EQUALITY IMPACT ASSESSMENT TOOLKIT
Including Templates & Guidance

Approving Committee: Inclusion and Diversity Steering Group

Updated: October 2014
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<td>10</td>
<td>Completed Example of Equality Impact Assessment for a Policy (to follow)</td>
</tr>
</tbody>
</table>
1. **EQUALITY IMPACT ASSESSMENT FLOW CHART**

![Flow Chart Image]

**Stage 1 (Initial Assessment)**
Fact finding (about your policy / service / service users)

- Can you access any existing data to assist you?
  - Yes
  - No

**Stage 2**
Does your service/policy/function have a negative impact or potential for a negative impact on any of the protected characteristics?

- Record the positive impact(s) of your service/policy/function on any of the protected characteristics.

**Stage 3**
Summarise your findings

- No
  - Yes

**Stage 4**
Complete Full Assessment / Improvement Plan

- Send completed EIA Forms to Inclusion & Diversity Project Leads for approval
- Present completed EIA and Action Plan to appropriate divisional committee forum
- Send progress update on action plan to Inclusion & Diversity Project Leads

Refer to Section 8 for detailed summary of Equality Impact Assessment Process.
2. INTRODUCTION:

Wrightington, Wigan and Leigh NHS Foundation Trust is fully committed to ensuring that it provides fair and equal treatment to all, whether this is in the provision of Trust services or in relation to employment matters. No one should receive a poorer service or receive a worse experience because of a difference that they have.

The Equality Impact Assessment process encourages the Trust to recognise that people are different and to look at our plans from different perspectives. We do not set out to discriminate, or for our patients to have poor experiences of our service, but that can be the result when Trusts do not think about difference at the start. The process aims to identify where a policy or service may have a negative impact on a particular group of people and then to develop action plans to address them.

This Toolkit sets out the Trust’s framework and guidance for undertaking an Equality Impact Assessment (EIA). This toolkit supports policy writers, managers and staff to analyse policies, services and organisational change in terms of equality and what is going to be the impact on people with protected characteristics (people from different equality groups).

3. WHAT IS AN EQUALITY IMPACT ASSESSMENT (EIA)?

It is a process that helps the Trust to evidence and understand the impacts that our decisions might have on different types of people, and improve them where we can. These decisions can relate to existing services, policies and functions, plans for future changes and new projects.

We use the assessment to identify potential impacts on protected groups, both positive and negative, and look at how we could avoid disadvantage or further improve the delivery of our services.

The EIA is carried out by completing a form, drawing on existing research, monitoring information, and consultation. Once this has been completed, action plans can be drawn up and any decisions to change the delivery of an activity or policy can be made.

Managers have a responsibility to assess their activities, and to set out how they will monitor any possible negative impact on the following ‘protected characteristics’:

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>A person belonging to a particular age (e.g. 32 year olds) or a range of ages (e.g. 18-30 year olds)</td>
</tr>
<tr>
<td>Sex</td>
<td>A man or a woman</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>A group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins</td>
</tr>
<tr>
<td>Disability</td>
<td>A person has a disability if he/she has a physical, hearing, visual or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.</td>
</tr>
<tr>
<td>Religion or belief</td>
<td>A group of people defined by their religious and philosophical beliefs including lack of belief (e.g. atheism). Generally a belief should affect an individual's life choices or the way in which they live.</td>
</tr>
</tbody>
</table>
Sexual Orientation
Whether a person feels generally attracted to people of the same gender, people of a different gender, or to more than one gender (whether someone is heterosexual, lesbian, gay or bisexual).

Gender re-assignment
Where a person has proposed, started or completed a process to change his or her sex.

Marriage and Civil Partnership
A person who is married or in a civil partnership.

Pregnancy and Maternity
A woman protected against discrimination on the grounds of pregnancy and maternity. With regard to employment, the woman is protected during the period of her pregnancy and any statutory maternity leave to which she is entitled. Also, it is unlawful to discriminate against women breastfeeding in a public place.

In addition to these 9 ‘protected characteristics’, Carers and Human Rights will also be considered as part of the Trust’s Equality Impact Assessment.

<table>
<thead>
<tr>
<th>Carer</th>
<th>A person who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Rights</td>
<td>The basic rights and freedoms to which all humans are entitled, often held to include the right to life and liberty, freedom of thought and expression, and equality before the law.</td>
</tr>
</tbody>
</table>

Throughout the document the term ‘protected characteristic’ should be taken to include all the above equality groups.

4. **WHY DO WE NEED TO CONDUCT EQUALITY IMPACT ASSESSMENTS (EIAs)?**

As a Public Authority, the Trust has a legal requirement to promote equality and set out how we plan to meet the ‘general’ and ‘specific’ duties specified in the Public Sector Equality Duty. Public Sector Equality Duties give public bodies legal responsibilities to demonstrate that they are taking action to promote equality in relation to policy making, the delivery of services and employment.

We have a duty to show that we have given ‘due regard’ to all the 9 protected characteristics. In order for the Trust to demonstrate compliance with this duty, Equality Impact Assessments must be undertaken. These assessments help us to understand how different people will be affected by our activities, so that our policies and services are appropriate and accessible to all, meet people’s needs and open up opportunities for people.

The key purpose of an Equality Impact Assessment is to:

- Promote all aspects of equality.
- Identify whether certain groups are excluded from any of our services.
- Identify any direct or indirect discrimination.
- Assess if there is any negative impact on particular groups.
- Promote good relations between people of different equality groups.
- Act as a method to improve services.
Other reasons for Equality Impact Assessments are:

- It increases user/public/staff trust.
- It enhances value for money.
- It informs business plans.
- It increases social inclusion.
- It promotes understanding and sensitivity.

Equality Impact Assessments should not be seen as a separate exercise for managers / staff to undertake. It should be built in as an essential part of continuous service/policy and performance review. Assessing for equality impact is an aspect of delivering service improvements. For some of the services, equality considerations may already be well integrated into service planning and review.

5. **INSPECTING AND ENFORCING BODIES:**

There are a number of organisations that inform, regulate and monitor our equality work. These include:

- **Equality and Human Rights Commission (EHRC)**
  The EHRC has advisory powers and continues to work with, and advise, public authorities in achieving compliance. They have enforcement powers and can come into an organisation, scrutinise and issue Enforcement Orders.

- **Care Quality Commission (CQC)**
  The CQC ensures that NHS Trusts are complying with the essential standards of quality and safety by enforcing a number of standards. Each of the standards has an associated outcome that the CQC will expect all people who use their services to experience as a result of the care they receive. Many of these standards are focussed around equality, diversity and human rights.

  The CQC and the Audit Commission can scrutinise Trusts and can report their findings to the CEHR. Inspecting frameworks are available to the commissions which they apply when visiting trusts.

- **National Health Service Litigation Authority (NHSLA)**
  All NHS Organisations are assessed by the NHSLA against a set of core risk management standards, which encompass equality and diversity.

6. **WHICH ACTIVITIES & POLICIES SHOULD BE ASSESSED?**

All policies, procedures and services should be equality impact assessed. However, it has been agreed that the priorities at the current time are:

1. Policies, procedures and services due for review.
2. Any new policies, procedures or services being developed.
3. Policies, procedures and services that have been identified by the Board as a priority.
7. **WHO IS RESPONSIBLE FOR CARRYING OUT AN EQUALITY IMPACT ASSESSMENT (EIA)?**

The Divisional Manager who holds responsibility for the policy/service/function is ultimately responsible for ensuring that an equality impact assessment is undertaken and that it is of satisfactory quality. However, although ultimately responsible, it is acceptable that managers may not necessarily be the people undertaking the EIA and that this could also be a staff member who is responsible for that particular area of work.

An Equality Impact Assessment needs to be undertaken by someone with a good understanding of the service/policy/function.

8. **EQUALITY IMPACT ASSESSMENT PROCESS:**

There are four stages to the Trust’s EIA process:

**Stage 1**
**Initial Assessment (Part 1)**
This is the fact-finding stage where you gather as much information about the service, policy or function you are carrying an equality impact assessment on.

**Stage 2**
**Initial Assessment (Part 2)**
This stage allows you to identify whether your service, policy or function has a negative or potential negative impact on a protected characteristic. All positive impacts are recorded also.

This stage involves questioning aspects of a proposed/existing service, policy or function and forecasting the likely effect. The answers to the questions will require time and research in order for you to answer them sufficiently. The Trust can provide you with some of the data you require, although the sources of information will vary depending on the nature of the service, policy or function (see Section 9).

**Stage 3**
**Initial Assessment (Part 3)**
This stage enables you to summarise your assessment. On discovering a negative or the potential for a negative impact, you will need to undertake a full EIA.

**Stage 4**
**Full Assessment / Improvement Plan**
This stage enables you to list the actions or activities required to mitigate the negative or the potential for a negative impact.

The action plan should include realistic and achievable actions or activities likely to have an impact. Each action should be attributed to a key person who is responsible for its completion. An achievable timescale should be documented and any cost implications listed.

It is necessary that the action plan feeds into service and team plans. All completed equality impact assessments and action plans should be presented at the appropriate divisional committee forums.
9. **GATHERING AND USING DATA:**

The use of data is vital in any equality impact assessment. The Trust can provide you with some of the data you require, although the sources of information will vary depending on the nature of the service, policy or function, they may include the following:

<table>
<thead>
<tr>
<th>Source of Data</th>
<th>How to Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>The knowledge and experience of the people assisting in the service</td>
<td>Managers / Staff / Volunteers</td>
</tr>
<tr>
<td>Service / Policy Process Map – Review patient’s journey through the service</td>
<td>Managers / Staff / Volunteers / Patients</td>
</tr>
<tr>
<td>Complaints and Comments</td>
<td>Patient Relations Department</td>
</tr>
<tr>
<td>Patient Satisfaction Surveys</td>
<td>Patient and Public Engagement Department</td>
</tr>
<tr>
<td>Feedback from Focus Groups / Consultations / Community Consultation</td>
<td>Inclusion and Diversity Project Leads</td>
</tr>
<tr>
<td></td>
<td>Patient and Public Engagement Department</td>
</tr>
<tr>
<td></td>
<td>Managers / Staff / Volunteers / Patients</td>
</tr>
<tr>
<td><strong>On-line Divisional Activity Reports (via Orbit)</strong></td>
<td>Can be accessed via web link below</td>
</tr>
<tr>
<td></td>
<td>Or via manual access:</td>
</tr>
<tr>
<td></td>
<td><strong>Access:</strong> IT Systems</td>
</tr>
<tr>
<td></td>
<td><strong>Select:</strong> ORBIT Reporting Portal</td>
</tr>
<tr>
<td></td>
<td><strong>Select:</strong> Report List (top right)</td>
</tr>
<tr>
<td></td>
<td>Under Report Suites (External Content) – <strong>Select:</strong> Activity</td>
</tr>
<tr>
<td></td>
<td><strong>Select:</strong> Equality &amp; Diversity Report</td>
</tr>
</tbody>
</table>

**On-line Divisional Activity Reports (via Orbit)**

http://dwiis01/ReportServer/Pages/ReportViewer.aspx?%2fORBIT+Main+Menu%2fMenu&rs%3aCommand=Render

<table>
<thead>
<tr>
<th>Source of Data</th>
<th>How to Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inclusion and Diversity Annual Service Monitoring Report</td>
<td>Copy can be obtained via Inclusion and Diversity Web Pages on Trust Intranet</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.wwl.nhs.uk/Equality/resources.aspx">http://www.wwl.nhs.uk/Equality/resources.aspx</a></td>
</tr>
<tr>
<td>Inclusion and Diversity Annual Workforce Monitoring Report</td>
<td>Copy can be obtained via Inclusion and Diversity Web Pages on Trust Intranet</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.wwl.nhs.uk/Equality/resources.aspx">http://www.wwl.nhs.uk/Equality/resources.aspx</a></td>
</tr>
<tr>
<td>Performance Data / Inspection / Audit / Assessments</td>
<td>Managers / Staff / Volunteers</td>
</tr>
<tr>
<td>Business Intelligence Department</td>
<td></td>
</tr>
<tr>
<td>National and local statistics and audits / Census Data 2011</td>
<td><strong>Wigan Council Web Site – Joint Strategic Needs Assessment / Census Data:</strong></td>
</tr>
<tr>
<td>Wigan Borough Clinical Commissioning Group</td>
<td><a href="http://www.wiganboroughccg.nhs.uk/your-ccg/equality-and-diversity">http://www.wiganboroughccg.nhs.uk/your-ccg/equality-and-diversity</a></td>
</tr>
<tr>
<td>Protected Characteristics</td>
<td>Source of Data</td>
</tr>
<tr>
<td>---------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Age</td>
<td>Age UK</td>
</tr>
<tr>
<td>Religion &amp; Belief</td>
<td>Contact Chaplaincy &amp; Spiritual Care Department on Ext 2324 for further advice.</td>
</tr>
<tr>
<td>Gender</td>
<td>NAWO – National Alliance of Women’s Organisations</td>
</tr>
<tr>
<td></td>
<td>The UK National Committee for UN Women</td>
</tr>
<tr>
<td>Gender Re-assignment</td>
<td>GIRES - Gender Identity Research and Education Society</td>
</tr>
<tr>
<td>Learning Disabilities</td>
<td>Mencap – The voice of learning disabilities.</td>
</tr>
<tr>
<td></td>
<td>Bild all about people</td>
</tr>
<tr>
<td></td>
<td>BDA - British Deaf Association</td>
</tr>
<tr>
<td></td>
<td>National Eye Research Centre</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Mental Health Foundation</td>
</tr>
<tr>
<td></td>
<td>Together for mental wellbeing</td>
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</tbody>
</table>
10. **CONSULTATION EXERCISES WITHIN AN EQUALITY IMPACT ASSESSMENT:**

A key element of an equality impact assessment is consultation with people to determine how new or re-designed services will impact on particular groups of people to help develop any action plans that are needed. The nature and extent of the consultation will depend on the type of service being developed / reviewed and the level of relevance the service will have on different protected groups.

If your findings have pointed to real concerns in terms of a negative impact on certain protected groups, then you will need to consult more widely in order to understand the impacts further, explore options, draw conclusions and make recommendations (in order to support the Equality Assessment Improvement Plan).

Consultation is a vital tool in learning more about our services and improving patient experience. Consultation should be viewed as the beginning of the process that seeks to encourage and deliver more direct proactive involvement and participation between protected groups and the Trust.

Consultation involves:

- Engaging with representatives with protected characteristics who are likely to be affected by the service / policy.

- Including staff or trade unions, or other public bodies and community groups.

- Consultation can be undertaken in the form of face-to-face meetings, focus groups, questionnaires, discussion papers etc.

- Encouraging a culture which regards patient and public involvement as a valued, ongoing process for solving problems and developing shared solutions, which contribute to improved, more accessible health services.

11. **KEY POINTS TO REMEMBER WHEN ASSESSING THE POSSIBLE IMPACT OF THE POLICY / GUIDELINES / SERVICE / PROJECT:**

- Could the policy/service/function or the way in which it is carried out have a negative impact on people with a particular protected characteristic? For example, does it put a particular group at a disadvantage on the grounds of age, disability, sex, race, gender reassignment, marriage and civil partnership, pregnancy and maternity, religion or belief, and sexual orientation equality?

- Could the policy/service/function or the way in which it is carried out have a negative impact on relations between different groups?

- *Is the negative impact, if any, unavoidable?* Could it be considered to be unlawful discrimination? Can it be justified by the aims and importance of the policy/service/function? Are there other ways in which the Trust’s aims can be achieved without causing a negative impact on some diverse groups?

- Could taking particular measures, reduce the negative impact?

- *Is further research or consultation necessary?* Would this research be proportionate to the importance of the policy/service/function? Is it likely to lead to a different outcome?
The following are key points to consider when undertaking your EIA with regard to each of the following Protected Characteristics:

**AGE**
- Any discriminatory employment practices including recruitment, personal development, promotion, entitlements and retention.
- Services should be provided, regardless of age, on the basis of clinical need alone.
- Services tackling known health inequalities experienced by younger / older people, for example, in relation to isolation and older people.

**SEX**
- Equal access to recruitment, personal development, promotion and retention.
- Childcare arrangements that do not exclude a candidate from employment and the need for flexible working.
- The provision of single sex facilities, toilets, wards etc.
- Equality of opportunity in relation to health care for individuals irrespective of whether they are male, female, single, divorced, separated, living together or married.

**ETHNICITY**
- The provision of an interpreter for people whose first language is not English.
- Written communication support / the use of language particularly jargon or colloquialisms etc.
- Services tackling known health inequalities experienced by different ethnic groups, for example, high rates of diabetes amongst Bangladeshi community etc.

**DISABILITY**
- Services tackling known health inequalities experienced by disabled people, for example, people with learning disabilities have a shorter life expectancy than the general population.
- Reasonable steps that can be taken to accommodate the disabled persons requirements, including:
  - Physical access
  - Format of information
  - Time of interview or consultation event
  - Personal assistance
  - Interpreter
  - Induction loop system
  - Independent living equipment
  - Content of interview of course etc.
- Steps to make reasonable adjustments to service delivery and employment practices to ensure 'accessible to all'.
SEXUAL ORIENTATION

- Services tackling known health inequalities experienced by LGB people, for instance higher rate of mental health problems
- Recognition and respect of individual’s sexuality.
- Recognition of same sex relationships in respect to consent, next of kin, visiting etc.
- The maintenance of confidentiality about an individual’s sexuality.

RELIGION / BELIEF AND CULTURE

- Prayer facilities for service users and staff.
- Dietary requirements.
- Gender of staff when caring for patients of opposite sex.
- Respect for requests from staff to have time off for religious festivals and strategies.
- Respect for dress codes (To view the Trust's Dress Code, please visit the Trust's Intranet Website, Policy Library, HR Policies) or click on the following link: http://intranet/Document_Library/Trust_Wide_Policies/trust_wide.asp#d
- Respect in terms of religion, belief and culture.
- Contact Chaplaincy & Spiritual Care Department on Ext 2324 for further advice.

GENDER REASSIGNMENT

The process of transitioning from one gender to another.

- Equal access to recruitment, personal development, promotion and retention.
- Equality of opportunity in relation to health care for individuals irrespective of whether they are male or female, Trans or ‘cis’ or ‘whether they identify with the gender they were assigned at birth’.
- The maintenance of confidentiality about an individual’s trans identity / history.

MARRIAGE AND CIVIL PARTNERSHIP

- Equal access to recruitment, personal development, promotion and retention.
- Equality of opportunity in relation to health care for individuals irrespective of whether they are single, divorced, separated, living together or married or in a civil partnership.

PREGNANCY AND MATERNITY

- Equal access to recruitment, personal development, promotion and retention for female employees who are pregnant or on maternity leave.
- Equality of opportunity in relation to health care for women irrespective of whether they are pregnant or on maternity leave or breast feeding.
- Unlawful to treat a woman unfavourably because she is breast feeding.
CARERS

- Reasonable steps that can be taken to accommodate carer’s requirements, such as:
  - Time of meetings or interviews
  - Flexible working
  - Carer’s assessments

12. POSITIVE ACTION:

The term ‘positive action’ covers a range of measures which organisations can use where those with a “protected characteristic” (age, sex, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation):

- Experience some sort of disadvantage because of that characteristic;
- Have particular needs linked to that characteristic; or
- Are disproportionately under-represented in a particular activity.

Where any of these conditions apply, positive action can be taken to overcome that disadvantage, meet that need or encourage participation in that activity.

Positive action can be taken in relation to a wide range of activities, such as employment, education, training and service delivery. For example, encouraging people from groups with different needs to apply for jobs etc.

Some services/activities are targeted at particular individuals/groups with protected characteristics and these by definition will have a differential impact. The assessment of this impact must take into account whether it is lawful or justifiable. Differential impact can be justified as part of a wider strategy of positive action in relation to particular groups, where the initiative is intended to encourage equality of opportunity for a particular group. Where this is the case it is necessary to justify actions and provide a clear and legal rationale for them.

(See also Appendix 2 - Glossary and Appendix 3 – Legislation).

13. EQUALITY IMPACT ASSESSMENT - SUMMARY

<table>
<thead>
<tr>
<th>MAPPING EXERCISE</th>
<th>Identify all formal and informal policies, services, practices, procedures and criteria to be equality impact assessed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATA GATHERING – FURTHER EVIDENCE</td>
<td>Identify what data is required to assess impact. Identify what data is available and what further data needs to be gathered.</td>
</tr>
<tr>
<td>ASSESS IMPACT</td>
<td>Determine if the policy/service/function has any positive impact. Determine if the policy/service/function has had or is likely to have an adverse (negative) impact on equality on the basis of the information gathered. Determine the nature of the negative (adverse) impact.</td>
</tr>
</tbody>
</table>
14. **ADVICE AND SUPPORT**

Advice and support is available from the Trust's Inclusion and Diversity Service and Employment Leads:

<table>
<thead>
<tr>
<th>Inclusion &amp; Diversity Lead</th>
<th>Advice &amp; Guidance on:</th>
<th>Contact Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debbie Jones</td>
<td>Service Issues</td>
<td>01942 822217</td>
</tr>
<tr>
<td>Philip Makin</td>
<td>HR Issues</td>
<td>01942 773820</td>
</tr>
</tbody>
</table>

15. **GUIDANCE NOTES FOR INITIAL IMPACT ASSESSMENT FORM:**

The Initial Equality Impact Assessment is based mainly on what information you already have / what you already know in relation to the policy/service/function, which may be in the form of gathered data or previous consultation. This stage does however, prompt you to engage in some consultation where you have little information available.

By using the information you have collated, the Initial Equality Impact Assessment will determine if the policy/service/function could have a negative impact on different equality groups (people with protected characteristics). In some cases no negative impact may be identified and in others the possible impact may be so great that a Full EIA may be necessary.

**Please note:** There are two separate Equality Impact Assessment Forms:

- **Policy Equality Impact Assessment Form** (Policies / Guidelines etc).
- **Service Equality Impact Assessment Form** (Services / Projects / Functions etc.)

Please ensure that you complete the correct form.
Please note **All Sections** of the Initial Impact Assessment Form must be completed when undertaking an equality impact assessment of a **Service**.

Please note **All Sections** of the Initial Impact Assessment Form need to be completed when undertaking an equality impact assessment of a **Policy**.

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**For a Full Explanatory Guide of how to complete an Initial Impact Assessment of a Service, please see Appendix 4.**

**For a Full Explanatory Guide of how to complete an Initial Impact Assessment of a Policy, please see Appendix 5.**

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16. **GUIDANCE NOTES FOR FULL IMPACT ASSESSMENT FORM:**

The Full Equality Impact Assessment may be undertaken as a natural progression from the initial Equality Impact Assessment when there are still real concerns about the policy/service/function.

A Full EIA is not different in nature from the Initial EIA Stage, but is a more in-depth analysis backed by formal consultation, further research, data collection and analysis.

**ALL Parts** of this form must be completed when undertaking a Full Equality Impact Assessment of a Service or Policy.

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**For a Full Explanatory Guide of how to complete an Initial Impact Assessment of a Service / Policy please see Appendix 6.**

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17. **PUBLICATION OF EQUALITY IMPACT ASSESSMENTS:**

A summary report of all completed Equality Impact Assessments is published on the Trust website.

It is the responsibility of the Trust’s Inclusion and Diversity Project Leads to update this summary report.

Copies of individual completed Equality Impact Assessments can be requested by contacting the Trust’s Inclusion and Diversity Project Leads.
APPENDIX 1
Care Quality Commission –
Essential Standards
The Care Quality Commission (CQC) regulates all health and adult social care services in England, including those provided by the NHS, local authorities, private companies or voluntary organisation. It also protects the interests of people detained under the Mental Health Act.

The CQC makes sure that essential standards of quality and safety are being met where care is provided, from hospitals to private care homes. It has a wide range of enforcement powers to take action on behalf of people who use services if services are unacceptably poor.

The CQC’s aim is to make sure better care is provided for everyone, whether that’s in hospital, in care homes, in people’s own homes or elsewhere.

By law all NHS providers (such as hospitals and ambulance services) must register with the CQC to show they are protecting people from the risk of infection. The registration system applies to NHS provider trusts (acute, ambulance, mental health and primary care) and the NHS Blood and Transplant Authority.

The CQC ensures that NHS trusts are complying with the essential standards of quality and safety by enforcing a number of standards. Each of the standards has an associated outcome that the CQC will expect all people who use their services to experience as a result of the care they receive.

The standards relate to the 28 regulations contained in the legislation governing CQC’s work. When checking providers’ compliance with the essential standards, the CQC focuses on one or more of the 16 standards that most directly relate to the quality and safety of care. Providers must have evidence that they meet these outcomes. Equality issues are a key component of the Essential Standards of Quality and Safety.

**The 16 Standards that most directly relate to Quality and Safety of Care:**

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Description</th>
</tr>
</thead>
</table>
| Outcome 1 | Respecting and involving people who use services  
People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run. |
| Outcome 2 | Consent to care and treatment  
Before people are given any examination, care, treatment or support, they should be asked if they agree to it. |
| Outcome 4 | Care and welfare of people who use services  
People should get safe and appropriate care that meets their needs and supports their rights. |
| Outcome 5 | Meeting nutritional needs  
Food and drink should meet people’s individual dietary needs. |
| Outcome 6 | Cooperating with other providers  
People should get safe and coordinated care when they move between different services. |
| Outcome 7 | Safeguarding people who use services from abuse  
People should be protected from abuse and staff should respect their human rights. |
| Outcome 8 | Cleanliness and infection control  
People should be cared for in a clean environment and protected from the risk of infection. |
<table>
<thead>
<tr>
<th>Outcome 9</th>
<th>Management of medicines</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>People should be given the medicines they need when they need them, and in a safe way.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome 10</th>
<th>Safety and suitability of premises</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>People should be cared for in safe and accessible surroundings that support their health and welfare.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome 11</th>
<th>Safety, availability and suitability of equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>People should be safe from harm from unsafe or unsuitable equipment.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome 12</th>
<th>Requirements relating to workers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>People should be cared for by staff who are properly qualified and able to do their job.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome 13</th>
<th>Staffing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>There should be enough members of staff to keep people safe and meet their health and welfare needs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome 14</th>
<th>Supporting workers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Staff should be properly trained and supervised, and have the chance to develop and improve their skills.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome 16</th>
<th>Assessing and monitoring the quality of service provision</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care.</td>
</tr>
</tbody>
</table>

| Outcome 17 | People should have their complaints listened to and acted on properly. |

| Outcome 21 | People’s personal records, including medical records, should be accurate and kept safe and confidential. |

The other 12 regulations relate more to the routine day-to-day management of a service. The information the CQC receives on these helps them to check that the service is being run responsibly. The CQC will make checks where concerns are raised over these standards.

For more information about these standards, please visit CQC’s Website: [http://www.cqc.org.uk/organisations-we-regulate](http://www.cqc.org.uk/organisations-we-regulate)
GLOSSARY

A

Activity
This is the expression we have chosen for the purpose of Equality Impact Assessment. It means any Policy, Function, Guidelines, Procedure, Service, Trust Tender or initiative within the Trust in connection with the delivery of healthcare and the employment of our workforce.

Adverse Impact
A Negative Impact on individuals / groups with any of the following protected characteristics:
- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

For example: A significant difference in patterns of representation or outcomes between racial groups, with the difference amounting to a detriment for one or more racial groups.

Age
An age group includes people of the same age and people of a particular range of ages. An age group would include “over fifties” or twenty-one year olds. Age equality aims to ensure that in everything we do, we make every effort to eliminate unlawful discrimination and promote equality of opportunity for all age groups.

B

Burden of Proof
The burden of proving discrimination was changed in 2001 by the Burden of Proof Regulations 2001. Once an individual can show that there is an issue of potential discrimination, the burden of proof shifts to the employer to defend the case and show that the reason for difference in treatment is justifiable and not discriminatory. This represents an important change: previously the complainant had to prove that they had been discriminated against, now the employer needs to prove that they did not discriminate.

C

Carers
Carer does not mean care-worker or care staff of any kind who are paid to provide care as part of a contract of employment. By carers we mean people who look after a relative or friend who need support because of age, physical or learning disability or illness, including mental illness. There are nearly 5.7 million carers in Great Britain.

Parent Carer - By parent carer we mean a parent of a disabled child. Parents will often see themselves as parents rather than carers, but their child will have additional care needs and may be entitled to additional services.

Young Carers - This means carers who are under the age of 18. The person receiving care is often a parent but can be a brother or sister, grandparent or other relative who needs support. There are estimated to be between 20 and 50,000 plus young carers in the UK. [http://www.carers.gov.uk/whatis.htm](http://www.carers.gov.uk/whatis.htm)
Consultation
Asking for views on policies or services from staff, colleagues, service-users, or the general public. Different circumstances call for different types of consultation. For example, consultation includes public meetings, focus groups, surveys and questionnaires, and meeting with experts.

D

Direct Discrimination
Direct discrimination occurs when a person is treated less favourably than another on the grounds of their protected characteristic (i.e. race / age etc.). No justification is possible for this type of discrimination. Example: Failing to offer a man a job because he is gay.

Disabled
The law says that a disabled person is someone with 'a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities.' Examples include cancer, diabetes, HIV, multiple sclerosis and heart conditions; hearing or sight impairments, or a significant mobility difficulty; and mental health conditions or learning difficulties. However, only the courts can say if a particular individual is defined as disabled under legislation. Disability can mean different things to different people, and can include:

- people who are disabled for a short time or who are disabled for a long time,
- people who have been disabled since they were born and people who became disabled when they were older
- people who describe themselves as 'disabled' and people who do not describe themselves as disabled.

E

Equality Groups (Protected Characteristics)
Now referred to as individuals / groups with 'protected characteristics'. The Equality Act 2010, brings together all of the previous Equality Legislation and sets out on what grounds groups of people are protected. These protected characteristics are:

- Age
- Disability
- Sex
- Race
- Religion or Belief
- Sexual Orientation
- Gender Reassignment
- Marital and Civil Partnership
- Maternity and Pregnancy

F

Focus Group
Focus group research involves organised discussion with a selected group of individuals, to obtain information about their views and experiences on a particular topic. Focus group interviews are particularly suited for obtaining several perspectives about the topic.

Functions
The full range of activities carried out by a public authority to meet its duties.
Gender Reassignment
This is where a person has proposed, started or completed a process to change his or her sex. A transgender person also has the protected characteristic of gender reassignment.

General and Specific Duties
The Public Sector Equality Duty consists of a General Equality Duty, which is set out in Section 149 of the Equality Act 2010 and Specific Duties which are imposed by secondary legislation (The Equality Act gives ministers the power to impose specific duties on public bodies to enable them to perform the Equality Duty more effectively).

These duties ensure public authorities have a legal responsibility when carrying out their functions to have ‘due regard’ to the need to:

- Eliminate unlawful discrimination, harassment, victimisation;
- Advance equality of opportunity between those covered by the Equality Act and those not covered, e.g. between disabled and non-disabled people;
- Foster good relations between these groups.

Genuine Occupational Requirement (GOR)
In strictly limited situations, anti-discrimination legislation allows for a job to be restricted to a person of a particular sex/race or ethnic or national origin/disability status/sexual orientation/religion or belief/[age] if it is proportionate to apply a GOR to the job. GOR supersedes the term 'Genuine Occupational Qualification'.

Harassment
Unwanted conduct that violates people’s dignity or creates an intimidating, hostile, degrading, humiliating or offensive environment.

This definition applies to harassment on grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation equality.

Impact Assessment
A thorough and systematic analysis of a policy or service, whether that policy is written or unwritten, formal or informal and irrespective of the scope of that policy.

Indirect Discrimination
The use of an apparently neutral practice, provision or criterion which puts people with a particular protected characteristic at a disadvantage compared with others who do not share that characteristic, and applying the practice, provision or criterion cannot be objectively justified.

The concept of ‘provision, criterion or practice’ covers the full breadth of formal and informal practice. Practice may be defined as the customary ways in which an intention or policy is actually carried out. It includes attitudes and behaviour that could amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping. To find discrimination it will be sufficient to show that a practice is likely to affect the group in question adversely.

Institutional Racism
This is a term that came from the McPherson Inquiry report into the death of Stephen Lawrence and is defined as follows:
“The collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture, or ethnic origin. It can be seen in or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racial stereotyping which disadvantage minority ethnic people.”

**M**

**Marriage and Civil Partnership**
People who are married or have a civil partner are in a marriage or civil partnership. A married man and a woman in a civil partnership both share the protected characteristic of marriage and civil partnership.

**Mentorship**
Mentoring is a form of human development, where one person invests time, energy and personal know-how to assist another person to grow and to fulfil their true potential, and to increase their capacity for learning.

**P**

**Policies**
Policies are the sets of principles or criteria that define the different ways in which an organisation carries out its role or functions and meets its duties. Policies also include formal and informal decisions made in the course of their implementation.

**Positive Action**
Refers to a range of lawful actions that seek to overcome or minimise disadvantages (e.g. in employment opportunities) that people who share a protected characteristic have experienced, or to meet their different needs.

Examples:
- Providing facilities or services (in training, education or welfare) to meet the particular needs of people from a particular racial group, for example English language classes.
- Targeting job training at racial groups that have been under-represented in particular work during the previous 12 months.

**Positive Discrimination**
Selecting someone for a job/promotion/training/transfer/etc purely on the basis of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation equality, not on their ability to do the job. This is illegal under anti-discrimination legislation*.

*There is one instance where UK anti-discrimination legislation permits a specific type of positive discrimination - "reasonable adjustment". Under the Equality 2010, employers are required to make 'reasonable adjustments' for disabled people - i.e. a change made specifically because of disability.

**Pregnancy and Maternity**
For women this is when they are pregnant or during maternity leave, as distinct from their sex, in specified situations outside work. It protects a woman from discrimination because of her current or a previous pregnancy. It also protects her from maternity discrimination, which includes treating her unfavorably because she is breast-feeding, for 26 weeks after giving birth and provides that pregnancy or maternity discrimination as defined cannot be treated as sex discrimination
**Protected Characteristic**
Previously known as Equality Target Groups / Equality Strands.
The Equality Act 2010, brings together all of the previous Equality Legislation and sets out on what grounds people are protected. These protected characteristics are:
- Age
- Disability
- Sex
- Race
- Religion or Belief
- Sexual Orientation
- Gender Reassignment
- Marital and Civil Partnership
- Maternity and Pregnancy

**Public Authority**
Organisations and individuals that carry out public functions - this would include government departments, local authorities, health authorities and hospitals, schools, prisons, and police for example.

**Q**

**Qualitative Data**
Information gathered from individuals about their experiences. Qualitative data usually gives less emphasis to statistics.

**Quantitative Data**
Statistical information in the form of numbers normally derived from a population in general or samples of that population. This information is often analysed using descriptive statistics, which consider general profile distributions and trends in the data, or using inferential statistics, which are used to determine significance within relationships of differences in the data.

**R**

**Race**
Race includes colour, nationality and ethnic or national origins. People who have or share characteristics of colour, nationality or ethnic or national origins can be described as belonging to a particular racial group. A racial group can be made up of two or more different racial groups.

**Religion**
This may be philosophical belief, or a religion which has a clear structure and belief system. Denominations or sects within a religion can be considered to be a religion or belief, such as Protestants and Catholics within Christianity. It also includes a lack of religion or belief.

**S**

**Sex**
This means being a man or a woman, and that men share this characteristic with other men, and women with other women.

**Sexual Orientation**
This is a person's sexual orientation towards:
- people of the same sex as him or her (gay man or a lesbian)
- people of the opposite sex from him or her (the person is heterosexual)
- people of both sexes (the person is bisexual).
Specific Duty
The Public Sector Equality Duty consists of a General Equality Duty, which is set out in Section 149 of the Equality Act 2010 and Specific Duties which are imposed by secondary legislation (The Equality Act gives ministers the power to impose specific duties on public bodies to enable them to perform the Equality Duty more effectively).

These duties ensure public authorities have a legal responsibility when carrying out their functions to have ‘due regard’ to the need to:

- Eliminate unlawful discrimination, harassment, victimisation;
- Advance equality of opportunity between those covered by the Equality Act and those not covered, e.g. between disabled and non-disabled people;
- Foster good relations between these groups.

Transgender/Trans People
The terms transgender people and trans people are both ‘umbrella’ terms which include all those whose gender identity and/or gender expression differ from the sex they were assigned at birth.

A female-to-male (FTM) trans man is someone who was labelled female at birth but has a male gender identity and therefore is currently seeking to transition, or has already transitioned, to live permanently as a man.

A male-to-female (MTF) trans woman is someone who was labelled male at birth but has a female gender identity and therefore is currently seeking to transition, or has already transitioned, to live permanently as a woman.

Victimisation
Treating people less favourably because they have made a complaint or intend to make a complaint about discrimination or harassment or have given evidence or intend to give evidence relating to a complaint about discrimination or harassment.
APPENDIX 3
Legislation
Summary of Key Equality Legislation and Guidance

Human Rights Act 1998
The Human Rights Act 1998 incorporates the principles of the European Convention on Human Rights (1953) and Fundamental Freedoms (ECHR) into English domestic law and is directly enforceable against state and public authorities.

The Human Rights Act allows individuals and organisations to go to court or to a tribunal to seek a remedy if they believe that the rights conferred on them by the European Convention have been violated by a public authority. The ECHR gives people three types of rights: Absolute Rights (no exceptions) / Limited Rights and Qualified Rights.

Every public authority - including courts and tribunals – have to comply with the Act (and therefore with the European Convention).

The Act provides service users with a vehicle through which they can ensure that their human rights are fully taken into account when decisions regarding access to treatment and services are taken.

The Act also covers the right to life or quality of life by providing a mechanism for demanding life saving treatment and for non-life saving treatment where denial would have a severe impact upon the quality of that individuals life. Failure to facilitate equal access to health care can also breach The Human Rights Act.

Equality Act 2010
In April 2010, Disability, Gender and Race Equality Legislation was repealed and superseded by the 2010 Equality Act.

In October 2010, the first phase of legislation from the Equality Act 2010 came into effect. The Equality Act replaces existing anti-discrimination laws with one single act. It simplifies the law, removing inconsistencies and extends protection across all equality groups, introducing new protected characteristics.

These include:
- Sex
- Age
- Race / Ethnicity
- Disability
- Sexual Orientation
- Gender Re-assignment
- Religion or Belief
- Pregnancy or Maternity
- Marriage and Civil Partnership

Under the Equality Act 2010, it is unlawful to discriminate (treat less favorably) either directly or indirectly because of a protected characteristic in relation to employment; supply of goods and services including education etc.

The Equality Act 2010 brings together over 116 separate pieces of legislation into one Single Act. It strengthens the law to tackle discrimination and inequality. The aim of the Equality Act is to fight discrimination in all its forms and help to make equality a reality for everyone.
The 9 main pieces of legislation that have been merged under the Equality Act 2010 are:

1. The Equal Pay Act 1970
2. The Sex Discrimination Act 1975
3. The Race Relations Act 1976
4. The Disability Discrimination Act 1976
5. The Employment Equality (Religion or Belief) Regulations 2003
6. The Employment Equality (Sexual Orientation) Regulations 2003
7. The Employment Equality (Age) Regulations 2006
8. The Equality Act 2006, Part 2

**Types of Discrimination prohibited by the Equality Act 2010:**
The Equality Act 2010 has strengthened and extended the types of discrimination in order to eliminate discrimination, harassment, victimisation. These include:

- Direct Discrimination
- Indirect Discrimination
- Associative Discrimination
- Perception
- Victimisation
- Harassment

**Public Sector Equality Duty:**
The second phase of legislation from the Equality Act came into force on the 6th April 2011. The Public Sector Equality Duty consists of a General Equality Duty, which is set out in Section 149 of the Equality Act 2010 and Specific Duties which are imposed by secondary legislation (The Equality Act gives ministers the power to impose specific duties on public bodies to enable them to perform the Equality Duty more effectively).

**General Equality Duty:**
The General Duty came into effect on the 6th April 2011. The 3 aims of the equality duty are to have due regard to the need to:

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

The General Equality Duty requires organisations to consider how they could positively contribute to the advancement of equality and good relations. It requires equality considerations to be reflected into the design of policies and the delivery of services, including internal policies, and for these issues to be kept under review.

**Specific Duties:**
The Specific Duties came into force on 10 September 2011. The specific duties help public bodies perform the Equality Duty better. They do this by requiring public bodies to be transparent about how they are responding to the Equality Duty – requiring them to publish relevant, proportionate information showing compliance with the Equality Duty, and to set equality objectives. The Government believes that public bodies should be accountable to their service users. Publishing information about decision-making and the equality data which underpins those decisions will open public bodies up to informed public scrutiny. It will give the public the information they need to challenge public bodies and hold them to account for their performance on equality. Moreover, knowing that such information will be published will help to focus the minds of decision-makers on giving proper consideration to equality issues.
Public Sector Equality Duties:
• Publish equality information on an annual basis.
• Prepare and publish equality objectives from 6th April 2012, and at least every four years after that.
• Ensure the objectives are specific and measurable, and set out how progress towards the objectives will be measured.
• Publish the objectives in a reasonably accessible format either as an individual document or as part of another report.

For further information on the Equality Act and Public Sector Equality Duty, please visit the Equality and Diversity WebPages on the Trust Intranet Website.

Health and Social Care Act 2012
The Health and Social Care Act (HSC Act) was eventually passed in 2012 after a very difficult path through Parliament and despite huge opposition from health care workers; professional bodies like the Royal College of GPs and British Medical Association; trades unions; and service user organisations.

The government has said that the HSC Act was largely about increased patient choice and putting GPs in the driving seat. Others have seen it as providing the legal framework for privatising the NHS.

The Health and Social Care Act introduced a number of key changes to the NHS in England. These changes came into being on 1 April 2013. The changes include:

• Giving groups of GP practices and other professionals – clinical commissioning groups (CCGs) – ‘real’ budgets to buy care on behalf of their local communities;

• Shifting many of the responsibilities historically located in the Department of Health to a new, politically independent NHS Commissioning Board (this has now been renamed NHS England);

• The creation of a health specific economic regulator (Monitor) with a mandate to guard against ‘anti-competitive’ practices; and

• Moving all NHS trusts to foundation trust status.

• The voice of patients will be strengthened through the setting up of a new national body, HealthWatch, and local HealthWatch organisations

• A new body, Public Health England, will lead on public health at the national level, and local authorities will do so at a local level
APPENDIX 4
Explanatory Guide – Equality Impact Assessment Form (Services)
**APPENDIX 4**

**EQUALITY IMPACT ASSESSMENT FORM – STAGE 1**

**INITIAL ASSESSMENT (PART 1)**

| Department: | Specify the Department within which the assessment is being undertaken. |
| Division: | Specify the Division within which the assessment is being undertaken. |

**Title of Person(s) completing this form:**

State the full title(s) of the person(s) completing the assessment.

**New or Existing Service?**

Is the Service an existing service being reviewed or a new service?

**Title of service being assessed:**

State the title of the service being assessed.

**Implementation Date:**

If new service, state the proposed implementation date of the service.

**What is the main purpose (aims / objectives) of this service?**

Services should have a clear set of aims and objectives. Summarise and list the overall aims and objectives of the service.

<table>
<thead>
<tr>
<th>Will patients, carers, the public or staff be affected by this service?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Have patients, carers, the public or staff been involved in the development of this service?**

Please tick as appropriate.

<table>
<thead>
<tr>
<th>Patients</th>
<th>Carers</th>
<th>Public</th>
<th>Staff</th>
</tr>
</thead>
</table>

**What consultation method(s) did you use?**

Consultation could include formal events such as face to face meetings, focus groups, questionnaires, documentation, use of website or e-mail. The purpose of the consultation is to outline to the specific groups how the implementation of the service will affect them and to raise awareness between the groups. State how you did this/will do this. e.g. focus groups, face-to-face meetings, questionnaires etc.

**1) DATA COLLECTION AND CONSULTATION**

1a) In relation to this service - Do you currently record any of the following patient data?

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Indicate Yes or No</th>
<th>If Yes - State where Recorded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion or Belief</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability</td>
<td></td>
<td></td>
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<tr>
<td>Sexual Orientation</td>
<td></td>
<td></td>
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<tr>
<td>Gender Re-assignment</td>
<td></td>
<td></td>
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<tr>
<td>Marriage &amp; Civil Partnership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy &amp; Maternity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carer Status</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please indicate Yes or No.
1b) **What does this data tell you about each of the above protected characteristics? Are there any Trends / Inequalities?**

*Age / Gender / Ethnicity and Religion are currently recorded on PAS.*

Divisional Activity Reports are available which can be broken down by each of these protected characteristics. These include In-patient & Out-Patient Activity / A&E Attendances / DNAs & Cancellations.

**Reports can be accessed via ORBIT – Trust's On-line Reporting Tool – Via following web link:**

http://dwiis01/ReportServer/Pages/ReportViewer.aspx?%2fORBIT+Main+Menu%2fMenu&rs%3aCommand=Render

**Once you have gained access on-line - Select:** Report List *(top right)* / **Select:** Activity - Under Report Suites *(external content)* / **Select:** Equality & Diversity Report

---

**Access the Trust’s On-line Reporting Tool – ORBIT and review patient activity within your service over the last 12 months by age / gender / ethnicity / religion.**

**Access can be obtained via the web link below:**

http://dwiis01/ReportServer/Pages/ReportViewer.aspx?%2fORBIT+Main+Menu%2fMenu&rs%3aCommand=Render

**Once you have gained access on-line - Select:** Report List *(top right)*

**Select:** Activity - Under Report Suites *(external content)*

**Select:** Equality & Diversity Report

Does this data tell you anything about your service users?

Are there any trends in relation to the protected characteristics?

For example:

- Data shows that there are an increased number of patients who do not attend specific clinics / service who are of black or minority ethnic ethnicity. Is there a reason for this?

- Data shows that there are an increased number of patients of a particular age group using a particular service. Is there a reason for this?

Is the data overall reflective of Wigan’s local population?

---

1c) **What other evidence have you considered?** Such as a ‘Process Map’ of your service (assessment of patient’s journey through service) / analysis of complaints / analysis of patient satisfaction surveys and feedback from focus groups /consultations / national & local statistics and audits etc.

List what other information you have reviewed.

---

1d) **What does this data tell you about each of the above protected characteristics? Are there any Trends / Inequalities?**

Does this data tell you anything about your service users?

Are there any trends in relation to the protected characteristics?

Can the service be accessed by all equality groups? Are there any barriers to a particular equality group when accessing a service?
2) ACCESS TO SERVICES:

2a) What are your standard methods of communicating with service users?

Please tick as appropriate.

<table>
<thead>
<tr>
<th>Communication Methods</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face to Face Verbal Communication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Printed Information (e.g. leaflets / posters)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written Correspondence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-mail</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Please specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2b) If you provide written correspondence (letters / patient information) is a statement included at the bottom of the letter / patient information, acknowledging that other formats can be made available on request?

Please tick as appropriate.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

2c) Are your staff aware how to access the following interpreter and translation services?

Please tick as appropriate.

<table>
<thead>
<tr>
<th>Interpreter &amp; Translation Services</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Interpreters (other languages)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Face to Face Interpreters (other languages)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>British Sign Language Interpreters</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information / Letters translated in to audio / braille / large print / other languages</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3) ACCESS

Please tick as appropriate.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the building where the service is located wheelchair accessible?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the reception area have a hearing loop system?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the building where the service is located have a unisex wheelchair accessible ‘disabled’ toilet?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the building have car parking space reserved for Blue Badge Holders?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the building have any additional facilities for disabled people such as a wheelchair, hoist, specialist bath, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the building / hospital site where the service is provided have access to prayer and faith resources?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
INITIAL ASSESSMENT (PART 2)

EQUALITY IMPACT ASSESSMENT TABLE - NOTES

Do you have any evidence or a belief that the design / implementation of this service, has a positive or negative impact on:

• Age Equality
• Sex Equality
• Race Equality
• Disability Equality
• Religion or Belief Equality
• Sexual Orientation Equality
• Gender Reassignment Equality
• Marriage & Civil Partnership Equality
• Pregnancy & Maternity Equality

QUESTIONS TO CONSIDER when completing the following Equality Impact Assessment Table:

• Are there any barriers which could impact on how different groups might benefit from this service?
• Does this service promote the same choices for different groups as everybody else?
• Could any of the following group’s experience of this service be different?
• Does this service address the needs and potential barriers of these groups?

Please state where you think that the service could have a positive impact on any of the protected characteristics or contribute to promoting equality, equal opportunities or improving relations within different equality groups.

Examples of Positive Impacts:

• Designated play areas are provided for children.
• Guide Dogs are allowed. Volunteers are available to support patients with visual impairments / other disabilities.
• Patient information can be made available on request in audio, large, print, braille and other languages.

For more examples of positive impacts please see following table:

Please state where you think that the service could have a negative impact on any of the protected groups i.e. it could disadvantage them.

Examples of Negative Impacts:

• No induction loop available on unit where service is provided (for patients with hearing impairments).
• No separate bathroom and toilet facilities for males and females.
• All patients treated on same ward, no separate rooms available. Unable to respect a patient’s privacy in respect of their cultural belief.
• Out-Patient Letters do not include a statement on the footer of the letter on how to obtain copies in other formats, i.e. large print, audio and braille.

For more examples of negative impacts please see following table:
### Positive Impacts

**The policy service may have a positive impact on any of the protected groups in relation to:**
- Promoting equal opportunities and equality.
- Improving relations within protected groups.
- Providing ‘target need’ service to highlighted groups.

### Negative Impacts

**The policy / service may have an adverse (negative) impact upon any of the protected groups (i.e. disadvantage them in any way).**

<table>
<thead>
<tr>
<th>Positive Impacts – Examples</th>
<th>Negative Impacts – Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXAMPLE ONE:</strong> A targeted training programme for black and minority ethnic women would have a positive differential impact on black and minority women, compared with its impact upon white women or all men. It would not, however, necessarily have a negative impact on white women or men.</td>
<td><strong>EXAMPLE ONE:</strong> An event held in a building with no loop facilities would have a negative impact for attendees with hearing impairments.</td>
</tr>
<tr>
<td><strong>EXAMPLE TWO:</strong> An organisation identifies that it has low levels of interest in vacancies among some racial groups. To tackle these findings, the organisation decides to send out information about what it does and career opportunities to Community Centres, in various languages and formats. Recruitment and Selection criteria is reviewed to ensure that there are no barriers to appointment for people from different cultural backgrounds.</td>
<td><strong>EXAMPLE TWO:</strong> If an organisation would only accept complaints in writing, this would have a negative impact on some people. This may include people with learning disabilities, people who do not use English as their first language and people whom written communication is not a strong cultural norm such as British Sign Language Users.</td>
</tr>
<tr>
<td><strong>EXAMPLE THREE:</strong> A service is to be delivered from a particular building. The building has undergone a full access audit, and is accessible for people with both physical and sensory disabilities.</td>
<td><strong>EXAMPLE THREE:</strong> Information about the service/policy is published and contains jargon and small print. May have a negative impact on visually impaired people, those with learning disabilities and for people whose preferred language is not English.</td>
</tr>
<tr>
<td><strong>EXAMPLE FOUR:</strong> An organisation ensures that all service user information can be made available on request in audio, large, print and Braille - This would have a positive impact on service users with hearing and visual impairments.</td>
<td><strong>EXAMPLE FOUR:</strong> A Recruitment Drive scheduled during Ramadan (usually mid October to mid November) may have a negative impact on Muslims who fast during the hours of daylight.</td>
</tr>
<tr>
<td><strong>EXAMPLE FIVE:</strong> A targeted health improvement campaign for young men between the ages of 15 to 21 would have a positive differential impact on this age group, compared with its impact on other age groups and women. It would not, however, necessarily have an adverse impact on the other age groups or on women.</td>
<td><strong>EXAMPLE FIVE:</strong> Where the choice of venue for a staff social event precludes members of a particular faith or belief group from participating.</td>
</tr>
</tbody>
</table>
### EQUALITY IMPACT ASSESSMENT TABLE – SERVICES (PART 2)

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Positive Impact</th>
<th>Negative Impact</th>
<th>Reason/Comments for Positive Impact</th>
<th>Reason/Comments for Negative Impact</th>
<th>Resource Implication</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High</td>
<td>Low</td>
<td>None</td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td>Men</td>
<td>See Notes Below</td>
<td>See Notes Below</td>
<td>Does this service provide any positive impact for men? If so what is this?</td>
<td>Does this service provide any negative impact for men? If so what is this?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Women</td>
<td>See Notes Below</td>
<td>See Notes Below</td>
<td>Does this service provide any positive impact for women? If so what is this?</td>
<td>Does this service provide any negative impact for women? If so what is this?</td>
<td></td>
</tr>
<tr>
<td>Younger People (17-25)</td>
<td>See Notes Below</td>
<td>See Notes Below</td>
<td>Does this service provide any positive impact for younger people or children? If so what is this?</td>
<td>Does this service provide any negative impact for younger people or children? If so what is this?</td>
<td></td>
</tr>
<tr>
<td>Older People (60+)</td>
<td>See Notes Below</td>
<td>See Notes Below</td>
<td>Does this service provide any positive impact for older people? If so what is this?</td>
<td>Does this service provide any negative impact for older people? If so what is this?</td>
<td></td>
</tr>
<tr>
<td>Race or Ethnicity</td>
<td>See Notes Below</td>
<td>See Notes Below</td>
<td>Does this service provide any positive impact for people from a particular race? If so what is this?</td>
<td>Does this service provide any negative impact for people from a particular race? If so what is this?</td>
<td></td>
</tr>
<tr>
<td>Learning Disabilities</td>
<td>See Notes Below</td>
<td>See Notes Below</td>
<td>Does this service provide any positive impact for people with learning disabilities? If so what is this?</td>
<td>Does this service provide any negative impact for people with learning disabilities? If so what is this?</td>
<td>Please state whether there is a resource implication for any of the negative impacts identified.</td>
</tr>
<tr>
<td>Hearing Impairment</td>
<td>See Notes Below</td>
<td>See Notes Below</td>
<td>Does this service provide any positive impact for people with hearing impairments? If so what is this?</td>
<td>Does this service provide any negative impact for people with hearing impairments? If so what is this?</td>
<td></td>
</tr>
<tr>
<td>Visual Impairment</td>
<td>See Notes Below</td>
<td>See Notes Below</td>
<td>Does this service provide any positive impact for people with visual impairments? If so what is this?</td>
<td>Does this service provide any negative impact for people with visual impairments? If so what is this?</td>
<td></td>
</tr>
<tr>
<td>Physical Disability</td>
<td>See Notes Below</td>
<td>See Notes Below</td>
<td>Does this service provide any positive impact for people with physical disabilities? If so what is this?</td>
<td>Does this service provide any negative impact for people with physical disabilities? If so what is this?</td>
<td></td>
</tr>
<tr>
<td>Mental Health Need</td>
<td>See Notes Below</td>
<td>See Notes Below</td>
<td>Does this service provide any positive impact for people with mental health needs? If so what is this?</td>
<td>Does this service provide any negative impact for people with mental health needs? If so what is this?</td>
<td></td>
</tr>
<tr>
<td>Gay/Lesbian/Bisexual</td>
<td>See Notes Below</td>
<td>See Notes Below</td>
<td>Does this service provide any positive impact for people who are gay, lesbian etc.? If so what is this?</td>
<td>Does this service provide any negative impact for people who are gay, lesbian etc.? If so what is this?</td>
<td></td>
</tr>
<tr>
<td>Transgender</td>
<td>See Notes Below</td>
<td>See Notes Below</td>
<td>Does this service provide any positive impact for people who are trans? If so what is this?</td>
<td>Does this service provide any negative impact for people who are trans? If so what is this?</td>
<td></td>
</tr>
<tr>
<td>Faith Groups (please specify)</td>
<td>See Notes Below</td>
<td>See Notes Below</td>
<td>Does this service provide any positive impact for people from different faith groups? If so what is this?</td>
<td>Does this service provide any negative impact for people from different faith groups? If so what is this?</td>
<td></td>
</tr>
<tr>
<td>Marriage &amp; Civil Partnership</td>
<td>See Notes Below</td>
<td>See Notes Below</td>
<td>Does this service provide any positive impact for people who are married or have a civil partner?</td>
<td>Does this service provide any negative impact for people who are married or have a civil partner?</td>
<td></td>
</tr>
<tr>
<td>Pregnancy &amp; Maternity</td>
<td>See Notes Below</td>
<td>See Notes Below</td>
<td>Does this service provide any positive impact for women who are pregnant or on maternity leave?</td>
<td>Does this service provide any negative impact for women who are pregnant or on maternity leave?</td>
<td></td>
</tr>
<tr>
<td>Carer Status</td>
<td>See Notes Below</td>
<td>See Notes Below</td>
<td>Does this service provide any positive impact for people who are carers? If so what is this?</td>
<td>Does this service provide any negative impact for people who are carers? If so what is this?</td>
<td></td>
</tr>
<tr>
<td>Other Group (please specify)</td>
<td>See Notes Below</td>
<td>See Notes Below</td>
<td>Does this service provide any positive impact for any other group of people – if so please specify.</td>
<td>Does this service provide any negative impact for any other group of people – if so please specify.</td>
<td></td>
</tr>
<tr>
<td>Applies to ALL Groups</td>
<td>See Notes Below</td>
<td>See Notes Below</td>
<td>Does this service provide any positive impact for all of the above protected groups? If so what is this?</td>
<td>Does this service provide any negative impact for all of the above protected groups? If so what is this?</td>
<td></td>
</tr>
</tbody>
</table>

**High:** There is significant evidence of a negative impact or potential for a negative impact.

**Low:** Likely to have a minimal impact / There is little evidence to suggest a negative impact.

**None:** A Policy with neither a positive nor a negative impact on any group or groups of people, compared to others.
### HOW TO COMPLETE THE HIGH / LOW, POSITIVE / NEGATIVE IMPACTS TABLE:

<table>
<thead>
<tr>
<th>FACTOR SCORE</th>
<th>HIGH</th>
<th>LOW</th>
<th>NONE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>POSITIVE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Example:</td>
<td>Highly likely to promote equality of opportunity and good relations.</td>
<td>Unlikely to promote equality of opportunity and good relations.</td>
<td>No Impact on protected characteristics.</td>
</tr>
<tr>
<td></td>
<td>A targeted health improvement campaign for young men between the ages of 15-21 would have a positive differential impact on this age group, compared with its impact on other age groups and women. It would not, however, necessarily have a negative impact on the other age groups or on women.</td>
<td>Service users who do not speak the English language, can only obtain translated information on request – Although this information can be accessed, it is not readily available. It is important to take into account however, available data (i.e. Wigan's population is predominately White British (98.7%). In this instance, this would be categorised as a Low Impact</td>
<td>The implementation of a new Call Centre would have NO Positive impact on male and female patients.</td>
</tr>
<tr>
<td></td>
<td>A hospital providing an Interpreter Service 24 hours a day, 7 days a week.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **NEGATIVE** | | | |
| Example: | Highly likely to have a Negative Impact (there is a significant evidence of a negative impact or potential for a negative impact). The Policy / Service has consequences for and affects significant numbers of people and/or has the potential to make a significant contribution to promoting equality. | Highly likely to have a Minimal impact - There is anecdotal or little evidence to suggest a negative impact. However, need to consider actions to minimise and review in agreed timescale. | No Impact on protected characteristics. |
| | A Clinic held on the 2nd floor of a building with no lift access would have a High Negative Impact on disabled patients / mums with children (prams) / older patients etc. | Assessment of the service shows that the impact on the intended outcome may have differential impact (different effects on different groups of people), but these do not have a disproportionate outcome and can be reasonably justified – See example below. | The implementation of a new Call Centre would have NO Negative Impact on male and female patients. |
| | | The service operates mainly within a small unit and affects few people. | |
| | | The implementation of a Dress Code Policy for staff might have an impact on employees from protected groups with strict cultural beliefs regarding clothing. These however are necessary to ensure patient safety, infection control compliance and should not prevent the implementation of the policy. | |
INITIAL ASSESSMENT (PART 3)

(a) In relation to each of the protected characteristics, are there any areas where you are unsure about the impact and more information is needed?

State whether you are unsure about the impact of any protected group and whether you feel more information is required to undertake the assessment.

(b) How are you going to gather this information?

State how you are going to collate this information and from where.

(c) Following completion of the Stage 1 Assessment, is Stage 2 (a Full Assessment) necessary? Have you identified any issues that you consider could have an adverse (negative) impact on the following protected characteristics?

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (Younger People (17-25) and Children / Older People (60+))</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex (Men / Women)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability (Learning Disability / Hearing Impairment / Visual Impairment / Physical Disability / Mental Illness)</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Religion / Belief</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation (Gay / Lesbian / Bisexual)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender Re-assignment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marriage &amp; Civil Partnership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy &amp; Maternity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Please delete as appropriate)

Any Other Comments

Please use this box to add any additional comments relevant to the assessment.

IF ‘NO IMPACT’ IS IDENTIFIED  Action: No further documentation is required.

IF ‘YES IMPACT’ IS IDENTIFIED  Action: Full Equality Impact Assessment Stage 2 Form must be completed. Refer to Link below:


Assessment Completed By:  Job Title: ........................................

Date Completed:  ........................................

PLEASE RETURN COMPLETED FORM VIA E-MAIL TO DEBBIE JONES, INCLUSION AND DIVERSITY PROJECT LEAD (SERVICES)  debbie.jones@wwl.nhs.uk

Please note: As a member of Trust staff carrying out a review of an existing or proposal for a new service, policy or function you are required to complete an EIA. By stating that you have NOT identified a negative impact, you are agreeing that the organisation has NOT discriminated against any of the protected characteristics. Please ensure that you have the evidence to support this decision as the Trust will be liable for any breaches in Equality Legislation.
APPENDIX 5
**APPENDIX 5**

**EXPLANATORY GUIDE**

**POLICIES - EQUALITY IMPACT ASSESSMENT FORM**

**STAGE 1 – INITIAL ASSESSMENT (PART 1)**

<table>
<thead>
<tr>
<th>Department:</th>
<th>Specify the Department within which the assessment is being undertaken.</th>
<th>Division:</th>
<th>Specify the Division within which the assessment is being undertaken.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title of Person(s) Completing Form</td>
<td>State the full title(s) of the person(s) completing the assessment.</td>
<td>New or Existing Policy?</td>
<td>Is the policy existing &amp; being reviewed or a new policy?</td>
</tr>
<tr>
<td>Title of Policy being assessed:</td>
<td>State the title of the policy / guidelines etc. being assessed</td>
<td>Implementation Date (Policy)</td>
<td>If new policy, state the proposed implementation date of the policy.</td>
</tr>
<tr>
<td>What is the main purpose (aims / objectives) of this policy?</td>
<td>Policies / Guidelines etc. should have a clear set of aims and objectives. Summarise and list the overall aims and objectives of the policy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will patients, carers, the public or staff be affected by this policy?</td>
<td>Yes No</td>
<td>If staff, how many individuals / Which Groups of Staff are likely to be affected?</td>
<td>If yes, who did you engage with? Please state below:</td>
</tr>
<tr>
<td>Patients</td>
<td>Yes No</td>
<td>If staff, how many individuals / Which Groups of Staff are likely to be affected?</td>
<td>Name any groups that you have involved or consulted with during the Equality Impact Assessment. Provide a brief summary of how they have been involved and what they said – positive or negative.</td>
</tr>
<tr>
<td>Carers</td>
<td>Yes No</td>
<td></td>
<td>For example, asking disabled people about access issues and gender groups about gender specific issues before a service is introduced. Involving people with protected characteristics in training, policy review, satisfaction surveys etc.</td>
</tr>
<tr>
<td>Public</td>
<td>Yes No</td>
<td></td>
<td>Help and advice on how to consult and involve people, and groups who can be consulted is available – Please Refer to Appendix 6.</td>
</tr>
<tr>
<td>Staff</td>
<td>Yes No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have patients, carers, the public or staff been involved in the development of this policy?</td>
<td>Yes No</td>
<td>If yes, who did you engage with? Please state below:</td>
<td></td>
</tr>
<tr>
<td>Patients</td>
<td>Yes No</td>
<td>Name any groups that you have involved or consulted with during the Equality Impact Assessment. Provide a brief summary of how they have been involved and what they said – positive or negative.</td>
<td></td>
</tr>
<tr>
<td>Carers</td>
<td>Yes No</td>
<td></td>
<td>For example, asking disabled people about access issues and gender groups about gender specific issues before a service is introduced. Involving people with protected characteristics in training, policy review, satisfaction surveys etc.</td>
</tr>
<tr>
<td>Public</td>
<td>Yes No</td>
<td></td>
<td>Help and advice on how to consult and involve people, and groups who can be consulted is available – Please Refer to Appendix 6.</td>
</tr>
<tr>
<td>Staff</td>
<td>Yes No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What consultation method(s) did you use?</td>
<td>For example: focus groups, face-to-face meetings, questionnaires etc.</td>
<td>The purpose of the consultation is to outline to the specific groups how the implementation of the policy will affect them and to raise awareness between the groups. State how you will do this. e.g. focus groups, face-to-face meetings, questionnaires etc.</td>
<td></td>
</tr>
<tr>
<td>How are any changes / amendments to the policy communicated?</td>
<td>For example: Meetings / Focus / Email etc.</td>
<td>State how any changes/amendments to the policy will be communicated. State how the policy is made aware to all concerned. i.e. Meetings / Focus / Email etc.</td>
<td></td>
</tr>
</tbody>
</table>
EQUALITY IMPACT ASSESSMENT TABLE – POLICIES (PART 2)

EQUALITY IMPACT ASSESSMENT TABLE - NOTES

Do you have any evidence or a belief that the design / implementation of this policy / guidelines, has a positive or negative impact on:

- Age Equality
- Sex Equality
- Race Equality
- Disability Equality
- Religion or Belief Equality
- Sexual Orientation Equality
- Gender Reassignment Equality
- Marriage & Civil Partnership Equality
- Pregnancy & Maternity Equality

QUESTIONS TO CONSIDER when completing the following Equality Impact Assessment Table:

- Are there any barriers which could impact on how different groups might benefit from this policy?
- Does this policy promote the same choices for different groups as everybody else?
- Could any of the following group’s experience of this policy be different?
- Does this policy address the needs and potential barriers of these groups?

Please state where you think that the policy could have a positive impact on any of the protected characteristics or contribute to promoting equality, equal opportunities or improving relations within equality groups.

Examples of Positive Impacts:

- Within Section 7.8 of the Trust’s Access Policy: Offer of Appointment - Tolerances for religious festivals will be recognised when booking patient’s appointments. (this would have a positive impact on patients from specific faith groups).
- Patient information can be made available on request in audio, large, print and braille (this would have a positive impact on service users with hearing and visual impairments).

For more examples of positive impacts please see following table:

Please state where you think that the service could have a negative impact on any of the Equality Groups i.e. it could disadvantage them.

Examples of Negative Impacts:

- There is no Equality Section within the Policy to ensure that managers / staff apply the policy equitably.
- There is no Accessibility Section, explaining that the Policy can be made available in other formats.
- ‘Patient’ Letters referred to in the Policy are not available in different formats. Letter Template does not include a statement at the footer of the letter on how to access a copy of the letter in other formats, i.e. large print, braille, audio and other languages.

For more examples of negative impacts please see following table:
## EXAMPLES OF POSITIVE AND NEGATIVE IMPACTS

<table>
<thead>
<tr>
<th>POSTIVE IMPACTS</th>
<th>NEGATIVE IMPACTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>(It could benefit)</td>
<td>(It could disadvantage)</td>
</tr>
<tr>
<td>The policy service may have a positive impact on any of the protected groups in relation to:</td>
<td>The policy / service may have an adverse (negative) impact upon any of the protected groups (i.e. disadvantage them in any way).</td>
</tr>
<tr>
<td>• Promoting equal opportunities and equality.</td>
<td></td>
</tr>
<tr>
<td>• Improving relations within protected groups.</td>
<td></td>
</tr>
<tr>
<td>• Providing ‘target need’ service to highlighted groups.</td>
<td></td>
</tr>
</tbody>
</table>

### Positive Impacts – Examples

**EXAMPLE ONE:**
A targeted training programme for black and minority ethnic women would have a positive differential impact on black and minority women, compared with its impact upon white women or all men. It would not, however, necessarily have a negative impact on white women or men.

**EXAMPLE TWO:**
An organisation identifies that it has low levels of interest in vacancies among some racial groups. To tackle these findings, the organisation decides to send out information about what it does and career opportunities to Community Centres, in various languages and formats. Recruitment and Selection criteria is reviewed to ensure that there are no barriers to appointment for people from different cultural backgrounds.

**EXAMPLE THREE:**
A service is to be delivered from a particular building. The building has undergone a full access audit, and is accessible for people with both physical and sensory disabilities.

**EXAMPLE FOUR:**
An organisation ensures that all service user information can be made available on request in audio, large, print and Braille - This would have a positive impact on service users with hearing and visual impairments.

**EXAMPLE FIVE:**
A targeted health improvement campaign for young men between the ages of 15 to 21 would have a positive differential impact on this age group, compared with its impact on other age groups and women. It would not, however, necessarily have an adverse impact on the other age groups or on women.

### Negative Impacts – Examples

**EXAMPLE ONE:**
An event held in a building with no loop facilities would have a negative impact for attendees with hearing impairments.

**EXAMPLE TWO:**
If an organisation would only accept complaints in writing, this would have a negative impact on some people. This may include people with learning disabilities, people who do not use English as their first language and people whom written communication is not a strong cultural norm such as British Sign Language Users.

**EXAMPLE THREE:**
Information about the service/policy is published and contains jargon and small print. May have a negative impact on visually impaired people, those with learning disabilities and for people whose preferred language is not English.

**EXAMPLE FOUR:**
A Recruitment Drive scheduled during Ramadan (usually mid October to mid November) may have a negative impact on Muslims who fast during the hours of daylight.

**EXAMPLE FIVE:**
Where the choice of venue for a staff social event precludes members of a particular faith or belief group from participating.
### EQUALITY IMPACT ASSESSMENT TABLE - POLICIES

<table>
<thead>
<tr>
<th>Equality Group</th>
<th>Positive Impact</th>
<th>Negative Impact</th>
<th>Reason/Comments for Positive Impact (Why it could benefit any / all of the protected groups)</th>
<th>Reason/Comments for Negative Impact (Why it could disadvantage any / all of the protected groups)</th>
<th>Resource Implication Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td></td>
<td></td>
<td>Does this policy provide any positive impact for men? If so what is this?</td>
<td>Does this policy provide any negative impact for men? If so what is this?</td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td></td>
<td>Does this policy provide any positive impact for women? If so what is this?</td>
<td>Does this policy provide any negative impact for women? If so what is this?</td>
<td></td>
</tr>
<tr>
<td>Younger People (17-25) and Children</td>
<td></td>
<td></td>
<td>Does this policy provide any positive impact for younger people or children? If so what is this?</td>
<td>Does this policy provide any negative impact for younger people or children? If so what is this?</td>
<td></td>
</tr>
<tr>
<td>Older People (60+)</td>
<td></td>
<td></td>
<td>Does this policy provide any positive impact for older people? If so what is this?</td>
<td>Does this policy provide any negative impact for older people? If so what is this?</td>
<td></td>
</tr>
<tr>
<td>Race or Ethnicity</td>
<td></td>
<td></td>
<td>Does this policy provide any positive impact for people from a particular race? If so what is this?</td>
<td>Does this policy provide any negative impact for people from a particular race? If so what is this?</td>
<td></td>
</tr>
<tr>
<td>Learning Disability</td>
<td></td>
<td></td>
<td>Does this policy provide any positive impact for people with learning disabilities? If so what is this?</td>
<td>Does this policy provide any negative impact for people with learning disabilities? If so what is this?</td>
<td></td>
</tr>
<tr>
<td>Hearing Impairment</td>
<td></td>
<td></td>
<td>Does this policy provide any positive impact for people with hearing impairments? If so what is this?</td>
<td>Does this policy provide any negative impact for people with hearing impairments? If so what is this?</td>
<td>Please state whether there is a resource implication for any of the negative impacts identified.</td>
</tr>
<tr>
<td>Visual Impairment</td>
<td></td>
<td></td>
<td>Does this policy provide any positive impact for people with visual impairments? If so what is this?</td>
<td>Does this policy provide any negative impact for people with visual impairments? If so what is this?</td>
<td></td>
</tr>
<tr>
<td>Physical Disability</td>
<td></td>
<td></td>
<td>Does this policy provide any positive impact for people with physical disabilities? If so what is this?</td>
<td>Does this policy provide any negative impact for people with physical disabilities? If so what is this?</td>
<td></td>
</tr>
<tr>
<td>Mental Health Need</td>
<td></td>
<td></td>
<td>Does this policy provide any positive impact for people with mental health needs? If so what is this?</td>
<td>Does this policy provide any negative impact for people with mental health needs? If so what is this?</td>
<td></td>
</tr>
<tr>
<td>Gay/Lesbian/ Bisexual</td>
<td></td>
<td></td>
<td>Does this policy provide any positive impact for people who are gay, lesbian etc.? If so what is this?</td>
<td>Does this policy provide any negative impact for people who are gay, lesbian etc.? If so what is this?</td>
<td></td>
</tr>
<tr>
<td>Transgender</td>
<td></td>
<td></td>
<td>Does this policy provide any positive impact for people who are transgender If so what is this?</td>
<td>Does this policy provide any negative impact for people who are transgender If so what is this?</td>
<td></td>
</tr>
<tr>
<td>Faith Groups (please specify)</td>
<td></td>
<td></td>
<td>Does this policy provide any positive impact for people from different faith groups? If so what is this?</td>
<td>Does this policy provide any negative impact for people from different faith groups? If so what is this?</td>
<td></td>
</tr>
<tr>
<td>Marriage &amp; Civil Partnership</td>
<td></td>
<td></td>
<td>Does this policy provide any positive impact for people who are married or have a civil partner?</td>
<td>Does this policy provide any negative impact for people who are married or have a civil partner?</td>
<td></td>
</tr>
<tr>
<td>Pregnancy &amp; Maternity</td>
<td></td>
<td></td>
<td>Does this policy provide any positive impact for women who are pregnant or on maternity leave?</td>
<td>Does this policy provide any negative impact for women who are pregnant or on maternity leave?</td>
<td></td>
</tr>
<tr>
<td>Carers</td>
<td></td>
<td></td>
<td>Does this policy provide any positive impact for people who are carers? If so what is this?</td>
<td>Does this policy provide any negative impact for people who are carers? If so what is this?</td>
<td></td>
</tr>
<tr>
<td>Other Group (please specify)</td>
<td></td>
<td></td>
<td>Does this policy provide any positive impact for any other group of people – if so please specify.</td>
<td>Does this policy provide any negative impact for any other group of people – if so please specify.</td>
<td></td>
</tr>
<tr>
<td>Applies to ALL Groups</td>
<td></td>
<td></td>
<td>Does this policy provide any positive impact for all of the above protected groups? If so what is this?</td>
<td>Does this policy provide any negative impact for all of the above protected groups? If so what is this?</td>
<td></td>
</tr>
</tbody>
</table>

**High:** There is significant evidence of a negative impact or potential for a negative impact.

**Low:** Likely to have a minimal impact / There is little evidence to suggest a negative impact.

**None:** A Policy with neither a positive nor a negative impact on any group or groups of people, compared to others.
HOW TO COMPLETE THE HIGH / LOW, POSITIVE / NEGATIVE IMPACTS TABLE:

<table>
<thead>
<tr>
<th>FACTOR SCORE</th>
<th>HIGH</th>
<th>LOW</th>
<th>NONE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>POSITIVE</strong></td>
<td>Highly likely to promote equality of opportunity and good relations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Example: A targeted health improvement campaign for young men between the ages of 15-21 would have a positive differential impact on this age group, compared with its impact on other age groups and women. It would not, however, necessarily have a negative impact on the other age groups or on women.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A hospital providing an Interpreter Service 24 hours a day, 7 days a week.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unlikely to promote equality of opportunity and good relations.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service users who do not speak the English language, can only obtain translated information on request – Although this information can be accessed, it is not readily available. It is important to take into account however, available data (i.e. Wigan’s population is predominately White British (98.7%). In this instance, this would be categorised as a Low Impact</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Impact on protected characteristics.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NEGATIVE</strong></td>
<td>Highly likely to have a Negative Impact (there is a significant evidence of a negative impact or potential for a negative impact). The Policy / Service has consequences for and affects significant numbers of people and/or has the potential to make a significant contribution to promoting equality.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Example: A Clinic held on the 2nd floor of a building with no lift access would have a High Negative Impact on disabled patients / mums with children (prams) / older patients etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highly likely to have a Minimal impact - There is anecdotal or little evidence to suggest a negative impact. However, need to consider actions to minimise and review in agreed timescale.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment of the policy / service shows that the impact on the intended outcome may have differential impact (different effects on different groups of people), but these do not have a disproportionate outcome and can be reasonably justified – See example below.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The policy operates mainly within a small unit and affects few people.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Impact on protected characteristics.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The implementation of a new Call Centre would have NO Positive impact on male and female patients.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The implementation of a new Call Centre would have NO Negative Impact on male and female patients.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
INITIAL ASSESSMENT (PART 3)

(a) In relation to each group, are there any areas where you are unsure about the impact and more information is needed?

State whether you are unsure about the impact of any protected characteristic and whether you feel more information is required to undertake the assessment.

(b) How are you going to gather this information?

State how you are going to collate this information and from where.

(c) Following completion of the Stage 1 Assessment, is Stage 2 (a Full Assessment) necessary?

Have you identified any issues that you consider could have an adverse (negative) impact on people from the following protected groups?

<table>
<thead>
<tr>
<th>Category</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (Younger People (17-25) and Children / Older People (60+)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex (Men / Women)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion / Belief</td>
<td></td>
<td></td>
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<tr>
<td>Sexual Orientation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender Re-assignment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marriage &amp; Civil Partnership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy &amp; Maternity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Please delete as appropriate)

Any Other Comments

Please use this box to add any additional comments relevant to the assessment.

Assessment Completed By: ……………………………. Date Completed: …………………

IF ‘NO IMPACT’ IS IDENTIFIED Action: No further documentation is required.

IF ‘YES IMPACT’ IS IDENTIFIED Action: Full Equality Impact Assessment Stage 2 Form must be completed.

PLEASE RETURN COMPLETED FORMS VIA E-MAIL TO:

DEBBIE JONES, INCLUSION AND DIVERSITY PROJECT LEAD (for Service related policies) debbie.jones@wwl.nhs.uk

PHILIP MAKIN, INCLUSION AND DIVERSITY PROJECT LEAD (for HR / Staffing related policies) Philip.makin@wwl.nhs.uk

Please note: As a member of Trust staff carrying out a review of an existing or proposal for a new service, policy or function you are required to complete an EIA. By stating that you have NOT identified a negative impact, you are agreeing that the organisation has NOT discriminated against any of the protected characteristics. Please ensure that you have the evidence to support this decision as the Trust will be liable for any breaches in Equality Legislation.
# EXPLANATORY GUIDE (Services & Policies)

## STAGE 2 – FULL ASSESSMENT & IMPROVEMENT PLAN

**MUST be completed if any negative issues have been identified in Stage 1**

<table>
<thead>
<tr>
<th>Title of Service/Policy being assessed:</th>
<th>State the title of the service/policy being assessed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment Date:</td>
<td>State the date the service/policy was assessed.</td>
</tr>
<tr>
<td>Is the service/policy aimed at a specific group of users?</td>
<td>For example: older people / women / men etc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>What adverse (negative) impacts were identified in Stage 1 and which groups were affected?</th>
<th>What changes or actions do you recommend to improve the service to eradicate or minimise the negative impacts on the specific groups identified?</th>
<th>Lead</th>
<th>Time-Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>List what negative impacts were recorded in Stage 1 (Initial Assessment).</td>
<td>Once you have assessed the impact of a policy/service, it is important to identify options and alternatives to reduce or eliminate any negative impact. Options considered could be adapting the policy or service, changing the way in which it is implemented or introducing balancing measures to reduce any negative impact. When considering each option you should think about how it will reduce any negative impact, how it might impact on other groups and how it might impact on relationships between groups and overall issues around community cohesion. You should clearly demonstrate how you have considered various options and the impact of these. You must have a detailed rationale behind decisions and a justification for those alternatives that have not been accepted.</td>
<td>State the Name of the Person who will be leading on this action.</td>
<td>State Date by which action should be undertaken.</td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Younger People (17-25)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Older People (50+)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race or Ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning Disability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing Impairment</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Visual Impairment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Disability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Need</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gay/Lesbian/Bisexual</td>
<td></td>
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</tr>
<tr>
<td>Transgender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faith Groups (please specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marriage &amp; Civil Partnership</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy &amp; Maternity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Group (please specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applies to ALL Groups</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How will actions and proposals be monitored to ensure their success?</th>
<th>State how actions and proposals will be monitored to ensure success.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which Committee will you report to? (i.e. Divisional DQEC / Governance Meeting).</td>
<td>State which Divisional Committee will be monitoring progress.</td>
</tr>
<tr>
<td>Who will be responsible for monitoring these actions?</td>
<td>State which Divisional Lead will be monitoring these actions and ensuring implementation.</td>
</tr>
</tbody>
</table>

Job Title: 
Contact Tel. No

---

**PLEASE RETURN COMPLETED FORM TO DEBBIE JONES, INCLUSION AND DIVERSITY PROJECT LEAD (SERVICES) debbie.jones@wwl.nhs.uk**
APPENDIX 7
Consultation – Help & Advice Contacts
CONSULTATION (HELP & ADVICE CONTACTS)

Help and advice on how to consult and involve people, and groups who can be consulted is available from:-

Head of Engagement
Patient & Public Engagement
Royal Albert Edward Infirmary
Wigan Lane
Wigan
WN1 2NN
01942 822193
andrea.arkwright@wwl.nhs.uk

Inclusion & Diversity Project Lead (Patient Services)
Patient & Public Engagement
Royal Albert Edward Infirmary
Wigan Lane
Wigan
WN1 2NN
01942 822217
debbie.jones@wwl.nhs.uk

Inclusion & Diversity Project Lead (Employment)
Human Resources Department
Buckingham Row
Brick Kiln Lane
Wigan
WN1
01942 773820
philip.makin@wwl.nhs.uk
1. **WHAT IS EQUALITY?**

   **Is about Fairness** – No matter who you are, you have the same equal chances and opportunities as the next person.

   Equality is about ensuring that the individual requirements of different people and different communities are taken into account.

   It is important to note that equality does not simply mean treating everyone the same, but recognising and respecting each others differences. Tackling discrimination in all its forms.

   For example: providing a service for patients only on a Friday, may adversely (negatively) affect religious groups.

2. **WHAT IS DIVERSITY?**

   **Means Difference** - no two people are the same.

   The Term ‘Diversity’ is used to describe the uniqueness of each individual in the population. It refers to all of the characteristics that make individuals different from each other.

   Giving the same treatment to all will not create equality; what one person finds easy to achieve, might be more challenging for another.

   Diversity is the many distinct characteristics that staff, patients, carers and families bring to our organisation.

3. **WHAT IS AN EQUALITY IMPACT ASSESSMENT (EIA)?**

   An Equality Impact Assessment (EIA) is a process that helps support managers to understand the impacts that our decisions might have on different types of people, and improve them where we can. These decisions can relate to existing services, policies and functions, plans for future changes and new projects.

   The processes involved in undertaking an Equality Impact Assessment, should not be looked on as an end in itself. The overall aim of the assessment is to promote equality of opportunity and thus the outcomes and improvements from the assessment are central. Good Equality Impact assessment will lead to actions which can either be implemented immediately or will need to be carried forward – unless there is evidence that there is no negative impact on any groups.

   **An Equality Impact Assessment is a tool, not a burden! Carrying out an assessment should help services understand how to deliver best practice.**
4. WHERE DO EIAs COME FROM?

Public Authorities have a legal duty under the Public Sector Equality Duty to show that they have given due regard to all 9 protected characteristics. In order for the Trust to demonstrate compliance with this duty, Equality Impact Assessments must be undertaken. These assessments help us to understand how different people will be affected by our activities, so that our policies and services are appropriate and accessible to all, meet people’s needs and open up opportunities for people.

The Equality Act 2010 consolidates existing legislation on sex, race, disability, sexual orientation, religion or belief and age and brings together over 116 separate pieces of legislation into one Single Act. It strengthens the law to tackle discrimination and inequality.

5. WHAT ARE THE AIMS OF AN EQUALITY IMPACT ASSESSMENT?

- To assess how a particular policy, service or function will affect different groups of people, based on their protected characteristics:
- To identify any negative impact.
- To identify alternative approaches, which might reduce any negative impact and help bring about greater equality in our services.
- To help manage and improve our relations between different groups of people.
- To help to improve our services and the overall patient experience.

6. WHAT ARE PROTECTED CHARACTERISTICS / EQUALITY GROUPS?

By Equality Groups we mean groups of people who may experience particular forms of discrimination, whether or not the discrimination is intentional.

The government aims to protect these groups from discrimination by targeting them with equality legislation.

The Equality 2010 provides individuals / groups of people with protection from discrimination on the basis of a range of 9 protected characteristics. These are:
- Age
- Sex
- Race
- Disability
- Religion or Belief
- Sexual Orientation
- Gender Reassignment
- Marriage & Civil Partnership
- Pregnancy & Maternity

In addition to these 9 ‘protected characteristics’, Carers and Human Rights will also be considered as part of the Trust’s Equality Impact Assessment.
7. **WHEN SHOULD I CARRY OUT AN EQUALITY IMPACT ASSESSMENT?**

An Equality Impact Assessment should be carried out when:

- **Developing:**
  - New Policy
  - New Guidelines
  - New Service / Function
  - Trust Tender
  - New Project

- **Reviewing:**
  - Existing Policies
  - Existing Guidelines
  - Existing Services / Functions

8. **DO I NEED TO ASSESS BOTH EXISTING AND NEW SERVICES AND POLICIES?**

**YES** – All current policies and services – both new and existing must be monitored and regularly reviewed for relevance and checked for their impact.

However, when deciding what existing policies or services to review, Divisions should take a proportionate approach – assessing the equalities impact of the policy should be proportionate to the likely impact of the policy itself. Issues for consideration should include the number of people likely to be affected, the financial and human resources involved, the extent of the proposed change and the wider public policy implications.

9. **WHAT MATERIALS ARE REQUIRED TO UNDERTAKE AN EQUALITY IMPACT ASSESSMENT?**

As much evidence as possible. This can include:

- Knowledge of staff and patients
- Process Map – Review patient’s journey through the service
- Complaints and Comments
- Patient Satisfaction Surveys
- Feedback from focus groups / consultations
- On-line Divisional Activity Reports – in-patients & out-patient activity
- Inclusion and Diversity Annual Monitoring Reports
- National and Local Statistics and Audits
- Existing Research
- Anecdotal Evidence
10. **WHAT DO I NEED TO CONSIDER WHEN COMPLETING AN EQUALITY IMPACT ASSESSMENT?**

- Whether there is a negative impact on a protected characteristic. You need to question whether the policy/service/function puts a protected group at a disadvantage.
- Whether the negative impact, if any, can be avoided?
- Is there a need for more research / consultation in order to ensure that the policy/service/function can be deemed non-discriminatory?

11. **HOW DO I DO AN EQUALITY IMPACT ASSESSMENT?**

You need to complete the Equality Impact Assessment Template. There are two Equality Impact Assessment Templates. One for policies and one for services. There are a number of supporting documents that can assist you in carrying out an Equality Impact Assessment, including Equality Impact Assessment Toolkit – Please refer to the Trust’s E&D Web Pages on the Trust Intranet.

12. **HOW DO I KNOW WHICH SERVICES TO ASSESS IN MY DEPARTMENT / WARD / AREA?**

An Equality Impact Assessment should be carried out when:

- **Developing:**
  - New Policy
  - New Guidelines
  - New Service / Function
  - Trust Tender
  - New Project

- **Reviewing:**
  - Existing Policies
  - Existing Guidelines
  - Existing Services / Functions

13. **WHERE CAN I FIND AN EQUALITY IMPACT ASSESSMENT TEMPLATE?**

Initial and Full Equality Impact Assessment Forms can be downloaded from the Equality and Diversity Web Pages on the Trust Intranet Website.

14. **HOW DO I PRIORITISE WHICH SERVICES / POLICIES NEED TO BE ASSESSED?**

To help you decide how to prioritise which services / policies to Equality Impact Assess first, the following questions are offered as a prompt – please note however these are not definitive. It is important that you use your own knowledge and experience to identify priorities.

- What causes us the most problems? What do people complain about?
- Does a particular service work well? Are we delivering against its core principles? If it doesn’t always feel right, what areas do we need to improve?
- Do service users value a particular service? If not, why not? Who is not getting involved or playing their full part?
- Do we know how people feel about a particular service? Who do we need to talk to? What do we need to find out? How can we do that?
- What would make everyone’s lives a lot easier around a particular service? Why are we not doing it? Are there opportunities that we are missing to be even better.
- Are the right decisions being made about a service? If we have got it wrong in the past, what was the reason for this? Do we need to understand more?
- What new services / policies have you got planned? What are the big projects / issues you need to deal with? Are we ready for this? What other work might we do to prepare?
- What are our goals for a particular service? Are we heading in the right direction? Have we got evidence of all the good work going on?

15. **WHAT ABOUT MAJOR DECISIONS OR URGENT POLICY CHANGES?**

There will be times when it is not practical to delay making a decision or adapting a policy so that an EIA can be completed, for example, Medicines Management. Therefore in such cases, a plan should be agreed for how and when the policy will be assessed, usually as part of the arrangements for monitoring and review.

It is important to note, EIAs are intended to aid good decision making, not to prevent decisions being made.

16. **WHAT ABOUT JOINT ARRANGEMENTS AND PARTNERSHIP WORKING?**

When working on joint policies, it is the Policy / Service Lead that should be ultimately responsible for the Equality Impact Assessment. However, even in partnership arrangements we must be able to demonstrate we as an organisation are fulfilling our duties, even where we are not the lead organisation.
17. WHAT NEEDS TO BE DONE WHEN AN EIA IS COMPLETED AND NO NEGATIVE IMPACT IS FOUND?

The policy / service can be introduced or continued, BUT ensure that arrangements are in place to monitor and review its impact in the future.

18. WHAT DO I DO WITH MY COMPLETED EQUALITY IMPACT ASSESSMENT?

Copies of all completed Equality Impact Assessments and Improvement Plans should be sent electronically (via e-mail) to Debbie Jones, Inclusion and Diversity Project Lead (Services). These will be checked for quality and will then be published within the Summary Report on the Trust’s Website.

Please retain a paper / electronic copy of your completed EIA Template and Improvement Plan for monitoring and audit purposes.

19. WHO CAN I SPEAK TO IF I AM UNSURE ABOUT SOMETHING?

The Trust’s Inclusion and Diversity Project Leads are:

<table>
<thead>
<tr>
<th>Service Issues</th>
<th>Debbie Jones</th>
<th>01942 822217</th>
</tr>
</thead>
<tbody>
<tr>
<td>HR Issues</td>
<td>Philip Makin</td>
<td>01942 773820</td>
</tr>
</tbody>
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They are happy to help with any queries you may have regarding EIAs.

The Trust has Divisional Inclusion and Diversity Champions for each Division. For details of your Divisional Champions, please refer to the Trust’s E&D Web Pages on the Trust Intranet.

20. IS THERE A MINIMUM NUMBER IF PEOPLE WHO NEED TO BE INVOLVED IN THE IMPACT ASSESSMENT PROCESS?

It is recommended that a minimum of 2/3 people are involved in the Equality Impact Assessment Process.