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| **Equality Impact and Engagement Assessment Form** | | | | | | | | | | | |
| **Complete this section**  **Please retain one copy, and pass one copy to both the Equalities and Engagement leads** | | | | | | | | | | | |
| **Section one – Project or plan details** | | | | | | | | | | | |
| 1.1 | **Project Title: Review of Personal File Storage** | | | | | | | | | | |
|  | | | | | | | | | | |
| 1.2 | **Project Lead: Jane Robinson** | | | | | | **Contact Details: jane.robinson45@nhs.net** | | | | |
|  | | | | | |  | | | | |
| 1.3 | **This activity /project is:** | | | | | | | | | | |
| **Procedure** | | | | | | | | | | |
| 1.4 | **Describe the activity/project (what are you planning, proposing, changing and why?)** | | | | | | | | | | |
| Currently there are electronic files and paper files, these do not mirror each other. HR send electronic files only to the CCG containing new starter information for their personal file. It is time consuming for the Office Manager to print electronic files to be included in paper files and sometimes the files can be quite large as well as keeping the electronic files. Other CCGs have moved to electronic personal files only from a point in time. Paper files are still kept but not updated with electronic file content. The contract of employment is the only paper copy that needs to be signed and kept on paper file as well as electronic file. | | | | | | | | | | |
| 1.5 | **Timescales** | | | | | | | | | | |
| December 2019 | | | | | | | | | | |
| 2 | **Equality Impact Assessment** | | | | | | | | | | |
| 2.1 | **Gathering of Information:** This is the core of the analysis; how might the project or work impact on protected groups, with consideration of the General Equality Duty.  Please add any general information here. | | | | | | | | | | |
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| 2.2 | **Screening** | | | | | | | | | | |
| **Please complete each area)** | | | **What key impact have you identified?** | | | | | | **Information Source** | |
|  | | | **Positive Impact** - will actively promote or improve equality of opportunity. | **Neutral Impact -** where there are no notable consequences for any group. | | | **Negative Impact** negative or adverse impact causes disadvantage or exclusion. **If such an impact is identified, the EIA should ensure, that as far as possible, it is either justified, eliminated, minimised or counter balanced by other measures.** | | What action, if any, is needed to address these issues and what difference will this make? For example:  *At this point no action is required. Further EIA screenings will be developed in future once there are recommendations to assess.* | |
| Human Rights | | | **N** | **Y** | | | **N** | | **Personal Files are already saved electronically. Recommendation is to stop updating paper files and only update electronic files.** | |
| Age | | | **N** | **Y** | | | **N** | |
| Carers | | | **N** | **Y** | | | **N** | |
| Disability | | | **N** | **Y** | | | **N** | |
| Sex | | | **N** | **Y** | | | **N** | |
| Race | | | **N** | **Y** | | | **N** | |
| Religion or belief | | | **N** | **Y** | | | **N** | |
| Sexual Orientation | | | **N** | **Y** | | | **N** | |
| Gender reassignment | | | **N** | **Y** | | | **N** | |
| Pregnancy and maternity | | | **N** | **Y** | | | **N** | |
| Marriage/civil partnership (only eliminating discrimination) | | | **N** | **Y** | | | **N** | |
| Other relevant groups | | | **N** | **Y** | | | **N** | |  | |
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| **3 Engagement Assessment** | | | | | | | | | | | |
| 3.1 | **What is the level of service change**? – see diagram 3 above  **If your project is classed as a ‘significant variation’ (level 3) or ‘major change’ (level 4)** please contact [england.yhclinicalstrategy@nhs.net](mailto:england.yhclinicalstrategy@nhs.net) for a preliminary discussion to support planning and agree whether the service change needs to follow the NHS England Service Change Assurance process.  The assurance process generally looks at the ‘case for change’ The key players in the process include overview and scrutiny teams, and the clinical senates. You can also refer to the DH guidance: (please note that level 4 changes will require considerable long term planning and this DH guidance is mandatory for all level 4 changes) <http://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/nhs_public_involvement_-hempsons_stp.pdf> DH 2013 | | | | | | | | | | |
| **Circle or highlight the appropriate level of service change**  Level 1 Level 2 Level 3 Level 4 | | | | | | | | | | |
| **Add additional information and rationale for this scoring below** | | | | | | | | | | |
| NA | | | | | | | | | | |
| 3.2 | **Who are your stakeholders?**  Consider using a mapping tool to identify stakeholders - who is the change going to affect and how?  Complete below or attach or link to a mapping document | | | | | | | | | | |
| **Staff** | | | | | | | | | | |
| 3.3 | **What do we already know?**  What do you already know about peoples’ access, experience, health inequalities and health outcomes? Use intelligence from existing local, regional or national research, data, deliberative events or engagements. | | | | | | | | | | |
| **NA** | | | | | | | | | | |
| **Describe any existing arrangements to involve patients and the public which are relevant to this plan/activity and/or provide relevant sources of patient and public insight?**  How will the insight available to you help to inform your decision? | | | | | | | | | | |
| **NA** | | | | | | | | | | |
| **Briefly describe how the existing or proposed engagement will be ‘fair and proportionate’**, in relation to the activity? | | | | | | | | | | |
| NA | | | | | | | | | | |
| 3.4 | **Reaching out to overlooked communities**  Are additional arrangements for patient and public involvement required for this activity and in particular how will you ensure that ‘seldom-heard’ groups, those with ‘protected characteristics’ under the Equality Act, and those experiencing health inequalities are involved   * Seldom-heard groups Yes/No * Nine Protected Characteristics Yes/No * Health inequalities Yes/No   If yes, please provide a brief outline of your approach and objectives for any additional patient participation targeted at these groups | | | | | | | | | | |
| NA | | | | | | | | | | |
| Do you need to make any of your resources accessible (i.e. for people with learning disabilities, sight impairments, or alternative languages?) | | | | | | | | | | |
| NA | | | | | | | | | | |
| 3.5 | **What resources do you need for this?**  Consider the sections above   * The timescales * The need to reach overlooked communities * Accessible materials * Gaps in knowledge | | | | | | | | | | |
| **NA** | | | | | | | | | | |
| 4 | **Feedback and Evaluation** | | | | | | | | | | |
| 4.1 | How will you use the feedback – who does it need to be shared with? | | | | | | | | | | |
| NA | | | | | | | | | | |
| 4.2 | Provide a brief outline of how the information collected through patient and public participation will be used to influence the plan/activity. | | | | | | | | | | |
| NA | | | | | | | | | | |
| 4.3 | How will the outcomes of participation be reported back to those involved? | | | | | | | | | | |
| NA | | | | | | | | | | |
| 4.4 | How will you assess the ongoing impact of the change on patients and the public after it has been completed? | | | | | | | | | | |
| NA | | | | | | | | | | |
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| 5 | 1. **Engagement and Equality Impact Plan** | | | | | | | | | | |
|  | **Action** | | **Approx.**  **Timescale** | | | **Lead** | | | **Deadline** | | **Comments/**  **progress** |
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| 6 | Form details | | | | | | | | | | |
|  | Completed by: | Alison Hague | | | | | | | | | |
|  | Job title: | Corporate Services Manager | | | | | | | | | |
|  | Date |  | | | | | | | | | |
|  | Reported to |  | | | | | | | | | |