / bowel injuries, slow transit constipation or obstructive defaecation symptoms. There is currently no NICE guidance on managing bowel dysfunction in children.

Equality Risk

11	**Have you got any general intelligence (research, consultation, etc.)?** *If YES please list any related documents.*	
Yes: https://www.nice.org.uk/guidance/mtg36/chapter/3-Evidence (February 2018)		
12	**Have you got any specific intelligence (research, consultation, etc.)?** *If YES please list any related documents.*	
Yes: the policy development group have discussed that there is limited information on this treatment. A trial of 87 patients took place - which is cited within the NICE guidance. Information is also on https://www.nursingtimes.net/transanal-irrigation-for-bowel-management/199732.article. https://www.nhs.uk/conditions/constipation/ https://emedicine.medscape.com/article/321172-treatment#d9		
13	**Have you taken specialist advice? (Legal, E&I Team, etc).** *If YES please state.*	
Yes: this policy is still under review and further advice is sought from the Aintree Heathy Bowel Clinic and clinical stakeholders. Equality and Inclusion advice is available.		
14	**Have you considered your Public Sector Equality Duty?** *Please provide a rationale.*	
Yes - this is ongoing as the policy development work is considering other groups with non neurogenic bowel dysfunction. Further engagement work is planned.		

15	**Do you plan to publish your information?** *Include any "Decision Reports"*	
Yes: this assessment will be available to the public.		
16	**Can you minimise any negative effect?** *Please state how.*	
Yes: Further engagement with clinicians and the public will be carried out.		
17	**Do you have any supporting evidence?** *If YES please list the documents.*	
No: awaiting further clinical review.		
18	**Have you/will you engage with affected staff and users on these proposals?**	
Yes: this is planned.		

Human Rights Impact

19	**Will the policy/decision or refusal to treat result in the death of a person?**	
No. The policy criteria is focused at funding this treatment for patients that are clinically suitable. Further work is planned within the development of the policy for non neourgenic bowel dyfunction patients that may possibly benefit from transanal irrigation.		
20	**Will the policy/decision lead to degrading or inhuman treatment?**	
No. The policy should not lead to degrading or inhuman treatment.		
21	**Will the policy/decision limit a person's liberty?**	
No. The policy should not limit a person's liberty.		

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22	**Will the policy/decision interfere with a person's right to respect for private and family life?**	✔
No. The policy should not interfere with a person's right to respect for private and family life.		
23	**Will the policy/decision result in unlawful discrimination?**	✔
No. The policy should not lead to unlawful discrimination. Further assessment work will be carried out alongside engagement with clinicans to ensure that all patients that are clinically suitable have access to this treatments.		
24	**Will the policy/decision limit a person's right to security?**	✔
No. The policy should not limit a person's right to security.		
25	**Will the policy/decision breach the positive obligation to protect human rights?**	✔
No. The policy should not breach human rights.		
26	**Will the policy/decision limit a person's right to a fair trial (assessment, interview or investgation)?**	✔
No. The policy should not limit a person's right to a fair assessment.		
27	**Will the policy/decision interfere with a person's right to participate in life?**	✔
No. The policy should not interfere with a person's right to participate in life.		

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Stage 2 Details

Equality Policies

EIRA ST2 TAI 09092019 QA.pdf (476305 bytes) - *Attached below*

Equality Other

No files uploaded

Human Rights

No files uploaded

Additional Files

No files uploaded

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Comments

Assessment Comment

V1 of the policy (20/4/18) still in development. Issue of other suitable groups / conditions to be clarified as this may deviate from NICE. A stage 2 EIRA will be carried out. Shared stage 1 with policy author - HD. Feedback has informed this EIA.
17/04/2019
mulloy, jennifer

Approval Comment

Stage 2 recommended. Explore possible link with other bowel disorders that may have impact on mental health also.
17/04/2019
mulloy, jennifer

Stage 2 Comment

Assessment completed. Shared and discussed at policy development group.
09/09/2019
mulloy, jennifer

Last Activation Comment

No comment saved

Last Deactivation Comment

No comment saved

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Equality Impact and Risk Assessment Stage 2 for Policies

Title of Policy / Strategy:

Policy for Transanal Irrigation – updated 09/09/19

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

EQUALITY IMPACT AND RISK ASSESSMENT STAGE 2 ALL SECTIONS MUST BE COMPLETED Guidance is provided in appendix 3 SECTION 1 – DETAILS OF POLICY			
Organisation: NHS Halton Clinical Commissioning Group NHS Liverpool Clinical Commissioning Group NHS St Helens Clinical Commissioning Group NHS South Sefton Clinical Commissioning Group NHS Southport and Formby Clinical Commissioning Group NHS Warrington Clinical Commissioning Group			
Policy Assessment Lead and Contact Details: Project manager: Michael O'Brien : michael.o'brien1@nhs.net			
Directorate/Team: Individual Funding Request / Individual Patient Activity Procedure for Policies of Lower Clinical Value			
Responsible Director / CCG Board Member for the assessment: Above CCGs			
Policy implementation Date: 2019			
Who is involved in undertaking this assessment? **Jessica Tyrrell – MLCSU Equality and Inclusion team** **Jennifer Mulloy – Equality and Inclusion Business Partner MLCSU** **Clinical Policy Development and Implementation group**			
Date of commencing the assessment: 25/5/2018 and updated 17/04/2019, 30/7/2019			
Date for completing the assessment: 30/08/2019			
EQUALITY IMPACT ASSESSMENT **Section 1**			
Please tick which group(s) this policy will or may impact upon?	**Yes**	**No**	**Indirectly**
Patients, service users	x		

Carers or family			x
General public		x	
Staff			x
Partner organisations			x

How was the need for the policy identified? (is it part of a workstream / strategy?)

This policy is part of a suite of policies that are being reviewed for Merseyside and Warrington CCG's. This work is part of wider collaborative working between CCGs in order to align policies and health care decisions for patients.

Review work is taking place in order to align policies and is based on a statement of Principles for Commissioning Healthcare. CCGs have limited resources of which this policy is seen as low clinical value and other services have a clear purpose of preserving life or of preventing grave health consequences. Therefore the CCG has committed only a limited budget to policies of low clinical value.

Transanal irrigation is commissioned for adults and children with neurogenic bowel dysfunction, post anterior resection syndrome, congenital bowel malformations, slow transit bowel, obstructive defaecation and a limited number of patients with faecal incontinence. All patients should meet the eligibility criteria below.

ALL the following criteria must be met and apply to all patients whether referred to the specialist service by the GP or by another secondary care specialty:

ALL the following criteria must be met and apply to all patients whether referred to the specialist service by the GP or by another secondary care specialty:

- Only commissioned for adults and children who have already undergone an adequate trial of all other less invasive management options such as diet, lifestyle, defecation dynamics, pelvic floor re-education, bowel retraining, cognitive behavioural therapy and drug therapy have been maximised but proved unsuccessful.
- All appropriate laxatives should have been tried at adequate doses and for several months at a time. See Pan Mersey Constipation Guidelines .
- All appropriate investigations should have been carried out, including sigmoidoscopy, colonoscopy, defecating proctogram, biofeedback to strengthen the sphincter or transit studies.
- The most cost-effective system should be used and prescribing should be initiated by a consultant-led multidisciplinary specialist service.
- The patient should be established on alternate day use by the specialist service and the irrigation system should be stopped if the patient does not use it regularly or does not want to continue with it.

- There should be a demonstrable improvement in validated measures of bowel function such as the Cleveland Clinic constipation scoring system, St Mark's faecal incontinence score or neurogenic bowel dysfunction score
- It may take 4-12 weeks to establish a reliable and effective routine. If success has not been achieved by 8-12 weeks, a re-evaluation needs to be undertaken. The specialist service should retain prescribing until the training and support criteria below have been met.
- The patient, carers and NHS staff supporting the patient should receive specialist training in the use of the irrigation system.

- Ongoing structured patient support including written information, risk-awareness and action to take and contact telephone numbers must be established before the specialist requests a transfer of prescribing to primary care.
- The patient's Primary Care Clinician must be supplied with sufficient written supporting material to monitor compliance and effectiveness and to be able to provide ongoing prescribing and supervision, plus a contact telephone number. GPs do not have to take over prescribing if they do not feel confident and competent to do so.
- The specialist service should be available for advice and support for both patients and Primary Care Clinicians.

Electric pumps such as Iry Pump and Electric Wellspect should only be used for patients that meet all the other criteria but have very poor dexterity eg as a result of spinal injury, MS or CVA and are unable to use a balloon pump.

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)**

https://www.nice.org.uk/guidance/mtg36/chapter/3-Evidence (February 2018)

https://www.nursingtimes.net/transanal-irrigation-for-bowelmanagement/
199732.article

https://www.nhs.uk/conditions/constipation/
https://emedicine.medscape.com/article/321172-treatment#d9

SECTION 2

In this section you will need to consider:

What activities you currently do that help you to comply with the Public-Sector Equality Duty

(three aims).

Will your policy affect your ability to meet the Public-Sector Equality Duty?

How you will mitigate any adverse impact?

- Eliminate, unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- Advance equality of opportunity between people who share a protected characteristic and those who do not;
- Foster good relations between people who share a protected characteristic and those who do not.

Please answer 'Yes' or 'No' and explain your answer	Yes	No	Explain
Does the policy provide an opportunity to eliminate discrimination, harassment and victimisation? What do we mean? Unlawful discrimination takes place when people are treated 'less favourably' as a result of having a protected characteristic. Harrassment is unwanted conduct (including a wide range of behaviours) because of or connected to a protected characteristic. Victimisation is where one-person subjects another to a detriment because they have acted to protect someone under the act. (e.g. bullied for reporting discrimination / harassment for a work colleague with a protected characteristic)	x		Due regard has been given to the aims of the Public Sector Equality Duty of the Equality Act 2010. All data, consultation and engagement feedback will be considered in the development of this policy and ongoing commitment to carry out this duty. This policy will affect patients with neurogenic bowel dysfunction and possibly other groups of patients with bowel problems. The current proposed policy is focused at providing treatment for patients with neurogenic bowel dysfunction only. The policy criteria does not currently include treatment for those with other bowel problems. The policy has been sent out for clinical feedback. Further work is planned within the development of the policy to check the impact on non-neurogenic bowel dysfunction patients that may

			possibly benefit from transanal irrigation. They are currently reviewing the issues raised by clinicians regarding NICE MTG36.
Does the policy provide an opportunity to advance equality of opportunity between people who share a protected group and those who don't share it? What do we mean? Equality of opportunity is about making sure that people are treated fairly and given equal access to opportunities and resources. Promoting is about: • Encouraging people/services to make specific arrangements • Take action to widen participation • Marketing services effectively • Remove or minimise disadvantages • Take steps to meet different needs Securing special resources for those who may need them	x		The assessment of this policy will be made available to the public. It will be accessible in different formats to meet any requests in accordance with the NHS Accessible Information Standard. Engagement work has been undertaken on this policy. Engagement work aimed to gain views to ensure the needs of protected groups have been considered and given due regard. Whilst the policy was under review, further advice was sought from the Aintree Heathy Bowel Clinic and clinical stakeholders. Further engagement with clinicians and the public was sought in order to eliminate discrimination. Concern over children requiring to try laxative treatments prior to TAI addressed by policy wording and discussion: clarification received 4/9/2019: The policy states that 'All appropriate laxatives should have been tried at adequate doses and for several months at a time'. It should be noted that this allows for some variation in very small cohorts of patients who are unable to undergo prolonged

			treatment with laxatives for specific clinical reasons. This would include children who are born with complex conditions that cause bowel dysfunction, as laxative treatment would not be appropriate for most of these patients.
Does the policy provide an opportunity to Foster Good Relations between people who share a protected characteristic and those who don't share it What do we mean? Foster Good Relations between people: This is about bringing people from different backgrounds together by trying to create a cohesive and inclusive environment for all. This often includes tackling prejudice and promoting understanding of difference. • Tackle prejudice • Promote understanding • Could the policy create any issues for Community cohesion (will it impact certain communities compared to others and how this be managed?)	x		The introduction of the policy will ensure that all providers are consistent in their criteria for this technology.
Has engagement/involvement or consultation been carried out with people who will be affected by the policy?	x		Engagement was planned and carried out. Ongoing assessment work recommended that engagement included groups that have previously received treatment – such as people with disabilities that affects bowel function. This will help understand the impact of this policy on different groups. The engagement work was promoted by social media,

			CCG communication and engagement teams. Links to an online survey was the main method but paper versions and differing formats were available on request.
Has the engagement/involvement or consultation highlighted any inequalities?	x		Engagement was planned and has now been completed. 58 responses (including 3 responses from Warrington) were received on this policy. Responses were received by relevant organisations. Bladder and Bowel UK responded that the criteria was too restrictive in regards to children and young people. Royal Liverpool Trust commented that declining treatment can reduce quality of life. Initial assessment identified that as this is a new policy, introducing criteria may potentially reduce the number of people currently receiving treatment. This reduction of access may be perceived as negative.
Have you added an Equality Statement to the Policy? Example statement: Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have given regard to the need to • eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as	x		Equality statements has been included in the overarching policies.

cited under the Equality Act 2010) and those who do not share it; and • reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities • make reasonable adjustments when necessary			

SECTION 3

Does the 'policy' 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 groups?
- Have a neutral / potential indirect effect on any equality groups?
- 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.)

Guidance document available on Equality Groups and their issues. This document may help and support your thinking around barriers for the equality groups.

Equality Group / Protected Group	Positive effect	Negative effect	Neutral or indirect effect	Please explain
Age		X children and young people – see comment regarding NICE	X Older	The proposed policy criterion does not include an age restriction and is commissioned for both adults and children with neurogenic bowel dysfunction, post anterior resection syndrome, congenital bowel malformations, slow transit bowel, obstructive defecation and a limited number of patients with faecal incontinence.

				The national picture shows that: “the quality of continence care remains variable across the country and poorer overall for the elderly” - Healthcare Quality Improvement Partnership (HQIP – 2010) Both Children and young people and Older people (65+) have been identified as risk groups for Bowel incontinence. There is no current NICE guidance on managing bowel dysfunction in children. Update 31/7/19: Public engagement helped to identify further impacts. Engagement work gained responses for a range of ages – with majority of responses aged above the age of 45 years. In regards to children and young people, **Bladder and Bowel UK** commented that diet, lifestyle and exercise are adjuncts to treatment in children and young people, not first-line treatments as per NICE guidance 2010. Another response commented that children should be reviewed in the community, instead of in hospital. Comment from a parent (Warrington area) noted that it is not always practical for children (born with incontinence) to be trying different laxatives. Clarification received 4/9/2019: The policy

				states that 'All appropriate laxatives should have been tried at adequate doses and for several months at a time'. It should be noted that this allows for some variation in very small cohorts of patients who are unable to undergo prolonged treatment with laxatives for specific clinical reasons. This would include children who are born with complex conditions that cause bowel dysfunction, as laxative treatment would not be appropriate for most of these patients.
Disability	X for neurogenic bowel dysfunction and other conditions			People with neurogenic bowel dysfunction may benefit from accessing this treatment (where conservative methods have failed). These people may have spinal cord injuries, spina bifida, MS or Parkinson's. This group would fall under the protected characteristic of disability. The current policy (v1) does not include other groups of people with non neurogenic bowel dysfunction. These may include people with rectal / bowel injuries, slow transit constipation or obstructive defaecation symptoms. Not commissioning this service for patients with including non-neurogenic bowel dysfunction will reduce access to Transanal Irrigation treatment. There are some conditions that may not be clinically suitable for this treatment such as known obstruction of the large bowel due to strictures or

				tumours, acute inflammatory bowel disease, diverticulitis and complex diverticular disease or abdominal or anal surgery in last 3 months. Revision of policy wording includes additional conditions of **post anterior resection syndrome, congenital bowel malformations, slow transit bowel, obstructive defecation and a limited number of patients with faecal incontinence.** Public engagement should help identify further impact. Update 31/7/19: engagement work has highlighted comments regarding the role of primary care being able to prescribe TAI. A response noted that the condition is embarrassing so any additional support is welcome. Engagement responses included 41.4% with a disability. A significant number (17.2%) said they have a long term condition.
Sexual Orientation			X	No impacted identified. Update 31/7/19: engagement work did not highlight any issues in relation to this group. A small number of people told us they were gay – 6%. This is in line with the national estimate of population.
Gender Reassignment			X	No impacted identified. Update 31/7/19: engagement work did not highlight any issues in

				relation to this group.
Sex (Gender)			X	Women undergoing the menopause / undergone hysterectomy may be at higher risk of constipation due to declining hormone levels. There is little evidence of the cause for hysterectomy and constipation. Public engagement should help identify further impact. Update 31/7/19: engagement work did not highlight any issues in relation to sex. Representation within the engagement survey for male was lower than females. 65% of responses were female.
Race			x	Certain ethnic backgrounds may be at higher risk of developing severe constipation due to diet and life style choices. In carrying a review of the UK, little evidence was found to support this. Public engagement should help identify further impact. Update 31/7/19: engagement work did not highlight any issues in relation to ethnic backgrounds. The majority of responses within the engagement survey were white British (86.9%). The survey was available in different language formats on request.
Religion or Belief			x	No impacted identified. Update 31/7/19: engagement work did not highlight any

				issues in relation to beliefs / religion. 54% of responses to the survey told us they were Christian. 31% had no religion. Other 2 people were from other religions.
Pregnancy and Maternity			x	Pregnant women and women who have had children have been identified as an at risk group for bowel incontinence. The treatment would not be suitable for pregnant women. During engagement, only 4 people responded that were planning to become pregnant / given birth recently. No issues identified for this group.
Marriage and Civil Partnership			X	No impacted identified. This group protection is in terms of employment – not service provision.
Carers			x	Carers may be indirectly impacted due to the need to undergo specialist training to use the system. Some of the patients requiring this treatment are likely to rely on carers for their care needs. Public engagement should help identify further impact. This should include carers. Update 31/7/19: engagement work did not highlight any issues in relation to carers.
Deprived Communities			X	There may be a possible link with deprivation as there is a higher risk of having bowel incontinence in people that are overweight and high BMI is

				closely linked to deprivation. Public engagement should help identify further impact. Update 31/7/19: engagement work did not highlight any issues in relation to deprivation.
Vulnerable Groups e.g. Asylum Seekers, Homeless, Sex Workers, Military Veterans, Rural communities		X possible depending on access to secondary care for rural areas.	X	No impacted identified. Public engagement should help identify further impact. Update 31/7/19: engagement work did not highlight any issues in relation to these groups. Potential issues of accessing care through primary care may impact on ease of access – which may impact on patients living in rural areas that need to access via secondary care.

SECTION 4: EQUALITY IMPACT AND RISK ASSESSMENT CHECKLIST **Please use the checklist in Appendix 2 to ensure and reflect that you have included all the relevant information**
SECTION 5: HUMAN RIGHTS ASSESSMENT **How does this policy affect the rights of patients set out in the NHS Constitution or their Human Rights?**
If the Stage 1 Equality Impact and Risk Assessment highlighted that you are required to complete a full Human Rights Assessment, please request and complete a Stage 2 Human Right Assessment from the Equality and Inclusion Team.

SECTION 6: RISK ASSESSMENT **See guidance and table of risks in appendix 3 section 6 for step by step guidance for this section**					
RISK MATRIX					
	Risk level				
Consequence	**RARE 1**	**UNLIKELY 2**	**POSSIBLE 3**	**LIKELY 4**	**VERY LIKELY 5**

level					
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**	**Enter risk score here for identified risks**
Any comments / records of different risk scores over time (e.g. reason for any change in scores over time):	4

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 the negative impact	Resources required *(see guidance below)	Who will lead on the action?	Target date
The policy needs to assess impact on patients with non-neurogenic conditions.	Policy group to discuss		Policy group	Done – revised wording now included.
Engagement work to be completed.	Engagement work to include groups with neurogenic conditions, include non-neurogenic conditions and carers.		Policy group	Done via stakeholder organisations
None alignment with NICE	Policy group to consider engagement from **Bladder and Bowel UK** – who		Policy group to consider	

	commented that diet, lifestyle and exercise are adjuncts to treatment in children and young people, not first-line treatments as per NICE guidance 2010.			

'Resources required' is asking for a summary of the costs that are needed to implement the changes to mitigate the negative impacts identified

None

SECTION 7 – EQUALITY DELIVERY SYSTEM 2 (EDS2)

Please go to Appendix 1 of the EIRA and tick the box appropriate EDS2 outcome(s) which this policy 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 8 – 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 governance processes?

CCG's have monitoring processes in place.

Date of the next review of the Equality Impact Risk Assessment section and action plan? Recommend all policies EIA's are reviewed every 3 years.

SECTION 9

FINAL SECTION

Date completed: 25/5/2018 and updated in 17/04/2019 and final update 30/08/19 and 09/09/2019

Date received for quality check: 09/09/2019

Signature of person completing the assessment: Jessica Tyrrell and updated by Jennifer Mulloy

Date reviewed by Equality and Inclusion Team: 30/08/2019

Signature and Date quality check completed by Equality and Inclusion Team:

Jennifer Mulloy 09/09/2019

Date signed off by CCG / CSU Committee: TBA

Appendix 1: Equality Delivery System 2:

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	
		1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	**x**
		1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	
2. Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	**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**
		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	
		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 and champions	**4.1** Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	**x**
		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	**x**
		4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	