

Undertaking Equality Impact Assessments

A staff guide

This document is available in other languages and in accessible formats

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Equality Impact Assessment: A Short Guide

A word about Equality & Diversity

Equality is about treating patients and staff with consideration, fairness and respect in regard to their 'protected characteristics': age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion, belief or non belief, sex and sexual orientation. It is also about making sure people have a fair chance to access care and to be treated fairly at work. Sometimes, we may need to treat people differently, if there are reasonable grounds for doing so, to ensure they receive the same level of service, albeit in different ways, such as giving written information in different languages such as Welsh. Or for example, to help someone who cannot read English or aiming services at people of certain ages. This is sometimes referred to as Objective justification. We would have to show evidence that our decision was a proportionate way of achieving a legitimate aim. It is legal to treat people differently in both these examples.

Introduction

Equality Act 2010

The Equality Act is a new law that came into effect in October 2010. Before the Equality Act, numerous different laws protected people from discrimination. The Act includes a new Public Sector Equality Duty, which came into force on 5th April 2011.

It protects people from being discriminated against because of:

- age
- caring responsibilities
- disability
- gender reassignment
- being married or in a civil partnership (in certain situations).
- being pregnant or just having had a baby
- race
- religion, belief or non-belief
- sex
- being pregnant or just having had a baby
- sexual orientation

The EQIA also includes the assessment of Welsh Language and Human Rights issues. The Welsh Language Act 1993 places a legal duty on public bodies to treat Welsh and English on an equal basis when providing services to the public in Wales and in particular, to ensure that individuals are able to use their preferred language when accessing public services. The Human Rights Act 1998 is concerned with the rights and freedoms that belong to us all. The underlying themes of the Act are known as the FREDA principles: Freedom; Respect; Equality; Dignity & Autonomy.

Equality, diversity and Human Rights are about treating others how they wish to be treated, rather than making assumptions about what their needs might be.

Public Sector Equality Duty

As part of this duty, public sector bodies in Wales are required to publish an assessment of impact in order to be transparent and accountable i.e. their consideration of the effects that their decisions, policies or services have on people on the basis of their gender, race, disability, sexual orientation, religion or belief, and age, to include gender re-assignment, pregnancy and maternity, marriage and civil partnership issues.

The need for the collection of evidence to support decisions and for consultation mean that the most effective and efficient impact assessment is conducted as an integral part of policy development or service re-design, with the assessment being commenced at the outset. These will help to eliminate discrimination, tackle inequality, develop a better understanding of the community, and target resources effectively.

This guide explains what an Equalities Impact Assessment (EQIA) is, when it needs to be undertaken and why. Further guidance on the process is included in Appendix 1 and help is available from the Equality Manager, Keithley Wilkinson, by telephone 20742267 or by internal email.

2. What is an Equalities Impact Assessment (EQIA)?

2.1. EQIAs are a process by which we can conduct an analysis of any policy change. They help us to identify and address potential unintended consequences of decisions:

- the need to avoid harmful consequences if at all possible, combined with the need to mitigate those which cannot be avoided
- the need to consult not only with experts and specialists but also with individuals and communities likely to be directly affected
- the need to publish assessments so that all interested parties can study and, if they wish, critique them
- the need for ongoing monitoring and review.

It is important to note that “**policy**”) includes:

strategies and strategic objectives

operational plans

service and/or scheme reviews

corporate objectives

policy development patient pathways/integrated care pathways guidance and protocols

capital bids

procurement and commissioning

budget setting decisions and criteria for resource allocation, and

information to staff and public.

The term “Policy” is used in this context throughout this Toolkit.

2.2. We have adopted an EQIA process that covers all the nine protected characteristics but is also inclusive of carers, human rights and the Welsh Language. This aims to ensure our policies do not discriminate, harass or victimise and that they promote equality and at the very least fulfil our legal duties. Where negative or adverse impact is identified, a detailed action plan for mitigation must be completed.

2.3. An impact is defined as an intentional or unintentional consequence or significant change in people’s lives brought about by a policy action or a series of actions. It can be

- **Positive:** Improves equal opportunities and/or relationships between groups. This can be “differential” i.e. where the impact can be greater for one group than another. It also takes into account multiple and cross cutting equality needs whilst avoiding assumptions and recognising individuality. For example, by not assuming a patient is heterosexual
- **Negative:** Potential negative impacts that are disregarded or ignored could mean unlawful discrimination. Individuals or groups could be disadvantaged. For example, the policy and process on interpreting/translation concentrated on spoken language and did not address the needs of hearing impaired people. Consequently there was a negative impact on the service that people with hearing impairments received when they were ill. An effective impact assessment process would have identified this adverse impact at an early stage and could have mitigated the impact by including sign language and the use of sign language experts in the policy.
- **None:** No impact identified.

3. Why do we need to do Equality Impact Assessments?

3.1. EQIA’s are recognised as good practice nationally (i.e. in the Equality Act). They are specifically mentioned in our corporate and operational plans as well as our Strategic Equality Plan as part of our work to promote equality, eliminate discrimination and foster good relations and inclusive communities. We have an equalities action plan and objectives to achieve improvements against.

3.2. A requirement to undertake equality impact assessments to gauge impact is a specific requirement of the Equality Act 2010. Under the Act, public sector bodies like Cardiff and Vale University Health Board must also set out their arrangements for monitoring policies for any negative impact.

3.3. EQIA’s also help

- provide services of the highest quality to meet diverse needs
- use target resources more effectively
- identify what is working well and what needs to be improved to address any adverse impact
- focus on outcomes and tangible improvements as well as taking positive action if needed

- identify opportunities for the promotion of positive images of our diverse communities
- people from the equality strands engage in public life
- us target resources more effectively
- mainstream equalities in our policies and practice

4. When do we need to do an Equality Impact Assessment?

4.1. EQIA's should be used as part of the normal policy making process, and should be undertaken during early development of a new or the review of an existing policy. Information on the outcomes of EQIA's must be included in all relevant Board and Committee reports. (Appendix 2)

4.2. Staff should obtain advice and guidance from their heads of service and the Equality Manager on using the correct forms and processes.

4.3. In addition, there will be a need to have identified a timetabled programme for undertaking EQIA's on policies across different services and ensuring that divisional and service area representatives have received training on undertaking EQIA's. Service plans should also contain commitments to completing EQIA's as part of the delivery process.

4.4 If you don't EQIA relevant decisions properly or if you fail to carry out EQIAs we risk making poor and unfair decisions which may discriminate against particular groups and worsen inequality. The decision may be open to legal challenge, which is both costly and time-consuming.

4.5 If the impact of our decisions on different groups is not considered this may lead to avoidable poorer outcomes which may bring additional financial burdens at a later stage. If people feel that we are acting high-handedly or without properly involving our service users or employees, they are likely to be become disillusioned with us and our reputation will suffer.

4.6 Financial decisions which are likely to increase or decrease fairness in our workforce or community should always be subject to a thorough impact assessment.

4.7 It is also important to consider how decisions inter-relate. A series of separate decisions in different departments or organisations may all have negative impact on a particular group.

4.8. In order to respond to different circumstances, this EQIA approach means it is suitable for all assessments and necessary for formal policies and EQIA's to meet our legal, social and moral obligations.

5. How should we conduct an Equality Impact Assessment?

5.1. Clinical Boards and service areas identify members of staff with responsibility for carrying out EQIA's and implementing the agreed actions. These individuals should attend EQIA training provided by the Equality

Manager before conducting EQIA's and preferably not on their own. The Equality Manager can also offer advice and guidance during the completion of EQIA's across all our service departments.

5.2. Before starting an EQIA, staff should consider relevance, proportionality and reasonableness as this is likely to inform the depth of the assessment and therefore the time and resources that are necessary to complete it. To obtain different perspectives, the lead staff member responsible for doing EQIA's should liaise with relevant service managers, front-line staff and the senior officer who has authority to ensure that any decisions made as a result of the assessment can be implemented.

5.3. Proportionality

High relevance policies should always be assessed (e.g. strategic budgetary decisions, grant-making programmes, changes to service delivery, pay and recruitment)

5.4. Relevance

It is important to think about the following questions:

- Does the policy/decision affect patients, staff or wider community?
- Is it a major policy significantly affecting protected groups?
- Will it have significant impact on how other parts of our organisation operates in terms of equality?
- Does it relate to our organisation's equality outcomes and objectives?
- Does it relate to an area where there are known inequalities?
- Does it relate to a policy where there is significant potential for reducing inequalities or improving outcomes?

5.5. The guidance in Appendix 1 offers advice on completing EQIA's.

6. Where is support and advice available from?

Further guidance is available from

- Your Clinical Board's representative on the Equality, Diversity & Human Rights sub Committee or your service area's Equality Champion
- The Equality Manager and the Welsh Language Officer

Appendix 1

Equality Impact Assessment: Full Guide

1. Introduction

Before starting EQIA authors should carefully consider relevance, proportionality and reasonableness. This will indicate the likely depth of the assessment and therefore the likely time and resources that will be needed for the assessment.

Issues that need to be considered in making this professional judgment include the

- benefit or impact on Staff and/or the Public?
- number of people likely to be affected by the policy
- budgetary implications (and value for money)
- extent of the proposed change
- wider public policy implications
- amount of information or evidence available
- views expressed by the public or staff about the operation of this policy
- the actions taken to respond to those views or concerns

Policies which are likely to have a significant impact on equalities groups and the local community require an EQIA and an associated mitigation action plan to address any negative impacts (see Appendix 2 and Section B plus point 5 below). Policies at the other end of the scale may require only a basic EQIA and minimal or no action plans (See Appendix 3 and section B).

2. Section A: Assessment

2.1. The Policy

This section scopes the policy being assessed including its purpose and desired outcomes. Remember “policy” in this assessment is used to strategies and strategic objectives, operational plans, service reviews, corporate objectives, policy development patient, pathways/integrated care pathways guidance and protocols, capital bids, procurement and commissioning, budget setting decisions and criteria for resource allocation, and information to staff and public.

2.2. Data and Evidence Collection

This is a crucial part of the EQIA. You need to record what data (and its origin) relevant to the policy that you have examined. (You should also note and gaps in data and what you will do about this within your action plan.) This data, which should include a review of the original policy if it is in place, will help you form an opinion about the impact of the policy upon equalities groups. The aim is to determine the potential diverse equality and human rights issues and any associated impact. This along with the consultation and engagement process will be the focal point of the assessment.

Data sources include

- Quantitative data - data that provides numerical information, e.g. population figures, number of users/non-users

- Qualitative data – data that furnishes evidence of people’s perception/views of the service/policy, e.g. analysis of concerns and compliments, outcomes of focus groups discussions, patient or public surveys
 - Local population data including the census figures
 - Comparisons with similar policies in other health boards or Trusts
 - One off data gathering exercises, e.g. through HIPO, Patient Experience Team engagement or other consultations
 - Academic publications, research reports, consultants’ reports, and reports on any consultation with e.g. trade unions or the third sector.
- This list is not exhaustive and service areas will need to introduce their own data as relevant

The EQIA action plan should identify and document any gaps and inadequacies in the data and any information about existing plans for monitoring the policy.

EQIA's should always be informed by consultation and engagement. Any relevant recent consultation data e.g. that has been gathered in the process of developing the policy should always be used. You can use this section to identify any gaps and start thinking about how future consultation can be focused to plug them. Details of any further data gathering or consultation and engagement that will be needed can and should be included in the action plan (see Appendix 2 and Section B plus point 5 below).

2.3. Impact

The EQIA’s key focus is identifying impact for each equality group. This is done by objectively reviewing the data identified in Section 2. Whilst undertaking the EQIA and considering relevance to promote equality with the aim of: eliminating unlawful discrimination, promoting equality of opportunity and fostering good race relations between persons of different ‘protected characteristics’ staff should think about

Age – and consider the impact on our community in relation to this e.g. how do we engage with older and younger people about our services, access issues etc. Is there a lower participation rate for some equality groups compared to others? Also consider what issues there are for employment and training.

Carers – and what responsibilities for dependants, issues for carers, access to training, employment and training issues.

Disability - and what issues there are around each of the disability needs groups and policy areas across the general and specific duties e.g. access to buildings/services, how we provide services and the way we do this, producing information in alternative formats, recording of hate incidents etc, employment and training issues. Is there a lower participation rate for some equality groups compared to others?

Gender-reassignment – and Trans communities in terms of specific health issues, identity and privacy, culture/attitudes and safety and support issues. Also consider what issues there are for employment and training.

Human Rights - and consider what issues there are for employment and training.

Marriage & Civil Partnership - and consider what issues there are for employment and training.

Pregnancy and Maternity - and consider what issues there are for employment and training.

Religion, belief & non belief – and what the likely impact is e.g. dietary issues, religious holidays or days associated with religious observance, cultural issues and customs. Also consider what issues there are for employment and training.

Race – and consider the potential to affect racial groups differently. Issues to look at include providing translation/interpreting services, cultural issues and customs, access to services, issues relating to Asylum Seekers, Refugees, Gypsy & Traveller and migrant communities, recording of racist incidents etc. Also consider what issues there are for employment and training.

Sex - and what issues there are for men and women e.g. equal pay, responsibilities for dependants, issues for carers, access to training, employment issues.

Sexual Orientation – and consider the provision of inclusive services for e.g. older and younger people who are Lesbian, Gay, Bisexual and heterosexual, recording of hate incidents etc

Welsh Language – and consider how your policy will affect Welsh speaking members of the community. Will it be a service you provide for the patients and the public? Consider how you will ensure that you can provide a bilingual service.

There are three types of impact that can be identified, namely

Negative impact e.g.

- Fails to promote equality
- Disadvantages one or more equalities groups or sub-groups within them, e.g. there are barriers to them enjoying its benefits
- The policy unlawfully discriminates

Positive Impact e.g.

- Eliminates discrimination
- Promotes equality
- Promotes good relations between different groups
- Ensures information about, and access to services

None i.e. - no positive or negative impact has been identified

If there is a negative (or a positive) impact in relation to any of the above then you need to consider whether can it be justified and what you are going to do (as appropriate) to address it.

2.4. Summary

This section asks you to overview and set out your findings by stating which equality groups could be, or are, affected and if this is positive or negative, direct or indirect and whether there is any justification.

If you have decided the policy is directly or indirectly discriminatory but can be justified under relevant legislation, you must provide details here. If in any doubt you should seek advice from Legal Services and/or your manager.

2.5 Section B: Action

The table should be completed with the actions that will be taken to address any negative impact on equalities groups. As part of the EQIA, you should consider options for changing the policy in order to reduce such impact.

If the impact is likely to be unlawful, the policy or the specific element of it must be changed, abandoned, or alternative ways found to meet the policy objectives. There is a need to ensure that an option for alleviating an adverse impact for a particular group does not in turn create an adverse impact for another group. In these circumstances, the option chosen should be that which promotes equality of opportunity and social inclusion overall. If an adverse impact is unavoidable then it must be justified e.g. health and safety legislation. If you are unsure take advice from your manager.

It is also important to remember that some policies are targeted at particular equalities groups (within the provision of certain legislation) and these by definition will have a differential impact. This type of differential impact can be justified as a part of a wider action relating to particular equalities groups, for example targeted job advertising and recruitment. These actions need to be justified to provide a clear and legal rationale for them.

Two particular areas to address in action planning are consultation & engagement and monitoring.

a. Consultation & Engagement

Where data from previous relevant exercises is inadequate or absent, the action plan should include consultation and engagement as part of the ongoing work required. It may also be necessary to assess the effectiveness of any forthcoming consultation and engagement already planned.

Prior to making a decision to undertake consultation and engagement, take advice from the Equality Manager about appropriate steps. Where possible, explore opportunities for joint working across the UHB, by liaising with other colleagues from the Patient Experience team for example.

The focus of any consultation and engagement will be determined by the policy's likely effect on the relevant equalities groups (Please refer to Introduction in Appendix 1). The extent of the consultation and engagement should be in proportion to this. Those who are likely to be directly affected by the policy should be consulted and engaged with e.g.

- Current service users and potential users from the appropriate equalities groups
- Key and specialised staff
- Relevant interest groups.

It is important to remember that equalities groups are not homogeneous and that you might need to consult with a number of sub-groups e.g. with a number of ethnic minority groups rather than just one. The scope and format of the consultation will depend upon the equality groups involved, specific needs and general circumstances plus resources available.

When you are deciding about consultation, keeping the following in mind

- Community Engagement – means that the process should be mutually beneficial and that feedback is given throughout and after the EQIA is produced
- Promotion and publicity - appropriate communication to publicise the consultation to the public and/or relevant equalities groups
- Accessibility and attendance - issues like accessible venues for public meetings, availability of translation of written materials in a range of languages and communication styles, interpreters or hearing loops at public meetings, large print used for written exercises, provision of crèche facilities, etc
- Methodologies – that are specific and targeted like focus groups, surveys/questionnaires, open meetings, interviews with community groups and tailored to age and need
- Planning and timing - ensure you have sufficient time to make consultation effective and meaningful and that the way you consult is mindful of the community of interest's needs e.g. school hours, days of religious observance, celebration events etc
- Report and feedback – you should make your findings available in alternative formats. (Please see Accessible Information Policy which will shortly be available on the intranet)

Make sure you record planned consultation (including which groups will be consulted) in the action plan.

b. Monitoring

EQIA's are not one-off exercises. We will only know the actual impact of a proposed policy when it is in practice. Arrangements to monitor the policy for any adverse impact on an ongoing basis are vital. To decide on how you will monitor and evaluate your action plan, keep the following in mind

- Who is responsible for monitoring?
- What will be monitored?
- Are there other monitoring procedures already in place that can generate the information?

- Can those existing monitoring procedures be adapted to collect the additional information required in relation to this policy?
- What monitoring techniques and tools are most effective?
- What performance indicators or targets will be used to monitor the effectiveness of this policy?
- When these targets have been set how will you know you have got there and what customer feedback will you use to help you know this?
- In what format and detail will the monitoring information be published?

Monitoring is not solely about data collection. It is about continuous scrutiny, follow-up and evaluation of policies, and provides data for the next cycle of policy review. Make sure you record planned monitoring (including methods) in the action plan.

The corporate guide to the use of translation and interpretation is available through the interpreter pages under the policies pages of the intranet.

2.6. Report and publication of the results and actions

Any report recommending a new, or amended policy, must indicate if an EQIA has been undertaken. If an EQIA has not been done, the report should explain the reason, including why the policy is not relevant to the general duties and statutory requirements laid out in equalities legislation. (Contact your Divisional Representative, Equality Champion or the Equality Manager for further information on legislative requirements.)

The report needs to record the outcome of the EQIA together with any actions/recommendations being pursued as a result. Where the changes are being made without a formal report e.g. to an internal procedure, a file note should be retained with this information.

Copies of all completed EQIA's and action plans must be sent electronically to the Equality Manager and the Head of Corporate Risk and Governance.

The Equality Act and the duties commit us to making the results of our EQIA's publicly available. Therefore, the results of your EQIA must be published and made available to staff and the public. Thus our EQIA's will be placed on the intranet and the internet.

Although the format for this report, and timing for its publication, may vary depending on circumstances and the nature of the policy being assessed, the structure in Appendix 4 is recommended due to accessibility issues and best practice in relation to communication.

Please complete the boxes on the template to confirm the relevant report includes reference to the EQIA and that its results will be published.

The completed EQIA must be signed-off by a senior manager to authorise the content, action plan, publication and review.

Appendix 2 - Equality Impact Assessment - Standard Assessment Template

Section A: Assessment

Medical Equipment Management Policy

Deputy Director of Therapies and Health Science

Date

1. The Policy

Is this a new or existing policy?

Existing

What is the purpose of the policy?

To ensure the safe, efficient and effective life cycle management of all medical equipment deployed by the UHB to care for its patients and service users.

How do the aims of the policy fit in with corporate priorities? i.e. Corporate Plan

Medical Equipment is used in nearly every care pathway across all Cardiff and Vale UHB sectors and underpins the majority of the UHB's service priorities. The effective life cycle management of medical equipment supports several components of the UHB's strategy. It will ensure that services deliver outcomes that matter to people; it will ensure service efficiency to improve sustainability and the principles included in this policy enable the delivery of prudent healthcare.

2. Data Collection

What qualitative data do you have about the policy relating to equalities groups (e.g. monitoring data on proportions of service users compared to proportions in the population)?

What quantitative data do you have on the different groups¹⁶ (e.g. findings from discussion groups, information from comparator authorities)?

Please indicate the source of the data gathered? (e.g. Concerns/Service/Department/Team/Other)

What gaps in data have you identified? (Please put actions to address this in your action plan?)

The aim of the policy is to ensure that Cardiff and Vale UHB provides the most effective medical equipment support the delivery of high quality patient care and deliver the best possible health and financial outcomes. It sets minimum standards which are applicable across all sectors of the UHB's healthcare services and includes equipment which is deployed by partner organisations and contractors to care the UHB's patients. It also enshrines through medical equipment selection criteria, strong alignment to UHB started and the overarching principles of prudent healthcare. The standards established in the policy mirror national best practice guidance and are equally applicable to all patient groups including those patients with a protected characteristic. It is believed that the impact of the implementation of these standards will be overwhelmingly positive for all patients and services users and will not be discriminatory in anyway.

3. Impact

Please answer the following

Consider the information gathered in section 2 above of this assessment form, comparing monitoring information with census data as appropriate (see www.ons.gov.uk Office National Statistics website) and considering any other earlier research or consultation.

You should also look at the guidance in Appendix 1 with regard to the protected characteristics **stating the impact and giving the key reasons for your decision.**

Do you think that the policy impacts on people because of their age? (This includes children and young people up to 18 and older people)

No impact

Do you think that the policy impacts on people because of their caring responsibilities?

Yes positively as it established the equipment to train carers in the use of medical equipment, and to assess their competence in their use, to ensure the safety of the carer and the patient and the optimisation of health outcomes.

Do you think that the policy impacts on people because of their disability? (This includes Visual impairment, hearing impairment, physically disabled, Learning disability, some mental health issues, HIV positive, multiple sclerosis, cancer, diabetes and epilepsy.)

Yes positively as it is now explicitly inclusive of, and applicable to the work of the Artificial Limb and Appliance Service.

Do you think that the policy impacts on people because of Gender reassignment? (This includes Trans transgender and transvestites)

No impact

Do you think that the policy impacts on people because of their being married or in a civil partnership?

No impact

Do you think that the policy impacts on people because of their being pregnant or just having had a baby?

No impact

Do you think that the policy impacts on people because of their race? (This includes colour, nationality and citizenship or ethnic or national origin such as Gypsy and Traveller Communities.)

No impact

Do you think that the policy impacts on people because of their religion, belief or non-belief? (Religious groups cover a wide range of groupings the most of which are Buddhist, Christians, Hindus, Jews, Muslims, and Sikhs. Consider these categories individually and collectively when considering impacts)

No impact

Do you think that the policy impacts on men and woman in different ways?

No

Do you think that the policy impacts on people because of their sexual orientation? (This includes Gay men, heterosexuals, lesbians and bisexuals)

No

Do you think that the policy impacts on people because of their Welsh language?

No

4. Summary.

It is believed that the impact of this policy will be overwhelmingly positive for all patients or service users who access service which deploy medical equipment.

The revised policy is more inclusive and now explicitly covers the work of ALAS. The standards that ALAS have developed to service their service users are also now spread by this policy to all patients, services users and carers across all Cardiff and Vale UHB health services which utilise medical equipment.

Appendix 3

Cardiff and Vale University Health Board Action Plan

Section B: Action

5. Please complete your action plan below. Issues you are likely to need to address include

- What **consultation** needs to take place with equality groups (bearing in mind any relevant consultation already done and any planned corporate consultation activities?)
- What **monitoring/evaluation** will be required to further assess the impact of any changes on equality target groups?

Equalities Impact Assessment Implementation Mitigation/Action Plan

None identified.

Issue to be addressed	Responsible Officer	Action Required	Timescale for completion	Action Taken	Comments

6. Report, publication and Review

Please record details of the report or file note which records the outcome of the EQIA together with any actions / recommendations being pursued (date, type of report etc)

None identified.

Please record details of where and when EQIA results will be published

Please record below when the EQIA will be subject to review.

The EQIA will be reviewed in parallel with the Medical Equipment Management Policy.

Name of person completing Clive Morgan, Deputy Director of Therapies and Health Science

Signed _____

Date: _____

Name of Responsible Executive/Clinical Board Director Authorising Assessment and Action Plan for publication
Fiona Jenkins, Director of Therapies and Health Science

Signed: _____

Date: _____

Appendix 4

Format for publication of EQIA results

Executive Summary

This should provide a summary of the results of the EQIA, in particular focusing on how any decisions have been made.

Background

- A description of the aims of the policy
- The context in which the policy operates
- Who was involved in the EQIA?

The scope of the EQIA

- A brief account of how you assessed the likely effects of the policy
- The data sources and information used
- The consultation that was carried out (who with, how and a summary of the responses).

Key findings

- Describe the results of the assessment (based on the information that is included in the EQIA template).
- Identify any positive, negative or neutral impact for any equalities groups.

Recommendations

- Provide a summary of the overall conclusions
- State any recommended changes to the proposed policy as a result of the EQIA and plans for implementation/monitoring/review.

Appendix 5

Glossary of terms

For specific legislative guidance (relating to age, disability, gender, race, religion and belief, sexual orientation) refer to the Equality pages on the intranet

Adverse Impact

This is a significant difference in patterns of representation or outcomes between equalities groups, with the difference amounting to a detriment for one or more equalities groups.

Differential Impact

Suggests that a particular group has been affected differently by a policy, in either a positive, or negative way

Definition of Disability

The Equality Act 2010 defines Disability as being:

“An impairment, which has a substantial, long term adverse effect on a person’s ability to carry out normal day-to-day activities”.

Discrimination

Direct Discrimination

Treating people less favourably than others e.g. on the grounds of age, disability, gender, race, religion and belief, sexual orientation.

Indirect Discrimination

Applying a provision, criterion or practice that disadvantages people e.g. on the grounds of age, disability, gender, race, religion and belief, sexual orientation, and that can't be justified as a proportionate means of achieving a legitimate aim. The concept of 'provision, criterion or practice' covers the way in which an intention or policy is actually carried out, and includes attitudes and behaviour that could amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and stereotyping. To find discrimination it will be sufficient to show that a practice is likely to affect the group in question adversely.

Diversity

This is defined as how differences between people are harnessed to drive forward creativity and excellence in performance. In the workplace this means recognising individual and group differences, which means more creativity and continuous improvement.

Ethnic monitoring

A process for collecting, storing and analysing data about individuals' ethnic or racial background and linking this data and analysis with planning and implementing policies.

Functions

The term function is intended to encompass the full range of the UHB's duties and powers, which includes clinical and corporate services and departments.

Harassment

This is unwanted conduct that has the purpose or effect of creating a negative or offensive environment for a complainant, or violating the complainant's dignity or treating a person less favourably than another person because they have either submitted to, or did not submit to, sexual harassment or harassment related to sex or gender reassignment

Policies

The term policy means the full range of formal and informal decisions made in carrying out a function or delivering a particular service. Policies may take the form of a clear written statement, or may be implicit in management decisions or "custom" and "practice". Policies may also take the form of a strategy, scheme and other functions as described on page of this document.

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.

Race

Under the Equality Act it is unlawful to discriminate against anyone on grounds of race, colour, nationality, including citizenship or ethnic or national origin and Gypsy and Traveller Communities.

Reasonableness, Proportionality and Relevance

These require a professional analysis and judgement that takes account of statutory requirements alongside legal guidance plus the factors listed in section one. In terms of the legislation, **relevant** means 'having implications for, or affecting, the promotion of equality'. The UHB has broadened this to include all areas of antidiscrimination law, such that relevance refers to 'having negative implications for or affecting people from any equality target group mentioned throughout the EQIA.

Religion, belief & non belief Religion,

Religious groups cover a wide range of groupings the most of which are Buddhist, Christians, Hindus, Jews, Muslims, and Sikhs. Consider these categories individually and collectively when considering impacts.

Trans communities

Transgender/transsexual person: a person whose perception of their own gender (gender identity) differs from the sex they were assigned at birth.

A Transvestite will dress as a member of the opposite sex but doesn't have feelings of belonging to the opposite sex or alienation from their own bodies.

Source:

www.herts.ac.uk/services/counselling/understanding_gender_dysphoria.pdf

Gender reassignment: the process of transitioning from the gender assigned at birth to the gender the person identifies with. This may involve medical and surgical.

Victimisation

This takes place where one person treats another less favourably because he or she has asserted their legal rights in line with the Act or helped someone else to do so.

A QUICK GUIDE TO EQUALITY IMPACT ASSESSMENT

Undertaking an Equality Impact Assessment (EQIA) is not optional. The organisation has a statutory duty to demonstrate it is meeting the requirements of the Human Rights Act 1998 and the 2010 Equality Act by demonstrating 'due regard' to eliminating discrimination, promoting equality and fostering good relations.

What are equality impact assessments?

EQIA is a process which enables an organisation to consider the evidence and effects of its decisions, policies, practices and services on different communities, individuals or groups. All public sector bodies currently have a legal duty to undertake equality impact assessment (EQIA) in regard to the 'protected characteristics' of race, sex, gender-re-assignment, disability, religion/belief, sexual orientation, pregnancy & maternity, marriage & civil partnership and age. We have also included Welsh Language and human rights issues as part of our EQIA process.

EQIAs provide a systematic method of ensuring that legal, social and moral obligations are met and a practical means of examining new and existing policies, services and practices to determine what impact they may have on inequality for those affected by the outcomes. The need for collection of evidence to support decisions and for engagement and involvement mean that EQIA is most effectively conducted as an integral part of policy development (ref. Policy for the Management of Policies, Procedures and other Written Control Documents).

The process of EQIA involves using a toolkit approach:-

- anticipating or identifying the evidence of the consequences of our work with individuals or groups of patients/carers/families/employees; and other stakeholders
- making sure that any negative effects are eliminated or minimised;
- maximising opportunities for promoting positive effects.

It is a crucial tool in helping us to improve the quality of local health services and to meeting the needs of those who use them as well as our employees. By using equality impact assessment and an evidence based approach we will be ensuring that key strategic and operational decisions around finance, service planning and delivery effectively take account of the diverse needs of our communities and staff.

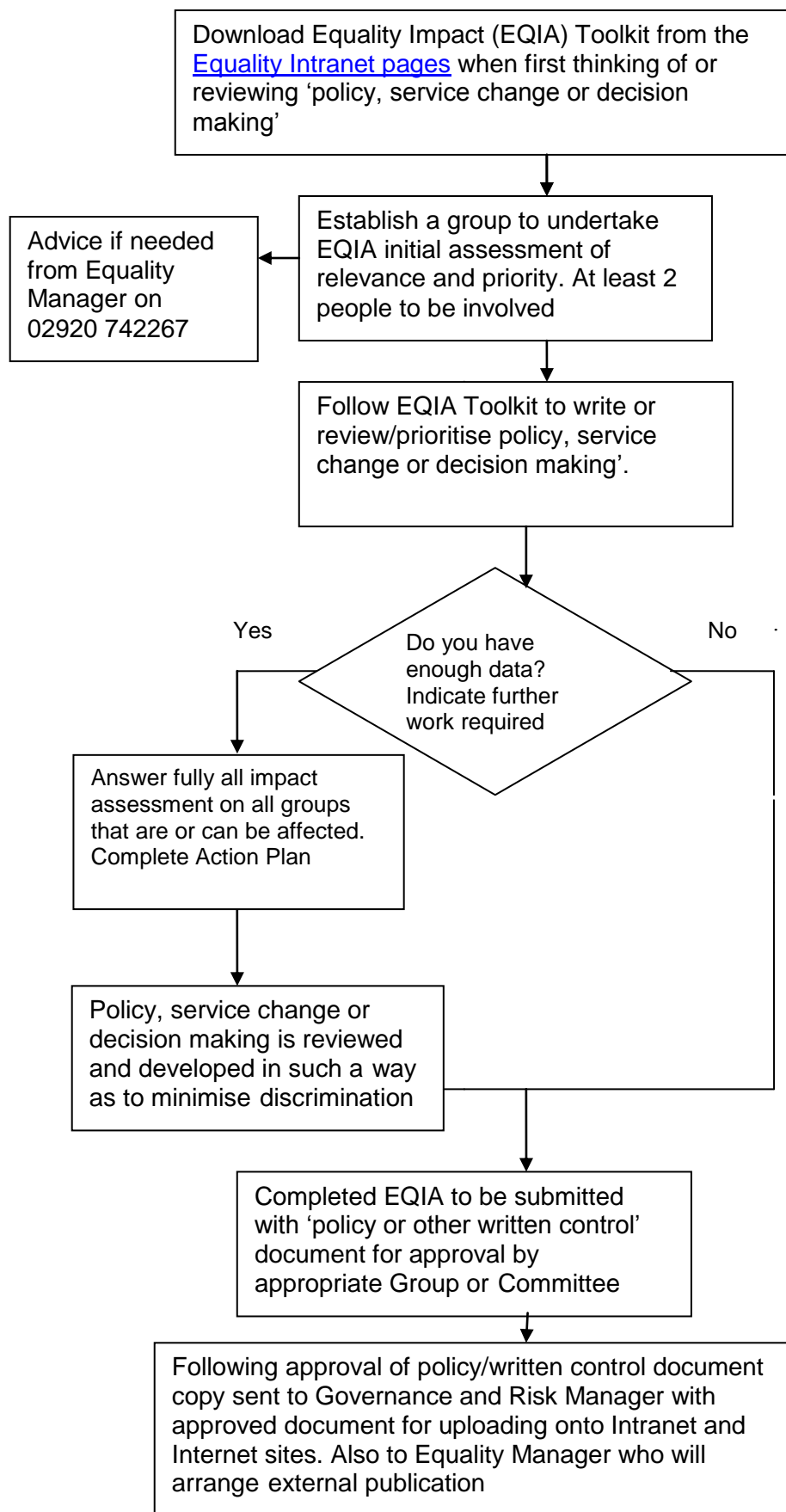
Training sessions on undertaking EQIA's and on equality, diversity and human rights also available on the [Equality Intranet pages](#)

When do we undertake EQIA?

The purpose of EQIA is to ensure equality considerations are taken into account as part of the decision making and policy development process. It is therefore important that the assessment takes place as **early as possible during** these processes and is not considered as an additional task to be undertaken after the policy has been developed or as a means of justifying

decisions that have already been made. EQIA means **evidence based policy development**, not policy-based evidence gathering.

Steps to be followed when undertaking an EQIA - Flowchart



References

http://www.equalityhumanrights.com/uploaded_files/PSD/equality_impact_assessment_guidance_quick-start_guide.pdf

http://www.equalityhumanrights.com/uploaded_files/eiaguidance.pdf

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[EHRC - The essential guide to the public sector equality duty: An overview for listed public authorities in Wales.](#)

[EHRC - Engagement: A guide for listed public authorities in Wales.](#)

[EHRC - Assessing Impact: A guide for listed public authorities in Wales.](#)

[EHRC - Equality information: A guide for listed public authorities in Wales.](#)

[EHRC - Making fair financial decisions.](#)

[Central Services Agency - The easy way to EqlA.](#)

[NHS Health Scotland - Five essentials to plan for an effective impact assessment.](#)

National Principles for Public Engagement in Wales:
www.participationcymru.org.uk

[WLGA - The role of Overview and Scrutiny in Assessing Equality Performance.](#)

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