

**Equality Impact Assessment
Guidance**

February 2009

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1 Background

1.1 We have a duty to assess all NHSBT policies to ensure that no group is discriminated against or disadvantaged, and to look for opportunities proactively to promote equality of opportunity.

1.2 We have published our first Single Equality Scheme (SES) which demonstrates our commitment to complying with these statutory duties. To view NHSBT SES please click on the following link: http://www.nhsbt.nhs.uk/downloads/nhsbt_single_equality_scheme_2008-2011_final_0808.pdf

1.3 Equality Impact Assessment (EIA) is a thorough and systematic analysis of a policy, whether that policy is written or unwritten, formal or informal, and whatever the scope or purpose of that policy. It is an ongoing process which will need to become embedded in policy development and implementation.

1.4 All staff involved in policy development need to impact assess their policies before implementing or during a review of that policy. All those involved in the review, periodic evaluation or change to policies also need to assess their policies for their impact. It is important to note that whilst this process is not an end in itself, it is a legal requirement.

1.5 We should consider it as promoting good practice in preventing discrimination and ensuring that equality and diversity are integral to our day-to-day business. One way to achieve this is to apply the impact assessment process as we fulfil our remit in respect of blood and organ donation and in our action as an employer.

2 Purpose

2.1 This document is for all staff at NHSBT who are involved in the development, review, evaluation and management of policy.

2.2 All policies and processes must be equality impact assessed, whether they are:

- new policies
- reviews of existing policies, or
- changes to existing policies

2.3 The definition of 'policy' is very wide. It includes those which affect our staff, customers, patients, and stakeholders. These include:

- Policies
- Procedures e.g. SOP and guidance
- Process e.g. MPDs
- Proposals
- Strategies

Throughout this document, the term 'policy' will be used to cover the above.

3 Timescales

3.1 From November 2008, all policies that require decisions from senior management must include a section highlighting the need to consider the equality implications of the policy or change to the policy.

3.2 EIA Cycle

Year 1: 1st November 2008 - 29th May 2009

Year 2: 1st June 2009 – 30th November 2009

Year 3: 1st December 2009 – 3rd May 2010

3.3 After this period, all policies should be impact assessed as part of the policy review process. All policies that are deemed as 'highly' relevant to the equality duty should be reviewed annually. (Appendix 2)

3.4 It is not envisaged that the **actions** identified from the EIA will be completed by the above time-lines. However it is important that the high, medium and low EIA's be completed by the timescales in Table 1.

3.5 The Equality and Diversity Team will request a progress report on how we are meeting our EIA commitments.

3.6 Table 1: Timetable for Equality Impact Assessment

Target Date	Action
Sept-Oct 2008	All Policy Owners trained in EIA.
30 th October 2008	NHSBT EIA Policy List
1 st November 2008	EIA cycle starts (High)
29 th May 2009	For those policies deemed highly relevant to equality, full impact assessment completed where necessary.
1 st June 2009	All 'medium' relevance policies will undergo EIA process
30 th July 2009	Progress report on policies deemed as 'high' priority
30 th November 2009	Annual EIA Report
30 th November 2009	All 'medium' relevant EIA completed working through all actions
1 st December 2009	All 'low' priority policies will undergo EIA working through all actions
27 th February 2010	Progress report on EIA policies deemed as 'medium' priority
3 rd May 2010	All 'low' relevant EIA completed working through all actions
30 th September 2010	Progress report on EIA policies deemed as low priority.
29 th October 2010	Agreed EIA Policy List for January 2011
1 st December 2010	Two year EIA Report
29 th February 2012	Annual EIA Report for 2011

4 Benefits of EIA

4.1 Our service and employment practice should be accessible to all.

Undertaking an EIA helps to make sure that the policy properly meets the diverse needs of customers, patients, donors and employees. Working in this way is part of good policy development and management practice. Considering the impact of the policies and decisions is critical to making sure that we achieve the outcomes that we intended and that they are in line with our priorities. Focusing our thinking in this structured way also means that policies and decisions are evidence-based. (Appendix 3)

The benefits to undertaking an EIA are as follows:

4.2 Service Delivery

It will:

- Identify any gaps in who is able to access, or benefit from, our services
- Target our resources appropriately
- Provide a responsive and effective service
- Is accessible to everyone and tailored to meet the needs of our various stakeholders
- Inspires public confidence
- Creates satisfaction for our 'customers'

4.2 Employment

It will:

- Enhance our competitiveness by attracting and retaining a workforce that reflects the diversity of our stakeholders and the patients and donors we support, and therefore have a better understanding of their needs.
- Creating a fair, engaging and positive employee experience
- Enable us to make sure our workforce is representative of the people and communities we serve
- Embed the ethos of equality of opportunity in our approach to all stages of the employment cycle, from recruitment and selection onwards

4.4 Policy and Decision Making

It will:

- Embed equality issues into the policy development, review and evaluation processes
- Involve and consult with those affected by, or who are stakeholders in, our policies

4.5 Cross functional working

It will:

- Encourage cross-functional approach e.g. to consultation, or data gathering activities
- Streamline and, where practicable, integrating data management systems and processes that record equality information

4.6 Reduce Risk

It will:

- Enable positive assessments at audit and inspection
- Enhance our reputation for professionalism
- Make sure we comply with our statutory duties

5 Legal requirements

5.1 Equality Impact Assessment is a tool which helps us comply with our General Duties to carry out our functions to eliminate unlawful discrimination and to promote equality of opportunity. It is also how we ensure compliance with the specific duty to assess policies for their impact, and monitor for any adverse impact.

5.2 The impact assessment of policies is a specific requirement under the Race Relations (Amendment) Act 2000, Disability Discrimination Act 2005 and the Equality Act 2006.

5.3 Whilst at this stage race, disability and gender equality legislation are the key areas where we have a legal duty to conduct an impact assessment, we also need to be aware of the European Directives covering Age, Religion/Belief and Sexual Orientation. These directives also make it illegal to discriminate on any of these grounds. On 25 June 2008 the Government published a White Paper on the Equality Bill due to be published in the 2008/2009 Parliamentary session. One of the elements included in the Bill is the proposal to place a new Equality Duty on public bodies which will bring together the three existing duties and extend to gender reassignment, age, sexual orientation and religion or belief. It is for this reason that these other elements are included in the EIA Toolkit now – to ‘future proof’ our approach.

5.4 You should therefore conduct EIA once and cover each of the relevant equality strands simultaneously, where there are relevant data available.

6 Responsibilities

6.1 Responsibility between NHSBT and Government

Where a policy is passed to us from a Government department, we should require an EIA before we agree to proceed with policy development or implementation. In some cases, where a policy is jointly owned with a Government department, it is likely to be appropriate to conduct a joint EIA

6.2 Responsibility within NHSBT

6.2.1 Directors

Should:

- Agree the EIA Timetable for High, Medium and Low
- Sign off EIA at relevant stages.
- Ensure that EIA is incorporated into the review process of policies.
- Ensure all actions are undertaken

6.2.2 Policy Authors/Owners and those undertaking an EIA

Should:

- Ensure that a staff on Senior Management Teams sign off the EIA.
- Ensure that all proposed, new, existing policies undergo EIA.
- Ensure that they consult the Equality and Diversity team if consultation on a policy is required.
- Ensure actions arising from EIA's are carried out.
- Ensure that they keep a completed electronic copy of the EIA for auditing purposes. It is recommended that this is kept with the policy on Q Pulse or on an equivalent electronic system.
- Submit an online copy or fax the relevant section to the EIA team as stated on the EIA Toolkit.
- Agree to findings and actions from EIA.

6.2.3 E & D Team

Will:

- Support with any consultation required
- Publicise the results of 'high' relevant policies
- Support with the provision of data
- Sign off to relevant section in EIA
- Manage on line EIA Toolkit
- Review EIA Toolkit
- Provide initial operational support to conduct EIA's
- Annual report on EIA.

6.2.4 EIA Diversity Champions

They will:

- Provide support to policy owners through the EIA process
- Support with the co-ordination of the EIA timetable within their Directorate
- Update the Equality & Diversity Team on the progress

Contact details for EIA team, EIA Diversity Champions and data resources can be found in Appendix 7

7 Things to consider when undertaking EIA's

7.1 Business Area

Where a policy is specific to a particular function area or Directorate, then an EIA should be led by them.

7.2 Equality Impact Assessment Toolkit

The EIA Toolkit to support this guidance is designed to help you. It is intended to provide a consistent way of conducting an EIA and should help you shape your thinking, as well as providing a clear way of working. We have included some structured questions within the EIA Toolkit and have tried to provide thinking prompts so you can understand exactly what is required at each stage. It is not meant to be exhaustive list, but should provide a guide to the sort of information that would be relevant at each stage.

7.3 Grouping policies

In some cases, it may be appropriate to conduct a single EIA for a group or 'bundle' of policies which share similar aims, although you should ensure that all impacts relating to individual policies are identified. When conducting group policies use Toolkit Template 2 Initial Screening of Group Policies

8 An Explanation of the Steps

Below are some examples of things to consider in answering each section.

INITIAL SCREENING

8.1 Step 1 – Outlining the policy

The following sections require you to give a brief outline of the policy.

- 1.1. What is the aim and objectives of the policy?
- 1.2. Why did some aspect of the policy change? What is the intended purpose, benefit or outcome of the change? Give a brief summary.
- 1.3. Some examples of the activities relating to the policy could be: Training, Consultation, Research, Testing, Networking, Examinations etc.
- 1.4. A stakeholder is a broad term which covers individuals or organisations affected by, or affecting the behaviour of, an organisation. This will include anyone who has an interest in the success of the business. For example, customers, patients, donors, employees, Trade Unions and Non Exec and Executive team.

INITIAL SCREENING

8.2 Step 2 – Assessing its relevance to our statutory duties

Some questions to shape your thinking when considering the relevance and/or importance of an existing or proposed policy to the various equality strands could be:

- Does or could the policy involve or have consequences for different groups NHSBT serves or employs?
- Does or could these consequences differ accordingly to people's characteristics (e.g. gender, ethnicity)?
- Is there a reason to believe that different groups could be affected differently? For example In terms of access to a service?

If you have answered 'Yes' in any of the sections in 2.1 then a Full Equality Impact Assessment on the policy may be required. (Appendix 2)

INITIAL SCREENING

8.3 Step 3 – Considering where there is, or might be, any impact on equality

Section 3.1

Some things to consider:

What differences between groups do the quantitative and qualitative data show?

Note that a difference in data does not necessarily prove discrimination or adverse impact.

Section 3.2.

Some things to consider:

Will the policy have a positive or negative affect on people from different racial or ethnic groups? For example, additional tests taken for Sickle Cell.

Section 3.3

If you have answered 'Yes' to any of the sections in 3.1 and/or 3.2 a policy, then a Full EIA may be required.

Section 3.4

If an EIA is not required based on the information provided then the 'Sign Off: Initial Screening certificate should be completed. Therefore a Full EIA is not required.

The initial screening sections, including the sign off and any evidence should be kept with the policy.

The E & D team will require the Sign Off: Initial screening certificate and preceding information

Once this has been checked and signed by the E & D team they will forward it to the relevant SMT. A copy of the completed

EIA should be kept with the policy. (Appendix 3)

Step 4 consists of a Full Equality Assessment.

8.4 Step 4 – Reviewing the data and other evidence

In Step 4, it is important that sufficient evidence is used to make your judgement so that it stands up to scrutiny and is sufficiently robust and comprehensive. See **Error! Reference source not found.**⁵ for examples of the evidence available.

Equality impact assessment for ethnicity, disability and gender are the **minimum** legal requirements, but we also consider age-related impact. In many cases there is likely to be little information or data to help you assess impact on sexual orientation, religion or belief, but they should be considered where information is available (e.g. job applicants).

Where relevant and you have access to data, it is best practice to consider the impact on other groups, for example travellers and those from lower socio-economic groups.

Remember to consider combinations of diversity strands, for example disabled women, Asian men, and so on.

8.5 Step 5 – Involving and consulting the right people

Identify whom to involve and consult. Different policies affect different groups, so you will need to consider which are the most relevant groups for you.

Whichever consultation or involvement method is used, you should make sure that:

- you use people's views to shape your decision-making process;
- the exercise represents the views of those who are likely to be affected by the policy;
- the consultation method is suitable for both the topic and the groups involved;
- the exercise is in proportion to the effect that the policy has or is likely to have;
- the consultation's aims and intended outcomes are clearly explained (so that people can contextualise their contribution);
- the consultation exercise is properly timetabled and monitored;
- you publish the consultation's findings and intended action feed them back to those involved in the consultation process

8.6 Some groups you could consider involving are:

- Donors
- NHSBT Improving Working Lives Group
- BPL Equality and Diversity Working Group
- NHSBT Equality and Diversity Working Group
- NHSBT Inclusively Marketing Group
- Equality and Human Rights Commission
- NJSC
- NJSC Staff side representative
- Equality and Diversity Team
- Local HR team.
- EIA Diversity Champions

Full list is in Appendix 6.

8.7 Consider the following:

- Is the group properly established with legitimate aims, objectives and constitution?
- Does the individual or group to be consulted know about what you do, and do they understand how to influence the consultation process?
- Are you presenting information in accessible formats?
- Are you meeting at appropriate dates, times and on accessible premises?
- How can you ensure there is two-way feedback between the individual or groups to be consulted and the wider groups they represent?
- Is there an opportunity for joint consultation exercises with other public bodies?
- Have you considered providing training and support for the groups so they can have an effective impact on the process?

8.8 Step 6 – Reviewing your findings and assessing the policy’s impact

This step is an opportunity to use the information you have analysed from data, research and consultation to consider your options.

8.8.1 Using all the evidence you have collected so far, consider again whether the policy is having, or is likely to have, an adverse impact.

- If yes, proceed to Step 7
- If no, proceed to Step 8.

8.8.2 Consider the following options:

- a. Put measures in place to eliminate or reduce the actual (or potential) adverse or discriminatory impact at the relevant stage:
 - Policy formulation.
 - Implementation.
 - Delivery
- b. Abandon the policy/practice/ activity/decision altogether.

8.8.3 If this proposed policy or practice appears to be **directly discriminatory** then that policy or practice would be unlawful and should be rejected. You should find alternative means of achieving the aims of the policy or practice.

8.8.4 However if the proposed policy or practice is a result of **positive action**, the policy or practice may be lawful. This is likely in areas specific to race, disability and gender duties.

8.8.5 If you have any doubts as to the position of your proposals, or can identify a legitimate justification for proceeding, you must contact the Equality and Diversity Team.

8.8.6 You should also consider:

- How does each option help or hinder equality and diversity?
- How can we use the policy proactively to promote equality of opportunity?
- How does each option reinforce or challenge stereotypes?
- What are the consequences for the group(s) concerned?
- What are the costs of implementing each option?
- Will the social and economic costs of implementing the option outweigh the benefits to NHSBT?

8.8.7 The duty to act where an impact is identified should be considered for proportionality. For example, it might be unnecessarily expensive to make sweeping changes to policies across the board simply to meet the requirement of a small age group. In the very rare cases where you consider leaving the policy as it stands despite identifying a differential or adverse impact, you would need to consult the Equality and Diversity Team.

8.9 Step 7 – Making a decision

Based on the options for action identified in Step 7.1 in toolkit, and the conclusions you have drawn from the impact assessment process so far, you now need to decide what action to take.

Any decisions made are open to scrutiny and must be clearly justified. They should be made by the relevant Senior Manager . You should record the name of the decision-maker, their conclusions and:

- agree actions
- summarise findings
- identify next steps – what, by whom, and when

8.10 Step 8 - Strengthening the policy

Some things to consider include:

- Increasing awareness of the policy amongst relevant staff.
- Reviewing your method of delivering or communicating the policy to make sure you reach all parts of local communities.
- Encouraging wider public involvement in our work or communications activities.
- Encourage different groups, including disabled people, to get involved in what we do.

Please note that for all policies that undergo a full EIA, we will need to publish the EIA in line with our statutory duty to do so.

For more information, including methods of publication, accessible formatting and so on, please contact the Equality and Diversity Team on 0121 254 0511.

8.11 Step 9 – Monitoring, evaluating and reviewing

Impact Assessment is an ongoing process. Agree a process and dates for further reviews, and clearly state who is responsible.

Policies that are deemed to be highly relevant should be receive an EIA review annually

Medium policies should be reviewed on a minimum of a 2 yearly cycle, low and none relevance policies 3 years

You should also make arrangements to collect the data that will be required to inform your next review. Consider what monitoring systems you need to use or establish and what data are to be collected, when and by whom.

Summary reports should be available on a regular basis and shared with those who have been involved.

The Equality and Diversity Team will publish on our internet and intranet the EIA undertaken on the 'high' priority policies. This will consist of the following:

- what you have done
- what you found
- What happened, what is going to happen and how it is going to influence organisational practice?

8.12 Step 10 – Setting out a timetable for action

You will be required to set out the actions identified as a result of undertaking an EIA on the policy.

The table in Step 10 of the EIA Toolkit has been developed to help you address the main issues identified from the EIA.

If you require more information about this, please contact the Equality and Diversity Team on 0121 254 0511.

Appendix 1: Glossary

Relevance

Relevance refers to the implications of a policy in terms of the General Duties. A policy is, for example, relevant to race equality if it has, or could have, implications for promoting race equality.

Differential impact

Data show a difference in impact on different groups (e.g. between men and women, between disabled and non-disabled people and so on). For example, there may be more female than male employees participating on a certain training NHSBT training courses.

Positive impact

As a result of this policy, disadvantages will be reduced; incidences of historic under-representation will be addressed, relations between people of different groups will improve; participation rates will improve or become more comparable across the board, and so on.

Adverse impact

An indication that a particular group has been affected differently by a policy, that the effect is less favourable (i.e. negative) and potentially unlawful

Positive action

Positive action refers to a variety of measures to counteract the effects of past disadvantage and/or under-representation, and to eliminate future discrimination. This could take the form of providing training or encouraging members of affected groups to apply for vacancies. However, there are conditions and criteria that must be satisfied before an organisation is able to defend their action under the banner of positive action. If in any doubt, contact the Equality and Diversity team.

Direct discrimination

Where people are treated less favourably than others on the grounds of their colour, race, ethnic or national origins, disability, gender, marital status, age, religion or belief or sexual orientation.

Indirect discrimination

An apparently neutral provision, criterion, or practice, that applies equally to everyone, but which in practice puts a particular group at a disadvantage and which cannot be objectively justified. For example, a requirement for a full clean driving licence may exclude people with disabilities, such as visual impairments or epilepsy. Often, there are simple solutions, for example to substitute the driving licence criterion with 'the ability to travel'.

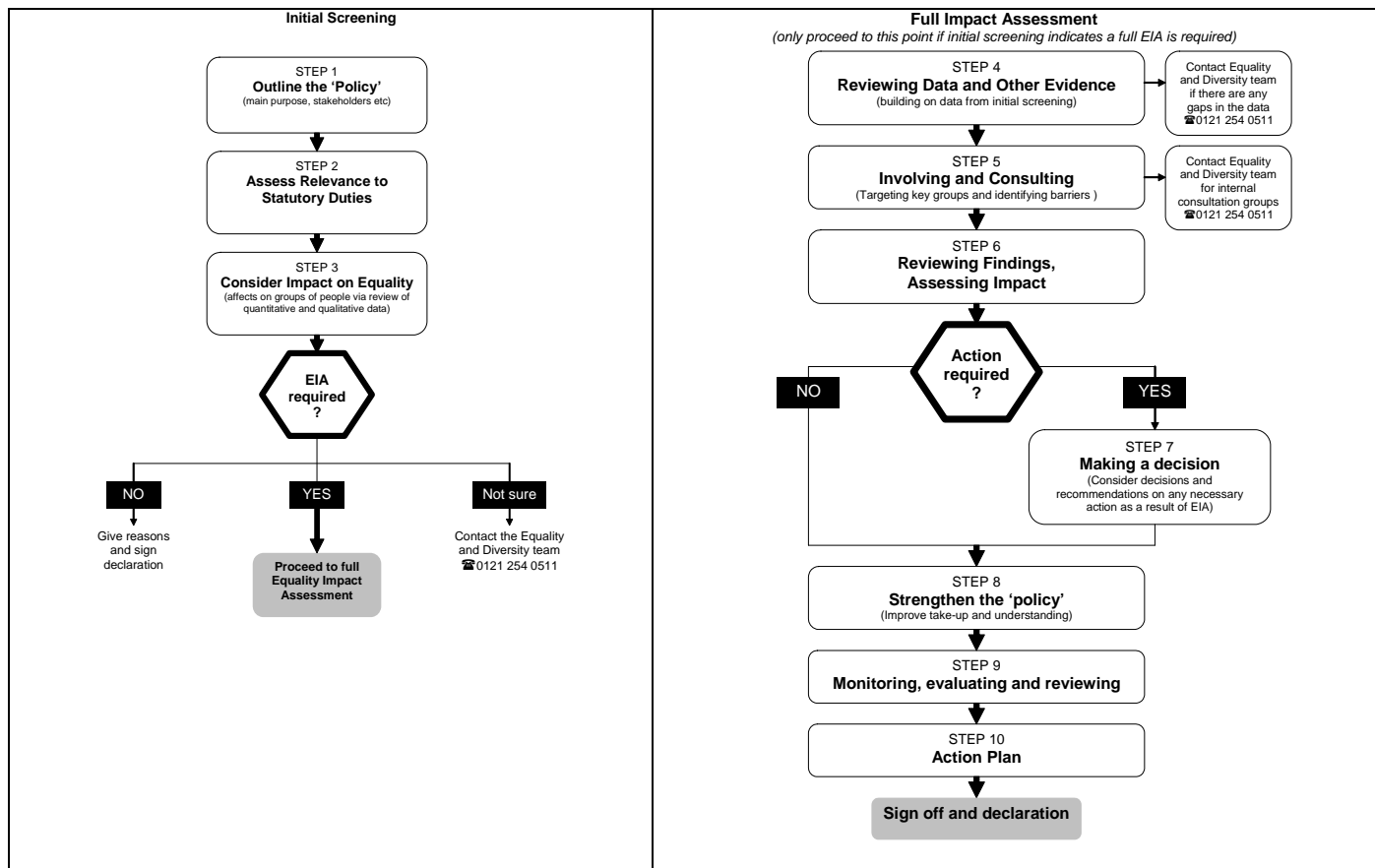
In some cases, a proposed policy or practice that is indirectly discriminatory can be justified if it can be shown that it is necessary to allow you to carry out your functions and you are unable to find another way of achieving the policy aims that has a less discriminatory effect.

Always take advice from the Equality and Diversity team before relying on the 'justification' defence.

Appendix 2: Stages of Equality Impact Assessment

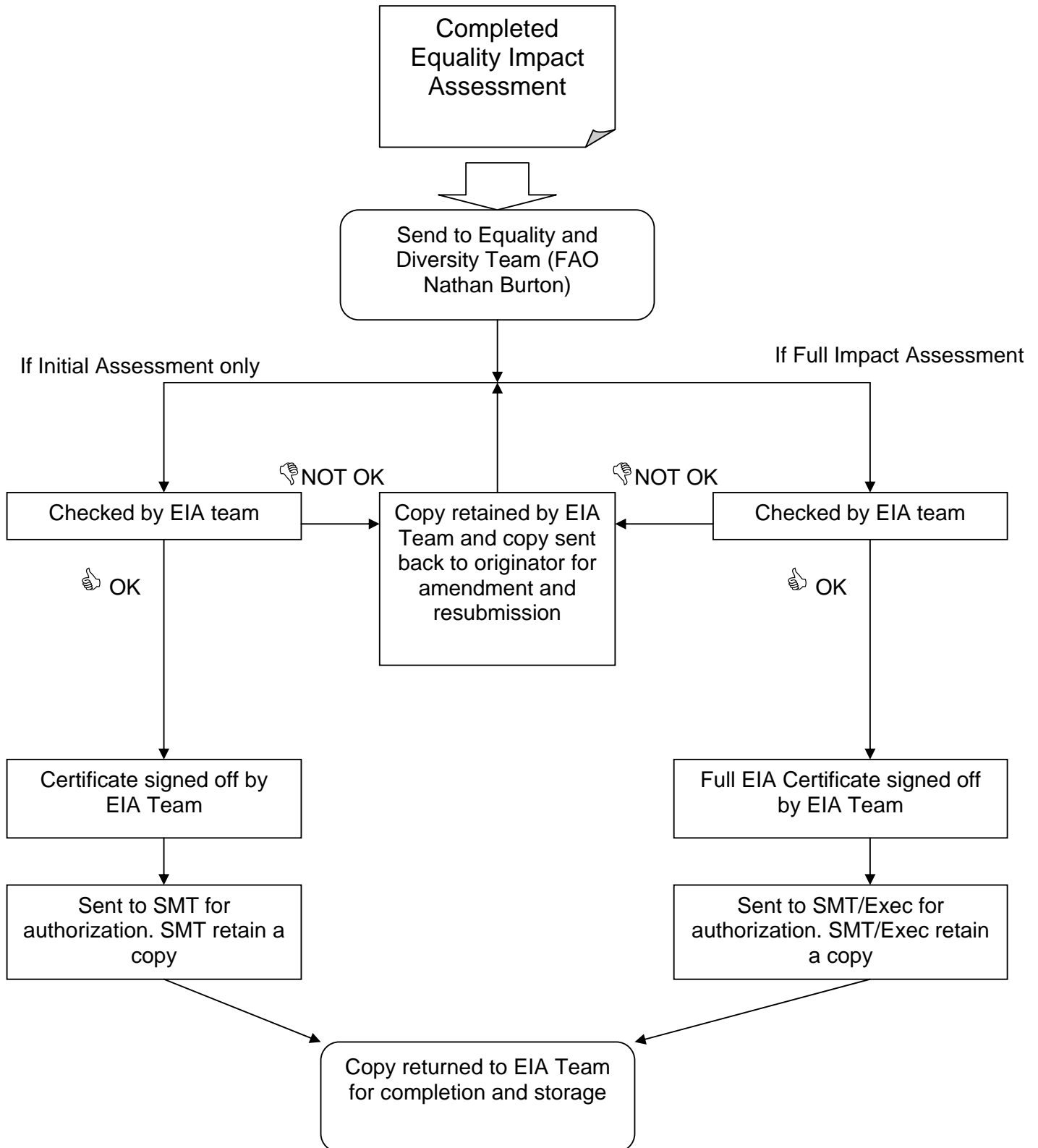
Figure 1 shows the ten stages of Equality Impact Assessment. All policies must go through at least stages 1 to 3 (the initial screening phase), but only some policies need to undergo a full impact assessment (steps 4 to 10).

Figure 1



Appendix: 4

Completed EIA Process Flowchart



Appendix 5: Sources of data and evidence

Depending on the type of policy you are assessing, you may need to use evidence about the workforce and service delivery. You may also need comparator evidence about the demographics of the communities we serve. This section includes a non-comprehensive list of suggestions for each of these.

Workforce and Service Delivery Data

- Data about representation in different bands
- Data about our progress against workforce goals
- Minutes and papers from Improving Working Lives Group.
- Analysis of complaints of unlawful discrimination by NHSBT in employment or service delivery
- Employee surveys
- Demographic data and other statistics, including census findings, e.g. from <https://www.nomisweb.co.uk>
- Information from groups and agencies directly in touch with particular groups (for example, qualitative studies by trade unions and voluntary and community organisations)
- Other completed EIA's and initial screenings (these will be accessible through the Equality and Diversity team's [internet](#) and [intranet](#) pages)
- Recent research findings
- The results of consultations or recent surveys (qualitative and quantitative data)
- Comparisons with similar policies in other departments or public authorities
- Data derived from the ESR.
- Reports derived from data produced by Pulse, Clientele and Hematos)
- Analysis of records of public enquiries about our services or policies, or complaints about them
- The results of equality and diversity monitoring data, from our own records or from other public authorities
- Recommendations/reports by representative groups/bodies

Appendix 6: Sources of further guidance

If you need more information or guidance, there is plenty of support available from the following sources:

Internal Sources

- NHSBT Equality and Diversity [internet](#) and [intranet](#) pages
- Frequently Asked Questions on EIA (currently being drafted- will be available on the Equality and Diversity team's [intranet](#) pages)
- *NHSBT Equality and Diversity Policy*
- *NHSBT [Single Equality Scheme](#)*
- *Managing Equality and Diversity Training*
- *Equality and Diversity Awareness Training*

Equality and Diversity team

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Tel: 0121 254 5011 Fax:

Other useful sources

- Srikanth Sankran Blood Donation *Market Research Analyst*
Srikanth.sankran@nbs.nhs.uk

Tel: 0208 258 2735

EIA NHSBT Diversity Champions/Lead

EIA Diversity Champion/Lead	Directorate	Telephone No.
Wendy Baker	HR	07764 (377) 0305
Sue Manton	HR	0776 428 (377) 0702
Neil Powell	HR	0771144 (377) 7501
Judy Hussey	Blood Donation	0771144 (377) 7298
Sue Barnes	Clinical	0787263 (377) 6739
Neil Hogg	IT	0771144 (377) 7035
Phil Enstone	Estates & Logistics	0776428 (377) 0166
David Leak	Estates & Logistics	0772027 (377) 5392
Neville Robinson	Estates & Logistics	0771144 (377) 7688
Adrian Chandler	Finance/Procurement	0776428 (377) 0170
Iain Humphrey	Finance	0771815 (377) 5233
Andy Maxwell	Organ Donation	ODT 01179757474
Iain Bradbury	BPL	0776428 (377) 0031
Anne Brookes	Specialist Services	0776428 (377) 0600
Heather Aplin		0780890 (377) 6433
Zeeshan Agshar	Communications	0776428 (377) 0427
Colin Anderson	Staff Side	0776428 (377) 0028
David Agbley	Staff Side	0776428 (377) 0400
Carol Reed	Staff Side	0776428 3770021
Kashmira Shah	Staff side	BPL 0208258 2495

External Sources

- [Equality and Human Rights Commission:](#)
- [Race equality impact assessment: a step-by-step guide and The duty to promote race equality: a guide for public authorities](#)
- [The Duty to Promote Disability Equality: Statutory Code of Practice](#)
- [Overview of the gender equality duty](#)
- www.stonewall.org.uk/
- www.gendertrust.org.uk
- www.unison.org.uk/equality/
- www.nusonline.co.uk