# Equality impact assessment (EqIA)

This impact assessment should be completed for all human resources (HR) and corporate policies, projects or functions that apply to colleagues at NHS Humber and North Yorkshire Integrated Care Board (ICB).

There are five sections of this assessment, and all should be completed:

1. [HR / corporate impact analysis](#_HR_/_corporate)
2. [Equality data](#_Equality_data)
3. [Impact assessment](#_Impact_assessment)
4. [Action planning](#_Action_planning)
5. [Sign-off](#_Sign-off)

## HR / corporate policy impact analysis

| **Key questions** | **Information provided** |
| --- | --- |
| Policy / project / function: | Choice on Discharge Policy |
| Date of analysis: | November 2022 |
| Completed by: (name, department, place) | Nicky Lowe |
| Aims and intended effects of this policy, project or function: | To set out the standard process for:   * Actively involving patients/representatives in discharge planning. * Informing and supporting patients/representatives to choose an available   discharge location or care provider on discharge from hospital.   * Resolving delayed transfer of care. |
| Details of any significant changes to previous policy likely to have an impact on colleagues / other groups: | New Policy |
| List of any other policies that are related to or referred to as part of this analysis: | This policy should be considered alongside community options/ resources as an individual cannot be discharged unless there is a safe option to be discharged to. |
| Who the policy, project or function will affect: | All system partners involved in the discharge of patients from an acute to home/ community setting.  All patients, including those with very complex care needs, who may have been in hospital for many months or years, and people at the end of life.  Patients and carers involved in the assessment and transfer processes. |
| Engagement / consultation that has been done or is planned for this policy and this EqIA: | This policy was developed in consultation with health and social care professionals across HNY. |

## Equality data

Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share one or more of the nine protected characteristics as detailed in the [Equality Act (2010)](https://www.gov.uk/guidance/equality-act-2010-guidance).

Examples of equality date could include:

* recruitment data (e.g., number of applications compared to our population profile, number of appointments)
* complaints made by groups who share / represent one or more protected characteristic
* grievances, decisions upheld or dismissals by protected group
* findings of the NHS Staff Survey
* data from the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports

| This list is not exhaustive. **Key questions** | **Information provided** |
| --- | --- |
| Is any equality data available relating to the use of this policy / project / function: | No (delete as appropriate) |
| **If yes**  List the equality used to assess the impact of this policy / project / function: |  |
| **If no**  List the data you will use to assess the impact of this policy / project / function: |  |

## Impact assessment

Details of any potential impact of this policy / project or function on people from different protected characteristic groups should be included below.

This should be based on analysis of:

* the [equality data](#_Equality_data) listed
* insights gathered through engagement
* your knowledge of the substance of this policy

| **Protected characteristic** | **No  impact?** | **Positive impact?** | **Negative impact?** | **Evidence of impact and, if applicable, justification where are ‘genuine determining reason’ exists (see footnote)** |
| --- | --- | --- | --- | --- |
| **Age**  This refers to people of all ages. |  |  |  | This policy applies equally to all patients in all hospitals. Although most patients who  need care on discharge are older people, this policy is likely to promote equality amongst this group. |
| **Disability**  People who have physical disabilities and / or impairments, learning disabilities, learning differences (for example, someone who is neurodiverse), people with mental health conditions, sensory loss and long-term chronic conditions (such as diabetes, HIV) or hidden, invisible or variable conditions |  |  |  | This policy applies equally to all patients in all hospitals. Patients’ disabilities are taken into account when assessing needs, recommending discharge destination and requesting funding or equipment where appropriate. All patients will be encouraged to be actively involved in choosing their destination on discharge and to appoint someone assist them or to act as their representative if this is appropriate. If a patient appears to lack capacity to make decisions, an assessment of capacity, and a best interest decision if required will be undertaken, in line with the Mental Capacity Act (2005). |
| **Gender reassignment**  Refers to someone who is proposing to, is going through or has gone through a process to live in a gender that is different to the one assigned at birth.  For example, Trans (transgender) people, non-binary people or gender fluid / gender queer people. |  |  |  | There are no adverse impacts identified in relation to this protected characteristic. |
| **Marriage or civil partnership** Refers to legally recognised partnerships (applies to employment only). |  |  |  | There are no adverse impacts identified in relation to this protected characteristic. |
| **Pregnancy and maternity**  Refers to the pregnancy period and the first year after birth. |  |  |  | There are no adverse impacts identified in relation to this protected characteristic. |
| **Race**  Refers to people of different races which can include colour, nationality, ethnic or national origins and different ethnic backgrounds, for example, Gypsy Romany and Traveller peoples. |  |  |  | This policy applies equally to all patients in all hospitals. Translation services are  available if needed. |
| **Religion or belief**  Includes all religious and philosophical beliefs including having no religious belief, |  |  |  | There are no adverse impacts identified in relation to this protected characteristic. |
| **Sex**  This refers to biological sex eg male / female / intersex. |  |  |  | There are no adverse impacts identified in relation to this protected characteristic. |
| **Sexual orientation**  Refers to who a person is attracted to, for example gay, lesbian, bisexual, asexual and heterosexual (straight). |  |  |  | There are no adverse impacts identified in relation to this protected characteristic. |
| **Socio-economic deprivation** Refers to the different financial situations people may be experiencing, for example, working poverty and cost of living impacts for people from different backgrounds (not Band exclusive) |  |  |  | This policy applies to all patients in all hospitals. Eligibility for funding and supply of equipment is part of the assessment and discharge process |
| **Working carers** Refers to anyone who cares, unpaid, for a friend or family member who due to their illness, disability, mental health condition or an addiction cannot cope without their support.  Working carers can be considered protected under the Equality Act (2010) by association |  |  |  | The role of carers is identified within the policy, and they will be encouraged to be actively involved in the admission, assessment and discharge processes. |

‘Genuine determining reason’ means an action is proportionate to the legitimate aims of the organisation (please seek further advice).

## Action planning

As a result of the analysis of the impact of this policy / project or function on people from different protected characteristic groups, this section should detail the mitigating actions to be taken to reduce any identified impacts and those responsible for ensuring these actions are taken.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Identified risk** | **Recommended actions** | **Responsible lead** | **Completion date** | **Review  date** |
| N/A |  |  |  |  |

## Sign-off

All EqIAs for HR and corporate policies, projects or functions that apply to ICB colleagues must be signed-off by the corporate affairs team - send a copy of the relevant policy and EqIA to: [hnyicb-hull.hnypolicyenquiries@nhs.net](mailto:hnyicb-hull.hnypolicyenquiries@nhs.net)

|  |  |
| --- | --- |
| **Key questions** | **Sign-off responses** |
| I agree with this assessment and action plan | Yes |
| **If no (you disagree)**  Reasons for not approving and actions that should be taken (including timelines and those responsible): |  |
| Signed: | Nicky Lowe |
| Date: | October 2023 |

ENDS