Equality Impact Assessment Stage 2 for Policies

Title of Policy / Strategy:

EQUALITY IMPACT ASSESSMENT STAGE 2

ALL SECTIONS MUST BE COMPLETED

Guidance is provided in appendix 3

SECTION 1 – DETAILS OF POLICY

Organisation:	
Policy Assessment Lead and Contact Details:	
Directorate/Team:	
Responsible Director / CCG Board Member for the assessment:	
Policy implementation Date:	
Who is involved in undertaking this assessment?	
Date of commencing the assessment:	
Date for completing the assessment:	

EQUALITY IMPACT ASSESSMENT

Please tick which group(s) this policy will or may impact upon?	Yes	No	Indirectly
Patients, service users			
Carers or family			
General public			
Staff			
Partner organisations			

How was the need for the policy identified? (is it part of a workstream / strategy?)
What are the aims and objectives of the policy?

SECTION 2
In this section you will need to consider:
What activities you currently do that help you to comply with the Public Sector Equality Duty (three aims).
Will your policy affect your ability to meet the Public Sector Equality Duty?
How you will mitigate any adverse impact?
• Eliminate, unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act; • Advance equality of opportunity between people who share a protected characteristic and those who do not; • Foster good relations between people who share a protected characteristic and those who do not.

Please answer 'Yes' or 'No' and explain your answer	Yes	No	Explain
Does the policy provide an opportunity to eliminate discrimination, harassment and victimisation? What do we mean? Unlawful discrimination takes place when people are treated 'less favourably' as a result of having a protected characteristic. Harrassment is unwanted conduct (including a wide range of behaviours) because of or connected to a protected characteristic. Victimisation is where one person subjects another to a detriment because they have acted to protect someone under the act. (eg bullied for reporting discrimination / harassment for a work colleague with a protected characteristic)			
Does the policy provide an opportunity to advance equality of opportunity between people who share a protected group and			

those who don't share it?			
What do we mean?			
Equality of opportunity is about making sure that people are treated fairly and given equal access to opportunities and resources. Promoting is about:			
• Encouraging people/services to make specific arrangements • Take action to widen participation • Marketing services effectively • Remove or minimise disadvantages • Take steps to meet different needs			
Securing special resources for those who may need them			
Does the policy provide an opportunity to Foster Good Relations between people who share a protected characteristic and those who don't share it			
What do we mean?			
Foster Good Relations between people: This is about bringing people from different backgrounds together by trying to create a cohesive and inclusive environment for all. This often includes tackling prejudice and promoting understanding of difference.			
• Tackle prejudice • Promote understanding • Could the policy create any issues for Community cohesion (will it impact certain communities compared to others and how this be managed?)			
Has engagement/involvement or consultation been carried out with people who will be affected by the policy?			

Has the engagement/involvement or consultation highlighted any inequalities?			
Have you added an Equality Statement to the Policy? Example statement: Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have given regard to the need to • eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and • reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities • make reasonable adjustments when necessary			

SECTION 3

Does the 'policy' have the potential to:

- Have a positive impact (benefit) on any of the equality groups?
- Have a negative impact / exclude / discriminate against any person or equality groups?
- Have a neutral / potential indirect effect on any equality groups?
- Explain how this was identified? Evidence/Consultation?
- Who is most likely to be affected by the proposal and how (think about barriers, access, effects, outcomes etc.)

Guidance document available on Equality Groups and their issues. This document may help

and support your thinking around barriers for the equality groups.

Equality Group / Protected Group	Positive effect	Negative effect	Neutral or indirect effect	Please explain
Age				
Disability				
Sexual Orientation				
Gender Reassignment				
Sex (Gender)				
Race				
Religion or Belief				
Pregnancy and Maternity				
Marriage and Civil Partnership				
Carers				
Deprived Communities				
Vulnerable Groups e.g. Asylum Seekers, Homeless, Sex Workers, Military Veterans				

SECTION 4: EQUALITY IMPACT AND RISK ASSESSMENT CHECKLIST

Please use the checklist in Appendix 2 to ensure and reflect that you have included all the relevant information

SECTION 5: HUMAN RIGHTS ASSESSMENT

How does this policy affect the rights of patients set out in the NHS Constitution or their Human Rights?

If the Stage 1 Equality Impact and Risk Assessment highlighted that you are required to complete a full Human Rights Assessment, please request and complete a Stage 2 Human Right Assessment from the Equality and Inclusion Team.

SECTION 6 EQUALITY IMPACT ASSESSMENT ACTION PLAN

Risk identified	Actions required to reduce / eliminate the negative impact	Resources required *(see guidance below)	Who will lead on the action?	Target date
Example Criteria or requirement that could lead to discrimination of disabled employees – no specific consultation undertaken to understand any potential issues *Please remove this example in final document*				

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

SECTION 7 – EQUALITY DELIVERY SYSTEM 2 (EDS2)

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

SECTION 8 – ONGOING MONITORING AND REVIEW OF EQUALITY IMPACT RISK ASSESSMENT AND ACTION PLAN

Please describe briefly, how the equality action plans will be monitored through internal governance processes?

Date of the next review of the Equality Impact Risk Assessment section and action plan?

SECTION 9
FINAL SECTION

Date completed:
Date received for quality check:
Signature of person completing the assessment:
Date reviewed by Equality and Inclusion Team:
Signature and Date quality check completed by Equality and Inclusion Team:
Date signed off by CCG / CSU Committee:

This is the end of the Equality Impact and Risk Assessment process: By now you should be able to clearly demonstrate and evidence your thinking and decision(s).

Save this document for your own records, once this is signed off by your organisation you should published on your website.

- For those organisations using U Assure upload this evidence to the assessment process started
- For those organisations not using U Assure - Send this document and copies of your completed Stage 2 Human Rights Screening document to the Equality & Inclusion Team equality.inclusion@nhs.net

Appendix 1: Equality Delivery System 2:

APPENDIX 1: The Goals and Outcomes of the Equality Delivery System			Tick box(s) below
Objective	**Narrative**	**Outcome**	
1. Better health outcomes	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	**1.1** Services are commissioned, procured, designed and delivered to meet the health needs of local communities	
		1.2 Individual people's health needs are assessed and met in appropriate and effective ways	
		1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	
		1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	
		1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	
2. Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	**2.1** People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	
		2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	
		2.3 People report positive experiences of the NHS	
		2.4 People's complaints about services are handled respectfully and efficiently	
3. A representative	The NHS should increase the diversity	**3.1** Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	

and supported workforce	and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs	**3.2** The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	
		3.3 Training and development opportunities are taken up and positively evaluated by all staff	
		3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	
		3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	
		3.6 Staff report positive experiences of their membership of the workforce	
4. Inclusive leadership	NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions	**4.1** Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	
		4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are managed	
		4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	

Appendix 2: Checklist for ensuring you have considered public sector equality duty and included all relevant information as part of the EIA.

Equality Impact and Risk Assessment Checklist	
Scope	**Yes/No**
Have I made the reader aware of the full scope of the proposal and do I understand the current situation and what changes may occur?	11
Legal	
Have I made the reader aware of our organisations legal duties with regard to Equality & Diversity and are they documented?	

Has the relevance of these duties pertaining to this item been outlined explicitly and documented?	
Have I explained how in this area we currently meet our Public Sector Equality Duties and how any change may affect this?	

Information

Have I seen sufficient research and consultation to consider the issues for equality groups? (this may be national and local; demographic, numbers of users, numbers affected, community needs, comparative costs etc)	
Have I carried out specific consultation with affected groups prior to a final decision being made?	
Has consultation been carried out over a reasonable period of time i.e. no less than six weeks leading up to this item?	
Have I provided evidence that a range of options or alternatives have been explored?	

Impact

Do I understand the positive and negative impact this decision may have on all equality groups?	
Am I confident that we have done all we can to mitigate or at least minimise negative impact for all equality groups?	
Am I confident that where applicable we considered treating disabled people more favourably in order to avoid negative impact (Disability Equality Duty)?	
Am I confident that where applicable we allowed an exception to permit different treatment (i.e. a criteria or condition) to support positive action	
Have I considered the balance between; proposals that have a moderate impact on a large number of people against any severe impact on a smaller group.	

*Wider Budgetary Impact (where applicable)

Within the wider context of budgetary decisions did I consider whether an alternative would have less direct impact on equality groups?	
Within the wider context of budgetary decisions did I consider whether particular groups would be unduly affected by cumulative effects/impact?	

Transparency of decisions	
Will there be an accurate dated record of the considerations and decisions made and what arrangements have been made to publish them?	

Due regard	
Did I consider all of the above before I made a recommendation/decision?	