

EQUALITY IMPACT ASSESSMENT GUIDANCE

Under Equality Legislation, all public services must carry out impact assessments to inform their Equality Schemes on:

Race – since 2002

Disability – December 2006

Gender – April 2007

Where appropriate impact assessments should also consider age, religion or belief and sexual orientation.

The purpose is to determine if our services, both service provision and employment, are accessed equally by the local community and also if they deliver equal outcomes. Additionally, this process will support the delivery of NHS targets as outlined in the Health and Social Care Standards and Planning Framework and the move towards Foundation status.

In order to assist this process it is essential that we profile our staff and patients as far as possible to enable regular analysis that can inform service delivery plans.

All new services and service redesigns should be subjected to an Equality Impact Assessment to ensure that there will not be an unintended adverse impact upon a section of the community.

Additionally, all new policies and policy reviews should consider the relevance to equality target groups and where appropriate carry out an assessment.

The Test of Relevance

The Trust is required to determine which policies and functions have the most potential to create unequal impact, and those which are less likely to do so. This is defined as the “test of relevance”. Policies or functions which are likely to have a higher relevance, are those which involve face to face contact, involve making decisions based on someone’s individual characteristics or circumstances, are likely to have a significant impact on someone’s life or wellbeing, or where there is a history or long-established pattern of unequal outcomes.

When to conduct an Equality Impact Assessment

An impact assessment should be carried out for each policy and function that is rated as “high” in the test of relevance. An impact assessment should be undertaken as part of the natural development of new policies and functions.

Often the need for a new policy or function is flagged up in service or team plans. It is at this stage that a decision should be made as to the best time for the impact assessment to be carried out. All service and policy review should include consideration of relevance to equality.

Publication

Completed EIA's should be included in the Directorate Strategy. The actions arising from the impact assessments should feed into team and service plans, ensuring the impact assessment process is integral to service planning and improvement.

The Equality Impact Assessments will be subject to external audit and inspections. Therefore relevant supporting documentation, used in conducting the assessment, needs to be retained locally.

An electronic copy of the EIA should be forwarded to:

The Trust's Equality and Diversity Advisor to be included in the Trusts Equality Schemes.

Alison.west@nbt.nhs.uk

EIA FRONT SHEET

Name of the policy or service being assessed: *Hospital at Night project*

Directorate: *Clinical Governance*

Date Impact Assessment completed:

Is this a policy or service? Policy: *No, although an operational guidance will eventually underpin the service.* Service: *Yes*

Is this a new or existing policy or service? *New*

Areas Impact Assessed

Race, Disability, Gender, Age and Directorate Specialty.

Names and roles of the people carrying out the Impact Assessment:
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<i>1. Jasek Szymanski, Project Manager for Hospital at Night</i>
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<i>2. Jane Wiltshire, Risk Manager</i>
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<i>3. Alison West, Equality and Diversity Advisor</i>

Service Manager <i>Jasek Szymanski</i>

Signature

Date <i>22 January 2007</i>

KEY QUESTIONS

What is the function of the Service/Policy?

The Hospital at Night project aims to

- *Improve team working at night*
- *Improve patient care by identifying the sickest patients in a timely and efficient manner using the most appropriate person with the right skills for efficient delivery of care.*
- *Contribute to reduction in junior doctors hours in accordance with EWTD 2009*

What are the outcomes of the EIA?

To measure the profile of clinical incidents for one identified week in February 2006. It is intended to repeat this measurement once a full HaN model is established

What is the profile of service users in relation to the outcomes?

It is intended to measure Age, Gender, Ethnicity, Disability and the specialty within patients fall.

Are there any identified inequalities in access or outcomes between different groups? Are any of these justified?

No significant inequalities identified

How does this picture fit with the National picture?

Although there is no documented evidence of similar EIAs in the pilot Trusts, it is well documented that changes brought about by the introduction of a HaN team have been positive.

Where and how do different groups engage with the service?

The patient panel are represented at steering group level. Membership of the established HaN team (nursing and medical) will vary according to the available workforce. The service currently covers medicine, surgery, urology, ENT, renal and orthopaedics.

What recent consultations or complaints have there been?

Steering group meets once a month and consultations generally have been ongoing. Concerns in general raised by medical staff due to change in culture. These will be actively monitored within the first 3 months post implementation.

What are the gaps in our information?

None identified

What further research/analysis is necessary, who do we need to involve?
(There must be service user consultation.)

None

What are the future monitoring arrangements?

*It may be considered useful to carry out a repeat assessment in 1 year's time
(February 2008)*

CONCLUSIONS AND RECOMMENDATIONS

Does the policy comply with equalities legislation i.e. eliminate unlawful discrimination, promote equality of opportunity and promote good relations between people of different racial groups?

Does it deliver equal access and equal outcomes?

Yes

What are the main areas requiring further attention?

None

Summary of recommendations for improvement

None identified

How will the results of the EIA feed into the performance planning process?

Will be presented as part of general Hospital at Night documentation