

EQUALITY IMPACT ASSESSMENT POLICY

Version:	4
Date issued:	May 2017
Review date:	May 2020
Relevant Staff Group/s:	All Trust staff, patients, carers, partner organisations and the wider community.

This document is available in other formats, including easy read summary versions and other languages upon request. Should you require this please contact the Equality and Diversity Lead on 01278 432000

DOCUMENT CONTROL

Reference Number AS/May17/EIA	Version 4	Status Final	Author Head of Corporate Business
Amendments Amended to reflect new Trust governance arrangements and to include the Trust's Quality Impact Assessment template.			
Document objectives: Ensure there are no groups disadvantaged by anything contained in Trust procedural document. All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to diversity in culture, ethnic background, spirituality/belief, age, gender, transgender, disability, sensory impairment, learning disability and sexual orientation.			
Approving body	Patient and carers Involvement Group	Date: 21 April 2017	
Equality Impact Assessment	Impact Part 1	Date: 24 April 2017	
Ratification Body	Senior Management Team	Date: May 2017	
Date of issue	May 2017		
Review date	May 2020		
Contact for review	Head of Corporate Business		
Lead Director	Director of Strategy and Corporate Affairs		

CONTRIBUTION LIST Key individuals involved in developing the document

Designation or Group
Director of Strategy and Corporate Affairs
Head of Corporate Business
Patient and Carers Involvement Group

CONTENTS

Section	Title of Section	Page
	Document Summary	
Doc.	Document Control	2
Con.	Contents	3
1	Introduction	4
2	Purpose and Rationale	4
3	Duties and Responsibilities	5
4	Definitions	5
5	Duties and Responsibilities	9
6	When to Impact Assess?	9
7	Stages of Equality Impact Assessment	10
8	Stage One: Equality Impact Screening	10
9	Stage Two: Full Equality Impact Assessment	11
10	Quality Impact Assessment (QIA) Process	12
11	Human Rights	12
12	Monitoring Compliance and Effectiveness	13
13	References, Acknowledgements and Associated documents	13
14	Appendices	14
Appendix A	Equality Impact <u>Screening</u> Assessment Template	15
Appendix B	<u>Full</u> Equality Impact Assessment Template	18
Appendix C	<u>Quality</u> Impact Assessment Template	23

1. INTRODUCTION

- 1.1 The Trust is committed to promoting diversity and enabling equality of services and opportunities for its patients and their carers, Board Members, Members' Council, Governors and its workforce, to ensure equitable access to its care, treatment, employment, opportunities and training. The Trust will ensure all elements of diversity are given equal respect and consideration, whether legislated for or not.
- 1.2 The Trust has a legal duty to assess the impact of its activities and practices in terms of their effect on the Equality Act's protected characteristics to ensure it does not discriminate against any individual, community or group. This policy aims to support this by ensuring Equality Impact Assessments (EIAs) are carried out to ensure the Trust does not discriminate and promotes equality.
- 1.3 The policy includes all the requirements of equality but aims beyond compliance with the law as the Trust believes in and, through this policy, demonstrates its commitment to fairness.
- 1.4 This policy sets out the process for carrying out an Equality Impact Assessment within the Trust. Equality Impact Assessments (EIAs) are informed and guided by the its Equality and Diversity Policy and its annual assessment using the Equality Diversity System 2 (EDS2).
- 1.5 The Trust also recognises any changes it makes to its services' design or delivery can have potential equality impacts on patients, carers and others. For this reason, the Trust will carry out a Quality Impact Assessment to assess the impact on protected characteristic groups of the proposed service change.

2. PURPOSE AND SCOPE

- 2.1 A systematic and robust approach to EIAs will ensure the Trust treats everyone equally with dignity and respect. These assessments will help improve the quality of life of patients and make the Trust a place where people of all backgrounds are able to achieve their full potential in the workplace.
- 2.2 The aim of completing EIAs is to create a culture where the needs and diversity of members of staff, patients, carers and the wider communities in Somerset are considered. All members of Trust staff should understand it is their responsibility to not discriminate against anyone and to ensure the Trust does not breach the human rights of individuals who come into contact with the organisation.
- 2.3 All policies, strategies, projects, functions, procedures, organisational changes and publications must have an EIA completed. Ideally this should be when they are being developed or changed, but existing policies must also be impact assessed when they are reviewed.
- 2.4 The assessments consider the impact of the activities of the Trust across the Equality Act's protected characteristics of age, disability, gender reassignment, marital status/civil partnership, pregnancy and maternity,

race, religion or belief, sex/gender and sexual orientation under the Act are just some aspects of equality and diversity recognised and acted upon by the Trust. In addition, the Trust has recognised Learning Disability as a further protected characteristic.

3. DUTIES AND RESPONSIBILITIES

- 3.1 The **Chief Executive** is accountable for ensuring the Trust meets its obligations under the Equality Act 2010..
- 3.2 The **Director of Strategy and Corporate Affairs** is accountable for ensuring EIAs are carried out and acted upon.
- 3.3 The **Equality and Diversity Lead** will review all EIAs and provide feedback to the assessors highlighting changes which need to be made and sign off the EIAs on behalf of the Trust. The Lead will provide quarterly reports to the Patient and Carers' Involvement Group and will ensure EIAs are regularly discussed at the Equality and Diversity Group.
- 3.4 The **Manager/Author/Member of Staff** responsible for the document or activity (e.g. policies, strategies, projects, functions, procedures, organisational changes and publications) is responsible for ensuring equality and diversity considerations are taken fully into account during its development and EIAs are carried out appropriately. This person will forward the EIA to the Equality and Diversity Lead and will make the changes required when it is returned to them.
- 3.5 All **members of staff** (including bank, locum, agency and contractors) are responsible for ensuring equality and diversity are respected, acknowledged and acted upon for patients, carers, members of staff, members of other agencies and the wider community.

4. EXPLANATION OF TERMS USED

- 4.1 **Advancing equality:** The Equality Act 2010 states this involves having due regard of the need to:
- remove or minimise disadvantages suffered by people who share a relevant protected characteristic;
 - meet the needs of people who share a relevant protected characteristic different from the needs of people who do not share it
 - encourage people who share a relevant protected characteristic to participate in public or in any other activity in which participation by such persons is disproportionately low.
- 4.2 **Age** refers to a person having a particular age (for example, 32 year-olds) or being within an age group (for example, 18-30 year-olds).
- 4.3 **BME Black and Minority Ethnic** is used to describe people who belong to an ethnic group that is numerically smaller than the predominant white group in Britain.

- 4.4 Bisexual** is a man or woman who is emotionally, physically and/or sexually attracted to both males and females.
- 4.5 Civil partnership** is a legal recognition of a same-sex couple's relationship. Civil partners must be treated the same as married couples on a range of legal matters.
- 4.6 Culture** is a system of common beliefs, norms and traditions which distinguishes one group of people from another.
- 4.7 Direct discrimination** refers to less favourable treatment because of a person's protected characteristic.
- 4.8 Disability** A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.
- 4.9 Diversity** is about recognising the range of differences in people and valuing people as individuals, respecting these differences and differing needs. It is also about accommodating differences wherever possible so an individual can play a full part in the working environment.
- 4.10 Engagement** is a broad term intended to cover the whole range of ways in which the Trust interacts with its patients and employees, over and above what it does in providing services or within a formal employment relationship.
- 4.11 Equality** represents equal chance (i.e. everyone having the same chance to gain from any opportunities that arise in the workforce [e.g. promotion], equal access (i.e. everyone having the same opportunity to enter the Trust) and equal share (i.e. there being a representation of all groups at each level within the Trust).
- 4.12 The Equality Act 2010** brings together the majority of existing equality legislation into one place so it is easier to use. It also strengthens the legislation in some areas. It sets out the nine **protected characteristics** protected by the law and the behaviour that is unlawful.
- 4.13 Equality analysis** involves looking at Trust equality information and the outcomes of engagement in order to understand the effect or potential effect of decisions on different protected groups. The General Equality Duty does not specify how the Trust should analyse the effect of their policies and practices on equality
- 4.14 Ethnicity, Ethnic Group or Ethnic Origin** refers to social groups who share a cultural heritage with a common language, values, religion, customs and attitudes. Classifications of ethnicity are limited since they fail to take into account the cultural diversity within ethnic groups that makes them distinct. People sometimes identify with more than one ethnic group.
- 4.15 Gay** refers to gay men or women and is preferred to the word 'homosexual' which is clinical in origin (implying a condition or illness) and is usually viewed as an offensive term by gay people. The word 'gay' is normally attributed to men. However it can be used as an all-encompassing term for gay men, lesbians and bisexual people.

- 4.16 Gender** “used to describe those characteristics of women and men, which are socially constructed (while “sex” refers to those which are biologically determined). People are born female or male but learn to be girls and boys who grow into women and men. This learned behaviour makes up gender identity and determines gender roles” (World Health Organisation, 2002).
- 4.17 Gender reassignment** is the process of transitioning from one **sex** to another.
- 4.18 General equality duty** is the requirement to show due regard to the need to eliminate unlawful **discrimination, harassment** and **victimisation** and other conduct prohibited by the Act.; advance equality of opportunity between people who share a protected characteristic and those who do not; and foster good relations between people who share a protected characteristic and those who do not.
- 4.19 Inclusive Workplace** is an environment where all employees feel they are equally valued and they receive equal, equitable and fair treatment and respect.
- 4.20 Indirect discrimination** is when a provision, criterion or practice is applied in a way that creates disproportionate disadvantage for a person with a protected characteristic as compared to those who do not share that characteristic and is not a proportionate means of achieving a legitimate aim.
- 4.21 A Learning Disability** is defined by the Department of Health as a “significant reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning), which started before adulthood”.
- 4.22 A Lesbian** is a woman who is emotionally, physically and/or sexually attracted to women. Not all lesbians are comfortable with the term and some choose to identify themselves as either **gay** or **gay** women.
- 4.23 LGBT** is a term that refers to people who are **lesbian, gay, bisexual or transsexual**.
- 4.24 Mainstreaming** is the integration of equalities and diversity into Trust policy development, implementation, evaluation and review. Each part of the Trust accepts its own responsibility for promoting equality of opportunity and challenging **discrimination**.
- 4.25 Marriage** in England and Wales is legally recognised in the forms of both civil and religious unions, and is open to opposite-sex and same-sex couples.
- 4.26 Maternity** is the period after giving birth. It 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, including as a result of breastfeeding.
- 4.27 Mitigation** is when measures are put in place to lessen the negative effects of a policy or policies on protected groups. For example, delivering a service by telephone alone may cause problems for those with a language

barrier. Rather than changing the way the service is delivered, this could be mitigated by using telephone interpreting services.

- 4.28 Positive action** are lawful actions that seek to overcome or minimise disadvantages people who share a **protected characteristic** have experienced, or to meet their different needs (for example, providing mentoring to encourage staff from under-represented groups to apply for promotion).
- 4.29 Pregnancy** is the condition of being pregnant.
- 4.30 Proportionality** is the weight given to **equality** should be proportionate to its relevance to a particular function. This may mean giving greater consideration and resources to functions or policies that have the most effect on the public or on employees.
- 4.31 Protected characteristics:** The Equality Duty covers the following eight characteristics: **age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation**. The duty also covers **marriage and civil partnership**, but not for all aspects of the duty. These are also referred to as **protected groups**.
- 4.32 Race** is the **protected characteristic** of **race**. It refers to a group of people defined by their colour, nationality (including citizenship), ethnic or national origins.
- 4.33 Reasonable adjustment** is making adjustments to the way in which the Trust carries out its functions so that disabled people are not disadvantaged by the way in which those functions are carried out. This is with regard to policies, practices or procedures, premises, and the provision of auxiliary aids or services.
- 4.34 Relevance** is how far a Trust function or policy affects people as members of the public or as employees. Some functions may be more relevant to some protected groups than to others, and to one or more of the three elements of the General Equality Duty. The function or policy may still be relevant if the numbers affected by it are very small.
- 4.35 Religion or belief** means any religion, including a reference to a lack of religion. **Belief** includes religious and philosophical beliefs including lack of belief (for example, Atheism). Generally, a belief should affect life choices or lifestyle for it to be included.
- 4.36 Sex** is the biological determination of male or female. See also **Gender**.
- 4.37 Sexual orientation** is whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.
- 4.38 Specific duties:** Certain public authorities such as the Trust are required to comply with certain specific duties. These duties are intended to assist authorities in complying with the General Equality Duty.
- 4.39 Trans:** 'trans people' and 'transgender people' are both often used as umbrella terms for people whose gender identity and/or gender expression differs from their birth sex, including transsexual people (those who propose to undergo, are undergoing or have undergone a process of **gender reassignment** to live permanently in their acquired gender),

transvestite/cross-dressing people (those who wear clothing traditionally associated with the other gender either occasionally or more regularly), androgyne / polygender people (those who have non-binary gender identities and do not identify as male or female), and others who define as gender variant.

4.40 **Transgender** is an umbrella term for people whose gender identity and/or gender expression differs from their birth sex. They may or may not seek to undergo, is undergoing or has undergone **gender reassignment** (which may or may not involve hormone therapy or surgery). Transgendered people feel the deep conviction to present them in the appearance of the opposite sex. They may change their name and identity to live in the preferred gender. Transgendered people have the protected characteristic of **gender reassignment** under the **Equality Act 2010**. Under the Act, **gender reassignment** is a personal process rather than a medical one and it does not require someone to undergo medical treatment in order to be protected. Often used interchangeably with **Trans**.

5. WHY CARRY OUT EQUALITY IMPACT ASSESSMENTS?

5.1 The Trust has a legal duty to assess the impact of its activities and practices in terms of their effect on the Equality Act's protected characteristics to ensure they do not discriminate against any individual, community or group.

5.2 EIAs are carried out to:

- identify how services can be made more accessible and appropriate;
- ensure diverse communities and groups are equally served by the Trust;
- identify improvements to services;
- avoid adopting harmful policies or procedures;
- enable the Trust to make informed decisions;
- enable the Trust to promote equality of opportunity as an employer;
- promote positive attitudes to and good relations between people of different cultures and heritages.

5.3 EIAs should not be onerous nor should they become technical exercises. The assessments should help the Trust to put the needs of patients, carers, staff and communities at the centre of its planning and policy processes to improve health outcomes as a result.

6.0 WHEN TO IMPACT ASSESS?

6.1 EIAs must be built into the planning stages, project management plans, policy development and publication design and undertaken before decisions are finalised and agreed.

- 6.2 Examples of when an impact assessment should be carried out include any:
- proposals to introduce or add to a service;
 - proposals to remove reduce or alter a service;
 - new policies or changes to policies;
 - proposals to adopt policy priorities, strategies and action plans;
 - changes to staffing structure where members of staff are likely to be affected;
 - proposals in relation to procured or commissioned services.
- 6.3 Actions that come out of the impact assessment must be recorded to show how they have influenced decisions and been included in service delivery action plans.
- 6.4 These key questions should be considered for all decisions at all levels of the organisation:
- What is being assessed and what are the intended aims and outcomes?
 - Which protected groups are affected and could be affected in the future?
 - Has there been consultation with the key stakeholders (including staff, patients, carers and families)?
 - Could the activity directly/indirectly discriminate?
 - Are there any Human Rights implications?
 - Is the document or activity or activity easily understood?
 - Is there an opportunity to further promote diversity?
 - What actions will be taken to remove any potential discrimination?

7. STAGES OF EQUALITY IMPACT ASSESSMENT

- 7.1 There are two stages to the Equality Impact Assessment process:
- Stage One** involves an equality impact screening, which needs to take place at the very earliest stage of the activity to see if there are equality issues.
- Stage Two** involves a full, in depth assessment of the impact on one or more of the protected characteristics to make sure it does not discriminate.
- 7.2 The Trust Equality Impact Screening Assessment and the Equality Impact Full Assessment are attached as **Appendices One and Two** to this policy.
- 7.3 If an in-depth assessment is required, papers should include a completed proforma and summary of the findings within the main report.

8. STAGE ONE: EQUALITY IMPACT SCREENING

8.1 Equality impact screening will identify:

- whether the activity has a major impact in terms of the scale or significance for Trust policy or procedure;
- whether the activity is likely to have a major impact upon people across the protected characteristics;
- what changes are required to be made to the activity to ensure there is no indirect or direct discrimination;
- the scale of the impact on individuals regardless of whether this is likely to affect small numbers of people from the protected characteristics.

8.2 For any substantial procedural document, the relevance for each area or section of the document needs to be considered separately.

8.3 The author/activity lead will complete and sign the Stage One screening assessment and send it to the Equality and Diversity Lead. The Lead will review the assessment and will highlight further changes which need to be made to the activity to comply with the Trust's equality duties. After reviewing the assessment, the Lead will send it back to the author/ activity lead to make the necessary changes.

8.4 The Equality and Diversity Lead will maintain a register of completed screening assessments and will publish these as required and as part of the Equality Delivery System requirements.

8.5 The **Equality Impact Screening Assessment Template** is included in **Appendix One**.

9. STAGE TWO: FULL EQUALITY IMPACT ASSESSMENT

9.1 A full assessment is conducted when wider consultation on the Trust activity is indicated following the Stage One assessment and to determine in detail the impact of the activity on equality and diversity by:

- gathering information and evidence to understand the nature and scale of the impact and who is affected by it;
- identifying mitigating action;
- putting in place arrangements for monitoring the impact.

9.2 This may include a range of activities including:

- reviewing information and data to understand the impact;
- reviewing best practice;
- holding stakeholder workshops to understand the impact and to consider solutions;
- undertaking a consultation process to understand the impact and consider solutions.

- 9.3 It is essential to involve all interested parties from the outset in scoping, planning and delivering the full equality impact assessment.
- 9.4 The **Full Equality Impact Assessment Template** is included in **Appendix Two**.

10. QUALITY IMPACT ASSESSMENT (QIA) PROCESS

- 10.1 The Trust recognises any changes it makes to its services' design or delivery can have potential impacts on patients, carers and others. For this reason, the Trust will carry out a QIA to assess the impact of the proposed piece of work. It will be completed by the lead member of staff responsible for the proposed work or delegated and reviewed as appropriate.
- 10.2 The QIA is broken down into several domains as outlined by the Darzi Principles, including Safety, Experience, Effectiveness and Equality. The Quality and Equality Impact Assessment tool tests the impact of a proposed change in service provision on the quality of patient care and in addition the impact of that change on other parts of the health and social care system. This must include the effects on protected characteristic patients. Carers and staff groups in Somerset who may be affected by the proposed changes.
- 10.3 The QIA should be accompanied by suitable evidence which may include, for example, NICE guidance, published papers, locally produced data, patient or carer generated information or professional opinion. Objective evidence should be used and validated for the area of change being considered. Where estimates or professional judgement are informing evidence this needs to be clearly identified.
- 10.4 Where a large scale change is proposed the QIA will be used for each individual component of the proposed change. It is the responsible lead for the QIA who will make a judgement as to which components will need to be assessed individually.
- 10.5 The Trust **Quality Impact Assessment Template** is included in **Appendix Three**.

11. HUMAN RIGHTS

- 11.1 All staff should be aware of their obligations under the Human Rights Act (2000) and incorporated into law in the European Convention on Human Rights.
- 11.2 Reference should be made to the Trust's Human Rights Policy for further guidance.
- 11.3 Section Six of the Human Rights Act makes it unlawful for a public authority such as the Trust to act in a way which is incompatible with a Convention

right. The underlying intention of the Act is to create a Human Rights culture in public services.

11.4 Questions relating to the human rights implications of Trust policies and procedures include:

- will it affect the right to life of an individual?
- will someone be deprived of their liberty or have their security threatened?
- could this result in a person being treated in a degrading or inhuman manner?
- is there a possibility a person will be prevented from exercising their beliefs?
- will private and family life be interfered with?

11.5 If the answer is yes to any of these questions, the activity should be reviewed to avoid impacting upon Human Rights.

12. MONITORING COMPLIANCE AND EFFECTIVENESS

12.1 Monitoring arrangements for compliance and effectiveness

- Overall monitoring will be by the Patient and Carers Involvement Group.

12.2 Responsibilities for conducting the monitoring

- The Equality and Diversity Lead will be responsible will be responsible for monitoring the effectiveness of the policy and for producing quarterly reports to the Patient and Carers Involvement Group.

12.3 Methodology to be used for monitoring

- Quarterly reports to the Regulation Governance Group.

12.4 Frequency of monitoring

- The Patient and Carers Involvement Group will receive quarterly reports or more frequently when required.

13. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

13.1 References

The specific duties regulations are available on the website of the Government Equalities Office: http://www.equalities.gov.uk/equality-act_2010/public_sector_equality_duty.aspx.

The Human Rights Act 1998

http://www.opsi.gov.uk/acts/acts1998/ukpga_19980042_en_1

Human Rights Unit (2002) *Study Guide Human Rights Act 1998*, Lord Chancellor's Department

13.2 **Cross reference to other Trust procedural documents**

Development and Management of Organisation-wide Procedural Documents policy

Human Rights Policy

Equality and Diversity Policy

14. **APPENDICES**

14.1 For the avoidance of any doubt, the appendices in this policy constitute part of the body of this policy and shall be treated as such.

- Appendix A - Equality Impact Screening Assessment Template;
- Appendix B- Full Equality Impact Assessment template;
- Appendix C- Quality Impact Assessment template.

Somerset Partnership NHS Foundation Trust
Equality Impact Screening Assessment Form

PART ONE

Document/Activity being assessed:
Name of person completing screening assessment:
1. What is the main purpose of the document/activity being assessed?
2. Who will be affected or will benefit most from the document/activity and how?
3. Is the activity consistent with European Human Rights legislation? YES/NO If NO , please indicate in what areas it is not consistent. <i>(if in doubt- note this and confirm advice has been sought)</i>
4. Is the activity consistent with the Trust's obligations under the Equality Act? YES/NO If NO , please indicate in what areas it is not consistent. <i>(if in doubt- note this and confirm advice has been sought)</i>
5. Is responsibility for the activity shared with another agency or organisation? YES/NO If YES , please indicate other agency or organisation.
6. What impact is the document/activity likely to have on the Equality Act's protected characteristics groups (including staff)? <i>You may wish to use the table below <u>as a prompt</u>.</i>

	Compliant AND Needs Considered	Suggested amendments or additions to document or activity.
Age	YES/NO	YES/NO
Disability	YES/NO	YES/NO
Gender Reassignment	YES/NO	YES/NO
Marital Status/Civil Partnership	YES/NO	YES/NO
Pregnancy and Maternity	YES/NO	YES/NO
Race	YES/NO	YES/NO
Religion or Belief	YES/NO	YES/NO
Sex (Gender)	YES/NO	YES/NO
Sexual Orientation	YES/NO	YES/NO
Learning Disabilities	YES/NO	YES/NO

If unsure how to answer, please seek further guidance from the Equality and Diversity Lead before proceeding.

Signature of person completing Screening Assessment:	
Date Screening Assessment completed:	

PART TWO

For completion by the Equality and Diversity Lead:
As a result of this Screening Assessment are further amendments and additions required? YES/NO If YES , please see below.
Additions or amendments which need to be made
Are there other ways the activity could be adapted so it further promotes equality?
Signed: Date: (Equality and Diversity Lead)

Somerset Partnership NHS Foundation Trust
Full Equality Impact Assessment Form

PART A

Document/Activity being assessed:
Name of person responsible for full impact assessment:
1. What is the main purpose of the document/activity being fully assessed?
2. Who will be affected or will benefit most from the document/activity and how?
3. Looking back at the Equality Impact Screening Assessment, in what areas are there concerns the document/activity may discriminate against protected characteristic groups?

4. What **evidence is there from stakeholders** these groups might have different needs, concerns and priorities?

5. How **reliable and valid** is this evidence?

6. Is **further evidence** needed?

7. Summarise the **possible discrimination** (indirect or direct):

8. **Community Consultation.** What previous (or planned) consultation or research on this document/activity has taken (will take) place with groups / individuals from different sections of the community? If there has already been consultation or research, what does it indicate about negative impact?

9. Staff consultation. What consultation has taken place (is planned) with staff / staff groups, including staff who have (will have) direct experience of implementing the strategy, project, policy or change?

10. Additional comments

If unsure how to answer, please seek further guidance from the Equality and Diversity Lead before proceeding.

Signature of person completing Part A:	
---	--

Date Part A completed:	
-------------------------------	--

PART B

(Complete this section when consultation and research has been carried out)

<p>11. As a result of this assessment and available evidence collected, including consultation, will there need to be any changes made / planned to the document/activity. <i>(You may wish to put this information directly into an action plan and attach to this form)</i></p>
<p>12. Who will benefit as a result of these changes?</p>
<p>13. How will the revised document/activity contribute to promoting equality and diversity?</p>
<p>14. Does the revised document/activity actively reduce or worsen inequality?</p>
<p>15. Has a monitoring / evaluation / review process been set up to check the successful implementation of the revised document/activity? YES/NO</p>

16. How will the information about the revised document/activity be **accessible** to protected characteristic groups?

If unsure how to answer, please seek further guidance from the Equality and Diversity Lead before proceeding.

Signature of person completing Part B:	
Date Part B completed:	

After completing this assessment, please sign, retain a copy and send a copy the including any accompanying information to the Equality and Diversity Lead who will arrange for the results to be published.

APPENDIX C

QUALITY IMPACT ASSESSMENT OF (service change)

This document contains a discussion of the impact of theand ratings of the impact in a number of key areas.

An initial assessment of some of the key issues in each area as they relate to the service change should be followed by a rating of their impact.

Consideration should be given to any specific impact (positive or negative) on any of the protected characteristics defined by the Equality Act in line with the Trust's Equality Impact Assessment Policy.

Criteria	Red Flag	Amber Flag	Green Flag
Safety			
1.Harm			
	High risk of harm <input type="checkbox"/>	Medium risk of harm <input type="checkbox"/>	Low risk of harm <input type="checkbox"/>
2.Quality Improvement			
	No quality improvement <input type="checkbox"/>	Moderate quality improvement <input type="checkbox"/>	High quality improvement <input type="checkbox"/>

Criteria	Red Flag	Amber Flag	Green Flag
3.Effectiveness			
Strength of evidence for stated clinical effectiveness	Limited evidence <input type="checkbox"/>	Modest evidence <input type="checkbox"/>	Good evidence <input type="checkbox"/>
Cost			
4.Value for money			
	Limited evidence of value for money or evidence of poor value for money <input type="checkbox"/>	Evidence of modest value for money <input type="checkbox"/>	Evidence of good value for money <input type="checkbox"/>
5.Impact on current resource utilisation / financial balance			
	Low impact <input type="checkbox"/>	Moderate impact <input type="checkbox"/>	Significant impact <input type="checkbox"/>

Benefits			
6.To individual (health improvement, patient outcome and life expectancy)			
	No benefits <input type="checkbox"/>	Modest benefits <input type="checkbox"/>	High benefits <input type="checkbox"/>
7.To community (health inequalities)			
	No benefits <input type="checkbox"/>	Modest benefits <input type="checkbox"/>	High benefits <input type="checkbox"/>
Need			
8.Prevalence			
	< 0.1% prevalence	0.1-10% prevalence	> 10% prevalence

9.Patient Experience			
	Reduces patient experience <input type="checkbox"/>	Maintains patient experience <input type="checkbox"/>	Improves patient experience <input type="checkbox"/>
10.Carer experience			
	Reduces carer experience <input type="checkbox"/>	Maintains carer experience <input type="checkbox"/>	Improves carer experience <input type="checkbox"/>
Other Criteria			
11.Impact on partners' sustainability			
	Has high impact on partners' sustainability <input type="checkbox"/>	Has modest impact on partners' sustainability <input type="checkbox"/>	Has no, or beneficial impact on partners' sustainability <input type="checkbox"/>

12.Partners'/ Stakeholders acceptability of service change			
	Low acceptability <input type="checkbox"/>	Moderate acceptability <input type="checkbox"/>	High acceptability <input type="checkbox"/>
13. Treatment or service options			
	Other options with better outcomes <input type="checkbox"/>	Other options with same outcomes <input type="checkbox"/>	No other options <input type="checkbox"/>
14.Feasibility			
	Unsustainable or significant risk of failure <input type="checkbox"/>	Probably sustainable, implementation feasible <input type="checkbox"/>	Sustainable, easily integrated. Clear implementation plan <input type="checkbox"/>

Policy Alignment			
15.National policy target or other statutory requirement (Commissioning Plan)			
	Not related to national policy or target <input type="checkbox"/>	Weak relationship to national policy or target <input type="checkbox"/>	Direct relationship to national policy or target <input type="checkbox"/>
Equality Impact			
16.What impact is the service change likely to have on the protected characteristics identified under the Equality Act			
Age	Negative Impact <input type="checkbox"/>	Neutral Impact <input type="checkbox"/>	Positive Impact <input type="checkbox"/>
Disability	Negative Impact <input type="checkbox"/>	Neutral Impact <input type="checkbox"/>	Positive Impact <input type="checkbox"/>
Race	Negative Impact <input type="checkbox"/>	Neutral Impact <input type="checkbox"/>	Positive Impact <input type="checkbox"/>
Sex (Gender)	Negative Impact <input type="checkbox"/>	Neutral Impact <input type="checkbox"/>	Positive Impact <input type="checkbox"/>

Religion or Belief	Negative Impact <input type="checkbox"/>	Neutral Impact <input type="checkbox"/>	Positive Impact <input type="checkbox"/>
Sexual Orientation	Negative Impact <input type="checkbox"/>	Neutral Impact <input type="checkbox"/>	Positive Impact <input type="checkbox"/>
Gender Reassignment	Negative Impact <input type="checkbox"/>	Neutral Impact <input type="checkbox"/>	Positive Impact <input type="checkbox"/>
Marital Status/ Civil Partnership	Negative Impact <input type="checkbox"/>	Neutral Impact <input type="checkbox"/>	Positive Impact <input type="checkbox"/>
Pregnancy and Maternity	Negative Impact <input type="checkbox"/>	Neutral Impact <input type="checkbox"/>	Positive Impact <input type="checkbox"/>
Learning Disabilities	Negative Impact <input type="checkbox"/>	Neutral Impact <input type="checkbox"/>	Positive Impact <input type="checkbox"/>

ACTIONS TO MITIGATE THE RISKS

Please detail the proposed actions to mitigate the key risks as identified above -:

IMPACT ASSESSMENT COMPLETED BY

DATE OF COMPLETION