

Equality Impact Assessment Toolkit

(Including Guidance and Forms)



Everyone
is Unique



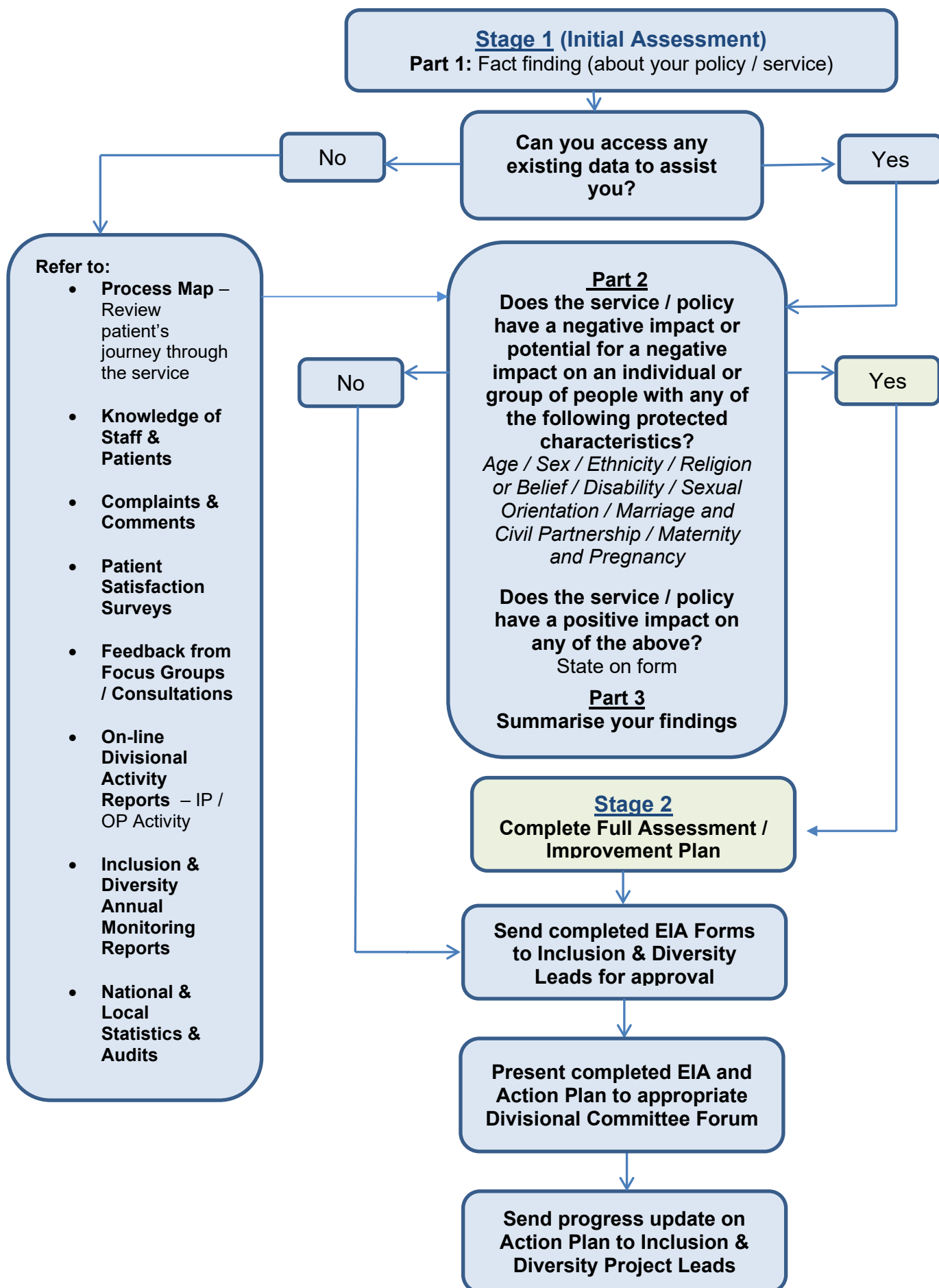
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1. EQUALITY IMPACT ASSESSMENT FLOW CHART



Refer to Chapter 8 for a detailed Summary of the 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 an individual or particular group of people and then to develop action plans to address them.

This Toolkit has been designed to provide staff with clear guidance on how to conduct an equality Impact assessment. The toolkit is supported by a series of appendices that staff may find of assistance when they complete an EIA.

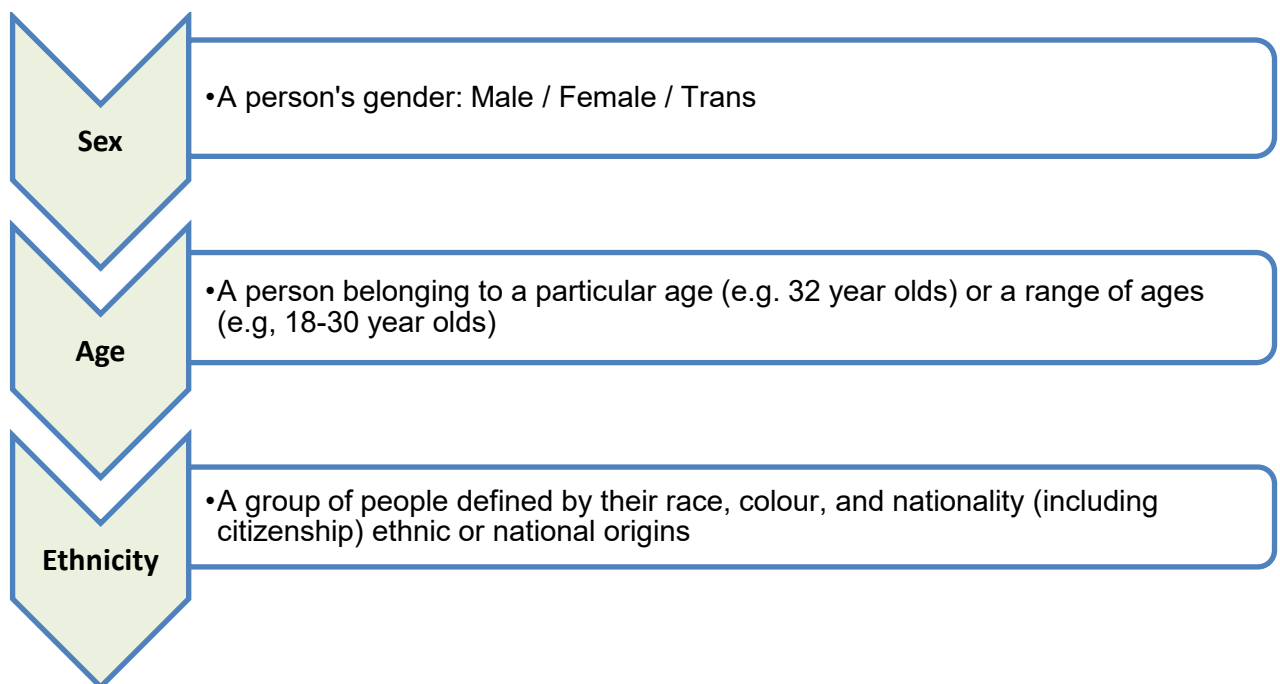
3. WHAT IS AN EQUALITY IMPACT ASSESSMENT (EIA)?

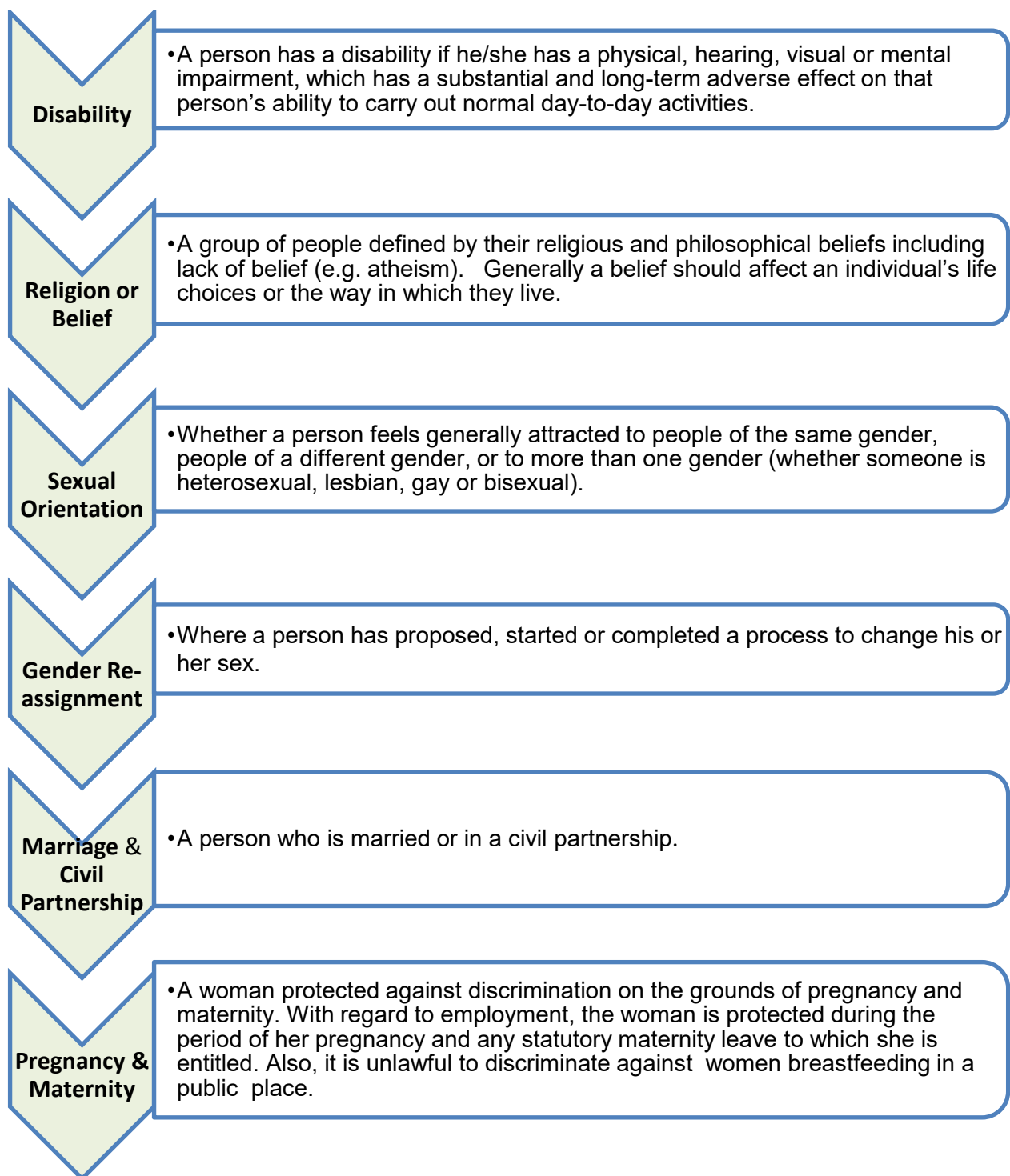
It is a process that helps the Trust to evidence and understand the impacts that our decisions might have on different types of people, and improve them where we can. These decisions can relate to existing services, policies and functions, plans for future changes and new projects.

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.

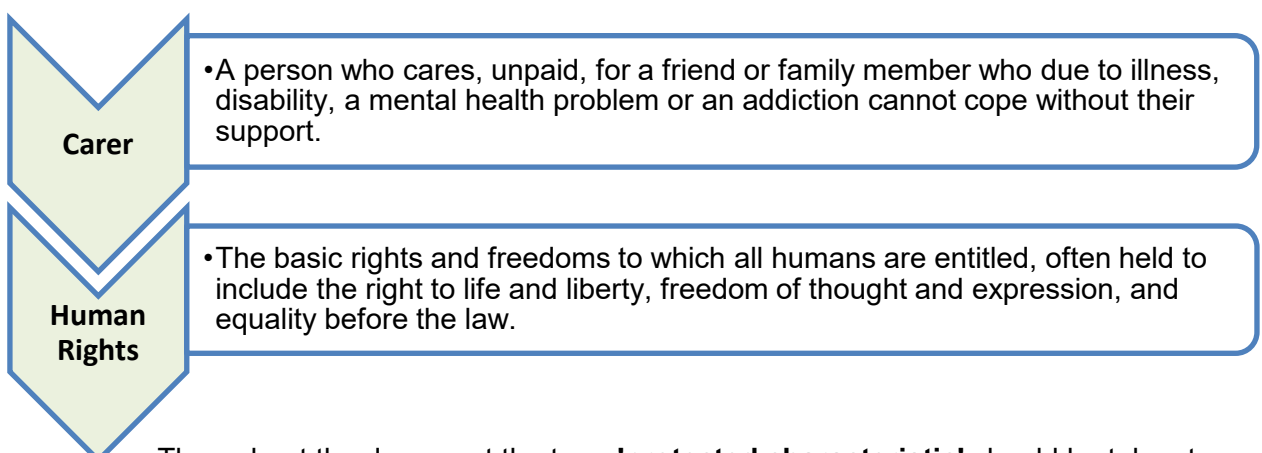
The EIA is carried out by completing a form, drawing on existing research, monitoring information, and consultation. Once this has been completed, action plans can be drawn up and any decisions to change the delivery of an activity or policy can be made.

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





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



Throughout the document the term '**protected characteristic**' should be taken to include all the above protected 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.

Equality Impact Assessments increase patient and staff trust; enhances value for money; informs business plans; increases social inclusion; and 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 equality based national laws and guidelines which mandate and guide how NHS organisations should demonstrate equality. See **Appendix 6:**

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

All Policies, Procedures and Services should be Equality Impact Assessed. Priority, however should be given to:

- Policies, procedures and services due for review.
- Any new policies, procedures or services being developed.
- 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 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.

8. EQUALITY IMPACT ASSESSMENT PROCESS:

There are 2 Stages to the Trust's Equality Impact Assessment process:

STAGE 1: INITIAL ASSESSMENT

Part 1:

FACT FINDING / DATA GATHERING

ENGAGEMENT

Identify what data is required to assess the impact of your policy / service on individuals / groups of people with the following protected characteristics:

Sex / Age / Ethnicity / Religion or Belief / Disability / Sexual Orientation / Marriage and Civil Partnership / Maternity and Pregnancy

Identify what data is available and what further data needs to be gathered.

Ensure that representatives with protected characteristics / patients / public / carers / staff with a range of perspectives are involved.

Part 2:

ASSESS IMPACT

Determine if the policy / service / function / strategy has any positive impact(s) on an individual or group of people with any of the protected characteristics stated above.

Determine if the policy / service / function / strategy has had or is likely to have an adverse (negative) impact on any of the above protected characteristics on the basis of the information gathered.

Determine the nature of the adverse impact.

Part 3:

SUMMARISE

Summarise your assessment. On discovering a negative or the potential for a negative impact, you will need to undertake a full EIA.

STAGE 2: FULL ASSESSMENT / IMPROVEMENT PLAN

ELIMINATE OR REDUCE NEGATIVE IMPACT

Investigate why a negative impact has occurred / could occur. Assess what changes are required to eliminate or reduce the negative impact(s).

ACTION PLANNING & REVIEW / EQUALITY ASSESSMENT IMPROVEMENT PLAN

List what changes or actions are required to eliminate or reduce the negative impact(s).

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

Ensure 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. Amend the Policy / Service as appropriate.

PUBLICATION OF DATA

All forms to be sent to the Inclusion & Diversity Leads for review / publication

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 or policy - they may include the following:

Source of Data	How to Access
The knowledge and experience of the people assisting in the service	Managers / Staff / Volunteers
Service / Policy Process Map – Review patient's journey through the service	Managers / Staff / Volunteers / Patients
Complaints and Comments	Patient Relations Department
Patient Satisfaction Surveys	Patient and Public Engagement Department
Feedback from Focus Groups / Consultations / Community Consultation	Inclusion and Diversity Project Leads Patient and Public Engagement Department Managers / Staff / Volunteers / Patients
Inclusion and Diversity Annual Monitoring Report	Copy can be obtained via Inclusion and Diversity Web Pages on Trust Intranet http://www.wvl.nhs.uk/Equality/resources.aspx
Performance Data / Inspection / Audit / Assessments	Managers / Staff / Volunteers Business Intelligence Department

National and local statistics and audits / Census Data 2011	<p>Wigan Council Web Site – Joint Strategic Needs Assessment / Census Data: https://www.wigan.gov.uk/Docs/PDF/Council/Strategies-Plans-and-Policies/Planning/Health-and-Social-Care/JSNAExecSummary.pdf</p> <p>Wigan Borough Clinical Commissioning Group http://www.wiganboroughccg.nhs.uk/your-ccg/equality-and-diversity</p> <p>Office for National Statistics http://www.ons.gov.uk/ons/datasets-and-tables/index.html</p> <p>Public Health England – Wigan Health Profile http://www.trustinleigh.org/wp-content/uploads/2016/09/Wigan-Health-Profile-2016.pdf</p>
<p>On-line Trust Divisional Activity Reports (via Business Intelligence)</p> <p>In-Patient Admissions Out-Patient Attendances A&E Attendances DNAs Out-Patient Cancellations</p>	<p>Access: IT Systems Select: Business Intelligence Select: Other Reporting Select: PDF External Content (<i>top right</i>) Select: Expand All (<i>top left</i>) Select: Equality & Diversity Report</p> <p>Activity can be analysed via Age; Ethnicity; Sex and Religion or Belief</p>
http://www.idwssrs01/Reports/Pages/Report.aspx?ItemPath=%2fMain+Menu%2fMenu	

10. **ENGAGEMENT EXERCISES WITHIN AN EQUALITY IMPACT ASSESSMENT:**

A key element of an equality impact assessment is engagement 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 engagement 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).

Engagement is a vital tool in learning more about our services and improving patient experience. Engagement 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. Engagement 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.
- Engagement 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, on-going 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 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, ethnicity, gender reassignment, marriage and civil partnership, pregnancy and maternity, religion or belief, and sexual orientation equality?**
- **Could the policy / service 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? 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:

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.

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.

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://sharepoint.xwwwl.nhs.uk/sites/PolicyManagement/SitePages/Home.aspx>
- Respect in terms of religion, belief and culture.
- Contact Chaplaincy & Spiritual Care Department on Ext 2324 for further advice.

GENDER RE-ASSIGNMENT

- . 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 '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.

13. **ADVICE AND SUPPORT**

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

Inclusion & Diversity Lead	Advice & Guidance on:	Contact Number
Debbie Jones	Service Issues	01942 822217
Philip Makin	HR Issues	01942 773820

14. **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, 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 could have a negative impact on different 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**.

For a Full Explanatory Guide of how to complete an Initial Impact Assessment of a Service, please see Appendix 1.

For a Full Explanatory Guide of how to complete an Initial Impact Assessment of a Policy, please see Appendix 2.

15. **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.

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.

For a Full Explanatory Guide of how to complete an Initial Impact Assessment of a Service / Policy please see Appendix 3.

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

A summary report of all completed Equality Impact Assessments is produced. **It is the responsibility of the Trust's Inclusion and Diversity Leads to update this summary report. Copies of individual completed Equality Impact Assessments can be requested by contacting the Trust's Inclusion and Diversity Leads.**

APPENDIX 1

Explanatory Guide – Equality Impact Assessment Form (Services)

EQUALITY IMPACT ASSESSMENT FORM – STAGE 1**INITIAL ASSESSMENT (PART 1)****SERVICES**

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.			
Will patients, carers, the public or staff be affected by this service? Please tick as appropriate.		Yes	No	If staff, how many individuals / Which Groups of Staff are likely to be affected? State the approximate number of staff likely to be affected, i.e. All Patient Admin Staff, Paediatric Out-Patient Nurses etc.
	Patients			
	Carers			
	Public			
Have patients, carers, the public or staff been involved in the development of this service? Please tick as appropriate.	Staff			If yes, who did you engage with? Please state below: 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. 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. Help and advice on how to consult and involve people, and groups who can be consulted is available – Please Refer to Appendix 7.
	Patients			
	Carers			
	Public			
What engagement method(s) did you use?	Engagement 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?**

Protected Characteristic	Indicate Yes or No	If Yes - State where Recorded
Sex		State where this information is stored.
Age		
Ethnicity		
Religion or Belief		
Disability		
Sexual Orientation		
Gender Re-assignment		
Marriage & Civil Partnership		
Pregnancy & Maternity		
Carer Status		

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 / Sex / Ethnicity and Religion are currently recorded on PAS.
Divisional Activity Reports can be drilled down by each of these protected characteristics. These include In-patient & Out-Patient Activity / A&E Attendances / DNAs & Cancellations.

Reports can be accessed via Business Intelligence:

<http://www.dwssrs01/Reports/Pages/Report.aspx?ItemPath=%2fMain+Menu%2fMenu>

Once you have gained access on-line - Select: Other Reporting / PDF External Content / Expand All / E&D Report

Access the Trust's On-line Reporting Tool – Business Intelligence 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://www.dwssrs01/Reports/Pages/Report.aspx?ItemPath=%2fMain+Menu%2fMenu>

Once you have gained access on-line - Select: Other Reporting

Select: PDF External Content

Expand All

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.

Communication Methods	Yes	No
Face to Face Verbal Communication		
Telephone		
Printed Information (e.g. leaflets / posters)		
Written Correspondence		
E-mail		
Other (Please specify)		

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

Please tick as appropriate.

Yes	No	If No, please state when this will be implemented?
		From 31 st July 2016, The Accessible Information Standard stipulates that all public organisations must ask all patients if they have any information or communication needs. Must record those needs clearly and in a set way. Must highlight or flag patient's needs and ensure their needs are met. Must share information with other services / providers.

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

Please tick as appropriate.

Interpreter & Translation Services	Yes	No
Telephone Interpreters (<i>other languages</i>)		
Face to Face Interpreters (<i>other languages</i>)		
British Sign Language Interpreters		
Information / Letters translated in to audio / braille / large print / other languages		

3) ACCESS - ESTATES

Please tick as appropriate.

	Yes	No	N/A
Is the building where the service is located wheelchair accessible?			
Does the reception area have a hearing loop system?			
Does the building have car parking spaces reserved for Blue Badge Holders?			
Does the building have access to wheelchair accessible 'disabled' toilet facilities?			
Does the building / hospital site have access to prayer and faith resources?			
Do you have access to any additional facilities - wheelchairs, hoist, specialist bath? If Yes - Please State:			

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:

- Sex Equality
- Age 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:](#)

EXAMPLES OF POSTIVE AND NEGATIVE IMPACTS

POSTIVE IMPACTS (It could benefit)	NEGATIVE IMPACTS (It could disadvantage)
<p>The policy service may have a positive impact on any of the protected groups in relation to:</p> <ul style="list-style-type: none"> • Promoting equal opportunities and equality. • Improving relations within protected groups. • Providing 'target need' service to highlighted groups. 	<p>The policy / service may have an adverse (negative) impact upon any of the protected groups (i.e. disadvantage them in any way).</p>
Positive Impacts – Examples	Negative Impacts – Examples
<p>EXAMPLE ONE:</p> <p>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.</p> <p>EXAMPLE TWO:</p> <p>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.</p> <p>EXAMPLE THREE:</p> <p>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.</p> <p>EXAMPLE FOUR:</p> <p>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.</p> <p>EXAMPLE FIVE:</p> <p>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.</p>	<p>EXAMPLE ONE:</p> <p>An event held in a building with no loop facilities would have a negative impact for attendees with hearing impairments.</p> <p>EXAMPLE TWO:</p> <p>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.</p> <p>EXAMPLE THREE:</p> <p>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.</p> <p>EXAMPLE FOUR:</p> <p>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.</p> <p>EXAMPLE FIVE:</p> <p>Where the choice of venue for a staff social event precludes members of a particular faith or belief group from participating.</p>

EQUALITY IMPACT ASSESSMENT TABLE – SERVICES (PART 2)

Protected Characteristic	Positive Impact High Low None	Negative Impact High Low None	Reason/Comments for Positive Impact <u>(Why it could benefit any / all of the protected characteristics)</u>	Reason/Comments for Negative Impact <u>(Why it could disadvantage any / all of the protected characteristics)</u>	Resource Implication Yes / No
Men	See Notes Below	See Notes Below	Does this service provide any positive impact for men? If so what is this?	Does this service provide any negative impact for men? If so what is this?	Please state whether there is a resource implication for any of the negative impacts identified.
Women	See Notes Below	See Notes Below	Does this service provide any positive impact for women? If so what is this?	Does this service provide any negative impact for women? If so what is this?	
Transgender / Gender Re-Assignment	See Notes Below	See Notes Below	Does this service provide any positive impact for people who are transgender? If so what is this?	Does this service provide any negative impact for people who are transgender? If so what is this?	
Age (18 years+)	See Notes Below	See Notes Below	Does this service provide any positive impact for people who are of a certain age? If so what is this?	Does this service provide any negative impact for people who are of a certain age? If so what is this?	
Race or Ethnicity	See Notes Below	See Notes Below	Does this service provide any positive impact for people from a particular race? If so what is this?	Does this service provide any negative impact for people from a particular race? If so what is this?	
Hearing Impairment	See Notes Below	See Notes Below	Does this service provide any positive impact for people with hearing impairments? If so what is this?	Does this service provide any negative impact for people with hearing impairments? If so what is this?	
Visual Impairment	See Notes Below	See Notes Below	Does this service provide any positive impact for people with visual impairments? If so what is this?	Does this service provide any negative impact for people with visual impairments? If so what is this?	
Physical Disability	See Notes Below	See Notes Below	Does this service provide any positive impact for people with physical disabilities? If so what is this?	Does this service provide any negative impact for people with physical disabilities? If so what is this?	
Learning Disabilities	See Notes Below	See Notes Below	Does this service provide any positive impact for people with learning disabilities? If so what is this?	Does this service provide any negative impact for people with learning disabilities? If so what is this?	
Mental Health Need	See Notes Below	See Notes Below	Does this service provide any positive impact for people with mental health needs? If so what is this?	Does this service provide any negative impact for people with mental health needs? If so what is this?	
Gay/Lesbian/Bisexual	See Notes Below	See Notes Below	Does this service provide any positive impact for people who are gay, lesbian etc.? If so what is this?	Does this service provide any negative impact for people who are gay, lesbian etc.? If so what is this?	
Religion / Belief (please specify)	See Notes Below	See Notes Below	Does this service provide any positive impact for people from different faith groups? If so what is this?	Does this service provide any negative impact for people from different faith groups? If so what is this?	
Marriage & Civil Partnership	See Notes Below	See Notes Below	Does this service provide any positive impact for people who are married or have a civil partner?	Does this service provide any negative impact for people who are married or have a civil partner?	
Pregnancy & Maternity	See Notes Below	See Notes Below	Does this service provide any positive impact for women who are pregnant or on maternity leave?	Does this service provide any negative impact for women who are pregnant or on maternity leave?	
Carer Status	See Notes Below	See Notes Below	Does this service provide any positive impact for people who are carers? If so what is this?	Does this service provide any negative impact for people who are carers? If so what is this?	
Other Group (please specify)	See Notes Below	See Notes Below	Does this service provide any positive impact for any other group of people – if so please specify.	Does this service provide any negative impact for any other group of people – if so please specify.	

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:

	FACTOR SCORE		
	HIGH	LOW	NONE
<u>POSITIVE</u>	<p>Highly likely to promote equality of opportunity and good relations.</p> <p>-----</p>	<p>Unlikely to promote equality of opportunity and good relations.</p> <p>-----</p>	<p>No Impact on protected characteristics.</p> <p>-----</p>
Example:	<p>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.</p> <p>A hospital providing an Interpreter Service 24 hours a day, 7 days a week.</p>	<p>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</p>	<p>The implementation of a new Call Centre would have NO Positive impact on male and female patients.</p>
<u>NEGATIVE</u>	<p>Highly likely to have a Negative Impact (there is a significant evidence of a negative impact or potential for a negative impact).</p> <p>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.</p> <p>-----</p>	<p>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.</p> <p>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.</p> <p>The service operates mainly within a small unit and affects few people.</p> <p>-----</p>	<p>No Impact on protected characteristics.</p> <p>-----</p>
Example:	<p>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.</p>	<p>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.</p>	<p>The implementation of a new Call Centre would have NO Negative Impact on male and female patients.</p>

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?

Sex (Men / Women / Trans)	YES	NO
Age (Younger People (17-25) and Children / Older People (60+))	YES	NO
Race	YES	NO
Disability (Hearing Impairment / Visual Impairment / Physical Disability / Learning Disability / Mental Illness)	YES	NO
Religion / Belief	YES	NO
Sexual Orientation (Gay / Lesbian / Bisexual)	YES	NO
Gender Re-assignment	YES	NO
Marriage & Civil Partnership	YES	NO
Pregnancy & Maternity	YES	NO
Carer	YES	NO
Other	YES	NO

(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:

<http://intranet/Departments/Equality Diversity/Equality Impact Assessment Guidance.asp>

Assessment Completed By:

Job Title: Date Completed:

PLEASE RETURN COMPLETED FORM VIA E-MAIL TO DEBBIE JONES, INCLUSION AND DIVERSITY SERVICE LEAD debbie.jones@wvl.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 2

Explanatory Guide – Equality Impact Assessment Form: Policies & Guidelines

APPENDIX 2

EXPLANATORY GUIDE



**Wrightington,
Wigan and Leigh**
NHS Foundation Trust

POLICIES / GUIDELINES - EQUALITY IMPACT ASSESSMENT FORM

STAGE 1 – INITIAL ASSESSMENT (PART 1)

For each of the protected characteristics listed answer the questions below using Y to indicate Yes and N to indicate No	Sex (male / female / transgender)	Age (18 years+)	Race / Ethnicity	Disability (hearing / visual / physical / learning disability / mental health)	Religion / Belief	Sexual Orientation (Gay/Lesbian/ Bisexual)	Gender Re-Assignment	Marriage / Civil Partnership	Pregnancy & Maternity	Carers	Other Group	List Negative / Positive Impacts Below
Does the policy have the potential to affect individuals or communities differently in a negative way?												
Is there potential for the policy to promote equality of opportunity for all / promote good relations with different groups – Have a positive impact on individuals and communities.												
In relation to each protected characteristic, are there any areas where you are unsure about the impact and more information is needed?												If Yes: Please state how you are going to gather this information.

Job Title		Signed		Date	
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If 'YES an NEGATIVE IMPACT' IS IDENTIFIED - A Full Equality Impact Assessment STAGE 2 Form must be completed.
This can be accessed via [http://intranet/Departments/Equality Diversity/Equality Impact Assessment Guidance.asp](http://intranet/Departments/Equality%20Diversity/Equality%20Impact%20Assessment%20Guidance.asp)

EQUALITY IMPACT ASSESSMENT TABLE - NOTES

Does the policy have the potential to affect individuals or communities differently in a negative way?

Do you have any evidence or a belief that the design / implementation of this policy / guidelines, has a negative impact on an individuals or group's: Sex / Age / Ethnicity / Disability / Religion or Belief / Sexual Orientation / Gender Reassignment / Marriage & Civil Partnership / Pregnancy & Maternity

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?

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:](#)

Is there potential for the policy to promote equality of opportunity for all / promote good relations with different groups – Have a positive impact on individuals and communities

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:](#)

EXAMPLES OF POSTIVE AND NEGATIVE IMPACTS

POSTIVE IMPACTS (It could benefit)	NEGATIVE IMPACTS (It could disadvantage)
<p>The policy service may have a positive impact on any of the protected groups in relation to:</p> <ul style="list-style-type: none"> • Promoting equal opportunities and equality. • Improving relations within protected groups. • Providing 'target need' service to highlighted groups. 	<p>The policy / service may have an adverse (negative) impact upon any of the protected groups (i.e. disadvantage them in any way).</p>
Positive Impacts – Examples	Negative Impacts – Examples
<p>EXAMPLE ONE:</p> <p>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.</p> <p>EXAMPLE TWO:</p> <p>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.</p> <p>EXAMPLE THREE:</p> <p>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.</p> <p>EXAMPLE FOUR:</p> <p>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.</p> <p>EXAMPLE FIVE:</p> <p>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.</p>	<p>EXAMPLE ONE:</p> <p>An event held in a building with no loop facilities would have a negative impact for attendees with hearing impairments.</p> <p>EXAMPLE TWO:</p> <p>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.</p> <p>EXAMPLE THREE:</p> <p>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.</p> <p>EXAMPLE FOUR:</p> <p>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.</p> <p>EXAMPLE FIVE:</p> <p>Where the choice of venue for a staff social event precludes members of a particular faith or belief group from participating.</p>

APPENDIX 3

Explanatory Guide – Full Equality Impact Assessment (Services & Policies)

EQUALITY IMPACT ASSESSMENT FORM - STAGE 2

FULL ASSESSMENT / IMPROVEMENT PLAN

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

APPENDIX 3

EXPLANATORY GUIDE (Services & Policies)

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

Protected Characteristic	What negative impacts were identified in Stage 1 and which groups were affected?	What changes or actions do you recommend to improve the service to eradicate or minimise the negative impacts on the specific groups identified?	Lead	Time- Scale
Sex (male / female / trans) Age (18 years+) Race / Ethnicity Disability (hearing / visual / physical / learning disability / mental health) Religion / Belief Sexual Orientation (Gay/Lesbian/Bisexual) Gender Re-Assignment Marriage & Civil Partnership Pregnancy & Maternity Carer Other Group (please specify)	List what negative impacts were recorded in Stage 1 (Initial Assessment).	<p>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.</p> <p>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.</p> <p>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.</p>	State the Name of the Person who will be leading on this action.	State Date by which action should be undertaken.
How do you intend to communicate or engage in relation to the actions and proposals for improvements?	State how you intend to communicate and engage with staff / service users.			
How will actions and proposals be monitored to ensure their success? Which Committee will you report this to? (i.e. Divisional DQEC / Governance)	State how actions and proposals will be monitored to ensure success. State which Divisional Committee will be monitoring progress.			
When is the date of the next review?	State which Divisional Lead will be monitoring these actions and ensuring implementation.			
Who will be responsible for monitoring these actions?	Job Title: _____ Contact Tel. No _____			

PLEASE RETURN COMPLETED FORM TO DEBBIE JONES, I&D SERVICE LEAD debbie.jones@wvl.nhs.uk

APPENDIX 4

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:-

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

Inclusion & Diversity Lead (Employment)
Human Resources Department
Buckingham Row
Brick Kiln Lane
Wigan
WN1
01942 773820
philip.makin@wwl.nhs.uk

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

APPENDIX 5

Frequently Asked Questions

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 or service 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?**

By **Protected 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:

- Sex
- Age
- 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 or service 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 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.

http://intranet/Departments/Equality_Diversity/Equality_Impact_Assessment_Guidance.asp

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 Leads are:

Service Issues	Debbie Jones	01942 822217
HR Issues	Philip Makin	01942 773820

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.

APPENDIX 6

Key Equality Legislation / National Drivers

Summary of Key Equality Legislation and Guidance

There are a number of equality based national laws and guidelines which mandate and guide how NHS organisations should demonstrate equality. The principle equality drivers include:

Legislation	Requirement
The Human Rights Act 1998	The Human Rights Act is underpinned by the core values of Fairness, Respect, Equality, Dignity and Autonomy for all. All public bodies must comply with the convention rights.
The Equality Act 2010	Protection from discrimination on the basis of 9 protected characteristics <ul style="list-style-type: none"> - Age - Sex - Ethnicity - Religion or Belief - Disability - Sexual Orientation - Gender Re-assignment - Pregnancy & Maternity - Marriage & Civil Partnership
General Equality Duty	To eliminate unlawful discrimination, harassment and victimisation. Advance equality of opportunity. Foster good relations.
Public Sector Equality Duty From 5 April 2010	To Publish relevant, proportionate information demonstrating compliance with the Equality Duty To analyse effect of policies and practices on equality. Set specific, measurable Equality Objectives.
Equality Delivery System (EDS2)	NHS Standard Contract Requirement. Embedded within CCG Assurance Framework & CQC Inspection regime. Must comply with the Mandatory Equalities Reporting Framework for the NHS. Must undertake in partnership with local stakeholders, to review and improve performance for people from protected groups.
Workforce Race Equality Standard (WRES) From 1 April 2015	Must demonstrate through the nine point Workforce Race Equality Standard (WRES) metric how we are addressing race equality issues in a range of staffing areas. Must demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BME Board representation. This will be included in the Standard NHS Contract.

<p>Accessible Information Standard From 31st July 2016</p>	<p>This information Standard aims to make sure that people who have a disability, impairment or sensory loss get appropriate information and communication support from NHS and adult social care services.</p> <p>It requires all organisations to identify, record, flag, share and meet the information and communication support needs of patients, service users, carers and parents.,</p>
<p>Sexual Orientation Monitoring Standard Published 5th October 2017</p>	<p>This Information Standard provides the mechanism for recording the sexual orientation of all patients / service users aged 16 years and over across all health services and Local Authorities with responsibilities for adult social care in England for the purposes of compliance with the Equality Act 2010.</p> <p>Health and Care Organisations must review the impact of this information standard and make appropriate changes to local health IT Systems from 5/10/17 and before 31/03/19.</p>
<p>Care Quality Commission Fundamental Standards</p>	<p>All NHS trusts must be registered with the Care Quality Commission (CQC) – the independent regulator of health and social care organisations. This registration process requires NHS Trusts to show that they meet a wide range of fundamental standards.</p> <p>NHS Trusts must demonstrate that they comply with these fundamental standards for quality and safety across all of the regulated activities they provide.</p> <p>Based on the information and evidence supplied by each organisation the CQC will make a decision about registration for each activity and location identified.</p>
<p>Equality and Human Rights Commission (EHRC)</p>	<p>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.</p>
<p>National Health Service Litigation Authority (NHSLA)</p>	<p>All NHS Organisations are assessed by the NHSLA against a set of core risk management standards, which encompass equality and diversity.</p>

APPENDIX 7

Sources of External Data

Source of External Data – Protected Characteristics	How to Access
Age: Age UK	http://www.ageuk.org.uk
Ethnicity: Runnymede – Intelligence for a multi-ethnic Britain Religion & Belief:	http://www.runnymedetrust.org/ Contact Chaplaincy & Spiritual Care Department on Ext 2324 for further advice.
Gender: NAWO – National Alliance of Women’s Organisations The UK National Committee for UN Women	http://www.nawo.org.uk/ http://www.unwomenuk.org/
Sexual Orientation: Stonewall – the Lesbian, Gay & Bisexual Charity	http://www.stonewall.org.uk
Gender Re-assignment: GIRES - Gender Identity Research and Education Society	http://www.gires.org.uk/
Disability: Scope about Disability	http://www.scope.org.uk/about-us/research-policy
Learning Disabilities: Mencap – The voice of learning disabilities. Bild all about people	https://www.mencap.org.uk http://www.bild.org.uk/information/figures/
Hearing Impairments: Action on Hearing Loss BDA - British Deaf Association	http://www.actiononhearingloss.org.uk/ http://www.bda.org.uk/
Visual Impairments: RNIB Supporting people with sight loss National Eye Research Centre	http://www.rnib.org.uk/ http://www.nerc-charity.org.uk
Mental Health Mental Health Foundation Together for mental wellbeing	http://www.mentalhealth.org.uk http://www.together-uk.org/mental-health-resources/research/

APPENDIX 8

Glossary

GLOSSARY

A

Adverse Impact

A Negative Impact on individuals / groups with any of the following protected characteristics:

Age / Sex / Ethnicity / Disability / Religion and Belief / Sexual Orientation / Gender reassignment / Marriage and civil partnership / Pregnancy and maternity.

Age

This refers to a person belonging to a particular age group, which can mean people of the same age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds, or people over 50).

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

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. 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.

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.

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. Also see indirect discrimination. **Example:** Failing to offer a man a job because he is gay.

Disability / Disabled

A person has a disability if he/she has a physical 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.

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.

Discrimination

This term is used here in the sense of unfair discrimination i.e. using information, which is unfair, or irrelevant to influence a decision on the way someone is treated.

Diversity

The differences in the values, attitudes, cultural perspective, beliefs, ethnic background, sexuality, skills, knowledge and life experiences of each individual in any group of people. This term refers to differences between people and is used to highlight individual need. It can be used inappropriately as an alternative to equal opportunities. It avoids reference to discrimination and the equality impact that power imbalances have on different communities.

E

Equality

The vision or aims of creating a society free from discrimination where equality of opportunity is available to individuals and groups enabling them to live their lives free from discrimination and oppression.

Equality Analysis

Equality analysis is a way of systematically and thoroughly assessing and consulting on the effects that a proposed policy/service/function/practice is likely to have on groups of people. It can also be used to estimate the likely impact of existing functions or policies and procedures, as well as looking at whether a policy, procedure or function positively promotes equality between different groups.

Equality Impact Assessments

This mechanism/assessment supports staff to analyse how a policy / service impacts on various groups of people within the community. To ensure there is no discrimination against patients / staff and service users.

Equal Opportunities

The development of practices that promote the possibility of fair and equal chances for all to develop their full potential in all aspects of life and the removal of barriers of discrimination and oppression experienced by certain groups.

Ethnicity

An individual's identification with a group sharing any or all of the following: nationality, lifestyles, religion, customs and language.

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.

G

Gender Reassignment

The process of changing or transitioning from one gender to another.

General and Specific Duties

All Public Authorities are legally required to have in place, an Equality Scheme which sets out how they plan to meet the 'general and specific duties' (legislative requirements) contained in the Equality Act 2010

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'.

H

Harassment

Unwanted behaviour that has the purpose or effect of violating a person's dignity or creates a degrading, humiliating, hostile, intimidating or offensive environment. See sexual harassment.

Health Inequalities

The differences between people or groups due to social, geographical, biological or other factors. These differences can have a huge impact, as they can result in people who are worst off experiencing poorer health and shorter lives.

Impairment

A functional limitation which may lead to a person being defined as disabled according to the definition under the Act. See disability.

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.

Inequalities

Lack of equality with regard to opportunity, treatment or status. **See Health Inequalities.**

Involvement

Involvement is a more active form of community engagement than consultation. This includes involving members of the community, for example, in decision making, during a project or policy design and management.

Information collected from individual patients and staff is invaluable in helping the Trust to ensure that it provides a high quality service for all. Wrightington, Wigan and Leigh NHS Foundation Trust recognises the importance of consultation in all aspects of the development and implementation of its responsibilities for equality.

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

The legally or formally recognised union of two people as partners in a personal relationship.

Maternity

See pregnancy and maternity.

Monitoring

A process that involves collecting, storing, analysing and evaluating information, to measure performance, progress or change. Monitoring racial equality involves collecting, storing, analysing and evaluating information about the equality target groups to which people say they belong.

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

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Protected Characteristic

These are the grounds upon which discrimination is unlawful. The characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Previously known as Equality Target Groups / Equality Strands.

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

Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour, nationality (including citizenship) ethnic or national origins.

Reasonable Adjustment

Reasonable adjustments are changes to physical premises or working practices that remove the disadvantage they present to a person with a disability. There are no strict rules about what qualifies as a reasonable adjustment as every case is different and must be assessed on its merits.

Religion or Belief

Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. atheism). generally, a belief should affect your life choices or the way you live for it to be included in the definition.

S

Sex

This is a protected characteristic. It refers to whether a person is a man or a woman (of any age).

Sexual Orientation

A term describing a person's attraction to members of the same sex or different sex. Usually defined as lesbian, gay, bisexual, or heterosexual.

T

Transgender / Trans

Refers to a person who has the protected characteristic of gender reassignment. This may be a woman who has transitioned or is transitioning to be a man, or a man who has transitioned or is transitioning to be a woman. The law does not require a person to undergo a medical procedure to be recognised as a transsexual.

V

Victimisation

Victimisation is defined by the Equality Act as: Treating someone badly because you believe they are making a claim or complaint of discrimination or they are helping someone else to make a claim or complaint.