



Equality Impact Assessment Tool & Guidance

We need to undertake Equality Impact Assessments because:

- ❖ All public bodies need to carry out Equality Impact Assessments of their policies, services, functions, etc. in line with equalities legislation.
- ❖ We need to make sure that we are properly serving our diverse local communities and our services are accessible to all
- ❖ Equality impact assessments actively support the delivery of our Equality & Inclusion Strategy and Policy and help us meet our equality & inclusion objectives, as a service provider, procurer of services, employer & decision making body

What is an Equality Impact Assessment?

An Equality Impact Assessment is a systematic way of looking at current or proposed policies, services, functions etc. to identify the effect they have on different equality strand groups. Equality Impact Assessments help you to anticipate any consequences of your policies, services and functions etc. so that as far as possible any negative consequences for any equality strand group can be eliminated, minimised or counterbalanced by other measures. They also provide you with an opportunity to promote positive outcomes, such as positive relations between different racial groups and more targeted services.

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When should you undertake an Equality Impact Assessment?

- ❖ During the early stages of developing your policy, service, function etc. so that it can help you become aware of any relevant information, which will enhance your policy/service development
- ❖ During a review of your policy etc – it will enable you to identify any relevant equality & inclusion issues as well as making you aware of any opportunities to promote equality & inclusion

Why else should we carry out Equality Impact Assessments?

They help us to:

- ❖ Identify whether we are excluding any equality strand groups or individuals from the benefits of our policies, functions, services etc.
- ❖ Identify any direct or indirect discrimination
- ❖ Consider any alternatives to address any adverse impact arising and exploit all opportunities to seek positive benefits, such as improving community relations, addressing health inequalities etc.
- ❖ Integrate equality & inclusion into all our policymaking and service delivery
- ❖ Focus our services and resources more efficiently and thus improve the quality of our services, employment, decision making and engagement

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- ❖ Demonstrate to our regulators our systematic and holistic approach to equality & inclusion

It is also a requirement under equalities legislation:

- ❖ The Race Relations (Amendment) Act 2000 placed a duty on public bodies to produce a Race Equality Scheme and to carry out Equality Impact Assessments of proposed and existing policies, functions and services etc. in order to identify and address any adverse impact. Results were to be published and any agreed actions implemented and monitored.
- ❖ The Disability Discrimination Act 2005 (DDA) put a duty on public bodies to eliminate discrimination against disabled people and promote disability equality in access to services, service delivery and employment, requiring public bodies to produce a Disability Equality Scheme, which set out actions to promote equality of opportunity for disabled people. Additionally, public authorities were required to involve disabled people in policy development.
- ❖ The Equality Act 2006 introduced a new public duty aimed at eliminating discrimination on the grounds of gender and promoting gender equality. Public authorities were required to produce a Gender Equality Scheme, including an equal pay policy and audit and to tackle occupational segregation; the remit included women, men and transsexual people. This Act also extended the duty on public bodies not to discriminate on the grounds of sexual orientation or religion or belief in relation to the provision of goods, facilities and services, education and the carrying out of public functions.
- ❖ Employment Equality Regulations: The Employment Equality Regulations (Religion or Belief) came into force on December 2 2003; the remit of this legislation also included anyone with no religion or belief. The Employment Equality (Sexual Orientation) Regulations came into force on December 1 2003; in these regulations sexual orientation was defined as being a sexual orientation towards either persons of the same sex, persons of the opposite sex or persons of the same sex and of the opposite sex. The Employment Equality (Age) Regulations came into force on October 1 2006; these regulations carried implications for the employment of younger and older people.

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What else will Equality Impact Assessments help us to achieve?

We will not undertake equality impact assessments purely to satisfy our statutory duties as a public body and NHS Trust. We want to be innovative in the way we carry them out, to make them into a business tool to change health outcomes for our patients and customers for the better, improve our employment practices for our staff and become a more inclusive decision making organisation, which actively and holistically engages with all our diverse communities. Carrying out equality impact assessments will help show how we are making progress against the Care Quality Commission standards. It will also help us to ensure that we work within a human rights framework of equality and fairness, dignity and respect for all.

Whose responsibility is it?

Whenever a review of a policy or service etc. is required, the manager responsible for that policy or service is responsible for carrying out the equality impact assessment. She/he needs to get a team of people together to do the equality impact assessment together and arrange in advance of the equality impact assessment for all team members to access the equality impact assessment training. This team should include a “critical friend”, someone outside the work area (this could be a service user, staff side representative or relevant colleague from a different department). Carrying out equality impact assessments as a team not only will enable you to develop any ideas you have about the policy or service better, it will also allow you to have a more holistic idea of its impact, since the project team will bring together different experiences. The equality impact assessment should be entered into the online e-tool, with each section agreed by the team. It may be that the specific policy/function/service etc. is closely connected to another one within the service; in this case, it may make sense to undertake a joint equality impact assessment.

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What are the possible outcomes of your equality impact assessment?

Your assessment should show that you have reached one of three possible outcomes:

Outcome A – Your policy/service/function is not likely to result in any adverse impact for any equality strand group and promotes equality of opportunity.

Action - You need to have the completed equality impact assessment approved by your Director, stored in a shared drive and sent through to the Communications Team for publication on the Trust’s website. You still need to ensure you complete the monitoring and review section in this proforma to enable you to check that any desired outcomes are delivered.

Outcome B – The impact assessment shows that your policy/service/function is not likely to result in any adverse impact for any equality strand group but equally does not promote equality of opportunity.

Action – As a member of an NHS Trust dedicated to continuously improving its services and organisational practice, you should look further to see if there is any lawful positive impact which could be delivered and discuss this with members of your project team. If there are any relevant actions which could be taken, please include them in the Action Plan, then follow the same steps as Outcome A.

Outcome C – The impact assessment shows that your policy/service/function is likely to have an adverse impact on particular equality strand groups or individuals.

Action – You need to consider whether the policy/service/function is lawful, for which you may need specialist advice and if not then how to mitigate or eliminate any adverse impact. This may involve:

- ❖ Finding another way to meet your policy or service objectives
- ❖ Adapting the policy/function/service etc. so that any adverse impact is removed
- ❖ If the impact assessment shows that some groups within equality strand groups face particular barriers or have different needs, identifying whether these can be addressed either through changing the policy/function/service or through another way

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Action-planning

Any actions you have identified which need to be carried out need to be put into your action plan, showing who will be responsible for carrying them out and the timescales.

Monitoring & review

You will need to monitor your action plan to ensure the actions included have been carried out and have achieved their intended outcomes. After three years you need to revisit your impact assessment as a matter of good practice; this needs to happen sooner if there are any changes to your policy/service/function which might result in adverse impact on any of the equality strand groups.

What happens once you have completed your equality impact assessment?

The manager, whose service/policy/function is being impact assessed, needs to send this through to her/his Service Director for approval. The impact assessment then should be placed on the relevant section on the shared drive and simultaneously sent through to the Communications Team for publication on the Trust's website.

Who can help if you have any queries?

The Equality Impact Assessment e-tool has prompts and learning points to assist managers and teams with completion of the impact assessment. The Equality Impact Assessment face-to-face training will take staff through specific areas of difficulty/importance and a range of relevant scenarios. For any further assistance, please contact the Equality & Inclusion Team.

Further information on equality impact assessments can be found at:

- A Practical Guide to Equality Monitoring (Department of Health – www.dh.gov.uk/dr_consum_dh_digitalassets?@adh/@en/documents/digitalasset/dh_411684)

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Initial Screening Tool

Title of policy/service/function/procedure/programme/ or strategy being assessed: Control Services Demand Management Plan

(Please remember that even informal policies & procedures need to be impact assessed.)

Is it new **or revised**

(If revised, please attach a copy of the original Equality Impact Assessment.)

Senior Manager Responsible: Jason Killens, Deputy Director of Operations

Department: A&E Operations

Section: A&E Operations

EQUALITY IMPACT ASSESSMENT SCREENING TEAM

Name	Department	Role
Jason Killens	Operations	Deputy Director of Operations
Dr Fenella Wrigley	Medical Directorate	Deputy Medical Director
Lee Brooks	Control Services	AOM / Policy Author
Andy Fitzsimons	Control Services	OCM / Policy User
Janice Markey	Equality and Inclusion	Equalities Advisor
Peter Hannell	Operations	Staff-side Representative / Critical Friend

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Date of screening: 16 September 2010

Please summarise below the aims and objectives of this policy/service/function etc. including any intended outcomes.

The purpose of this plan is to provide the London Ambulance Service NHS Trust (LAS) with risk based flexibility to the resourcing of demand at times when it exceeds the capacity of the service to respond within its day-to-day resourcing or in spite of every effort made to match resourcing with forecasted demand.

The overriding principle of this plan is to ensure that the LAS maintain the highest level of patient care services to the communities of London when experiencing capacity pressures. This is critical to retain public confidence and the good reputation of the LAS. The ethos of doing the best for most is forefront in designing this plan.

The objectives of the plan are:

- To provide a framework in which the business activities of Control Services may respond to periods of high pressure due to unforeseen demands or on occasions where the capacity does not exist to absorb patient demand.
- To utilise the triage system provided by the Medical Priority Dispatch System (MPDS) to ensure those patients with the most serious conditions or in greatest need continue to receive LAS services.
- To provide a set of tactical options that are flexible and immediate to LAS managers to dynamically react to developing demand profiles where the provision of service cannot be met by the available resources.

Please state below who is intended to benefit from this policy/service/function etc. and in what way.

1. Patients

Patients benefit from this policy as it ensures that those who are most ill according to MPDS triage continue to receive services and those who are less ill are provided with guidance to how they may access wider NHS services during periods of unexpected high demand for LAS services.

2. Control Services staff

At times of high demand for LAS services, Control Services staff are at the front end of patient contact (via telephone lines) and feel the

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immediate impact associated with call volumes waiting for resource allocation. The policy brings about mechanisms through which this demand may be managed thereby relieving staff of pressures enabling them to continue to provide services to those in most need.

3. Control Services Managers, staff undertaking role of Gold Medic and Gold Dr

The policy formalises existing customer practise and provide guidelines in which decision may be made. This brings about a consistency of approach and supports the decision making processes of LAS managers when resolving periods of extreme demand.

Please state in the table below whether the policy/service/function etc. could have any potential impact on any of the equality strand groups, whether service users, staff or other stakeholders

Equality Strand Group	Is there likely to be a positive or neutral impact in regard to:	If the impact is adverse, can this be justified on the grounds of promoting equality of opportunity for an equality strand group or for another reason?
Age	Positive	N/A
Disability	Neutral	N/A
Gender	Neutral	N/A
Race	Neutral	N/A
Religion or Belief	Neutral	N/A
Sexual Orientation	Neutral	N/A

Please provide and summarise below any relevant evidence for your declaration above – this could include for example the results of specific consultations, complaints or compliments, customer satisfaction or other surveys, service monitoring and take-up, comments from stakeholders and demographic data.

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Clinical triage takes place by asking prescribed questions of the caller. Questions seeking Gender, Disability, Race, Religion or Belief or Sexual Orientation are not asked and would not be known by the emergency medical dispatcher. It has no bearing on the MPDS triage system.

Age is asked for the MPDS triage mechanism to operate. Clinical high risk groups have been established as under five years of age and over sixty nine years of age. It is often more difficult to ascertain full and thorough medical history or current clinical complaints given the caller to the LAS is often a third party and not the patient direct. To ensure these groups of patients are not adversely affected Stages C and D separate these age groups from the regular activity being undertaken for Green calls to mitigate this position and reduce clinical risks for the patients.

Are there any gaps in the evidence you have which make it difficult for you to determine whether there would be an adverse impact?

No Yes

If yes, please state below how you intend to acquire this evidence and your timescales for doing so.

None are identified.

This is a new policy and feedback from users and stakeholders has been used in producing this plan. During the year 2009/10 there were several opportunities to consider demand management (Swine Flu, New Years Eve, Snow) and the work undertaken during those episodes has informed the development of this plan.

Although the assessment considers there are no gaps, the plan does require debriefing after each episode of use and the feedback from those debriefs will be used to review the plan. The plan will be fully reviewed every twelve months.

If you have identified a positive or negative potential impact for any equality strand group, which is not legal or justifiable, then you must complete a full Equality Impact Assessment. Please insert below any issues you have identified/recommendations for the full Equality Impact Assessment.

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London Ambulance Service



NHS Trust

If you have only identified a neutral or positive impact on any equality strand group then no further action is required, other than having your Director sign off this form, a copy stored on the shared drive and sent to Communications for publication on the Trust's website.

Name of Director: DDO Jason Killens

Signature:

A handwritten signature in black ink, appearing to read 'J Killens'.

Date: 28/09/2010

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Equality Impact Assessment Tool

Senior Manager responsible: _____

Department: _____

Contact no: _____

Email: _____

Equality Impact Assessment Project Team

Please enter below the names of the project team members who carried out this impact assessment with you and their role in the impact assessment (e.g. team colleague or critical friend).

Name	Department	Role
		CRITICAL FRIEND

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Date of completion of the Equality Impact Assessment _____

From the initial screening undertaken please state below:

Key aims of the function/policy/service etc.

Its intended benefits and for which equality strand groups

Any issues/recommendations identified in your screening

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The evidence you are using for this impact assessment

Based on the initial screening, please state below what the positive/negative impact is on equality strand groups

Equality Strand Group	Positive/negative impact	If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for an equality strand group or for any other reason?	Please set out the steps you will take to remedy any adverse impact and include them in your Action Plan.
Age			
Disability			
Gender			
Race			
Religion/belief			
Sexual Orientation			

Please state when and how you will monitor and review this policy/function/service etc.

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Please insert into the Action Plan below any relevant activities you have identified from the impact assessment

Action	Staff member responsible	Timescale	Outcome

SUPPORTING DOCUMENTATION

Please refer to any relevant documentation you have used in carrying out this impact assessment (including reports, surveys, publicity materials etc. where appropriate)

Equality Impact Assessment Procedure Flowchart

(Please see next page)

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