

West of England Academic Health Science Network

‘Working in partnership to put innovation at the heart of healthcare, to improve patient outcomes and contribute to wealth creation.’

DRAFT 2

Workbook to support Project Leads to implement the WEAHSN vision for Equality

Connecting, Collaborative, Catalytic, Challenging

Dear Colleague

As you carry out your project we ask you to think carefully about how you ensure that you meet the aims of NHS England and the WEAHSN with regard to equality.

High Quality Care for All emphasises the importance of knowing that high quality care is being delivered for each and every patient:

‘Promoting equality and equity are at the heart of NHS England’s values – ensuring thatno community or group is left behind in the improvements that will be made to health outcomes across the country’¹.

The WEAHSN’s vision and values reflect our commitment to this aim.

However the Equality Act 2010 recognises that some parts of society may be disadvantaged and we must make an extra effort to support their health needs. By completing the impact assessment within this workbook you will support delivery of these aims.

You may already be familiar with the requirements laid out in this workbook; if so, you will find this a useful reminder of the legal duties, with clear advice about how the WEAHSN expects you to factor these into your project.

If you have less experience, you will also find an introduction to the legal duties and some case study material to help you.

Your allocated Service Improvement team member will be able to provide you with more advice on how to complete the workbook and provide the workbook in alternative formats as required.

Underlying all improvement to health care is a need to ensure that the changes that we make are those that patients’ value and that we understand how we can make those changes most effectively. This is best done by gathering objective data about needs and engaging with patients and their carers.

Completing this workbook as part of your project planning will enable you to assure the Board of the WEAHSN that your project will successfully support our equality vision.

Deborah Evans

Managing Director

WEAHSN

¹ DH website: High Quality Care for all
Draft 2
17/10/2014

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1.0 Introduction

This work book has been created to assist project leads to factor equality into their projects. It supports project planning by asking project leads to think and plan for equality matters in order to secure the best outcomes from their project, and provides background information about the statutory equalities duties that the WEAHSN must meet.

2.0 Why is Equality Important?

HM Government: The Equality Strategy: Building a Fairer Britain Dec 2010 states:

'Failure to tackle discrimination and to provide equal opportunities, harms individuals, weakens our society and costs our economy'²

When thinking about equality it is easy to believe that treating people the same way is sufficient. However the Strategy provides evidence that certain groups of people in society remain disadvantaged e.g:

'Despite disability discrimination legislation, around a third of disabled people experience difficulties in accessing goods or services, including health services'.

The Equality Act 2010 amalgamated existing discrimination legislation and strengthened the requirements on public bodies such as the NHS, Universities and organisations like the WEAHSN, to improve equality.

During 2014/15 the Commission for Equality and Human Rights has agreed an aim which is to:

'Follow up recent concerns about failures leading to poor care and risks to patient safety, by working to raise levels of compliance with equality and human rights standards in health and social care'.

3.0 The Legal Background

Evidence, in the Equality Strategy, shows that some groups of people in our society are more likely to be disadvantaged or discriminated against, because of certain personal characteristics. Legislation gives individuals with these characteristics protection from discrimination in a wide range of matters such as employment and the provision of public services.

Public bodies such as the WEAHSN must go beyond the requirement not to discriminate unlawfully, but must actively promote equality and where necessary take positive action.

The Equality Act 2010 requires that the WEAHSN consider equality in decision-making, in the design of policies and in the delivery of services, including internal policies, and for these issues to be kept under review.

The legal requirements which the WEAHSN must fulfil are laid down in the general equality duty and the specific duties, these are described below.

The information in the following section is taken from the Equality and Human Rights Commission website.³

² HM Government: The Equality Strategy: Building a Fairer Britain Dec 2010

4.0 Who is protected by the Equality Act 2010?

The protected characteristics identified in the Equality Act are as follows

- Disability*
- Gender reassignment
- Pregnancy and maternity (which includes breastfeeding)
- Race (including colour, nationality, ethnic or national origins)
- Religion or belief
- Sex
- Sexual orientation.
- Age (including children and young people)**

***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.

**** Age** discrimination laws only apply in the provision of services to people 18 or over.

Marital status including civil partnership does not constitute a protected characteristic but does fall within the discrimination laws.

5.0 The WEAHSN's 3 general equality duties

In carrying out its functions of putting innovation at the heart of healthcare, improving patient outcomes and contributing to wealth creation, the WEAHSN must:

'Pay due regard to':

1. **Eliminating unlawful discrimination**, harassment and victimisation and other conduct prohibited by the Act. (see appendix 1)
2. **Advancing equality** of opportunity between people who share a protected characteristic and those who do not
3. **Fostering good relations** between people who share a protected characteristic and those who do not

Paying due regard to **advancing equality** means:

- Removing or minimising disadvantages suffered by people due to their protected characteristics
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people (including taking steps to take account of disabled people's disabilities).

³ Equality and Human Rights Commission: The essential guide to the public sector equality duty; Revised (third) edition Nov. 2012

- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Fostering good relations means tackling prejudice and promoting understanding between people from different groups.

Compliance with the general equality duty **may involve treating some people more favourably than others.**

6.0 The duty to make reasonable adjustments to remove barriers for disabled people

Equality law recognises that bringing about equality for disabled people may mean changing the way in which services are delivered, providing extra equipment and/or the removal of physical barriers.

This is the **duty to make reasonable adjustments.**

The duty to make reasonable adjustments aims to make sure that a disabled person can use a service as close as it is reasonably possible to get to the standard usually offered to non-disabled people.

When the duty arises, a service provider is under a positive and proactive duty to take steps to remove or prevent these obstacles.

The duty is 'anticipatory'. This means a service provider cannot wait until a disabled person wants to use the service. They must think in advance (and on an ongoing basis) about what disabled people with a range of **impairments** (such as people who have a visual or hearing impairment, a mobility impairment or a learning disability) might reasonably need.

7.0 Fulfilling the general duty – your responsibility as a Project Lead

The legislation requires the WEAHSN to publish specific information annually in order to demonstrate its compliance with the general duty. In particular it must publish information annually about the effects of its policies and practices on people with a protected characteristic

Your responsibility as a project lead is to support the board to deliver its duty by factoring in the requirements of the general duty as you plan and fulfil your project. To do this you must have sufficient information about the effect of your project in relation to the 3 aims of the general duty in relation to people with a protected characteristic.

8.0 Understanding and Planning for Equality

Collecting and using equality information as a part of your project will enable you and the WEAHSN to develop a sound evidence base of how it's policies and practices are working in relation to the equality duties, enable improvements in healthcare for patients with a protected characteristic and ensure greater transparency for how public money is being invested.

The purpose of the following section is to enable project leads to take a step by step approach to understanding the equality impact of their project (policy /practice) and to ensure that, where relevant, actions to advance equality are built into the project plan. You can copy the relevant pages X-X to enable you to enter the information requested.

8.1 Completing the EIA

For each section of the EIA, an example of how you might complete the entry is provided; this is shown in **BLUE** text. Following each example is a text box to enable you to complete the information for your project; (note that the examples are hypothetical but based on real equality factors).

8.2 Information Sources

Achieving a good understanding of the profiles of the population with a protected characteristic that will be affected by your project (policy/practice) will enable you to really assess the impact of the change that you are making. The WEAHSN has commissioned a database of information to support your work. Underpinning the planning of health services are the public health observatories for each region. However a good starting point will be the Joint Strategic Needs Assessment produced by each county, city or borough council. Links to the relevant documents for the WEAHSN area can be found in Appendix 2.

The quality checklist at page X can help you to confirm that your impact assessment is fit for purpose. You need to think carefully about each protected characteristic but some may not be relevant to every project. For some characteristics, you may not be able to access full information; this should be noted and you can then consider how feasible it is to capture further information as part of the project. Even a small step in this direction can help to advance equality.

Once the equality impact assessment is sufficiently robust and detailed to enable you to plan your equality actions you will need to submit this to **XXXXX** so that the Board can be assured that your project (policy/practice) does not unjustifiably discriminate against any group and where appropriate is advancing equality.

9.0 Publication and review

As part of its specific duty the WEAHSN will publish the equality impact assessment undertaken for each project (policy/practice), on its website. The EIA also asks you to consider how to monitor the equality impact and a post project review will be expected which would also be publishable in due course.

Understanding and Planning for Equality

Equality Impact Assessment⁴

The purpose of the following section is to enable project leads to take a step by step approach to understanding the equality impact of their project (policy /practice) and to ensure that, where relevant, actions to advance equality are built into the project plan.

| | |
|---|--|
| Name of person carrying out this Equality Impact Assessment | <i>Noshin Menzies, Service Improvement Advisor</i> <i>Sarah White Service Improvement Advisor</i> |
| Date completed | |
| Senior manager responsible for this project (policy or practice) | <i>Mark Goodwin, Service Improvement Interim,</i> |
| <p>Names and roles of other people involved in carrying out this Equality Impact Assessment (e.g. a project steering group):</p> <p><i>Trevor Beswick, Clinical Lead</i></p> <p><i>AF Project Steering Group</i></p> | |
| <p>Who is responsible for implementing the project (policy/practice) and will ensure that equality plans are implemented?</p> <p><i>Anna Burhouse, Director of Change, Innovation and Service Improvement</i></p> <p>Who is responsible for monitoring the implementation of this project (policy/practice) including the equality aspects?</p> <ul style="list-style-type: none"> • West of England Academic Health Science Network (Service Improvement Team) • Optimising Anticoagulation Project Steering Group • Bristol CCG • BANES CCG • South Gloucestershire CCG • Gloucestershire CCG • North Somerset CCG • Wiltshire CCG • Swindon CCG | |

⁴ This is EIA is substantially based on the EIA prepared by the SW Commissioning Support Group

Step 1 Getting Started

1.1 Brief description of the project (policy/practice) aims: (This information is likely to form part of your project initiation document).

This project is being undertaken as part of the 'Putting Evidence into Practice' Programme of the West of England Academic Health Science Network. The project is a quality improvement exercise.

The Putting Evidence into Practice programme is one function of the WEAHSN through which the spread of innovative evidence based practice will be rapidly implemented across the region.

The preventing AF related stroke project has been championed by the programme and is one of five other innovative projects being developed by the network in its inaugural phase.

Atrial Fibrillation (AF) is the most common cause of cardiac arrhythmia and is a major cause of stroke (14%), TIA and systemic embolism. Of the 16,000 annual strokes in patients with AF in England, approximately 12,500 are thought to be attributable to AF. Recurrence rates are high and are a cause of substantial morbidity and mortality, AF places a burden on the healthcare system which has great financial and resource implications.

The project seeks to address the needs of AF patients who are at a high risk of stroke by working with primary and secondary care to reduce the incidence of AF related stroke. The needs of this population are identified as:

- Increase in therapeutic rates of patients currently needing anticoagulation but who are not receiving treatment
- Improvement in the anticoagulation of patients currently needing optimised treatment as they are unstable on Warfarin

The project aims to rapidly support an increase in the uptake of anticoagulation including new technology (NOACs) across the WEAHSN in line with NICE evidence. The project reach will include all seven CCGS in the WEAHSN geography and will therefore affect all AF patients who are high risk living within these boundaries.

Innovation will be seen in the identification of patients who would benefit from transfer to NOACs from Warfarin due to therapeutic instability. The development of NICE guidance on the management of AF is underway and will influence the design and implementation of the project.

The project seeks to implement GP education and patient awareness models to optimise knowledge of anticoagulation and to facilitate increase in the rates of anticoagulation for the target population.

The project aims to work with primary care across the WEAHSN geography to improve the services received by patients with a diagnosis of atrial fibrillation in order to better prevent AF related stroke.

The project aims to optimise GP knowledge through education and to improve patient compliance of anticoagulation therapy rates through patient education.

Anticoagulation of high risk AF patients is current practice, therefore there is no new service being introduced but the current service will be enhanced in order to optimise anticoagulation in the target population.

This service is intended to benefit all high risk atrial fibrillation patients who require anticoagulation for stroke prevention. The patient population will benefit from optimised anticoagulation as part of their long term condition management but also in reducing the risk of stroke.

Step 2 Establishing the extent of the Equality Impact

2.1 Describe the profile of the patient population that will be affected by this project (policy/practice change). For the purpose of this assessment be as precise as possible in terms of each patient groups protected characteristics. Protected groups are defined by the nine characteristics protected by the Equality Act 2010 (see page 6).

This project will impact a specific target patient group; patients with a diagnosis of atrial fibrillation who are at a high risk of a stroke. AF affects both men and women, however AF is more likely to affect men than women and men are also more likely to suffer AF related stroke. However women are more likely to die from AF related stroke events and to experience more severe outcomes. Therefore both men and women will experience a positive impact from optimized anticoagulation for stroke, however it should be noted that not all studies have demonstrated such a significant difference between the genders. [The AF Report 2011].

The age group of the target population is likely to be older (over 60) with fewer numbers in younger age groups. The project seeks to improve the rates of effective anticoagulation in the target population so patients within this target group will be positively affected by the project outcomes.

There is no known evidence to suggest that this group are more likely to suffer from

high risk AF, however patients who have suffered a previous AF related stroke (and therefore potentially been affected by disability) are at an increased risk of a further stroke event. Therefore this project will positively impact this protected group.

Due to data restrictions there is a lack of information on the demographic picture of the target population within the geographical area of the project. The ethnic profile of the target population is unknown as is the age and gender split of this patient group in the WEAHSN geographical area.

2.2 State the main sources of data and information that you have used

In the absence of any demographic patient data, information has been taken from the AF report published by the AFA (Atrial Fibrillation Association).

2.3 What are your information gaps?

Due to ongoing contractual issues, the project is yet to receive any primary care level data on the local prevalence and incidence of AF and anticoagulation status. This includes intelligence of AF by gender, age, ethnicity, geography etc.

Therefore, the project is unable to investigate AF by protected group in order to ascertain whether there are any data trends.

2.4 Does or could the project (policy/practice change) affect different “protected groups” differently? *Consider each protected group separately. Include options to improve equality of access or outcomes that your project could achieve.*

Disability

There is no known evidence to suggest that this group are more likely to suffer from high risk AF, however patients who have suffered a previous AF related stroke (and therefore potentially been affected by disability) are at an increased risk of a further stroke event. Therefore this project will positively impact this protected group.

Where written patient information is developed as part of the project, it will be assessed for accessibility to include suitability for learning disabilities, sight limitations and translation to other languages.

Gender reassignment

The project is not predicted to affect this protected group differently from the rest of the population.

Pregnancy and maternity (which includes breastfeeding)

The project is not predicted to affect this protected group differently from the rest of the population.

Race (including colour, nationality, ethnic or national origins)

The project is not predicted to affect this protected group differently from the rest of the population. However, this may be affected by the production of information on the target population and will be updated upon receipt of this data.

There is the potential for elderly people for whom English is not their first language not be able to access the information. Once the information is available regarding the demographics of each CCG, the project team will be able to make a judgement about which, if any, community languages the patient pack should be translated into.

Religion or belief

The project is not predicted to affect this protected group differently from the rest of the population.

Sex

AF affects both men and women, however AF is more likely to affect men than women and men are also more likely to suffer AF related stroke. However women are more likely to die from AF related stroke events and to experience more severe outcomes. Therefore both men and women will experience a positive impact from optimized anticoagulation for stroke, however it should be noted that not all studies have demonstrated such a significant difference between the genders. [The AF Report 2011].

Sexual orientation

The project is not predicted to affect this protected group differently from the rest of the population.

Age (including children and young people)

The age group of the target population is likely to be older (over 60) with fewer numbers in younger age groups. The project seeks to improve the rates of effective anticoagulation in the target population so patients within this target group will be positively affected by the project outcomes.

Marital Status/civil partnership

The project is not predicted to affect this protected group differently from the rest of the population.

2.5 Will this project (policy/practice change) advance equality for any part of the population with a particular protected characteristic? Explain how:

Evidence suggests that older people are more likely affected by AF and AF related stroke. Therefore any increase in the anticoagulation rates of this group will have a

positive impact on the outcomes of this population.

In addition, men are more likely to suffer AF and AF related stroke, so optimizing the management of this condition will have a positive impact on men as a group. Women whilst at a reduced risk of AF and subsequent stroke when compared to men, appear to suffer more severely from stroke events and have a higher mortality rate. Therefore the introduction of this project will positively benefit the mentioned protected groups from a harm prevention and health improvement angle.

2.6 Are any groups specifically excluded and if so why? What could be done to enable these groups to benefit from the proposed changes?

As the project is working with a specific patient group, it is expected that all of the protected groups will feature in this patient population. Therefore, none of the protected groups will be specifically included, unless they are outside of the target population group (non AF sufferers). No further work is needed to include the groups as they are excluded by dint of not suffering from AF and are therefore not at risk of AF related stroke and do not require treatment.

2.7 What consultation and engagement activities have already been undertaken regarding this project (policy or practice)?

State any engagement activities used to develop the project policy or practice or to seek feedback on its implementation so far.

Patient representation has been sought for the project steering group. A number of focus groups will be held further along the project timeline to ensure appropriate PPI involvement. A survey may be undertaken to gather patient opinion of AF management and how it could be optimised.

The steering group has representation from the key clinical specialties across the WEAHSN geographical reach.

The project team has engaged with the Atrial Fibrillation Association (AFA) and has

gained the organisation's support and contributions to the Patient Information Pack.

2.8 State the key outcomes of the consultation and engagement

- Key points of feedback and any differences between the views of the different protected groups
- Identify how the feedback was taken into account in the final drafting/design of the policy or practice

The Project is working with around 20 individuals to test out and feedback on the patient information pack. Patient representatives have been met with individually and in groups, in their own homes and at South Plaza. Every effort has been made to ensure that consultation takes place in the most convenient time and place so as to be as inclusive as possible.

It has not yet been possible to include the views of representative range of ethnic groups.

Feedback from the sessions has been collated and the patient information pack has been updated as a direct result of this feedback.

The project has also engaged a number of 'Innovator' GP practices that will work alongside the project team to test and refine the GP information pack as well as four different models of implementation.

Working alongside the GP practices the team will be able to ensure that the most effective methods of imparting the information and contributing to the end result of the project are employed when the project goes beyond the Innovator sites.

2.9 Where consultation and engagement has been limited /not yet occurred, describe what is planned including which additional groups could usefully be engaged?

Depending on the policy/practice being assessed, consider engaging with employees, service users and/or equality organisations.

A communications plan and PPI strategy has been developed to ensure that as many groups as possible have been usefully engaged.

This includes;

Patient representatives

Atrial Fibrillation Association

GP's

Practice Managers

Haematologists

Stroke Specialists

Pharmacists

Pharma company representatives

2.10 Will the project (policy/practice) have a significant effect on how other organisations operate in terms of equality (such as service providers or contractors)? Explain how:

The practice will affect the target population of high risk AF patients. As the service is delivered through primary care, GPs will be affected as they will be the key point of delivery of the project. However, there will also be an impact on pharmacists if the project pursues a community anticoagulation support service, delivered through community pharmacy.

This project will not significantly affect how the organisation or GP practices across the WEAHSN operate in terms of equality. Currently, oral anticoagulation is prescribed and managed routinely in primary care, this project will not introduce new practice.

The implementation of the project will not have a significant effect on how other organisations operate. Due care and consideration will be given to any materials produced as part of the project for its accessibility to all equality groups. In this area, and rather it aims to optimise current practice.

2.11 What action needs to be taken to inform or support those organisations?

To eliminate discrimination

E.G. Equality leads for the organisations implementing this project will be informed of

the project so that they can support clinical staff in understanding the change in practice.

GP Practices will need to be supported to ensure that information given to and shared with the patient is accessible to all the patients. This can be achieved either by establishing whether there is a need for the pack to be produced in a range of community languages or by ensuring that translation services are available.

To advance equality

E.G. The xxx JNA suggests that the higher than average proportion of the population who are black attending hospital Emergency departments may be an indicator that this group are not accessing or receiving the care most suited to managing their conditions. This project will seek feedback via the local Race Equality Council as to how this group can be informed of the availability of relevant community support.

The project is seeking data on the demographics of the West of England Academic Health Science Network area by CCG and in future we will be seeking a deeper understanding of the areas by GP practices.

To foster good relations

E.G. There were 1,584 hate crimes reported to the police and partner agencies in xxx in 2012/13. In the implementation of this project, attention will be made to improve understanding of the reasons for violent behavior as follows

The patient pack could be made available through existing community groups. One of the ways we are currently exploring to ensure information is widely accessible is developing a bespoke website for the 'Don't Wait to Anticoagulate' project.

2.12 Does the project (policy/practice) relate to an area with known health inequalities)? How will it advance equality for those affected?

E.G. In the most deprived areas of xxx average life expectancy is 9.4 % lower for men and 5.8 % for women. This project will extend access to key diagnostic services for patients in these areas by...

The project relates to an older age group and we are consulting with patients of the

target age group to ensure that the information is accessible, relevant and helpful. Changes have been made to the pack as a direct result of patient feedback.

Step 3 Using information to understand the effect on equality

This section is about bringing together all of your equality information in order to make a judgement about what the likely effect of the project (policy/practice) will be on equality and whether you need to make any changes to the project (policy/practice). Be wary of general conclusions – it is not acceptable to simply conclude that a policy will universally benefit all service users or employees and, therefore, the protected groups will automatically benefit, without having evidence to support that conclusion.

Assessment of the outcomes of the project (policy/practice)

Key questions:

- Could project (policy/practice) outcomes differ between protected groups?
- What are the key findings of your engagement?
- Is there different take-up of services by different groups?
- Could the project (policy/practice) affect different groups disproportionately?
- If there is a greater effect on one group, is that consistent with the policy aims?
- Has the project (policy/practice) delivered practical benefits for protected groups?

Assessment of the legality of the project (policy/practice)

Key questions:

- Could the project (policy/practice) disadvantage people from a particular group?
- Could any part of the project (policy/practice) discriminate unlawfully?
- How does the project (policy/practice) advance equality and foster good relations, including participation in public life?
- Are there other project (policy/practice) that need to change to support the effectiveness of the project (policy/practice) under consideration?

The project will impact positively on those affected with AF and in the future will also extend to identifying and reviewing patients with suspected AF or Atrial Flutter.

3.1 Are there any risks associated with the implementation of the project (policy/practice), which could detract from its effectiveness in helping the NHS and the WEAHSN to comply with equality legislation and improve its performance for patients, carers and employees?

E.G. As this project focuses on patients with protected characteristic, this may cause concerns amongst other groups and thus undermine the duty to foster good

relations. Careful communication of the project rationale should reduce the risk.

No risks identified

3.2 Recommendations

What steps will you take in response to the findings of your impact assessment? Circle your recommended position.

- | |
|--|
| 1. No major change – Your impact assessment demonstrates that the project (policy/practice) is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups. |
| 2. Adjust the project (policy /practice). This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect. |
| 3. Continue the project (policy /practice). This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself that it does not unlawfully discriminate. |
| 4. Stop and remove the project (policy /practice). If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the project altogether. If a project shows unlawful discrimination it <i>must</i> be removed or changed. |

Step 4: Equality Monitoring and review

State how and when you will review the actual equality effects of the project (policy /practice)?

Consider the original information that you have included at question 2 above

- How you will measure the effects of the policy or practice
- When the policy/ practice will be reviewed and what could trigger an early revision
- What type of information is needed for monitoring and how often it will be analysed
- How to engage relevant stakeholders in implementation, monitoring and review

The effects of the project will be measured through an evaluation framework developed as part of the project that will focus on:

- Need to insert Evaluation info

Equality Action Plan

Date:

From your analysis above you may have identified actions to ensure that no discrimination takes place or to advance equality for groups with particular protected characteristics. Summarise the intended equality actions which you intend to incorporate into your project.

This action plan should be reviewed in accordance with the monitoring schedule..

| Recommendation | Key activity | Progress milestones | Officer Responsible | Progress made |
|----------------|--------------|---------------------|---------------------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

EIA Quality Checklist

The quality indicators below can be used to review the quality and robustness of your completed Equality Impact Assessment:

| Theme | Quality Indicators |
|-----------------------------------|---|
| 1. Methodology | <ul style="list-style-type: none"> • Evidence of consultation/ engagement with protected groups around the policy or practice being assessed (patients, service users and employees) • People from protected groups feel engaged in the process • Evidence used is based on hard and soft data |
| 2. Report content | <ul style="list-style-type: none"> • The assessment of actual or potential impact is firmly based on the evidence presented • Equality issues are addressed comprehensively, rather than superficially |
| 3. Outcomes | <ul style="list-style-type: none"> • Recommendations are clearly linked to the needs of patients, service users and protected groups |
| 4. Transparency and communication | <ul style="list-style-type: none"> • An action plan is included • It is clear who is responsible for implementing the action plan • Written in Plain English • Written without NHS jargon • EIA tells a coherent story • Translations and different formats are offered |

What is meant by discrimination?

The Equality Act 2010 outlaws a number of forms of discrimination:

- An individual or organisation that provides services to the public must not treat someone **worse** just because of one or more **protected characteristics** (this is called **direct discrimination**).
- An organisation must not do something to someone in a way that has a worse impact on them and other people who share a particular protected characteristic than it has on people who do not share that characteristic. Unless the organisation can show that what they have done is **objectively justified**, this will be what is called **indirect discrimination**. 'Doing something' can include making a decision, or applying a rule or way of doing things.
- A service provider must not treat someone worse than someone else because they are **associated with** a person who has a protected characteristic.
- A service provider must not treat someone worse than someone else because they incorrectly think that person has a protected characteristic (**perception**).
- A service provider must not treat someone badly or **victimise** them because they have complained about discrimination or helped someone else complain, or done anything to uphold their own or someone else's equality law rights.

Information Resources

Guidance on the public sector equality duty:

<http://www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/guidance-on-the-equality-duty/>

Public Health Observatory data:

http://datagateway.phe.org.uk/?lk_sr=govphe

WEAHSN patch demographic/joint strategic needs assessments:

http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Public-Health/annual_dph_report_12_13_onscreen.pdf

http://www.bristol.gov.uk/sites/default/files/documents/council_and_democracy/statistics_and_census_information/SOTC%20Healthy%20and%20Caring.pdf

<http://www.maiden.gov.uk/InstantAtlas/Equalities/summary.pdf>

<http://www.swindon.gov.uk/sc/sc-healthmedicaladvice/jsna/Pages/sc-jsna.aspx>

[https://www.n-somerset.gov.uk/community/partnerships/Documents/JSNA/Overall%20findings/overall%20health%20profiles%20\(pdf\).pdf](https://www.n-somerset.gov.uk/community/partnerships/Documents/JSNA/Overall%20findings/overall%20health%20profiles%20(pdf).pdf)

<http://hosted.southglos.gov.uk/JSNA/South%20Glos%20JSNA%202013%20v4%20050313.pdf>

<http://www.intelligencenetwork.org.uk/joint-strategic-assessment/>

<http://jsna.gloucestershire.gov.uk/Pages/home.aspx>

Appendix 3

Further References

HM Government: The Equality Strategy: Building a Fairer Britain Dec 2010

Commission for Equality and Human Rights website:

Equality and Human Rights Commission: The essential guide to the public sector equality duty; Revised (third) edition Nov. 2012

DH website: High Quality Care for All

Southwest Commissioning Support Group Equality Impact Assessment Template 2013

National Institute for Health and Clinical Excellence: Positively Equal: A Guide to addressing Equality Issues in developing NICE clinical guidelines. 2nd Edition November 2012.