

Equality Impact Form

Function/ policy being assessed: Policy and procedure for the development and management of procedural documents

Directory/ service or corporate function: Corporate Services

Date of assessment: 26/08/2009

Contact person for the assessment: Sandra Adams

Members of the assessment group: Laila Abraham & Sandra Adams

1. Aims of the function/ policy

To set the scope and framework for the development of all LAS policies, procedures, protocols, strategies and plans. This framework is viewed as essential for good risk management and governance and will form one of the risk categories assessed by the NHSLA at level 2.

2. Current achievements and fact finding

Sources of information used, with references, location or links. Anything you have learnt from previous consultation results with references or links. In particular any evidence you may have that impacts upon: **race, disability, gender, age, religion and belief, sexual orientation and human rights:**

No known impact from this policy however, as a framework for all procedural documents, it incorporates the EQIA and communication processes which need to be followed by all authors and owners of procedural documents in future and is therefore intended to redress the impact of previously styled policies and procedures, and to improve the quality of policy in line with best practice and equality legislation.

3. Assessment and actions needed

Initial ideas for actions can go here. You will refine them further at stage 6. Please note the impact assessment will not be accepted unless group(s) affected is listed with a link to the action required. Primary areas to consider are: **race, disability, gender, age, religion and belief, sexual orientation and human rights**

Barrier	Group affected	Action needed	Responsibility	Timescale	Resources
Built environment	N/A				
Location	Potential - those staff away from base locations	Ensure the policy is communicated effectively	All managers	October 2009	None specified
Information and communication	Disability; Dyslexia; Easy Read; Braille; Audio; Ethnicity eg where English is not the first language	To ensure that the document is accessible to all staff and can be provided in appropriate format on request	Director of Corporate Services; Head of Governance; Head of Records; GDU team	October to December 2009	Time – preparing documents for audio translation and other formats; Cost – producing alternative formats.
Customer care and staff training	To be confirmed	Awareness training and developing an understanding of the purpose and benefits of EQIA and monitoring	Equality & Inclusion team	December 2009 – February 2010	Within the E&I training plan
Timing	N/A				
Stereotypes and assumptions	N/A				
Costs of the service	To assess and	See adjacent	Head of Records; E&I	October 2009	To be confirmed

	confirm the costs of alternative formats		team		
Commenting, consultation	None specifically with groups	To be considered further	Director of Corporate Services; E&I team	October 2009	To be confirmed
Specific barriers	N/A				
Human Rights	There are no known risks of discrimination with the implementation of this policy (see 2 above)				
Other	N/A				

5. Future consultation

The policy has been presented and discussed at the following committee meetings:

Strategic steering group – 15th July 2009

SMG – 9th September 2009 (approved)

It will be submitted to the Trust Board on 29th September 2009 for ratification.

Further consideration will be given to wider discussion about the implementation of the policy. It should be noted that this policy is intended to support the work of the Equality & Inclusion team in redressing the impact of previous policies and procedures and to improve the quality of policy in line with best practice and equality legislation.

6. Action plans, targets and priorities

Explain how the action plan will tie into service improvement plans, directorate action plans and local delivery plans

This policy is a core document within the NHSLA risk management standards for ambulance trusts and is intended to lead the development and improvement of the quality, format and consistency of Trust documents to ensure compliance with external requirements. The policy, and the actions identified in 4) above will feed into and support the SIP and will give local managers the guidance and framework they

need to provide high quality consistent documentation that supports Trust practice.

7. Monitoring and feedback

Details of how you will review action plans and progress. **All impact assessment action plans must be reported back internally and to the equality and diversity facilitators 6 monthly as a minimum.**

Implementation of the policy will be reviewed after 3 months (January 2010) and then fully in July 2010. It will also be subject to external review by the NHSLA assessor in October 2010. The Governance team will implement a programme of review of documents developed in the prescribed format to ensure it is workable locally. It should also be noted that there is consultation underway currently on the format of the EIA process and the approved format will be adopted within this policy.

8 Tell people what you are doing

Information on how you will publicise decisions, actions and service improvements. How will you make this available to the public?

Via RIB and The Pulse.