North Staffordshire Combined Healthcare NHS
NHS Trust

Equality Impact Assessment (EIA)

Stage 1: Screening Assessment

Name of Policy or Service being assessed:	Producing Clinical Information for Service Users and Carers
Policy Lead:	Paul Draycott, Director of Leadership and Workforce
Person(s) responsible for completing the assessment (if not the Policy Lead:	Caroline Thomsett, Interim Associate Director of Communications & Lesley Faux, Diversity and Inclusion Lead

The Equality Impact Assessment is a written record that demonstrates that the policy lead has shown *due regard* with respect to the characteristics protected by the Equality Act 2010 to the need to:-

i. **eliminate unlawful discrimination**,

ii. **advance equality of opportunity,** and

iii. **foster good relations** between persons with different characteristics

1. Is this a new or existing policy or new or existing service?	Existing Policy
2. What is the aim of the policy/ service? ie. to ensure the Trust meets best practice for ….	High-quality health and care services depends on good information. This policy aims to address people's information needs. People need information to make informed choices about their care and treatment and to know what they can expect from our services. Patients have the right to information about services, treatment options, what they involve and the risks and benefits. The information should be accurate, clear, impartial, evidence based and up-to-date. It should also be easily accessible, with reliable and relevant information in a form that's easily understood and easy to use. This policy will provide assurance of compliance with NHS Litigation Authority, managing the risks associated with service users not receiving adequate information to make an informed choice about their proposed care and/or treatment. It links with the Trust quality priorities, SPAR, and the Trust's values, Proud to CARE.

3. What is the expected outcome of the policy/ service? (e.g. objectives and purposes of the policy/ service, standards for practice).	The policy's objective is to set out the process and responsibilities for the provision of high quality accessible clinical information for service users and carers. The policy should enable patients and service users to make informed choices about their care.
4. Does this policy / service link to others? If yes please state link:	Yes – It links to: • Accessible Communication and Information Policy • It also links with the Trust's quality standards – SPAR – Safe, Personalised, Accessible, Recovery-focused and the Trust's values Proud to CARE – Compassionate, Approachable, Responsible, Excellent.
5. Who is intended to benefit from the policy / service? In what way? ie. all staff and service users	The policy is intended to ensure that ALL patients and service users (and parents and carers as appropriate) have access to high quality accessible information.
6. How is the policy / service to be put into practice? Who is responsible?	All staff communicating with or providing information to patients, service users and carers are responsible for ensuring that there is high quality accessible information available. Specific responsibilities are defined within the policy – from the Director of Leadership and Workforce who has overall responsibility for the policy through to Clinical Directors, Heads of Directorate, Team Managers, Patient Experience Lead and the Communications Team.
7. How and where is information about the policy / service publicised? ie. on the Trust intranet, and the internet/portal.	• Information on the Trust intranet • Shared at Service User and Carer Council • Internal Trust communications

8. What regular consultation do you carry out with different communities and groups re the policy / service?	• Regular opportunity for consultation on the application of this policy through the Trust's monthly Service User and Carer Council meetings

9. Equality Strands Are there concerns that the policy / service	**Yes/No**	If YES to the above please state evidence (either presumed or otherwise)
• **Age**	No	The policy specifically requires information to be provided in a format appropriate to the service user's age (for example ensuring that communication is appropriate for children and young people, for adults and for older adults).
• **Disability**	No	The policy requires information to be provided in a format appropriate to the service user's disability-related needs.
• **Sex/Gender**	No	
• **Gender reassignment**	No	
• **Race / ethnicity / ethnic communities / cultural groups**	No	The policy requires information to be provided in a format appropriate to the service user's foreign language-related needs, for example where their first language is not English.
• **Pregnancy and maternity**	No	
• **Sexual Orientation**	No	
• **Marriage and Civil Partnership**	No	
• **Religion / Belief**	No	It would be appropriate under the policy to ensure that information is provided in an appropriate format to support the service user / carer in relation to any religious-needs (for example information about their medications during Ramadan; information about the ingredients of patient meals in an accessible format etc).

10. Do any differences identified above amount to discrimination and the potential for adverse impact in this policy?	n/a
If YES could it still be justifiable e.g. on grounds of promoting equality of opportunity for one group? Or any other reason ie. Indirect discrimination can be justifiable sometimes when a service is being provided for a particular target group e.g. Asian women's breast screening, Gay men's sexual health clinic, gender specific	n/a
If YES, please give reasons:	n/a
11. Do you think this policy / service specifically contributes to promoting equality, diversity and inclusion in North Staffordshire? If so, in what way? Please note any examples of good practice	Yes – it is specifically about ensuring that people's individual information and communication needs are met, whether these relate to a disability (physical, mental and/or sensory impairment) or due to having a first language other than English.
12. What approaches will you take to get feedback on your assessment?	Review by Trust Diversity & Inclusion Lead

In the case of a negative impact being identified above, please indicate any measures planned to mitigate against this by completing Stage 2, Full Impact Assessment as below:-

Stage 2: Full impact assessment

Full Impact Assessment NOT REQUIRED

What is the impact?	Mitigating actions	Monitoring of actions
n/a		

	Yes	No
Do you need any additional assistance to help you carry out the full assessment?		

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GETTING FEEDBACK AND ADVICE

Feedback should now be sought from the Diversity and Inclusion Lead by emailing them at Diversity@northstaffs.nhs.uk

What feedback / guidance was provided?
POL3 completed by Trust Diversity & Inclusion Lead Further opinion sought from Trust Patient Experience Lead

Signed (Policy Lead Assessor)

Caroline Thomsett,

Associate Director of Communications

Date 29th November 2016

Counter-signed
(Diversity & Inclusion Lead)

Lesley Faux

Date **29th November 2016**

COMPLETED FORMS – Please forward to the Diversity and Inclusion Lead via email: Diversity@northstaffs.nhs.uk
Telephone queries to: 0300 123 1535 ext 2814