Torbay and South Devon NHS
NHS Foundation Trust

PRACTICAL GUIDE TO EQUALITY ANALYSIS

(To be used in conjunction with the Equality Analysis Procedure and Equality and Diversity Policy ED1)

Making sure that everyone counts

If you require a copy of this document in an alternative format (for example large print, Easy Read) or would like any assistance in relation to the content of this document, please contact the Equality and Diversity team on 01803 656676.

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1. Introduction

This guidance explains what Equality Analysis is. It describes how it should be conducted, and who is responsible for conducting it. An Equality Analysis Procedure (EAP) (formally known as an Equality Impact Assessment) is a process designed to ensure that a service, policy, project or scheme does not discriminate against, or adversely impact on any disadvantaged or vulnerable people, protected under the Equality Act 2010. The EAP exists in two-parts:

- an initial pre-screening to determine whether a full Equality Impact Assessment is required
- a full Equality Impact Assessment (may not be required in every case)

The key purpose of an Equality Analysis Procedure is to help identify direct and indirect discrimination. The assessment process, if properly conducted, should reveal aspects of services/policies that may unwittingly exclude or negatively impact upon particular groups of people. It is the outcome of the assessment that makes it a valuable tool, not the process itself.

2. Compliance

In order to be legally compliant with the Public Sector Equality Duty (PSED), all activity changes must take account of the Brown Principles (see Appendix 1). Equality Analysis should be carried out at the beginning of the project/ plan for it to be a meaningful piece of work. If this is not possible, it should be completed at the earliest opportunity. Equality Analysis and Equality Impact Assessments that are conducted retrospectively are subject to legal challenge by the Equality and Human Rights Commission (EHRC). The EHRC has statutory powers laid down by Parliament to enforce compliance with the Equality Act and the General and Specific Duties of the PSED. The EHRC can instigate legal challenges itself as well as acting on the behalf of others.

3. Responsibility

Who should complete equality analysis?

It is the responsibility of the departmental/ service manager to carry out the Equality Analysis Procedure with the support of the Equality and Diversity team.

When do I need to complete equality analysis?

- If you are introducing organisational change (impacting patients/ public etc)
- If you are carrying out projects/ plans
- for some new and existing strategies
- for some new and existing Trust-wide policies
- for some services and redesigning of services

These will be termed collectively in this document as your ‘activity’. Please note that equality analysis

for all builds and refurbishments will be carried out by Estates and Facilities Management in line with Building Regulations and Health and Safety Legislation.

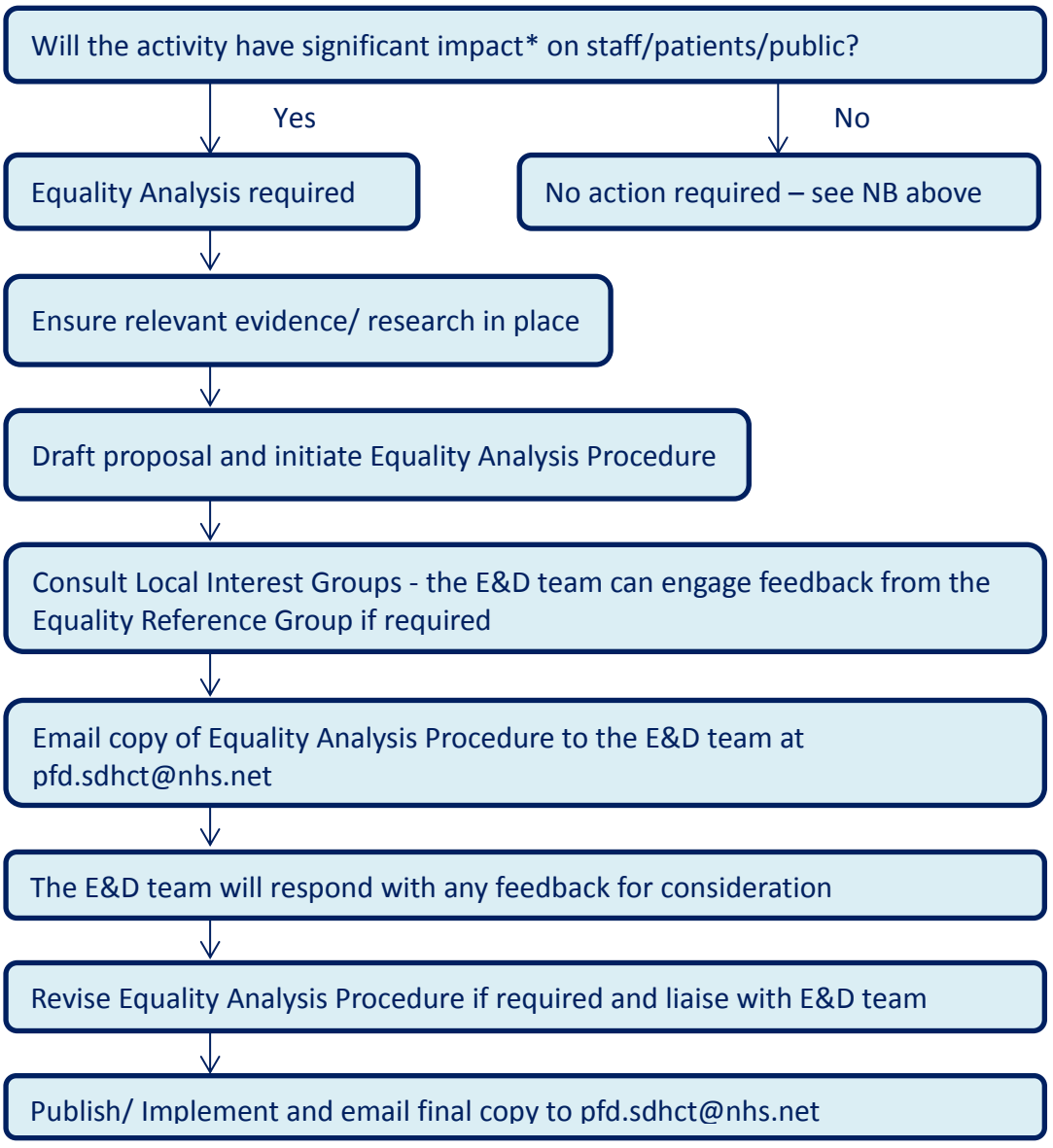
Please note that Equality Analysis is not required for all Organisational change/ policy implementation etc. Equality Analysis is only required where there is significant impact resulting in the potential for reasonable adjustments to be made.

Please see examples below for further clarity:

Needle Stick Policy	Process is the same for everyone	No EAP needed - mainstream inclusivity through inclusive language and reasonable adjustments.	Lesser impact
Do Not Resuscitate Policy	Individual needs to be considered	EAP required	Significant impact
Annual Leave Policy	Process is the same for everyone	No EAP needed - mainstream inclusivity through inclusive language and reasonable adjustments.	Lesser impact
Uniform Policy	Individual needs to be considered	EAP required	Significant impact

NB: For lesser impact* policies, procedures and guidelines, please aim to mainstream inclusivity with particular regard to the use of inclusive language. We must also ensure that policies, procedures, guidelines take into consideration reasonable adjustments. (Section 3 of the Equality Analysis Procedure and Appendix 5 herein may offer some useful prompts). Please contact the Equality and Diversity team for further guidance and support.

4. The Process



* See table of examples above for clarity on significant and lesser impact

5. Definitions

Positive Impact is where the activity improves equal opportunities, diversity and relationships between groups or for a particular group of people.

> **Example (service)**
> A screening service identified poor attendance rates among people with learning disabilities. To tackle these findings the Trust decided to:
> - Engage people with learning disabilities, show pictures of equipment, talk through process, demonstrate the equipment etc
> Outcome: increase of attendance from 59% – 95%

Negative or adverse Impact is where the activity could disadvantage to one or more groups of people.

> **Example (policy)**
> A policy stating that an organisation will only accept complaints in writing could have a negative or adverse impact on some people. This may include people with learning disabilities, people that do not use English as their first language and people for whom written communication is not a strong cultural norm such as British Sign Language users.

There are no statistical tests available for identifying impact and therefore the question of impact is a matter of professional judgment. Where there is a negative impact on a particular group of people, the manager should develop a simple action plan to record any changes to the activity. Any action points must be integrated into existing service planning and performance management frameworks along with monitoring and review processes.

6. Equality Delivery System

The Equality Delivery System (EDS) is a toolkit to help all staff and NHS organisations understand how equality can drive improvements, strengthen the accountability of services to those using them, and bring about workplaces free from discrimination. When carrying out an Equality Analysis Procedure, it is therefore valuable to keep the 4 goals and 18 outcomes of the EDS in mind (see Appendix 4).

7. Carrying out an Equality Analysis and Equality Impact Assessment

A full Equality Impact Assessment will not always be necessary. An initial Equality Analysis must first be performed for all services/policies. This Equality Analysis will help to identify the potential impact and decipher whether a full Equality Impact Assessment is required. There are therefore 2 stages:

7.1 Stage One – Equality Analysis

The first stage of the process is to answer a short series of questions to determine whether a full Equality Impact Assessment is required. This assesses the impact of national legislation and the number of people potentially affected.

7.2 Stage Two – full Equality Impact Assessment

Complete the full Equality Impact Assessment paperwork. It may be beneficial to consider input from the Trusts' Equality Reference Group for further comments/ recommendations. The Equality Impact Assessment considers and analyses whether there is a negative, positive, or neutral impact on any disadvantaged or vulnerable group. It may be valuable to consider the potential impact against the 18 outcomes of the Equality Delivery System (EDS) shown in Appendix 4. Further prompts to assist with the impact assessment are shown in Appendix 5. You will find the prompts in Appendix 5 useful to consider before you complete the Equality Impact Assessment.

8 Recording Equality Impact Assessments

Completed Equality Analysis/ Impact Assessment forms should be kept on the division/directorate files and electronic copies sent to the Equality and Diversity team for publishing on the Trusts' Equality and Diversity Internet webpage (contact details below).

9 Monitoring and Review

The number of Equality Impact Assessments undertaken and any positive or negative impacts and subsequent action points will be reported to the Trusts' Board on a quarterly basis.

It is a legal requirement that the Trusts publish accessible information which demonstrates compliance with the PSED. Publishing our Equality Impact Assessments on the Trusts' public website is a robust way of demonstrating compliance.

If you require any assistance in completing an Equality Analysis/ Impact Assessment, please contact the Equality and Diversity Team:

Emma McCluskey	Equality & Diversity Lead	x56680	emma.mccluskey@nhs.net
Ros Banfield	Equality & Diversity Support Officer	X56676	ros.banfield@nhs.net

The Brown Principles

Case law sets out broad principles about what public authorities need to do to have due regard to the aims set out in the general equality duties. These are sometimes referred to as the 'Brown principles'. They are not additional legal requirements but form part of the Public Sector Equality Duty (PSED) as contained in section 149 of the Equality Act 2010. Under the duty local authorities must, in the exercise of their functions have due regard to the need to:

- Eliminate unlawful discrimination, harassment, victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not.

With regard to Equality Analysis, the initial pre-screening will determine which outputs require a full Equality Impact Assessment to be conducted in line with the guiding principles of having *due regard* to the aims of the General Duty under the PSED. The 'Brown Principles' clarify and define the meaning of due regard in the context of equality legislation and are summarised briefly below:

1 Decision-makers must be made aware of their equality duties
2 Equality must be considered at the time that decisions are made
3 Analysis must be rigorous
4 Non-delegation of responsibilities to third parties
5 Ongoing monitoring and review
6 Adequate record-keeping

The concepts of relevance and proportionality should apply to assessing impact on equality.

Research and Best Practice Examples

Research

To read the article on Tackling Prostate Cancer in Black Men, please click here.

To read the article on Palliative and End of Life Care for Black, Asian and Minority Ethnic groups in the UK, please click here.

Best Practice Examples

Abdominal Aortic Aneurysm (AAA) Screening: Transgender Individuals

Following a full equality impact assessment, our Abdominal Aortic Aneurysm (AAA) screeners have become aware that transgender individuals may experience health inequalities. AAA screening is available for gentlemen in their 65th year (and every subsequent three years). An individual who is transgender may choose to amend their gender identity on national NHS systems. As such, they would no longer be alerted to this screening automatically. We have therefore worked with two local transgender organisations and our communications team to highlight that transgender individuals will need to self-refer. Taking positive action and sharing this good practice can be applied to, and benefit a large number of other people and local communities.

Diabetes Retinal Screening: People with Learning Disabilities

The Diabetic Retinal Screeners noticed significantly poor attendance rates from patients with learning disabilities. To address this, staff visited patients in their home to talk through the process, show images of the equipment and offer them the opportunity to experience eye drops. Patients were invited in to see the equipment prior to their appointments to ensure comprehensive understand of the process and on occasions, were able to witness another patient's screening. Following extensive work with people with learning disabilities, the attendance rate has increased from 59% to 95%.

Appendix 3

Equality Delivery System

The Goals and Outcomes of EDS2		
Goal	**Number**	**Description of Outcome**
Better Health Outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the needs of local communities
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities
Improved Patient Access and Experience	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care
	2.3	People report positive experiences of the NHS
	2.4	People's complaints about services are handled respectfully and efficiently
A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfill their legal obligations
	3.3	Training and development opportunities are taken up and positively evaluated by all staff
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
	3.6	Staff report positive experiences of the membership of the workforce
Inclusive Leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
	4.2	Paper that come before the Board and other major Committees identify equality-related impacts risks, and say how there risks are to be managed
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

Appendix 5

Guidance Prompts to Assist with Equality Impact Assessments.

(Some questions may not be applicable to all services)

General
Is it easy for a person protected by a characteristic outlined in the Equality Act 2010 to find out about and to use your activity?
Do staff/ service users with a protected characteristic feel equally valued?
Do you monitor equality data to ensure you are serving a representative sample of the population?
Do any eligibility criteria for your activity discriminate against people with a protected characteristic without just cause?
Do your staff treat people with a protected characteristic with dignity and respect?
Have you considered including equality into staff objectives and appraisal?

Age
Does your activity make assumptions about people simply because of their age?
Does your activity give out positive messages about all ages in leaflets and posters?
When you are recruiting staff, have you thought about age and how you can recruit people of all ages?

Disability
Does your printed information take account of the communication needs of people with various disabilities and is it easy to understand?
Have you decided what core information you need available in large print, audiotape or Braille?
Do your staff members know how to access a sign language interpreter or an interpreting activity for deaf and hearing impaired people, how to use an induction loop and where to get advice on material in different formats?
Do you routinely record the communication needs of patients with a disability when sending out appointments etc?
Have you thought about your assessment materials and methods and made sure that they are relevant to people with disabilities?

Religion or Belief
Do your staff know how to access the Trust's Religious and Cultural Handbook?
Is your activity religiously and culturally sensitive to meet the needs of people from various religious backgrounds?
Have you identified any specific dietary or other needs related to a person's religion which you need to be sensitive to?
Some religious and cultural traditions require particular dress e.g. wearing head coverings such as hijabs or turbans or modes of clothing which covers the body. Have you demonstrated flexibility and sensitivity to accommodate the wearing of religious dress safely?
If you are running inpatient or residential activitys have you thought about prayer needs or the

need for a quiet space for your patients/residents?
Have you considered obtaining a list of various festivals to use to avoid arranging appointment/visits etc on any particular religious festivals, days or times?
Do staff have an understanding of different faith issues?
Are there religious sensitivities to bear in mind when considering treatment or intervention?

Gender
Does your activity/policy affect men and women differently - is this equal?
Do more women/men use your activity? Do you need to consider positive action to get the gender balance even?
Do you need to review your activity and accommodation with regard to dignity and respect i.e. with regard to bed, toilet and bathroom space, or changing facilities?
Do you have flexible working arrangements for either sex?

Race
Have you decided what core information you need available in other languages?
Do your staff members know how to access an interpreter for booking appointments or how to access telephone interpreting (in situations where it may not be possible to arrange an appropriate interpreter)? Do your staff members know where to get advice on material in other languages and formats?
Can you offer an equal service to people who speak English and those who do not?
Do your staff know the rules in relation to entitlement to

Sexual Orientation
Do you and your team give positive messages and a positive reception to gay men, lesbians, or bisexual people?
Does information about your activity use visual images that depict mainly heterosexual couples?
When carrying out assessments, do you make it easy for someone to talk about their sexual orientation if it is relevant or do you assume that they are heterosexual?
Would staff in your workplace feel comfortable about being 'out' or would the office culture make them feel that this might not be a good idea?

Gender Reassignment
Is your activity sensitive to transgender individuals or those undergoing gender reassignment?
Do your staff understand transgender terminology?

Pregnancy and Maternity
Is your activity likely to have an impact on a new, expectant or breastfeeding mother?
Are private breastfeeding facilities available?
Are baby changing facilities available and accessible to all genders?

Marriage and Civil Partnership

Is your activity likely to have a negative impact on any individual due to their marital status?

Capital Builds
Have you considered floor and ground levels and orientation to maximise accessibility throughout the site?
Have seating or resting points been integrated in the internal and external designs?
Do resting points/seating take account of different users needs e.g. space for wheelchairs? Consider higher and lower seating to meet a range of needs (e.g. older people and children)
Is there a choice of ramps or steps? If there are slopes, have gradients been considered?
Have tactile indicator strips been incorporated on the approach to steps? Are colour contrasted visible edge steps provided?
Do you have a consistent strategy for signage throughout the development? Does signage include easily recognisable symbols? Pictorial symbols and tactile signage (e.g. raised lettering, braille)
Has consideration been given to text on signage? It should be in a clear font and include appropriate strong colour contrasts and larger font sizes.
Have handrails been designed for people of different heights? Consider providing a second lower handrail for people of different heights.
Consider incorporating tactile information on handrails for visually impaired people?
Have you used lighting to create visual contrast for features such as handrails, paths, edges?
Are all refuse and recycling facilities located in areas that are accessible by everyone?
Are all pedestrian crossings raised with good visual contrast and tactile indicators?
Are there clear, accessible links between buildings and transport hubs (e.g. car parks, train station, car hire)?
Are there drop-off/pick-up points for transport, taxis and private cars near buildings?
Do all pick up points have features such as high curbs/ seating and shelters?
Is there clear, accessible signage and information about the forms of transport available?
Are Blue Badge parking spaces adequate for the anticipated use of the building/facility? Planning requires that at least 5% of parking is designated for Blue Badge holders.
Are there additional priority spaces for people with limited mobility without a Blue Badge (parents with babies, older people, lone workers outside standard working hours?)
Are accessible parking bays provided in all car parks and situated near to buildings?
Are there larger spaces for minibuses and other adapted vehicles?
Do all parking areas have accessible surfaces?
Have help points been provided? These should be at an accessible height and placed within sight of reception.
Have covered, accessible waiting areas been provided in and around the car parks?
Are parking areas and pathways clearly visible from the building with good straight lines?
Are ticket and pay machines designed to be easy to use by people with limited mobility and dexterity.
Does internal design avoid significant fluctuations in temperature, ventilation, and maximize natural daylight?
Will the lighting avoid glare and visual distortion?

Does the design create a comfortable and usable acoustic environment?
Are surfaces non-glare and visually distracting patterns avoided?
Have changes in level and direction been kept to a minimum to ease access and wayfinding?
Are routes through the building accessible? (to assist, use directional lighting, distinctive design, landmarks, colours, symbols etc)
Is all cabling and pipework flush with hard surfaces?
Are entrances accessible and safe?
Are social spaces (kitchens, break-out areas, etc) accessible to all users (i.e. kitchen with a low-level work surface for wheelchair users), and do they avoid segregation?
Have hearing loop systems been provided in all rooms where people gather?
Consider lighting levels in communal areas, will they be sufficient for people with hearing impairments to lip read, and for people with partial sight to see information and features?
Have you provided easy access to free drinking water?
Have you checked whether doors are necessary? They are a physical barrier and alternative options should be sought wherever practical. Avoid double lobby doors wherever possible.
Have you considered the accessibility of entrance doors? For buildings with high volumes of traffic a powered automatic door opener is the most suitable. For buildings with lower volumes an assisted entrance door opener
Are all internal doors easy to use by people with limited strength?
Have you specified accessible door furniture? Can people with limited dexterity push, pull or grip the door furniture easily
Have you ensured a good visual contrast between door furniture and background
Does lift design accommodate wheelchair users (including buttons at an appropriate height, flush thresholds, sufficient door width) and visually/hearing impaired people (Braille on buttons, audio announcement, etc)?
Have well signed alternative routes been planned?
Are panic bolts, latches and push-bars on final exit doors at an accessible height and chosen for their ease of use?
Is emergency signage accessible? Consider sign heights and frequency.
Does the alarm system include visual beacons or individual pagers for people with hearing impairments?
Does the emergency lighting system clearly show the escape route by using powered way guidance lighting, in addition to overhead conventional lighting?
Have you considered height and clarity of all external and internal signs on toilet, shower and changing facilities? A common difficulty for visually impaired visitors is distinguishing between male and female signs on doors because of small sign size or poor colour contrast.
Have you considered height and ease of use of light switches? Where possible large push pads should be used in preference to pull cords.
Are toilets provided on every level?
Do accessible toilet doors open outwards and are they fitted with either an automatic or low energy door operator, with an emergency release mechanism which can be operated externally.
Are wider cubicles provided to allow for people who need extra space

Have you considered the height of all washbasins, mirrors, hand driers, taps, vending machines, and urinals?
Is the reset facility for the alarm within easy reach of the toilet cistern and is the alarm relayed to an agreed location where it is monitored and can be responded to?
Have you considered the usability of taps for people with limited dexterity?
Are showers designed without stepped access?
Does the design include baby changing facilities? If so are they separate from toilet facilities and are they unisex? Does the design include a facility (similar to baby-changing facilities) for changing adults?
Does the design include baby feeding facilities and, if so, do they include the option for privacy
Are all changing and baby feeding facilities accessible? Particular attention should be given towards providing good wheelchair access and adjustable height baby changing tables.

Could your activity potentially involve?

Human Rights
Affecting someone's right to life
Caring for other people or protecting them from danger
Investigating deaths
The detention of an individual
Inadvertently place someone in a humiliating situation or position
Make people work in an emergency
Dealing with decisions on access to services or appeals
Disciplinary action that leads to criminal offence
Accessing, handling or disclosing personal information
Dealing with families or children
Provision of medical treatment or social care
Being in conflict with the religious beliefs of others
Commissioning services from a religious organisation
Working with the media, writing speeches or speaking in public

If so, you will need to ensure that your activity respects the dignity and human rights of staff and service users.