

GOP10

Undertaking an Equality Analysis

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1.0 Policy statement

The purpose of this policy is to ensure that an Equality Analysis (EA) is conducted to determine the positive or negative impact (or likely impact) of proposed or existing functions, policies etc. (see definitions), to see if there is a differential impact upon certain people or groups of people in relation to one or more of the [Protected characteristics | EHRC](#) (PCs), and if so, whether the impact can be justified.

EA also helps to demonstrate that the Trust has shown due regard to the Public Sector Equality Duty (PSED) by considering the impact of our functions and policies.

PCs under the Equality Act 2010 are in the table below.

Age	Race
Disability	Religion or belief
Gender re-assignment	Sex
Marriage/civil partnership	Sexual orientation
Pregnancy/maternity	

Undertaking one EA which covers all the PCs aims to ensure that no group can be disadvantaged.

The Group needs to consider the equality duty as set out in the Equality Act 2010 as an integral part of our decision-making processes. It is not a tick box exercise; it is about giving **real consideration** and attention to the completion of the Equality Analysis considering the potential impact with an open mind and **using evidence to influence the final decision** before a function/policy, SOP or guidance is being introduced.

EA will help staff evidence that they have paid '**due regard**' to the aims of the general equality duty (as per the Public Sector Equality Duty) in their decision-making processes. See section 4. For further information, see '*Meeting the equality duty in policy and decision making*'.

A proportionate approach must be taken regarding what the Group needs to consider; it must be suitable to the size, functions, and resources of the Group along with the relevance of the decision to equality.

EAs cannot be delegated to any organisation that carry out functions on our behalf.

2.0 Definitions

What is Equality Analysis (EA)?

An EA is an ongoing process to assess and demonstrate that the Group has paid due regard to the PSED and considers equality in functions/policies, to show they do not discriminate. It helps in assessing the impact or potential impact (positive and negative) of existing or proposed functions and policies on people with PCs. An EA provides a practical way to enable you to understand the impact of functions and policies on people who have PCs to ensure that you give **due regard** to **all the PCs** in decision-making and activities.

EAs help to identify actions to reduce or remove potential adverse impacts or inequalities, as well as maximise opportunities for promoting equality. As part of policy

development and review, EAs will be audited periodically by the relevant EDI lead for each organisation. See Appendix 2 for further information.

EA is a systematic tool that:

- facilitates compliance with the equality duty.
- demonstrates a commitment to equality.
- a fair way of making decisions.
- takes account of different people's needs.
- improves services, working environments and access to employment opportunities.
- aims to prevent direct and indirect discrimination.
- provides an opportunity to mitigate possible adverse impact.
- gives the potential to avoid legal challenges.

The Equality Analysis Tool reflects elements of the Health Equity Assessment Tool (HEAT).

What is a function or a policy?

A function includes all powers and duties, meaning everything that we are required or allowed to do. For example, budgetary decisions, policy decisions, service provision, employing staff, public appointments, procurement of goods or services, commissioned and decommissioning services, and contracted out services.

Policies include written documents, individual decisions and activities, and informal customs and practices such as policies, strategies, guides, guidance, procedures, processes, projects, schemes, leaflets, posters, business cases, project initiation documents, manuals, etc.

In summary, the EA tool covers whatever it is that you do, every aspect of decision-making, and whatever remit that may be.

What is meant by impact?

An adverse impact is something that could disadvantage a section of the community.

For example, a policy that the Group will accept complaints only in writing may have an adverse impact on people with learning disabilities, people who do not use English as their first language, and people for whom written communication is not a strong cultural norm, such as British Sign Language users.

A **positive** impact is a beneficial effect on the community and/or improves equal opportunities, outcomes and/or relationships between different sections of the community. The positive impact on one section of the community may be greater than on another. However, all parts of the community must be considered. **For example**, a Trust's Minor Injuries Unit had lower levels of uptake and lower levels of satisfaction among some racial groups, so the Trust sent information about its unit to everyone in the community in various languages and formats and trained front-line staff on how to treat patients from different cultural backgrounds.

What is harassment?

This is unwanted conduct which has the purpose or effect of violating an individual's dignity, or creating an intimidating, hostile, degrading, humiliating or offensive environment.

What is victimisation?

Occurs when someone is treated less favourably because they have done a 'protected act', they are suspected of doing so, or may do so in the future.

A 'protected act' includes bringing proceedings under the Equality Act, giving information or evidence in connection with proceedings brought under the Equality Act, and making allegations that someone has breached the Equality Act.

Direct discrimination

Applies where someone is treated less favourably because of a PC. This must be comparable: it is discrimination to deny an older person a potentially beneficial treatment based on their age, but it is not discrimination if the treatment is only likely to be beneficial to a younger person.

Indirect discrimination

This can occur when an organisation applies (or would apply) an apparently neutral provision, rule, condition, policy or practice (way of doing things) that applies to everyone but particularly disadvantages (or has a worse effect) on people who share a PC.

What is positive action?

These are lawful actions (steps) aimed at minimising or overcoming disadvantages that people who share a PC have experienced, or to meet their individual needs.

What is objective justification?

Functions and policies that amount to discrimination (with no exception or positive action) could still be objectively justified, e.g., showing a proportionate means of achieving a legitimate aim. Objective justification must only be used in **very limited** circumstances; all other avenues to adhere to the general equality duty must be explored first, as the Group does not want to discriminate. For example, a building needs a ramp for disability access; however, the building is classed as a listed building, and a permanent ramp cannot be installed. Reasonable adjustments that could be made include providing a portable ramp, doing a domiciliary visit instead, or seeing the patient at an accessible location. Seek legal advice and ensure you have robust evidence to support your reasons.

Discrimination by association

Someone who is connected to or associated with another person with a PC and has been treated less favourably as a consequence.

Discrimination by perception

Where someone is thought to have a PC (whether they have or not) and has been treated less favourably as a consequence.

Discrimination arising from disability

This is when a disabled person is treated less favourably because of something arising in consequence of their disability, and the Group cannot show that the treatment is a proportionate means of achieving a legitimate aim.

Genuine Occupational Requirement

It may be lawful for an employer to treat people differently when recruiting. In very limited circumstances, if an employer can show that someone with a particular PC (on grounds of age, disability, gender reassignment, marriage and civil partnership, race,

religion, belief, sex or sexual orientation) is central to a particular job, then they can insist that only someone who has that particular PC is suitable for the job. This would be a genuine 'occupational requirement' (GOR).

3.0 Accountabilities

The Trust Board for each Trust is responsible for ensuring that all policies and functions, etc., have undertaken an EA (where relevant).

The Group Chief People Officer is responsible for ensuring that the Board are cognisant of their role and responsibility to evidence due regard in relation to the people-related equality and inclusion risks as part of the Governance Framework at each Trust.

The Head of Governance and Legal Services is responsible for ensuring this policy is embedded within the OP01 *Development and Control of Trust policy and procedural documents*.

Divisional Management teams are responsible for the communication and implementation of this policy within their divisions.

Policy authors are responsible for ensuring they undertake EA at the start of their policy review or development and include a summary within the policy.

Before the submission of any business case or other decision making process, an EA must be completed and considered by the author of such and must contain details of the completed EA before approval.

The relevant EDI leads for both RWT and WHT are responsible for publishing the results of EAs on each Trust's intranet and website and embedding this policy linking to OP01 *Development and Control of Trust policy and procedural documents*.

4.0 Policy detail

4.1 Legal Context and Why Undertake an Equality Analysis.

Several items of key legislation or guidance underpin the requirement for an Equality Analysis to be undertaken as described below.

- **The Equality Act 2010** – Covers the nine protected characteristics. In order to comply with the Public Sector Equality Duty (PSED), the Group has a legal requirement to promote equality and demonstrate how it plans to meet the 'general' and 'specific' duties specified in the Public Sector Equality Duty. It is important to be able to demonstrate 'due regard' for all nine protected characteristics.
- **The Public Sector Equality Duty (PSED) 2011** is made up of a general overarching equality duty supported by specific and general duties which are intended to help performance.

General equality duty - In the exercise of functions, the Group must have due regard to the need to: (1) eliminate unlawful discrimination, harassment, victimisation and other prohibited conduct; (2) foster good relations between people who share a PC characteristic and people who do not; (3) advance equality of opportunity between people who share a PC and people who do not.

This includes taking into account the needs of disabled people and treating some people more favourably.

The specific duties - The specific duties break down the general equality duty to make compliance more manageable. A key element of demonstrating compliance with the PSED is EA, as this gives us evidence of work undertaken to consider equality. Without this, it would be difficult to demonstrate paying due regard to the aims of the general equality duty and therefore, compliance with the PSED.

- **Human Rights Act 1998** - including the core values FREDA (Fairness, Respect, Equality, Dignity, and Autonomy).
- The principles of the **NHS Constitution** – including the 7 principles which are underpinned by the NHS values.
- **Health Inequalities: Health and Social Care Act 2012** - The Act places a duty on health providers to pay due regard to reducing health inequalities. An individual's chance of enjoying good health is determined by the social and economic conditions in which they are born, grow, work and live. Factors such as poor housing, health behaviours, or risk factors such as smoking and diet, physical activity, and unequal access to health services reinforce such inequalities.

Reducing health inequalities is an important priority in the former Public Health England's (PHE) strategy 2022-2025 and the NHS Long-Term Plan. In 2020, PHE published its Health Equity Assessment Tool (HEAT) to help organisations assess the health impact of policies and work programmes. The tool consists of a series of questions and prompts designed to assess the health impact of policies and identify what action needs to take to reduce inequalities.

The Group EA methodology includes the key questions from HEAT.

- What health inequalities (HI) exist in relation to your work?
- How might your work affect HI (positively or negatively)?
- What specific actions will you take to address health inequalities and the needs of groups/communities with protected characteristics?

Further information can be found at: [Health Equity Assessment Tool \(HEAT\) - GOV.UK](https://www.gov.uk/guidance/health-equity-assessment-tool) (www.gov.uk)

To comply with the general equality duty, the Group must have due regard to its aims. This means that staff who conduct EAs must ensure that they have rigorously considered the potential impact of the function/policy or function on equality. When completing the EA, you must give fair consideration and attention to the potential impact of what is being introduced or amended.

EAs are especially important where the results of the function/policy could affect people with PC disproportionately, whether they are **staff**, **service users** or **visitors**.

Non-consideration of equality could result in a successful legal challenge or judicial review, damage to the Group's reputation, and contribute to poor health outcomes and greater inequality.

An EA can identify discrimination and allow for amendments before implementation. **For example**, if a service were to relocate, an EA can identify the possible impacts and so prompt consultation with the public.

Staff have a duty not to discriminate against patients or staff and to adhere to **equal** opportunities, **equality**, and **human rights** legislation.

4.2 When must an EA be carried out?

- As soon as the decision has been made to develop **new, review/ redesign or change** procedures, strategies, services, policies, or functions, an EA must be integral to the process and completed at the planning stage.
- For partnership work and assessing the impact of government policies, as there may be choices on how to implement them.
- Where there is a service review and budget setting, together these actions may result in a major impact when combined.
- When procuring, contracting out, commissioning or decommissioning goods or services.
- Where feedback/complaints have highlighted that equality performance or access can improve.

Where the above is not affected in business cases for maintenance machinery or a policy checking the temperature of fridges in a hospital, an EA is not **needed**. Where this is the case, the policy definition section of the EA proforma must state why not. A senior member of staff, such as a head of department, must complete this section.

An EA is an ongoing process, which must develop alongside our functions and policies; therefore, an EA must be completed before a function/policy has been ratified or implemented.

EA must be a practicing consideration for any change in service or /function, business cases, and strategies.

Not all functions and policies may benefit all people equally, especially if the function/policy is targeted at a specific group of people to address problems that affect them directly, such as regular breast cancer screening programmes for women with learning disabilities.

4.3 Who is responsible for conducting EAs?

The **function/policy writer or head of department must complete the EA and ensure they have** reviewed the function/policy in line with the EA guidance. Anyone who is developing or reviewing functions or policies, or undertaking decisions covered by the function/policy, is responsible for the completion of the EA to support their conclusion.

4.4 How do I conduct an EA?

The EA proforma (Appendix 1) which needs to be completed and it consists of four steps and includes supportive guidance notes to assist. If you are completing an EA which does not relate to a policy, besides submitting to your relevant approval committee, forward a copy to the relevant EDI lead for your Trust.

Step one – Function/Policy, guidance SOP or procedural change definition and description. This contains a section which identifies if the author needs to conduct an EA. If the author confirms an EA is not needed, they must give a reason.

Step two - gather supporting evidence and information from monitoring data, research and engagement activities.

Step three – assessment of impact.

Step four - sign off.

5.0 Financial risk assessment

1	Does the implementation of this policy require any additional Capital resources?	No
2	Does the implementation of this policy require additional revenue resources?	No
3	Does the implementation of this policy require additional manpower?	No
4	Does the implementation of this policy release any manpower costs through a change in practice?	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff?	No
	Other comments	

If the response to any of the above is **'Yes'** please complete a standard business case report and which is signed by your Divisional Accountant and Directorate Manager, for consideration by the Divisional Management Team before progressing to your specialist committee for approval. **Please retain all yes content in the final policy.**

6.0 Equality Analysis

The entire content of this policy relates to issues regarding Equality Analysis. An EA has been completed and highlights the positive impact on PC's covered by the Equality Act 2010.

7.0 Maintenance

The relevant EDI leads for both Trust's will coordinate the review of the policy, ensuring it is kept up to date and all revisions must be approved by the Policy Committee.

8.0 Communication and training

The policy will be communicated via the Divisional structures and accessible on both Trust's intranet.

The EA proforma details guidance notes where appropriate. Please ensure that prior to completion of an Equality Analysis, the training and educational resources are completed. Full details are available on the EDI intranet page relating to your specific Trust. Please contact the relevant EDI lead for your Trust for further guidance if needed.

9.0 Audit Process

Criteria	Lead	Monitoring method	Frequency	Committee
EA section must be completed on OP1's Checklist for the Review and Approval of Policy / Procedural documents	OP01 process / Author responsibility	OP1 via checklist	Ongoing	Policy Group
Completed EAs	EDI Lead for each Trust both for HR and if relevant Patient Relations	Register published on website (EAs available for spot check by commissioners)	Annually produced register and spot check	N/A
The Equality and Human Rights Commission can also check for EA compliance	External organisation	Spot check	Spot check	External organisation

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3. Equality and Human Rights Commission. (January 2011), '*Equality Act 2010 Statutory Code of Practice Services, public functions and associations*' © Crown Copyright 2011. London: The Stationery Office Limited. www.equalityhumanrights.com www.tsoshop.co.uk
4. Equality and Human Rights Commission. (October 2014), '*Meeting the equality duty in policy and decision making*' © Equality and Human Rights Commission. ISBN 978-1-84206-571-6 [Essential Guides](#) [accessed 16.5.2016]
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6. Equality and Human Rights Group. (October 2008), '*Human Rights in Healthcare A framework for local action (2nd Edition)*' © Crown copyright 2008. 289869. Gateway Ref 10482. London: Department of Health. www.orderline.dh.gov.uk : www.dh.gov.uk/publications [Human Rights in Healthcare](#) [accessed 16.5.2016]

7. Government Equalities Office. *'Equality Act 2010 'Banning Age Discrimination in Services An overview for service providers and customers'* © Copyright 2012 ISBN 978-1-84987-935-4 978-1-84987-935-4 www.homeoffice.gov.uk/equalities
<http://www.homeoffice.gov.uk/publications/equalities/equality-act-publications/equality-act-guidance/age-discrimination-ban?view=Binary>
8. Royal Wolverhampton NHS Trust. (May 2013), *'OP73 Undertaking an Equality Impact Assessment'*. Royal Wolverhampton NHS Trust
9. The Universal Declaration of Human Rights
<http://www.un.org/en/documents/udhr/index.shtml>
10. Health Equity Assessment Tool (HEAT)
[Health Equity Assessment Tool \(HEAT\) - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Part A - Document Control

Reference Number and Policy name: GOP10 Undertaking an Equality Analysis (EA) (Previously OP73)	Version: 1.0 Group Policy		Status: Final	Author: Associate Director of Patient Relations RWT and EDI Lead WHT Director Sponsor: RWT: Chief Nursing Officer and WHT: Group Chief People Officer
Version / Amendment History	Version	Date	Author	Reason
	1.0	February 2026	Associate Director of Patient Relations RWT and EDI Lead for RWT	Policy review to ensure consistency across both Group Trusts.
Intended Recipients: All staff who need to undertake an EA.				
Consultation Group / Role Titles and Date:				
Name and date of Trust level committee where reviewed			Group Policy Meeting Membership – February 2026	
Name and date of final approval committee			Group Policy Meeting Membership – March 2026 Executive Sponsors Approval – June 2026	
Date of Policy issue			June 2026	
Review Date and Frequency [standard review frequency is 3-yearly unless otherwise indicated]			June 2029 (3 years)	
Training and Dissemination: Guidance and support to complete EAs is provided by comprehensive policy, toolkit and educational videos				
To be read in conjunction with:				
Initial Equality Analysis [all policies]: (Step one only on proforma)			Completed Yes (in all cases)	
Full Equality Analysis [as required]: (Steps 2-4 on proforma)			Completed Yes or No	

Contact for Review	Chief Nurse (RWT) and Group Chief People Officer (WHT)
Implementation plan / arrangements [Name implementation lead]	EDI Leads at both Trust's
Monitoring arrangements and Committee	Governance Secretary via Checklist for the Review and Approval of Policy / Procedure. Equality and Diversity Officer via database for EA results publication.
<p>Document summary / key issues covered:</p> <p>All functions/policies are to undertake an Equality Analysis to determine the extent to which they may impact upon people with Protected Characteristics (PC) as per the Equality Act 2010.</p> <p>This policy has been based on legislation and good practice at the time of development.</p>	

Undertaking an Equality Analysis Including Guidance Notes

Legislation requires functions/policy documents to assess whether proposals may affect groups differently. Where such impacts are identified, reasonable steps must be taken to eliminate or minimise them. This process helps reduce inequalities by identifying actions that support equitable access, experience, and outcomes for everyone. The analysis has been updated to reflect the principles of the Health Equity Assessment Tool (HEAT) developed by Public Health England.

Health equality refers to providing the same resources or support to all individuals, **whereas health equity involves tailoring resources and interventions to meet individual needs**. This ensures everyone has an equal opportunity to achieve the same standard of health.

Step One – Proposed function or policy definition This section helps determine whether there needs to be an assessment.

Function/policy name and number:		
Main aims and intended outcomes of the function/policy:		
How will the function/policy be put into practice?		
Who will be affected/benefit from the function/policy? How do you expect your work to reduce health inequalities?		
Is a full Equality Analysis required? NB: Most functions/policies will require an EA, with few exceptions such as routine procedures-see guidance attached.	Yes <input type="checkbox"/>	
	No <input type="checkbox"/> State reasons:	
Accountable Director: (Job Title)		
Analysis completed by:	Name:	Job Title:
Contact Details:		
Date Completed:		

When assessing the impact of the function/policy, consider how it relates to the Public Sector Equality Duty. Use the key questions and prompts for each protected characteristic (PC) in Step 3. Reflect on your duty to show due regard under the general equality duty. Also consider the NHS Constitution and relevant Human Rights obligations.

KEY QUESTIONS

- Are people with protected characteristics likely to be affected differently, even if the function/policy applies to everyone? Consider whether the change genuinely delivers health equity.
- Could there be issues with access, experience, or outcomes across different groups?
- What information, data, or lived experience can you use to identify positive or negative impacts on different groups when implementing this function/policy?
- What health inequalities are relevant to this area of work?
- How might this function/policy affect those inequalities, either positively or negatively?
- What specific actions will you take to address health inequalities and meet the needs of communities or groups with protected characteristics?

Where an adverse impact is known or likely, mitigation measures must be identified and implemented to reduce or minimise that impact.

Step Two – Evidence & Engagement

Equality analyses must be supported by robust data and evidence. Information should be drawn from a range of sources, including Trust record systems, consultation and engagement activities, and relevant demographic data.

Consider what evidence has informed your assessment. This may include national, regional, local research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical or specialist working groups. You may also draw on information about local demographics, your Trust’s equality and diversity reports, Joint Strategic Needs Assessment (JSNA is a systematic evaluation of the current and future health and social care needs of a local population and is used to guide planning, commissioning and resource allocation), or other equality analysis, WRES or WDES data and relevant anecdotal evidence.

Identify the key data sources, indicators and evidence that highlight any Health Inequalities relevant to this function/policy or topic. Consider nationally available data, such as health profiles and RightCare. Also review local information, including JSNA findings, performance data, and qualitative insights from local research.

Research/Publications	Working Groups	Clinical Experts

Engagement, Involvement and Consultation:

Involve patient groups, including those with protected characteristics, in co-designing the function/policy or project. Do not assume that the proposed solution is the correct one. Engagement should begin at the earliest stage of change. Where relevant, state what engagement activities have taken place, the date, and which groups were involved.

Engagement Activity	Protected Characteristic/ Group/ Community	Date

For each engagement activity, state the key feedback received and how it has influenced or will influence, function/policy or service decisions. For example: 'Patient told us... therefore we will...'

Step 3 – Assessment of Impact

Complete the relevant boxes below to help you record your findings. Consider information and evidence from engagement activities, Equalities monitoring data, and wider research. Consider which populations face health inequalities for your policy/process, according to the data and evidence above.

Protected Characteristic (PC)	List concerns raised for possible negative impact or beneficial impact (use information gathered during assessment)		List actions to redress concerns raised if a negative impact has been identified in previous column	How are actions going to be monitored/reviewed/ reported? (incl. after implementation)
	How may this function/policy affect health inequalities (positively or negatively)			
	<ul style="list-style-type: none"> Consider the causes of these inequalities. What are the wider determinants? Consider whether outcomes vary across groups, and who benefits most and least Consider what the unintended consequences of your work might be 		What are the next steps? What specific actions will you take to address health inequalities and the needs of groups/communities with protected characteristics?	
	Positive Impact HIGH MEDIUM LOW	Negative Impact HIGH MEDIUM LOW		
1) Age Describe age related impact and evidence. This may include safeguarding, consent and welfare issues:				
2) Disability Describe disability-related impact and evidence. This may include attitudinal, physical, communication and social barriers as well as impacts relating to mental health/ learning disabilities, cognitive impairments:				



<p>3) Gender re-assignment</p> <p>Describe any impact and evidence on transgender people. This may include issues such as data privacy and harassment:</p>				
<p>4) Marriage and civil partnership</p> <p>Describe any impact and evidence in relation to marriage and civil partnership. This may include issues to working arrangements, part-time working, and caring responsibilities:</p>				
<p>5) Pregnancy and maternity</p> <p>Describe any impact and evidence on pregnancy and maternity. This may include working arrangements, part-time working, and caring responsibilities:</p>				
<p>6) Race</p> <p>Describe race-related impact and evidence. This may include considerations relating to different ethnic groups, Roma Gypsies, Irish Travellers, nationalities, cultural factors, and language barriers:</p>				
<p>7) Religion or belief</p> <p>Describe any religion, belief or no belief impact and evidence. This may include dietary requirements, consent issues and end of life practices:</p>				



<p>8) Sex Describe any impact and evidence on men and women. This may include access to services and employment:</p>				
<p>9) Sexual orientation Describe any impacts related to sexual orientation and evidence. This may include issues such as access to services, confidentiality concerns, attitudinal or social barriers:</p>				
<p>10) Other marginalised groups Describe any impact and evidence on groups experiencing disadvantage and barriers to access and outcomes. This may include issues relating to lower socio-economic status, resident status (migrants, asylum seekers), homelessness, looked after children, single-parent households, individuals affected by domestic abuse or substance misuse. (This list is not exhaustive):</p>				
<p>11) Privacy, dignity, respect, fairness etc.</p>				



Step Four – Assurance

This section must be approved by a senior member of staff such as a Head of Department or higher.

Signed		Date	
Name			
Title			

GOP10 Equality Impact Assessment Review/ Audit

To ensure the quality of completed EAs, the EDI team will conduct checks of submitted EAs. This will become part of an audit process that checks the content and completion of EAs.

The review will look at all aspects of the submitted form to ensure that all relevant and required information has been included and that responses are extensive, showing that consideration has been given to the potential impact, both positive and negative, of the policy or function.

We will look at the closely at details contained in Step 3 – Impact of Assessment to ensure that concerns or benefits have been listed, identifying a rating of high, medium or low for each protected characteristic. For each negative impact identified, there must be an action identified to redress concerns raised, and each action must specify how it will be monitored and reviewed.

The reviews will take place monthly via either a random selection of 10/20% of submitted EAs submitted that month, or a focused review based on trends from a specific area, department or division. Where there is a potential for a high negative impact based on a policy that is likely to have a more significant diversity impact, reviews may also be conducted.

Through such reviews, we expect ongoing improvement of policies and functions from an inclusive perspective. Also, authors will gain a greater understanding of the possible impact of the new, reviewed or redesigned policies or functions, not only on those groups that have protected characteristics, but also on other groups who may be excluded or disadvantaged in the wider community, such as lone parents, people on low incomes, looked after children and those with caring responsibilities, to name a few.

Areas that continually fail to submit or submit poorly completed EAs will be reported at Performance Reviews.