

POLICY FOR THE DEVELOPMENT, APPROVAL AND MANAGEMENT OF POLICIES

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| Reference | SWBH/ORG/011 |
| Category | Organisational |
| Date Approved | 27-08-2009 |
| Date of Next Review | 27-08-2011 |

POLICY PROFILE

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| Overview | |
| Key overall purpose of policy | To provide clarity and consistency to the process of policy production, approval, implementation and review |
| Principal target audience | All staff responsible for the development, dissemination and control of Trust-wide policies |
| Application | Staff only |
| Accountable Executive Director | Director of Governance |
| Author(s) | Trust Secretary |
| Impact Assessment | |
| Resource implications | None specifically |
| Training implications | None specifically, although support and guidance from the Trust Secretary and Trust Policy Co-ordinator will be required until the enhanced process is fully embedded |
| Communications implications | All staff are to be made aware of the new template and process leading to presentation of the policy for approval. Staff communications and an article in Heartbeat will be used to ensure all staff are aware of these changes. |
| Date of initial equality impact assessment | July 2009 |
| Date of full equality impact assessment (if appropriate) | Not required |
| NHSLA risk management standards/ CQC core standards | NHSLA risk management standards Level 2 – Standard 2.1.2 |
| Consultation and referencing | |
| Key stakeholders consulted/involved in the development of the policy | Trust wide – policy issued to ALL MAILBOXES for comment |
| Complementary Trust documents for cross referencing | Clinical guidelines development policy Single Equality Scheme |
| Approvals and monitoring | |
| Approving body | Trust Board |
| Date of implementation | August 2009 |
| Monitoring and audit | Trust Management Board |

DOCUMENT CONTROL AND HISTORY

| Version No | Date Approved | Date of Implementation | Next Review Date | Reason for Change e.g. full rewrite, amendment to reflect new legislation, updated flowchart, etc. |
|------------|---------------|------------------------|------------------|--|
| 2 | April 2007 | April 2007 | April 2009 | |
| 3 | August 2009 | August 2009 | August 2011 | Amended to include new profile, responsibilities of Trust Secretary & Head of E & D and to strengthen the requirement for EIA |
| 4 | January 2011 | January 2011 | August 2011 | Minor amendments to include reference to Trust Staff Policy Handbook and clarification of process around using Accountable Lead discretionary authority. New EIA toolkit included. |

Policy for the Development, Approval and Management of Policies

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1. Introduction

- 1.1 To ensure the Trust provides a robust and clear governance framework within which service delivery can occur, the organisation needs to develop and implement policies that are appropriate and practical. The control of policies is essential in achieving compliance with legislative and governance requirements. The recent changes in equality legislation, especially the Race Relations (Amendment) Act 2000, mean the Trust must take concerted action to identify and eliminate inequality. Developing policies that ensure that all individuals are treated equally is the first step towards delivering health services that are patient focused and effective. In order to achieve this, the Trust is committed to scrutinising the way in which it discharges its functions and develops its policies.
- 1.2 In addition to the need to identify and eliminate inequality, the control of policies is essential in achieving compliance with corporate and clinical governance standards. Organisations have a statutory duty to have in place appropriate policies to comply with relevant legislation to enable staff to fulfil the requirements of their role safely and competently. In addition, there needs to be an effective process for managing and reviewing policies on a regular basis to ensure they are safe, legal and efficient. The National Health Service Litigation Authority (NHSLA) Risk Management Standards require the Trust to have in place an effective process for the development, approval and management of Trust-wide policies.
- 1.3 The main purpose of policies is to standardise practice and service delivery to reflect the best available evidence thereby reducing unjustified variations, hence improving quality. Having effective, up to date and easily followed policies minimises risk to patients, employees and the Trust.

2. Objectives

- 2.1 To provide clarity and consistency to the process of policy production, approval, implementation and review.
- 2.2 To ensure that staff have access to the most up-to-date versions of Trust-wide policies.
- 2.3 To ensure that all policies in use are current and relevant and have been reviewed within the last three years.
- 2.4 To ensure equality assessment is completed and appropriate action taken to ensure the identification and elimination of inequality.
- 2.5 To ensure that systems exist to monitor the use of and compliance with agreed policies.
- 2.6 To avoid duplication.
- 2.7 To establish a corporate format and ensure all policies are of a consistently high standard.

- 2.8 To develop and maintain a corporate database of policies and relevant information.
- 2.9 To maintain an archive of past policies for reference and legal requirements.
- 2.10 To ensure processes are in place to highlight policies due to expire, so that sufficient time is available for review and presentation to appropriate approving bodies

3. Scope

- 3.1 This policy applies to all staff involved in the development, approval and management of policies.
- 3.2 This document relates to Trust-wide policies, defined as those impacting on the majority of staff within the Trust. Policies developed at and relevant to divisional, directorate or service level are expected to follow the same format detailed in this document, yet do not need to be presented to the corporate boards for approval. Local arrangements should be made to develop, approve and manage policies in a manner consistent with that for Trust-wide policies. They must be wholly consistent with corporate policies if they address the same or related subject matter.
- 3.3 The development, format and dissemination of locally produced/adapted clinical guidelines is covered by a separate Trust-wide document entitled 'Clinical Guideline Development Policy' (clin/043)
- 3.4 Procedures, protocols, guidelines and standards set out a process for enabling staff to comply with a policy. As the various terms are open to different interpretation, the definitions adopted for the purpose of this document are set out below.

4. Definitions

4.1 Policy

A written statement of intent, describing the broad approach or course of action the Trust is taking with a particular issue. Each policy must have a purpose and specific steps (procedures) as to how it is to be accomplished. A policy enables management and staff to make correct decisions and deal effectively and comply with relevant legislation, Trust rules and good working practice. Once implemented policies are mandatory on all staff; failure to comply may result in disciplinary action.

4.2 Procedure

A documented series of related steps designed to accomplish a specific task in a specified chronological order. The procedure will accomplish the goals and directives of a related policy. Procedures included within a policy are mandatory

4.3 Guideline

Tools to close gaps between current practice (and the outcomes associated with current practice) and other alternative practices (and the outcomes associated with

those practices). Guidelines are decision tools to help staff make informed decisions by making clear the benefits, harms and costs of different options.

4.4 Protocol

A formal set of procedures to follow in order to achieve a specific course outcome, specifically agreed for designated staff. A protocol sets out a precise sequence of activities to be adhered to.

4.5 Standards

Statements specifying a required level of performance for the purpose of monitoring or auditing

5. Roles and Responsibilities

5.1 Chief Executive

Overall responsibility for ensuring the Trust has appropriate policies in place to ensure the organisation works to best practice and complies with all relevant legislation.

5.2 Trust Board

- a) The Trust Board is responsible for setting the strategic context in which organisational policies are developed and for the formal review and approval of the policies listed in Appendix 1 and those which external agencies require to have Board approval.
- b) The Trust Board has delegated powers of policy approval to the Chief Executive, who has chosen to discharge this duty through the following Boards:
 - The Trust Management Board
 - The Governance Board

5.3 Director of Governance

Oversight and accountability for ensuring that effective arrangements are in place for the development, approval and management of policies.

5.4 Trust Secretary

The Trust Secretary has responsibility for ensuring that effective processes are in place for development, approval and management of policies.

The Trust Secretary will undertake to check that all appropriate documentation is completed adequately and confirming that necessary consultation has been undertaken prior to the policy being presented for approval.

The Trust Secretary will work with the Trust Policy Co-ordinator to ensure that policies are lodged on the Trust intranet and are communicated effectively to the Trust when approved.

The Trust Secretary will work with the Medical Illustration Department to ensure that the text provided within the 'Policy Insert Proforma' (Appendix 4) is used to develop a new or updated insert for the Trust Policy Staff Handbook.

5.5 Trust Policy Co-ordinator

- a) Ensure that an electronic database of policies is maintained and that documents are readily accessible to all relevant staff.
- b) Initiate the review of policies by informing the author of the need six months prior to the review date.
- c) Advise authors on the correct format/content of the document.
- d) Ensure appropriate systems for dissemination of agreed policies, including within the daily internal staff news issued by the communications department and the 'Hot Topics' briefing programme
- e) Administer the approval process in line with this policy.
- f) Ensure policies are posted on the Trust's intranet and internet, as appropriate
- g) Maintain a central database of all equality impact assessments.
- h) Maintain accurate records of approval.
- i) Maintain an accurate archive of the previous versions of any revised or reviewed policy.
- j) Complete a 'Policy Checklist' proforma to ensure that all key steps in the development, approval and publication process of the policy have been appropriately completed

5.6 Head of Equality and Diversity

The Head of Equality and Diversity will review any equality impact assessments undertaken to confirm that appropriate consideration has been given to potential equality and diversity issues. They will ensure that any full equality impact assessments reporting significant equality and diversity issues are presented to the Service and Policy Assessment Group for review, prior to the policy being presented for approval at the appropriate body.

5.7 Accountable Directors

Executive Directors (referred to as the 'accountable director' hereafter) are responsible for overseeing effective implementation of policies relevant to their areas of responsibility. Draft policies are to be reviewed by the relevant accountable directors, as part of the consultation process, as appropriate, before the presentation for approval to the relevant approving body.

5.8 Policy Author

- a) Ensure that policies are implemented appropriately and, where necessary, audits compliance with those documents
- b) Monitors progress against the approved implementation action plan

- c) Ensure appropriate review of the documents, either in line with the review timescale set at the time of approval or as a result of changes to practice, organisational structure or legislation.
- d) Ensure appropriate consultation has taken place with the relevant individuals or groups during the policy development process.
- e) Ensure the requirements set out in this policy are followed.
- f) Ensure the necessary Equality Impact Assessment is carried out prior to the document entering the approval process and incorporates any necessary amendments to the policy arising from this assessment
- g) Provides the Head of Equality and Diversity with a copy of any Equality Impact Assessments undertaken

5.9 Line Managers

- a) Ensure staff are aware of and have access to relevant policies and are given the opportunity to comment on draft policies sent out for consultation.
- b) Work within approved policies.
- c) Ensure staff have read and understood the relevant policies and work within them.
- d) Ensure systems exist to identify staff training needs on the implementation of policies and take necessary action to address these where necessary.
- e) Audit compliance with policies within the service.

5.10 All Staff

Ensure that their practice is in line with current policies in use across the Trust and specific to their work. Information regarding the failure to comply with a policy must be reported to the line manager and the incident reporting system used where appropriate.

6. Organisation of Policies

6.1 The diverse nature of healthcare means there will be a large number of policies in place. Some will apply across the Trust and be relevant to all staff, and others will be specific to certain areas or activities. The Trust has a duty to ensure that staff are aware of and have access to policies relevant to their area of responsibility. Line managers need to ensure that staff are aware of the policies that are relevant to them.

6.2 For ease of reference, policies will be listed and numbered under the following headings (categorisation is for convenience and does not indicate that a policy is applicable only to a particular staff group):

- a) Organisational
- b) Finance
- c) Human Resources & Occupational Health
- d) Risk Management
- e) Control of Infection
- f) Patient Care
- g) Nursing

h) Information Management and Technology

6.3 All policies logged on the intranet will be categorised as per 6.2

6.4 The Trust Policy Co-ordinator will maintain an electronic index of Trust policies along with a database that will be developed and maintained to manage the review process. The database will be the central register for all policies in the Trust.

7. New Policy Development

7.1 The need for a policy may be triggered by many things, such as:

- Helping staff
- A change in Law
- New guidelines
- Department of Health directives
- Sandwell and West Birmingham Hospitals NHS Trust directives
- Identification of standards
- New research evidence
- New area of service development
- Partnership working arrangements
- Local needs because of inconsistencies
- As a result of an incident, complaint, disciplinary action or litigation claim
- Changes to buildings or equipment
- Need for systems management

7.2 When a requirement for a new policy is identified, the initiator must, in the first instance, review existing documents to ensure that the issues are not already covered to avoid duplication. The initiator should also consider whether an amendment or addition to an existing policy is more appropriate than a new stand-alone document.

7.3 The need for a new policy to be developed must be brought to the attention of the relevant Accountable Director, who will nominate a 'policy author'.

7.4 The author should register the intent to develop a policy with the Trust Policy Co-ordinator to minimise the risks of duplicated effort.

7.5 At the time of writing, the policy must comply with all relevant and current legal and statutory requirements, NHS policy and guidance and professional guidance.

7.6 All policies must be presented in a standard structure and format (see Section 8).

7.7 In order to ensure documents comply with legislation and do not discriminate on any of the equality and diversity strands (race, gender, disability, sexuality, age, religion and language) all new policies must undergo an Equality Impact Assessment (see Section 9). This process tests the impact of a policy and identifies any possible direct or indirect discrimination. Adjustments should be made to remove or mitigate adverse impacts and, where possible, promote equality. It is the responsibility of both the author and relevant Accountable Director to ensure compliance in this area.

- 7.8 The policy author will be responsible for ensuring that the relevant committees and groups, service users, carers and Trust solicitors, where necessary, are consulted about the draft policy (see Section 10 below).
- 7.9 Policies which would impact on the user's contract of employment must be discussed with the Director of Workforce or his/her deputy.
- 7.10 Implementation issues and training needs must be identified and arranged for each new policy as an integral part of the approval process. Policies will only be approved when accompanied by an implementation plan (see Section 12).
- 7.11 The language used in policies should be plain English, using short sentences and where possible avoiding technical terms. If technical terms are used, they should be explained using a glossary or footnotes.
- 7.12 The names of individuals will not be contained within policies. Individuals with particular responsibilities will be identified by their job title only.
- 7.13 A flow diagram, outlining the key procedures within the policy should be included where appropriate, as an appendix to the main document. The flow diagram relevant to this specific policy is attached at Appendix 7.

8. Document Format

- 8.1 A document template has been developed to provide guidance on what should be contained in policies along with some standard clauses that can be used as appropriate (see **Appendix 3**). This template identifies the fields that are mandatory. It also contains the standard 'PROFILE' that is to be applied to Trust policies.
- 8.2 Below are some specific points regarding policy format.

| | |
|------------------------|---|
| Electronic format | Microsoft Word |
| Paper size | A4 |
| Margins | 2 cm – top, bottom, left and right |
| Gutter setting | 0 cm |
| Headers and footers | 1.5 cm from the edge |
| Front cover and page 2 | As per template (see Appendix 2) |
| Body text font | Arial 12 point |
| Headings font | Arial 14 point |
| Front page title font | Arial 20 point |
| Tables and charts | Arial (size as appropriate) |
| Alignment | Left |
| Line spacing | Single |
| Paragraph spacing | One line between paragraphs. Two lines between main sections |
| Underlining | None (unless for websites) |
| Trust logo | Title page only |
| Use of bold | Headings only |

| | |
|---------------------|---|
| Headers and footers | Arial 9 point – must include name of policy (left aligned) and page numbers in the footer |
| Page numbers | Page x of y (right aligned) |

9. Equality Impact Assessment

- 9.1 Developing policies that ensure individuals are treated equally is the first step towards delivering health services that are patient focussed and effective. This requires the Trust to take action to identify and eliminate inequality. Undertaking an equality impact assessment (EIA) in relation to all policies provides a means of doing this.
- 9.2 The EIA process has been developed to help promote fair and equal treatment in the delivery of health services. It is intended to enable the Trust to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender, disability, sexuality, age, religion and language.
- 9.3 The trust has developed an [Equality Impact Assessment Tool](#). Policy authors should refer to this document which provides guidance on the equality impact process. The tool is available on the Intranet.
- 9.4 It is the responsibility of the policy author to undertake the initial equality impact assessment by completing a proforma (see Appendix 5) to determine if the proposed policy is relevant to the Trust's General Duty under race, gender and disability equality.
- 9.5 If it is established that the proposed policy is likely to be relevant to the Trust's legal duties the author should:
- a) undertake a full assessment of the impact of the policy and, where appropriate, design monitoring and reporting systems.
 - b) contact the Head of Equality and Diversity for advice if required.
 - c) provide the Head of Equality and Diversity with a copy of all Equality Impact Assessments completed prior to presenting the policy for approval.
- 9.6 A copy of the completed initial Equality Impact Assessment must accompany the policy when it is presented to the relevant body for approval and, where applicable, the outcome of the full impact assessment.

10. Consultation

- 10.1 Consultation enables interested parties to offer their views on proposed policy. The main purpose of consultation is to improve decision-making, by ensuring that decisions are based on all available evidence, that they take account of the views and experience of those affected by them, that innovative and creative options are considered and that new arrangements are workable.

- 10.2 All policies should be developed in consultation with their target audience involving appropriate managerial and clinical staff and staff representation. Policies should be circulated by e-mail to the groups of staff who are considered to be most affected by the policy and asked for any views or comments, which should be reviewed and incorporated into the policy where appropriate. It is the responsibility of managers to ensure that views of their staff who do not have access to e-mail are given the opportunity to comment on the policy. If possible, meetings of the relevant groups or bodies should be attended with a view to presenting the key points of the policy, particularly if the policy is complex or requires detailed explanation. If the policy affects the majority of staff, the draft policy should be sent to the 'All Mailboxes' e-mail distribution list for comments.
- 10.3 The Trust will undertake to develop a mechanism to involve patients and members of the public, where appropriate. This will strengthen stakeholder involvement within the Trust and demonstrate commitment to working with the local community. A list of groups which may be accessed for such consultation are available from the Communications Department and the Equality and Diversity Team. Copies of the draft policies should be sent either by e-mail or in hard copy according to the preference of the group contact and a request for comments and views should be made. Posing a set of structured questions can be a useful way to obtain feedback on the policy.
- 10.4 In the case of Human Resources and employment policies, consultation and/or negotiation will take place at the Joint Consultation and Negotiation Committee.
- 10.5 Following consultation, the draft policies will be presented to the Governance Board, Trust Management Board for final approval and, if required, the Trust Board.
- 10.6 All consultation will be led by the author and must be completed before the policy begins the approval process.

11. Approval Process

- 11.1 Following the consultation period and ratification by the Accountable Director, the final draft of the policy must be sent to the Trust Secretary who will check that the correct format has been used and the supporting documentation properly completed. If necessary, the author may be required to undertake some further work prior to the commencement of the approval process.
- 11.2 The following supporting documentation must accompany the draft policy when it is submitted for approval:
- Meeting paper cover sheet (Appendix 2)
 - Policy Insert proforma (Appendix 4)
 - Approved Equality Impact Assessment (Appendix 5)
 - Policy Implementation Plan (Appendix 6)
- 11.3 Following validation, the draft policy and supporting documentation will be added as an agenda item to the matters for approval at the:

- Governance Board - if the policy is relevant to clinical or corporate governance
- Trust Management Board - where there is an operational impact
- Trust Board – if the policy is one of those contained within Appendix 1 or is advised by the policy author that there is an external requirement for the policy to be ratified by the Trust Board

If the policy is both clinically/governance biased and has an operational impact, then the forum at which the policy will be presented will be determined by the Trust Secretary, based on the policy's predominant issue. In exceptional circumstances, the policy will be presented to more than one approving body.

11.4 No policy will become a valid document until the policy has been formally ratified in the appropriate forum.

11.5 The Trust Secretary will provide the Trust Policy Co-ordinator with a copy of the final policy approved by the Board, which includes updates to the 'DOCUMENT HISTORY' to reflect the approval.

11.6 Once approved the document will be allocated a policy number by the Trust Policy Co-ordinator and placed onto the Intranet.

12. Implementation Arrangements

12.1 Implementation issues and training needs must be identified for each new and reviewed policy as an integral part of the approval process. Policies will only be ratified when accompanied by an implementation plan. This will ensure that a systematic approach is taken to the introduction of policies in order to secure effective working practices.

12.2 The template in Appendix 6 provides a checklist to be used as a starting point for developing an implementation plan.

12.3 If there are likely to be resource implications these must be discussed in the early stages of development with the manager or managers who have responsibility for the budget. The funding source required must be identified and secured before the policy is presented to the relevant approvals body. These resource implications and the funding arrangements also need to be highlighted in the 'PROFILE' section of the policy on Page 2.

12.4 If there are significant training implications associated with the introduction of the policy a detailed plan of how this will be provided is also required. The training arrangements must be identified and arranged before the policy is presented to the relevant approvals body. These training implications and arrangements also need to be highlighted in the 'PROFILE' section of the policy on Page 2.

12.5 Policies will only be approved when accompanied by an implementation plan.

12.6 The policy author should indicate in the 'PROFILE' section of the policy on Page 2, where progress against the implementation plan will be monitored.

12.7 The Trust Policy Co-ordinator will request evidence that all actions in the implementation plan have been completed to coincide with the proposed date at which the completed plan is scheduled for presentation to the approving body.

13. Dissemination Process

13.1 The author has responsibility for overseeing the effective communication of the approved policy to all relevant staff by deploying the most appropriate communication mechanisms.

13.2 The Trust Policy Co-ordinator will extract the contents of the 'SUMMARY OF KEY KEY POINTS' from the meeting cover sheet and send to the communications team to issue within the daily internal news. The same will also be added into the next available 'Hot Topics' briefing material. Information concerning new and revised policies will also be included within Heartbeat where appropriate.

13.3 The Trust Policy Co-ordinator will place policies and equality impact assessments that have been approved on the Trust Intranet, which will be the primary location for all policies. Relevant policies will also be published on the Trust's Internet site. The Trust Policy Co-ordinator will maintain a definitive list of all policies.

13.4 Line managers may, at their own discretion, keep hard copies of policies relevant to their area. However, it is the responsibility of those managers to ensure that the hard copies are the most current ones.

13.5 Individual members of staff have a responsibility to ensure they are familiar with all policies that impinge on their work and should ensure that they are working with the current version of a policy. Therefore, the Intranet should be the first place that staff look for a policy. In the event of any doubt, the member of staff should contact the Trust Policy Co-ordinator to obtain the latest version.

13.6 The Trust Secretary will take responsibility for ensuring that the key points of the policies are included within the Trust Staff Policy Handbook. The Handbook is designed to be a quick reference guide for staff and is not designed to replace the need to read the full policy.

The text provided within Appendix 4 will be used to populate a policy insert for the Handbook. New and revised inserts will be disseminated to staff on a quarterly basis through key area contacts. It is the responsibility of the individual member of staff to ensure that their Handbook is kept up to date by replacing revised inserts and adding those for new policies developed.

13.7 Line managers are responsible for ensuring that their staff are aware of Trust policies and that they understand and use them. This information must be given to all new staff on induction.

13.8 In addition, line managers are responsible for ensuring that a system is in place for their area of responsibility that keeps staff up to date with new policies and policy changes.

14. Policy Review

- 14.1 Policies require regular review to take account of changing circumstances. All policies must be subjected to a review three years after approval unless there is a specific requirement for this to be undertaken sooner.
- 14.2 The review of the policy must commence before the due date. The Trust Policy Co-ordinator will maintain a central register of corporate policies and ensure systematic identification of documents due for review. A reminder will be issued to the author and relevant Accountable Director six months prior to the review date.
- 14.3 Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance. It is the responsibility of the author to be constantly aware of these influencing factors and to initiate reviews promptly.
- 14.4 The following applies to reviewed/revised policies:
- a) Reviewed policies where no changes have been made may be signed off by the appropriate Accountable Director. The date that the next policy review is due should be decided.
 - b) Revised policies where there have been changes to the document. In consultation with the author or the Accountable Director where necessary, the Trust Secretary will decide whether the changes made during review are significant enough for the full document to be returned to the approving body for formal approval. If the alterations are minor and deemed not to have altered the document in any significant way then the Accountable Director may sign-off the review. The 'DOCUMENT HISTORY' should be updated to reflect the nature of this change.
 - c) Where required, formal approval for a revised policy should be obtained via the process set out in section 11 above.
 - d) An implementation plan and equality impact assessment to reflect any changes should accompany the revised policy in the usual way, should it need to be presented for approval.
- 14.5 When revisions are made to policies, the obsolete document must be archived (with explanatory notes of the revisions) for reference purposes in case of subsequent litigation or complaints. The Trust Policy Co-ordinator is responsible for archiving policies.

15. Training and Awareness

- 15.1 Managers are responsible for raising awareness of this policy amongst their staff who are involved in writing policies.

15.2 Ad hoc training in the policy development process will be available via the Directorate of Governance, as required.

15.3 Training will be arranged to cover the full impact assessment process for equality on request.

16. Key Performance Indicators/Process for Monitoring Effectiveness

There is a need to ensure that, the policy is being correctly implemented and maintained within the organisation and that there is sufficient tangible evidence to demonstrate this.

The following indicators will be used to monitor compliance with this policy:

- Policies are submitted in the correct template
- Policies submitted are accompanied by an appropriate equality impact assessment
- There is evidence that consultation has been undertaken prior to policies being submitted for approval by the relevant corporate board
- Policies have been presented to and approved by the appropriate corporate board.
- All policies submitted are accompanied by a comprehensive implementation plan
- Policies approved by the corporate boards are disseminated to all staff via staff communications and to managers via 'Hot Topics' briefings
- There is evidence that a reminder has been issued to Accountable Directors to highlight policies due to expire within the forthcoming six months
- Obsolete policies or policies that have been replaced by updated versions are stored within an archive
- There is evidence that Accountable Directors have provided written consent to minor changes using discretionary authority
- The policy is available for access on the Trust's intranet
- The document history section of the policy is updated to reflect that changes have been made or a revised version of the policy has been issued

Compliance with this policy will be tested by the Trust Policy Co-ordinator on a random selection of policies approved during the preceding year on an annual basis.

17. Equality and Diversity

The Trust recognises the diversity of the local community and those in its employment. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day-to-day operations and has produced an Equality Policy Statement to reflect this. All policies are assessed in accordance with the SWBH Equality Impact Assessment Toolkit, the results for which are monitored centrally.

18. Review

This policy will be reviewed after two years. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation of guidance.

19. Appendices

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20. Further enquiries

Further information relating to this policy can be obtained from the Trust Secretary.

POLICIES REQUIRING TRUST BOARD APPROVAL

- Infection Control Policy
- Policy for the Development, Approval and Management of Policies
- Blood Transfusion Policy
- Claims management Policy
- Complaints handling Policy
- Consent for examination and treatment Policy
- Disciplinary and Grievance Procedure
- Do Not Attempt Resuscitation (DNAR) Policy
- Environmental Management Policy
- Equal Opportunities in Employment Policy
- Fire Safety Policy
- Media Relations Policy
- Health and Safety Policy
- Long Service Awards Policy
- Fraud and Corruption Countering Policy
- Whistleblowing Policy
- Security Policy

GOVERNANCE BOARD/TRUST MANAGEMENT BOARD/TRUST BOARD

| | |
|------------------------------|--|
| POLICY TITLE: | Title of policy presented for approval |
| ACCOUNTABLE DIRECTOR: | Executive Director supporting the policy |
| POLICY AUTHOR: | Name of person responsible for writing the policy |
| DATE OF MEETING: | Date of the meeting at which the policy will be presented for approval |

SUMMARY OF KEY POINTS:

Please provide a summary of the key points of the policy, highlighting either the reason for the development of the policy or the key changes from the previous version. The main impact on staff of introducing the new policy or the amended policy should be detailed.

c. 20 LINES MAX

PURPOSE OF THE REPORT:

To seek approval for the implementation of the policy attached and request that the policy is added to the Trust's intranet for access by all staff.

ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Board is requested to approve the policy, together with the proposed implementation plan and Equality Impact Assessment.

ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:

| | |
|---|--|
| Strategic objectives | |
| Annual priorities | |
| NHS LA standards | |
| CQC essential standards of quality and safety | |
| Auditors' Local Evaluation | |

IMPACT ASSESSMENT *(Indicate with 'x' all those that apply in the second column):*

| | | |
|---------------------------|--|--|
| Financial | | |
| Business and market share | | |
| Clinical | | |
| Workforce | | |
| Environmental | | |
| Legal & Policy | | |
| Equality and Diversity | | |
| Patient Experience | | |
| Communications & Media | | |
| Risks | | <i>Explain any proposed risks associated with the implementation of the policy and the process by which they will be managed</i> |

PREVIOUS CONSIDERATION:

Please indicate if the policy has been considered by any Boards or Committees prior to presentation at the meeting. Please indicate the date of the meeting at which the policy was considered and any decisions made concerning the proposal, if applicable.

Sandwell and West Birmingham Hospitals



NHS Trust

POLICY TITLE

| | |
|----------------------------|--|
| Reference | <i>Assigned by Trust policy co-ordinator</i> |
| Category | <i>Assigned by Trust policy co-ordinator</i> |
| Date Approved | DD-MM-YYYY |
| Date of Next Review | DD-MM-YYYY |

POLICY PROFILE

| | |
|--|---|
| Overview | |
| Key overall purpose of policy | <i>Single sentence description of the policy purpose</i> |
| Principal target audience | <i>State to which groups of staff the policy applies</i> |
| Application | <i>State whether the policy applies to child patients, adult patients, both or staff only</i> |
| Accountable Executive Director | <i>Insert title only</i> |
| Author(s) | <i>Insert title only</i> |
| Impact Assessment | |
| Resource implications | <i>State financial, personnel or any other resources required to implement and support the policy</i> |
| Training implications | |
| Communications implications | |
| Date of initial equality impact assessment | |
| Date of full equality impact assessment (if appropriate) | |
| NHSLA risk management standards/ CQC core standards | <i>List any standards which the policy supports – details available from Trust Secretary if needed</i> |
| Consultation and referencing | |
| Key stakeholders consulted/involved in the development of the policy | |
| Complementary Trust documents for cross reference | <i>State which other policies, procedures or documents should be read in conjunction with the policy</i> |
| Approvals and monitoring | |
| Approving body | <i>Board or Committee responsible for approving the policy</i> |
| Date of implementation | |
| Monitoring and audit | <i>State which bodies will be responsible for monitoring the progress against the implementation plan</i> |

DOCUMENT CONTROL AND HISTORY

| Version No | Date Approved | Date of Implementation | Next Review Date | Reason for Change e.g. full rewrite, amendment to reflect new legislation, updated flowchart, etc. |
|------------|---------------|------------------------|------------------|--|
| X | DD-MM-YYYY | DD-MM-YYYY | DD-MM-YYYY | |
| | | | | |

Contents page – mandatory

Introduction – mandatory: introduces the topic and includes reference and applicability of relevant legislation, definitions and context.

Objectives – mandatory: Sets out the purpose of the policy.

Scope – mandatory: the target audience for the policy must be clearly stated. Example wording: ‘This policy applies to all Trust staff in all locations including temporary employees, locums, agency staff, contractors and visiting clinicians’.

Definitions – mandatory: this clarifies the language used within the policy to reduce any chance of misinterpretation.

Roles and responsibilities – mandatory: expectations of staff as a whole and any specific duties associated with particular posts.

Body of the policy

The standards to be achieved (policy) and how the policy standards will be met through working practices (procedure)

Equality and Diversity – mandatory: it is important that the Trust recognises the need for equality in all aspects of its work. This must be reflected in its policy development. As a result, equality must be included in policies and procedures, with suggested text as follows: ‘The Trust recognises the diversity of the local community and those in its employment. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day-to-day operations and has produced an Equality Policy Statement to reflect this. All policies are assessed in accordance with the SWBH Equality Impact Assessment Toolkit, the results for which are monitored centrally.’

Review – mandatory: ‘This policy will be reviewed in two years time. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance’.

Training and awareness – mandatory: this section must detail how staff will be made aware of the policy and what training will be provided to ensure compliance. Specialists in the area covered may provide training.

Key Performance Indicators/Process for Monitoring Effectiveness – mandatory: this section should outline the tangible evidence that may be sought to gain assurance that the policy has been embedded in the Trust. Include details of how the implementation and application of the policy will be monitored and may include details on how compliance will be audited.

Discipline – optional: ‘Breaches of this policy will be investigated and may result in the matter being treated as a disciplinary offence under the Trust’s disciplinary procedure.

References – mandatory: a list of documents referred to in the main body of the text. A reference document is any piece of printed material to which the author refers or quotes directly or any other policy that has been referred to.

Bibliography – optional: a list of works that the author has used as a source of information evidence or inspiration, but is not referred to directly in the text.

Glossary – optional: consisting of definitions of technical or specialised terminology used with the policy.

Appendices – mandatory where applicable: additional material necessary to the delivery of the policy.

Further enquiries – mandatory: details of the individual(s) to whom questions about the policy should be directed.

| |
|---|
| TITLE OF POLICY |
| Who should read this? ALL STAFF/CLINICAL STAFF/ADMINISTRATION STAFF/SPECIFIC GROUPS OF STAFF (if so, please state) # delete as applicable |
| Staff 'Must Dos' <i>List the key 'Must Do' points of the policy that are a requirement of all staff</i> <ul style="list-style-type: none"> • • • • • • • • • • |
| Managers 'Must Dos' <i>List the key 'Must Do' points of the policy that specifically managers are required to undertake</i> <ul style="list-style-type: none"> • • • • • • • • • • |
| Other essential information for staff and managers <i>List any further points that staff and managers need to know that is not covered by the text in the other sections, such as appropriate training or definitions of terms used in the policy that warrant explanation</i> <ul style="list-style-type: none"> • • • • • • • • • • |
| Do you need to know more...? For further information please contact [job title of most appropriate point(s) of contact] on [telephone number]. |
| Expiry date <i>Enter the expiry date of the policy</i> |

Please return this proforma to the Trust Secretary, Management Centre, City Hospital.

Sandwell and West Birmingham Hospitals **NHS**
NHS Trust

Equality Impact Assessment

Toolkit



A guide for staff who need to complete Equality Impact Assessments

Equality & Diversity Team



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Introduction

The equalities duties provide a framework for the Trust to carry out its functions more effectively and to tackle discrimination in a proactive way, ensuring that equality considerations are consistently integrated into its day-to-day business through Equality Impact Assessments. This will not only engender legal compliance, but also help to ensure that Trust services best support the healthcare needs of the local population.

As a manager or someone who is involved in a service, policy, or function development, you are required to complete an Equality Impact Assessment [EIA] using this toolkit.

| | |
|-----------------|---|
| Policy | A written statement of intent describing the broad approach or course of action the Trust is taking with a particular service or issue. |
| Service | A system or organisation that provides for a public need. |
| Function | Any of a group of related actions contributing to a larger action. |

What is the Equality Impact Assessment (EIA) Toolkit all about?

The EIA toolkit aims to make the process of equality impact assessing easier to understand and implement. It is designed to make it simpler for you to complete your EIA and make the process and outcomes meaningful for you and others involved. It is also intended to provide a sensible and proportionate approach that ensures the Trust gives due regard to the requirements to promote equality alongside other competing requirements such as Health & Safety.

What is an EIA?

EIA is a way of examining your services, functions and policies to see if it could have a negative or the potential for a negative impact on any of the protected characteristics.

The Equality Act covers nine protected characteristics on the grounds upon which discrimination is unlawful.

| Protected Characteristic | Descriptor |
|--------------------------|---|
| Age | A person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds). |
| 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 that person's ability to carry out normal day-to-day activities. |
| Gender reassignment | Medical term for what transsexual people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transsexual person's body into alignment with his or her internal self |

| | |
|--------------------------------|--|
| | <p>perception.</p> <p>Trans man – someone who has transitioned from female to male. Note that some people, following treatment, strongly prefer to be thought of as simply a woman.</p> <p>Trans women – someone who has transitioned from male to female. Caveats as per trans man.</p> |
| Marriage and civil partnership | Marriage is defined as a 'union between a man and a woman'. Same-sex couples can have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters. |
| Pregnancy and maternity | Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding. |
| Race | Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins. |
| Religion and belief | Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition. |
| Sex | A man or a woman. |
| Sexual orientation | Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes |

Aims

Why should I carry out an EIA?

First and foremost an EIA allows you to find out whether your service, policy or function has a negative or potential negative impact on the protected characteristics. The EIA process allows you to assess whether your services, policies or functions are discriminating directly or indirectly.

Very importantly EIAs allow the Trust to establish excellent outcomes for its diverse communities and address existing or potential inequalities which may result from its services, policies or functions.

- **Indirect discrimination:** Having policies or practices in place that applies to all employees however they could disadvantage people.
- **Direct discrimination:** treating staff or workers or job applicants less favourably than others because they belong to a particular equality group.

When should an impact assessment be undertaken?

An EIA should start at the same time as the process of a review of an existing or proposed service, policy or function.

Once the service, policy or function requiring an EIA has been approved and implemented, it should be monitored to ensure the intended outcome is being achieved. Any concerns about the way it is working can then be addressed.

For existing services, policies or functions, an EIA should be undertaken when formally reviewed. An EIA should be carried out on all policies every three years or when changes are required.

What are the main aims of an EIA?

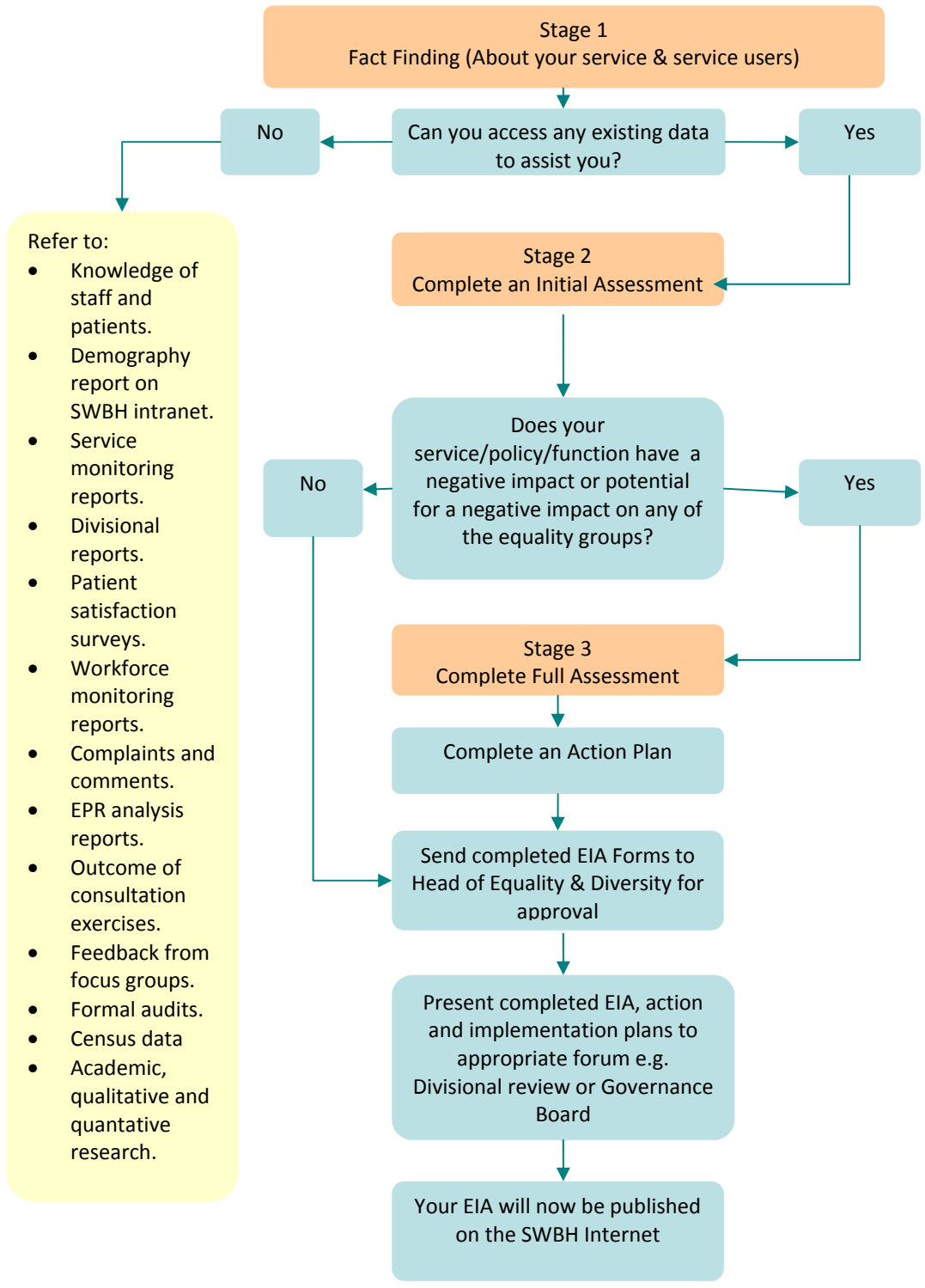
The main aim of an EIA is to:

- Take account of services provide by The Trust and those affected by what it does.
- Consider other ways of achieving the outcomes of the service, policy or policy.
- Allow you to have more contact with the diverse groups in our community.
- Change the way you think about your work and the decisions you make.
- Help you to think more about the needs of the community we serve.
- Remove any negative impact there on the protected characteristic.

How will the information collected be used?

- To Stop direct/unlawful indirect discrimination happening now and in the future.
- Make sure that your services are accessible to everyone in the local community.
- Help improve the way you treat staff and patients.
- A reminder that the process is not the most important thing - it's the outcome that matters.

EIA Process Flowchart



How do I begin my EIA?

There are three stages to our EIA process:

Stage 1

This is the fact-finding stage where you gather as much information about the service, policy or function you intend to EIA. Who will be using the service, policy or function and the outcomes you want to achieve. It is important to make sure that your service, policy or function has clear aims and objectives.

Stage 2

This stage allows you to identify whether your policy, service or function has a negative or potential negative impact on the protected characteristics. In some cases an initial EIA (Appendix A) is all you will need to establish whether you are providing equal outcomes for staff and/or patients. On discovering a negative or the potential for a negative impact you will need to undertake a full EIA (Appendix B), unless it has already been identified as a corporate trend.

Stage 3

This stage involves questioning aspects of a proposed/existing service, policy or function and forecasting the likely effect. The answers to the questions will require time and research in order for you to answer them sufficiently. The Trust can provide you with some of the data you require, although the sources of information will vary depending on the nature of the service, policy or function, they may include the following:

Source Material:-

- EPR analysis (ethnic monitoring collection and analysis)
- The knowledge and experience of the people assisting in the service.
- SWBH demography <http://swbhweb/server.php?show=nav.00000200o002>
- Service monitoring reports / Divisional reports
- Patient satisfaction surveys
- Workforce monitoring reports
- Complaints and comments
- Outcome of consultation exercises
- Feedback from focus groups
- Feedback from organisations representing the interests of key target groups
- National and local statistics and audits
- Census data
- Academic, qualitative and quantitative research
- Ward/ Divisional reviews
- Anecdotal data

Remember, it is vital to concentrate on the main objectives of the EIA and not lose sight of the outcomes, know when to stop! Look for practical outcomes and focus on identifying gaps in the current provision. If it is not possible for you to get data easily or immediately, this should be highlighted in your final action plan.

Action Planning

The real value of completing an EIA comes from the actions that will take place and the positive changes that will emerge through conducting the assessment. To ensure that the action plan is more than just a list of proposals and good intentions, the following should be included:

- Each action be attributed to a key person who is responsible for its completion
- An achievable timescale that is also at the same time reasonable
- Relevant and appropriate activities and progress milestones
- Any cost implications and how these will be addressed.

It is necessary that the action plan feeds into service and team plans and links to the Trusts Single Equalities Scheme (SES), which can be found on the Trusts intranet/internet site http://swbhweb/upload/pdf/SES_January_2010_Trust_Board.pdf

The action plan should include realistic and achievable actions or activities likely to have an impact. This should not be a comprehensive list of all the possible things that might help. It is unlikely that any implementation plan will have less than four activities, but an implementation plan that rolls over to six pages is unlikely to be providing sufficient focus for most activities.

Submission of completed EIAs and related documents

The Equality and Diversity Team will provide advice and support throughout the process of EIAs. Once you have completed your EIA you must submit these documents to the Equality and Diversity Team to be approved before you are able to present them.

Frequently asked Questions

How will EIAs help me improve my service?

EIAs will help you deliver excellent services that are accessible and which meet the varied needs of their staff, patients and service users. In its simplest form the EIA process can be seen as a foundation tool for measuring the effect of the service, policy or function on people and should encourage greater transparency about decision-making. Assessing a service, policy or function will help to identify if it has the potential to impact on any of the protected characteristics negatively and give you the opportunity to adapt it as necessary. It will also alert you to whether any groups may have particular needs.

What are the benefits of EIAs?

The EIA process will help to avoid claims of unlawful discrimination as it provides a framework that ensures the Trust meets its legislative duties. The process helps the Trust to anticipate problems and make informed and open decisions. This process will guide The Trust from where we are now to where we want to be.

Can a negative impact ever be justified?

Although unlawful discrimination can never be justified, there may be occasions where it is appropriate that an activity impacts less favourably on some people. For example, The Trust may be targeting services to a particular part of the population that have been historically referred to as 'hard-to-reach' or 'traditionally disadvantaged'. Increasing involvement levels for that community but not for some others who are traditionally easier to engage is acceptable. It will be necessary to consider whether the potential for less favourable impact on one or more communities can be justified.

Can I build the EIAs into my existing systems and processes?

Yes. It's important that the process starts at the point where the outcomes are being decided. Time needs to be factored into the development of any policy, service or function to undertake an EIA. This will ensure that the potential for impact on protected characteristics is considered from the outset.

Do I have to EIA existing functions as well as new services, functions and policies?

Yes. As well as impact assessing new services, policies and functions, The Trust also has existing arrangements that will need to be assessed. All current services and policies must be continuously monitored and checked for their impact. The difference between assessing present policies and assessing future policies is that existing information about the implementation of a present policy should indicate any negative impact.

Equality Impact Assessment

Stage 2 Initial Assessment form

The Initial Impact Assessment is a quick and easy screening process. It should:

1. Identify those policies, functions, services, functions or strategies which require a full EIA by looking at:
 - Negative, positive or no impact on any of the equality groups.
 - Opportunity to promote equality for the equality groups
 - Data / feedback prioritise if and when a full EIA should be completed
2. Justify reasons why a full EIA is not going to be completed

Division:

Is it a Service, Policy or Function:

Lead officer:

Title of policy, function or service:

Existing:

New/proposed:

Changed:

Equality & Diversity
Team



Q1) What is the aim of your policy/service/function (you may want to refer to the Operational Policy for your service)?

Q2) Who benefits from your policy /service/function?

Q3) Do you have any feedback data that influences, affects or shapes this policy, function or service?

| Yes | No |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| Please complete below. | Please go to question 4 |

What is your source of feedback?

- Previous EIAs
- National Reports
- Internal Audits
- Patient Surveys
- Complaints / Incidents
- Focus Groups
- Equality & Diversity Training
- Equality & Diversity Team
- Other

What does this source of feedback reveal?

Q4) Thinking about each group below does or could the policy, function, or service have a negative impact on members of the equality groups below?
(Please refer to pages 3 & 4 for further definitions of protected characteristic)

| Protected Characteristic | Yes | No | Unclear |
|--------------------------------|--------------------------|--------------------------|--------------------------|
| Age | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Disability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ethnicity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sex | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gender Reassignment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexual Orientation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Religion or belief | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other socially excluded groups | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer is “yes” or “Unclear” please complete a full EIA

Q5) Who was involved in the EIA and how?

| |
|---|
| Who: <input type="checkbox"/> Staff members <input type="checkbox"/> Consultants <input type="checkbox"/> Doctors <input type="checkbox"/> Nurses <input type="checkbox"/> Local patient/user groups <input type="checkbox"/> Other Please specify |
| How were they involved? <input type="checkbox"/> Surveys <input type="checkbox"/> Team Meeting <input type="checkbox"/> Via the Single Equality Scheme <input type="checkbox"/> Divisional Review <input type="checkbox"/> Other Please specify: |

Q6) Have you identified a negative/potential negative impact (direct /indirect discrimination)?

| | | | |
|----|--------------------------|-----|--------------------------|
| No | <input type="checkbox"/> | yes | <input type="checkbox"/> |
|----|--------------------------|-----|--------------------------|

Q6a) If 'No' Explain why you have made this decision?

| |
|--|
| |
|--|

Q6b) If 'yes' explain the negative impact – you may need to complete a full EIA

| |
|--|
| |
|--|

If a negative impact has been identified please continue to Stage 3. If no negative impact has been identified please submit your Initial Equality Impact Assessment to Equality&Diversity@swbh.nhs.uk.

Please note: Issues relating to either interpreting/translating or ensuring single-sex accommodation have been identified as corporate issues, therefore if the negative impact you have identified falls within these categories a full impact assessment is not required.

| |
|---|
| Justification Statement: As member of SWBH staff carrying out a review of an existing or proposal for a new service, policy or function you are required to complete this EIA by law. By stating that you have <u>not</u> identified a negative impact, you are agreeing that the organisation has <u>not</u> discriminated against any of the equality groups. Please ensure that you have the evidence |
|---|

to support this decision as the Trust will be liable for any breaches in the Equality Legislation.

Completed by:

| | |
|------------------|--|
| Name: | |
| Designation: | |
| Date: | |
| Contact number: | |
| Head of Service: | |

This EIA has been approved by the Divisional General Manager:

| | |
|-----------------|--|
| Name: | |
| Designation: | |
| Date: | |
| Contact number: | |

This EIA has been signed off by the Head of Equality & Diversity:

| | |
|-----------------|--|
| Name: | |
| Signature: | |
| Date: | |
| Contact number: | |

Step 7) Now that you have ensured a full impact assessment does not need to be completed we need to publish your results for the public to view.

Tick list

- Send an electronic copy of ratified EIA to the Equality and diversity team who will publish it on the website

Please email all EIAs to Equality&Diversity@swbh.nhs.uk

Equality & Diversity team contact details

For further advice, please contact:

- Pauline Richards (Head of Equality & Diversity) 0121 507 5169
- Belinder Virk (Equality & Diversity Advisor) 0121 507 5561
- Estelle Hickman (Equality & Diversity Advisor) 012 507 5561

Equality & Diversity Team
Arden House
City Hospital
Birmingham B18 7QH

Equality Impact Assessment

Stage 3 Full Assessment Form

Having completed the Initial EIA Screening Form (Appendix A) which identified a negative or potential negative impact, you are required to complete this Full Assessment form. This will involve you questioning aspects of a proposed/existing service or policy and forecasting the likely effect on different groups.

Step 1) What is the impact?

Why have you carried out this Full Equality Impact Assessment?

Please mention any additional impacts in the box below. This could include contributing factors or conflicting impacts/priorities (e.g. environment, privacy and dignity, transport, access, signage, local demography) that has resulted in indirect discrimination.

1a) Identify the Equality group(s) that will be affected by the negative impact:

| | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Ethnicity | Gender | Transgender | Age | Disability | Religion or belief | Sexual Orientation | |
| Other | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

1b) What about other socially excluded groups or communities e.g. rural community, carers, areas of deprivation, low literacy skills, obesity? Please mention any additional issues here.

Step 2) What are the differences?

2a Explain how the Equality group(s) identified is affected in a different way to others as a result of the policy, function or service?

Step 3) You are almost there - now all you need to do is to consult!

3a Have you consulted on your policy, service or function and if so, who have you communicated with?

3b If you have not consulted yet, please list who you are going to consult with and the methods of consultation you will be using to seek their views? (Staff, specific groups or communities)

Step 4) Choose & answer the questions relevant to your EIA.

4a This EIA indicates that there is insufficient evidence to judge whether there is differential impact. Please state why below.

4b This EIA shows that the service, policy or function has a differential impact which is not negative. Please state why below.

4c This EIA reveals a differential impact which also amounts to a negative impact. Please state why below.

Scoring your adverse impact

You will also need to score your adverse impact according to the matrix below.

Matrix for Full Equality Impact Assessments (Stage 3)

- PROBABILITY** - What is the likelihood of the service, policy or function having an impact on staff or patients of the Trust? Use the table below to assign this incident a category code.

| MEASURES OF PROBABILITY | | |
|-------------------------|-------|---|
| Descriptor | Level | Description |
| Rare | 1 | The service, policy or function will only impact under exceptional circumstances |
| Unlikely | 2 | The service, policy or function is not expected to have an impact but will do in some circumstances |
| Possible | 3 | The service, policy or function may have an impact on occasion |
| Likely | 4 | The service, policy or function is likely to impact, but not on a persistent basis |
| Almost Certain | 5 | The service, policy or function is likely to impact on many occasions and on a persistent basis |

- SEVERITY OF IMPACT** - Identify the highest possible impact of the **service, policy or function**. (Use this table as a general guide)

| Descriptor | Potential Impact on Individual(s) | The Potential for complaint/ Litigation | Potential Impact on Organisation | Number of Persons likely to be affected |
|-------------------------|--|---|--|---|
| Negligible 1 | <ul style="list-style-type: none"> No impact or adverse outcome | <ul style="list-style-type: none"> Unlikely to cause complaint/ litigation | <ul style="list-style-type: none"> No risk at all to organisation | 0-1 Person |
| Low 2 | <ul style="list-style-type: none"> Short term impact | <ul style="list-style-type: none"> Complaint possible Litigation unlikely | <ul style="list-style-type: none"> Minimal risk to organisation | 2-4 |
| Medium 3 | <ul style="list-style-type: none"> Semi-permanent impact | <ul style="list-style-type: none"> Litigation possible but not certain. High potential for complaint. | <ul style="list-style-type: none"> Needs careful PR Reportable to SHA External investigation (e.g. HSE) | 5-10 Persons |
| High 4 | <ul style="list-style-type: none"> Permanent impact | <ul style="list-style-type: none"> Litigation certain expected to be settled for < £1M | <ul style="list-style-type: none"> Service closure Threat to Divisional/Directorate objectives/priorities Local publicity | 10-20 Persons |
| Very High 5 | <ul style="list-style-type: none"> Permanent and severe impact | <ul style="list-style-type: none"> Litigation certain expected to be settled for > £1M | <ul style="list-style-type: none"> National adverse publicity Threat to Trust objectives/priorities | Over 20 persons |

- Equality Impact Score** - Use the matrix below to grade the risk.
E.g. $2 \times 4 = 8 = \text{Yellow}$ or $5 \times 5 = 25 = \text{Red}$

| PROBABILITY | SEVERITY OF IMPACT | | | | |
|------------------|--------------------|----------|-------------|----------------|--------------|
| | Negligible 1 | Low 2 | Medium 3 | Very High 4 | Extreme 5 |
| 1 Rare | 1 | 2 | 3 | 4 | 5 |
| 2 Unlikely | 2 | 4 | 6 | 8 | 10 |
| 3 Possible | 3 | 6 | 9 | 12 | 15 |
| 4 Likely | 4 | 8 | 12 | 16 | 20 |
| 5 Almost Certain | 5 | 10 | 15 | 20 | 25 |

Roles and Responsibilities

Equality & Diversity Team

- To review all Full Impact Assessment Action Plans.
- To review each action against the EIA Matrix
- To report all Medium, Very High and Extreme impacts to the Service & Policy Assessment Group (SPAG)

Service & Policy Assessment Group (SPAG)

- To agree and discuss likely outcome and agree actions to follow.

Examples of Discrimination according to descriptor.

| Descriptor | |
|-------------------------|--|
| Negligible 1 | Patient complaining that their dignity has been infringed due to having to wait in reception after eyes being dilated. |
| Low 2 | Temporary relocation of Clinic due to refurbishment. Patients required to travel longer distance to attend clinic. |
| Medium 3 | Uneven surfaces making dangerous for wheelchair users to manoeuvre across. |
| High 4 | Service excludes particular patients due to their religious requirements. |
| Very High 5 | Emergency Fire Escape: Lack of accessible escape routes for disabled patients. |

Please tick which the impact score of your policy, service or function by referring to the matrix mentioned above.

| | |
|------------|--------------------------|
| | |
| Negligible | <input type="checkbox"/> |
| Low | <input type="checkbox"/> |
| Medium | <input type="checkbox"/> |
| High | <input type="checkbox"/> |
| Very High | <input type="checkbox"/> |

Step 5) Plan to address your Negative Impact

1. It is now time to complete your action plan using the table below. Please detail how you are going to address the negative impact, stating the timescales involved.

| | Negative Impact | Action Required | Expected Outcome | Lead | Timescale |
|----|-----------------|-----------------|------------------|------|-----------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

NB: As a requirement of the Divisional Review process, please ensure that you include the above actions within your Implementation Plan.

Step 6) Congratulations you have made it.

Completed by:

| | |
|------------------|--|
| Name: | |
| Designation: | |
| Date: | |
| Contact number: | |
| Head of Service: | |

This EIA has been approved by the Divisional General Manager:

| | |
|-----------------|--|
| Name: | |
| Designation: | |
| Date: | |
| Contact number: | |

This EIA has been signed off by the Head of Equality & Diversity:

| | |
|-----------------|--|
| Name: | |
| Signature: | |
| Date: | |
| Contact number: | |

Step 7) Now we need to publish your results for the public to view.

Please complete the tick list below.

- Please tick to indicate that this EIA has been approved by your Divisional General Manager.
- Please send your completed EIA to the Equality and Diversity team for approval. Once approved, your EIA will be placed on the SWBH webpage for the public to view.

Please email all EIAs to Equality&Diversity@swbh.nhs.uk

Equality & Diversity team contact details

For further advice, please contact:

- Pauline Richards (Head of Equality & Diversity) 0121 507 5169
- Belinder Virk (Equality & Diversity Advisor) 0121 507 5561
- Estelle Hickman (Equality & Diversity Advisor) 0121 507 5561

Equality & Diversity Team
Arden House
City Hospital
Birmingham B18 7QH

POLICY IMPLEMENTATION PLAN

| | |
|------------------------------|--|
| POLICY TITLE: | |
| ACCOUNTABLE DIRECTOR: | |
| POLICY AUTHOR: | |
| APPROVED BY: | |
| DATE OF APPROVAL: | |

An implementation plan must be developed for all policies. This will ensure that a systematic approach is taken to the introduction of policies in order to secure effective working practices.

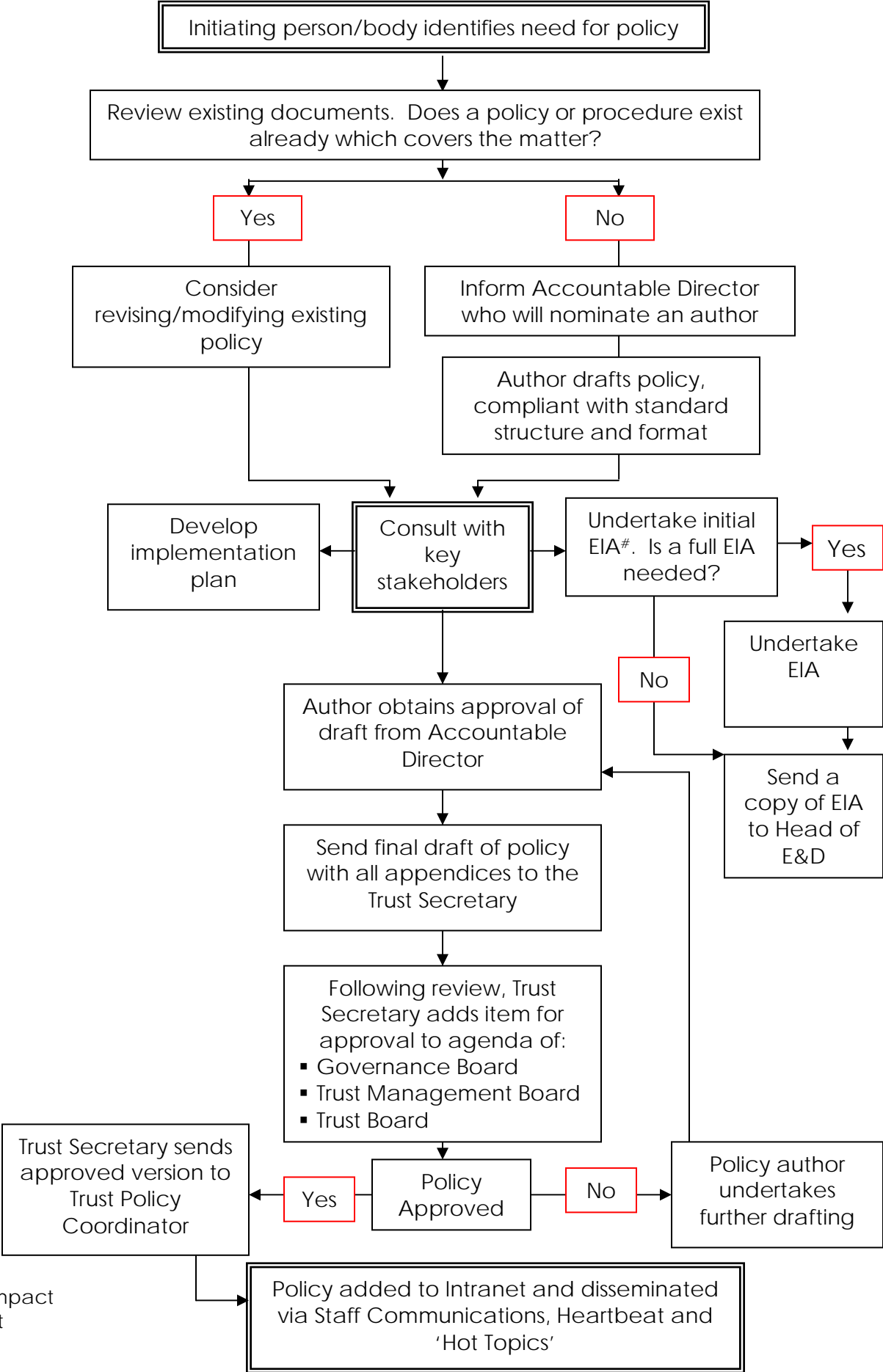
The following template provides a list of activities to consider as a starting point for thinking about implementation in a systematic manner.

IMPLEMENTATION PLAN OWNER: _____

| KEY ACTIVITY | RESPONSIBLE | PLANNED COMPLETION DATE | EVIDENCE AVAILABLE |
|--|-------------|-------------------------|--------------------|
| <i>Communications and engagement</i> | | | |
| | | | |
| | | | |
| | | | |
| <i>Training</i> | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| <i>Resources</i> | | | |
| | | | |
| | | | |
| | | | |
| <i>Monitoring Effectiveness and Evaluation</i> | | | |
| | | | |
| | | | |
| | | | |

Final date when plan is expected to be fully implemented: _____

Flowchart for the Policy Approval Process



#Equality Impact Assessment