Guidance for Equality Impact and Risk Assessment
Stage 1 and 2 for Services

Stage 1

What is the screening tool for?

This screening tool has been developed to assist you to make an initial equality impact assessment for a proposal, service, function, or policy. It acts to indicate the likely impact this proposal could have on groups of people. It should be completed by someone who has knowledge of both the issue and the employees who will be carrying out the work.

Completing the screening tool - General Points to remember:

IMPORTANT: All questions must be answered

- **If you feel that there is likely to be a high impact then you can go straight to Stage 2 Equality Impact and Risk Assessment (Ensuring Legal Compliance).**

- **Answer all the questions on the tool, by typing in either a Y for Yes and N for No.**
- **To start a new line in the same comments box enter return ALT**

RISK: This is an indication of the chance of not being able to mount a successful defense if challenged.

RAG ratings for risk:

GREEN =low risk;

AMBER = high medium risk;

RED = High risk;

NB: There is always a risk of challenge. A lack of evidence may lead to a high score and result in legal challenge.

Protected characteristic groups

Further information is provided on Groups and Issues document.

Age: This refers to a person belonging to a particular age (e.g. 50 year old) or range of ages (e.g. 18 to 30 year old). Age includes treating someone less favourably for reasons relating to their age (whether young or old).

Disability: A person has a disability if s/he has a physical, mental impairment, Learning Disability or sensory impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

Sex (male or female): A man or a woman, but also includes men and women as groups. Treating a man or woman or men and women less favourably for reasons relating to their sex.

Sexual Orientation: A person's sexual attraction towards their own sex, the opposite sex or more than one sex. This includes people who are Lesbian, Gay, Bisexual or Heterosexual.

Gender Reassignment: The process of transitioning from one gender to another.

Gender Identity refers the way an individual identifies with their own gender, e.g. as being either a man or a woman, or in some cases being neither, which can be different from biological sex.

Race: Race refers to a group of people defined by their race, colour and nationality (including citizenship) ethnic origins.

Religion or Belief: Religion has the meaning usually given to it but belief includes religious convictions and beliefs including philosophical

belief and lack of belief. Generally, a belief should affect your life choices or the way you live, for it to be included in the definition.

Pregnancy and Maternity: Pregnancy is the condition of being pregnant or expecting a baby.

Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. Protection against maternity discrimination is for 26 weeks after giving birth. This includes treating a woman unfavourably because she is breastfeeding.

Marriage and Civil Partnership: The definition of marriage varies according to different cultures, but it is principally an institution in which interpersonal relationships are acknowledged and can be between different sex and same sex partners. Same-sex couples can have their relationships legally recognised as 'civil partnerships'. In England and Wales marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple.

How might you mitigate any negative effects? Examples:

- Commissioning professional translators on a 'stand-by' basis.
- Identify staff within the organisation with communication support skills and utilise them on an ad-hoc basis (reward by honorariums etc).
- Conduct a full Service Review to assess a needs profile, and better inform where to make specific cuts, and target resources.
- Utilise voluntary groups who may provide a similar service.
- Introducing charging for translation and interpretation could be considered discriminatory, because those accessing this service tend to be BME and disabled people, who are

recognised as likely to be the most financially deprived groups.
- Providing information in accessible formats to meet differing communication needs.

What relevant general intelligence (research, consultation do I have available?

The Equality Impact and Risk Assessment that you undertake must be evidence-based. Analysing for impact requires baseline data to clearly and transparently demonstrate where your conclusions have come from. The data available to you at this early stage might be quantitative or qualitative; it could be statistics or reports; it may have been gained through data collection or through previous research or engagement. The sources, types and depth of data available will differ from service to service, but it is essential that you bring together as thorough a body of relevant evidence as possible from your existing resources.

In gathering this evidence, it will be helpful to consider:

- Information about the demographics and the make-up of the communities that you serve, including outcomes of the Census, ward profiles, service user data etc.
- Relevant research reports; these could be national, regional or local
- Complaints, enquiries or customer / staff feedback;
- Recommendations from internal or external inspections, audits etc.
- Feedback from previous engagement exercises, including previous consultations where relevant equality information is evident

Human Rights

NHS organisations must ensure that none of their policies, strategies or procedures infringes on the human rights of patients or staff. You should analyse your document using the questions provided to determine the impact on human rights. Using human rights principles of fairness, respect, equality, dignity and autonomy as flags or areas to consider is often useful in identifying whether human rights are a concern.

You can access a useful briefing on human rights and the NHS Constitution by following the links below:

Human Rights:

http://www.nhsemployers.org/Aboutus/Publications/Documents/NHSE_briefing69_180110.pdf

NHS Constitution:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/170656/NHS_Constitution.pdf

Final steps of the screening tool

The Equality and Inclusion Team are available to advise you and assist you in undertaking your equality impact and risk assessment stage 1 screening tool.

For further support or advice, contact The Equality and Inclusion Team:
equality.inclusion@net.net

Stage 2

In most cases stage 2 EIRA are best done in collaboration with other people rather than by one person. This gives opportunity for discussion and widening of knowledge of the service and possible impacts on people with protected characteristics.

Section 1: Details:

You need to enter details about the proposal. This can be copied from stage 1 or from service specification / business case.

Section 2 Equality Impact Assessment:

Complete background questions.

Majority of this can be gained through service specification, business case or through lead Commissioner.

The question on NHS Accessible Information Standard is about the service being able to meet requests for information in different formats to meet the differing needs of patients. This may include large print for visually impaired, different languages or information being able to be given on email. The standard also includes communication support such as a Sign Language interpreter. The NHS Accessible Information Standard becomes fully **mandatory** by July 2016 and applies to all organisations that provide NHS or adult social care.

In this section you will need to consider:

- What activities you currently do that help you comply with the Public Sector Equality Duty (three components).
- How will your proposal affect your ability to meet the Public Sector Equality Duty
- How will you mitigate any adverse impact?

ENSURING LEGAL COMPLIANCE		
Think about what you are planning to change; and what impact that will have upon 'your' compliance with the Public Sector Equality Duty (refer to the Guidance Sheet complete with examples where necessary)		
In what way does your current service delivery help to:	How might your proposal affect your capacity to:	How will your mitigate any adverse effects? (You will need to review how effective these measures have been)
End Unlawful Discrimination?	End Unlawful Discrimination?	
Enter text here	Enter text here	Enter text here
Promote Equality of Opportunity?	Promote Equality	
Enter text here		Enter text here
Foster Good Relations Between People	Foster Good Relations Between People	
Enter text here	Enter text here	Enter text here

Here are some practical examples based on a language support service:

1. End Unlawful Discrimination:

What do we mean?

Unlawful discrimination takes place when people are treated 'less favourably' as a result of having a protected characteristic (age, race, ethnic groups, disability etc.).

Example:

Providing a language support service enables people with English as an additional language or people with communication impairment (e.g. deaf or sight impaired) to access the service and information in a way appropriate to their needs.

By providing this service, these people within the community are not limited in their ability to access services and information and therefore are not being treated 'less favourably'.

2. Promote Equality of Opportunity:

What do we mean?

Equality of Opportunity is about making sure that people are treated fairly and given equal access to opportunities and resources. Promoting is about:

- Encouraging people/services to make specific arrangements
- Take action to widen participation
- Marketing services effectively
- Securing special resources for those who may need them
- Further information is provided on Groups and Issues document which outlines possible issues matched with protected characteristics.

Example:

This service facilitates members of our community to access services (*widen participation*) and information as easily as other people who do not need this type of support (*making specific arrangements*) by providing information (*market services effectively*) in accessible formats such as Braille, various community languages, Easy read, minicom and physical interpreters (*secure special resources*).

 NOTE: Equality of opportunity is not about treating everybody in the same way, but recognising that people from different backgrounds may have needs that are met in different ways. This example illustrates how we treat people differently in order to meet their needs; e.g. not everyone needs communication assistance.

3. Foster Good Relations between People:

What do we mean?

This is about bringing people from different backgrounds together by trying to create a socially cohesive and inclusive environment for all. This often includes tackling prejudice and promoting understanding of difference.

Example

The various types of support available through this service help to engage and enable people from different backgrounds to participate in public life. The very fact that information is tailored to meet the needs of different people the service is promoting an understanding of difference which in turn helps to tackle prejudice. Another activity that the service may do is providing staff training to help tackle prejudice.

How will your proposal affect your ability to meet the Public Sector Equality Duty?
"Consider a proposal to reduce the number of staff in a translation team."

Example
If the number of employed translators is to be reduced the impact on the team may seem negligible.
However, the reduction in capacity for translation to services and the public may reduce the capacity of the council to provide "Equality of Opportunity" for those with additional communication needs when accessing council information, and services.
A reduced capacity may result in "Unfavourable Treatment" for people who need supported communication. This could lead to a legal challenge on the grounds of "Unlawful Discrimination".

How might you mitigate any adverse effects?

Example

- Commissioning professional translators on a 'stand-by' basis.
- Identify staff within the organisation with communication support skills and utilise them on an ad-hoc basis (reward by honorariums etc.).
- Conduct a full Service Review to assess a needs profile, and better inform where to make specific cuts, and target resources.
- Utilise voluntary groups who may provide a similar service.

Introducing charging for translation and interpretation could be considered discriminatory, because those accessing this service tend to be BME and disabled people, who are recognised as likely to be the most financially deprived groups.

What relevant equality information do I have available?
The Equality Impact and Risk Assessment that you undertake must be evidence-based. Analysing for impact requires baseline data to clearly and transparently demonstrate where your conclusions have come from. The data available to you at this early stage might be quantitative or qualitative; it could be statistics or reports; it may have been gained through data collection or through previous research or engagement. The sources, types and depth of data available will differ from service to service, but it is essential that you bring together as thorough a body of relevant evidence as possible from your existing resources.

In gathering this evidence, it will be helpful to consider:

- Information about the demographics and the make-up of the communities that you serve, including outcomes of the Census, ward profiles, service user data etc.
- Relevant research reports; these could be national, regional or local
- Complaints, enquiries or customer / staff feedback;
- Recommendations from internal or external inspections, audits etc.
- Feedback from previous engagement exercises, including previous consultations where relevant equality information is evident

Engagement & Involvement (Duty to involve – s242 NHS Act 2006 and Francis Recommendation 135)

Any engagement should be targeted at filling the gaps in your evidence, and will be most relevant when aimed at people or organisations that represent those particular protected characteristics.

It would be appropriate to engage with employees, patients, community / network groups, third sector organisations, Trade Unions – the range of groups will be determined by your gaps and who you consider to be relevant.

Engagement could include workshops or focus groups, electronic (email) engagement, surveys or questionnaires.
You should detail which protected groups have been targeted and the outcomes of the engagement and how you have shared the results with stakeholders.

CQUIN – Commissioning for Quality and Innovation) A national framework which was introduced in 2009 with locally agreed quality improvement schemes. These are agreed locally every year with 'stretch goals' linked to payment.

Section 3 – Community Cohesion and Funding

Community cohesion relates to how the proposal will affect people's perceptions about other groups of people within neighbourhood and community. Examples may include a service which displays welcome sticker for LGBT or has embedded best practice guidance for You're Welcome – Quality criteria for young people friendly health services. It may also relate to how services are promoted to ensure that all parts of the community can access them.

QUIP – Quality, Innovation, Productivity and Prevention Programme. (Also referred to as QUIP) This is a national NHS strategy to improve delivery of services whilst reducing costs.

Section 4 - Human Rights

NHS organisations must ensure that none of their services, policies, strategies or procedures infringes on the human rights of patients or staff. You should analyse your document using the questions provided to determine the impact on human rights. Using human rights principles of fairness, respect, equality, dignity and autonomy as flags or areas to consider is often useful in identifying whether human rights are a concern. This section also directly links to Safeguarding evidence.

You can access a useful briefing on human rights and the NHS Constitution by following the links below:

http://www.nhsemployers.org/Aboutus/Publications/Documents/NHSE_briefing69_180110.pdf
https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england

Section 5 - Equality Risk Assessment

Context:

Risk management is the recognition and effective management of all threats and opportunities that may have an impact on a project or CCG's reputation, its ability to deliver its statutory responsibilities and the achievement of its objectives and values.

The EIRA is a risk assessment relating to the risks directly associated with equality issues for decision making processes for a CCG's commissioning or decommissioning services.

Interpretation within the risk matrix needs to be qualified as consequence of risk could be interpreted differently. For example the risk could be a consequence for the Project / Service or relating to CCG. In some cases the risk could imply a consequence for both project and CCG.

Risk can be seen in a number of ways, ethical, financial and legal. All can have consequences to the reputation of the CCG and impact on effective and delivery of services.

The risk assessment table within this guidance shows a range of different risks (matched against consequence) that projects may exhibit. Without acknowledging risks and mitigating against them the project could lead to a formal complaint or legal challenge – Judicial review. Judicial review is a type of court proceeding in which a judge reviews the lawfulness of a decision or action made by a public body.

How to do the risk assessment:

This can be used for services / proposals that:

- are under review
- being developed
- proposed for withdrawal

To generate a risk score:

1. The Risk Assessment Table of example risks shows a range of example risks relating to project (either commissioning new services or decommissioning services) to help navigate you through deciding the potential consequence. These can be applied at developmental stage or review stage.
2. The purpose of the risk assessment is to generate a risk score for the worst case risk/consequence from the project or service review. Evidence sources may include service specification, business case, and data on service use, consultation Information and general intelligence. The table of example risks helps see a range of different scenarios. It is not exhaustive and gives a general guide to help you assess the consequence level for concerns.
3. Once you have identified an adverse risk you can find its corresponding consequence score. (For example – if the proposal would directly discriminate – we can give this a Risk Level Consequence Score of 5 as this is likely to lead to a legal challenge.)

4. Once you have your Risk Level Consequence Score, think about the likelihood of this happening. Use the likelihood descriptors (table 1) to find best fit score. (For example, in its current state you may judge this will be 'possible' with a corresponding score of 3)

5. Work out the risk score by using the following – Consequence score x Likelihood. (e.g. 5x3=15)

6. Use the risk matrix table to find where this scores sits on the table. Our example score of 15 is rag rated as a red score.

7. The action plan / future actions will be needed to reduce the risk to an acceptable level or the CCG will need to make the decision to tolerate the level of risk if it is to remain red/amber. In either case **any amber and red ragged risks need to be escalated** to the designated person who oversees the risk register within the CCG.

8. You can use this process for each risk identified. Therefore each identified risk will have a separate risk score.

9. You may need to revisit risk assessment score if you gather additional information on existing controls to reduce potential risk. Once a risk is identified, Commissioners may clarify how this can be reduced and lead to a revised risk score. This can be recorded with a note stating it is a revised score following amendments to the proposal. **All risks** identified need to be discussed with Commissioner / Project Lead and the person designed as Risk Manager for the CCG.

Decision making

The Equality Impact and Risk Assessment (EIRA) is used as a key tool in the decision making process. Equality Assessments should inform decision making at various relevant points in, for example, the project planning cycle. This will ensure that by the time that the project is implemented, you can be sure that it either fulfils its equality objectives, or that where appropriate, an action plan is in place to address any gaps. Consideration of equality issues form part of the Standard NHS Contract (Schedule 13 Equity of Access, Equality and Non-Discrimination).
There are four likely influences that the EIRA will have on decision-making:

1. No major change required – your assessment demonstrates that the service is robust in relation to equality and that it can progress as planned.

2. Adjust the proposal / service – your assessment has revealed some barriers or potential for adverse impacts, and the service needs to be adjusted accordingly.

3. Continue the proposal / service– your assessment reveals potential for adverse effects, however the Service is satisfied that it is appropriate to continue as planned as any adverse impacts can be objectively justified and that there is no risk of unlawful discrimination.

4. Stop and remove – your assessment reveals potential for adverse impacts that cannot be justified or mitigated, and / or that there is a risk of unlawful discrimination – in these instances it is wise to halt progress altogether.

Action Plan

The Action Plan should state the person responsible for monitoring the impact and the timescale required to remedy the implication.

Table 1: Likelihood

Likelihood	Likelihood descriptors and score				
Descriptor	**Rare: 1**	**Unlikely: 2**	**Possible: 3**	**Likely: 4**	**Very Likely: 5**
Frequency / How likely is it to happen?	This probably will never happen/recur	Do not expect it to happen/recur, but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur, but is not a persisting issue or circumstance	Very likely to happen/recur; possibly frequently
	Not expected to occur for years	Expected to occur annually	Expected to occur monthly	Expected to occur weekly	Expected to occur daily
Probability	<1%	1.5%	6-20%	21-50%	>50%
	Will only occur in exceptional circumstances	Unlikely to occur	Reasonable chance of occurring	Likely to occur	More likely to occur than not occur

Please note any adverse impact should be addressed as soon as possible and no later than 6 months from the date of the Equality Impact and Risk Assessment.
Following remedial action, the Action Plan, along with the EIRA should be sent to the Equality and Inclusion Team.

EQUALITY RISK ASSESSMENT – table of example risks

Use the following possible scenarios to identity any possible risk for the project / Clinical Commissioning Group if the project is implemented without amendment. All risks should be monitored for trends and provided to the project author when the project is due to be reviewed.

Areas for risk	Risk Levels – Consequence Score				
	Negligible **1**	**Minor** **2**	**Moderate** **3**	**Major** **4**	**Catastrophic** **5**
Unlawful discrimination, victimisation and harassment	There is no evidence of factors relating to unlawful discrimination, victimisation and harassment. No negative impact on people with protected characteristics. Service documentation is well documented for factors relating to meeting needs of people with protected characteristics.	Evidence of potential factor that could cause indirect discrimination and potentially impact negatively on people with protected characteristics being treated unfavourably. Service documentation has some documented factors to meet needs of people with protected characteristics. Without mitigating potential risk there could be risk of formal complaint or legal challenge through Judicial review and bad publicity.	Evidence of repeated factors / concern that could cause discrimination and impact negatively on people with protected characteristics. Service documentation has very few documented factors relating to addressing unlawful discrimination. Needs of people with protected characteristics not fully understood. Without mitigating potential risk there could be risk of formal complaint or legal challenge through Judicial review. This could give rise to bad publicity.	Evidence of ongoing concern that service / proposal may cause direct discrimination or indirect discrimination that may result in less favourable treatment of people with protected characteristics. Service documentation has evidence of factors leading to discrimination or there is insufficient information to demonstrate the needs of people with protected characteristics are understood. High risk of formal complaint and legal challenge through Judicial review. This could give rise to bad publicity and lack of confidence.	Evidence that service / proposal will cause direct discrimination (less favourable treatment 'because of' a protected characteristic). Direct discrimination is totally unacceptable unless unfavourable treatment is due to age. Service documentation has evidence of causing direct discrimination or there is no information to demonstrate understanding of the needs equality groups. High risk of formal complaint and legal challenge through Judicial review. This could give rise to bad publicity and lack of confidence.
Promoting Equality of Opportunity	Evidence of people being treated fairly, given equal access to opportunities and access. Staff and patient groups are widely consulted and	There is some documented evidence of how service / proposal meets the differing needs of people with protected characteristics. Some consultation and involvement of people with	There is little evidence of people being treated fairly. There is very little consultation or involvement from people in decision making. Service documentation	Evidence that people will not be treated fairly and given opportunities to access services. No mitigating actions in place to address concerns. Service documentation	Gross failure to treat people fairly and give them access to services. No regard given to equality groups. No mitigating actions. Service documentation contains no

	involved in decision making. Equality and inclusion are given high level of importance. Service documentation fully identifies relevant actions that demonstrate CCG is considering the differing needs of equality groups and their views are fully embedded into decision making processes.	decision making. Service documentation / proposal identifies some areas of how different needs of protected groups can be met. Some participation of groups in decision making processes. Without mitigating potential risk there could be risk of formal complaint or legal challenge through Judicial review. This could give rise to bad publicity.	identifies low number of areas where different needs of people with protected characteristics will be met. Without mitigating potential risk there could be risk of formal complaint or legal challenge through Judicial review. This could give rise to bad publicity.	makes very little and inadequate reference to removing or minimising disadvantage experienced by equality groups. High risk of formal complaint and legal challenge through Judicial review. This could give rise to bad publicity and lack of confidence.	reference to addressing the needs of different equality groups. No groups have been involved in consultation or decision making processes. High risk of formal complaint and legal challenge through Judicial review. This could give rise to bad publicity and lack of confidence.
Foster Good Relations Between People	The service documentation fully demonstrates inclusive service meeting different needs and promoting understanding of the needs of different equality groups.	The service documentation has some evidence of demonstrating that it is inclusive and meeting different needs and promoting understanding of different equality groups. Potential for complaint if all needs of protected groups will not be met. This could give rise to bad publicity.	Service documentation shows little evidence of inclusive practice and little evidence for promoting understanding of different equality groups. Potential for complaint or legal challenge. This could give rise to bad publicity.	Service documentation shows no evidence of inclusive practice and no evidence for promoting understanding of different equality groups. High risk of formal complaint and legal challenge through Judicial review. This could give rise to bad publicity and lack of confidence.	Service documentation shows gross failure to foster good relations between people. Understanding between different groups excluded and prejudice not tackled. High risk of formal complaint and legal challenge through Judicial review. This could give rise to bad publicity and lack of confidence.
Human Rights Legislation	The service documentation fully acknowledges human rights legislation and there is no expected negative impact on the human rights for patients and staff. The service is underpinned by NHS Constitution.	The service documentation provides some acknowledgement to human rights. Service is underpinned by NHS Constitution. Any identified Human Right issues are addressed. Without addressing these, there is potential for formal	There is little acknowledgement of human rights and NHS Constitution. As a result the service could result in a breach of human rights. There is insufficient mitigation to address potential breaches and therefore giving rise to formal complaints or legal challenge through court. This could potentially lead to bad	The service will potentially result in degrading or inhuman treatment, limit a person's liberty, and interfere with a person's right to respect for private and family life. Or service documentation shows very limited consideration of human rights legislation. Not underpinned by NHS Constitution.	The service will potentially result in a breach of human rights. Or service documentation shows gross failure to consider human rights legislation and not underpinned by NHS Constitution. Open to formal complaint and legal challenge through court. This could

		complaint and bad publicity.	publicity.	Open to formal complaint and legal challenge through court. This potentially leading to financial costs and mandatory order as well as bad publicity.	potentially lead to financial costs and mandatory order. Also leading to bad publicity.
Mitigating actions	Any concerns / identified areas of disadvantage are fully understood and fully mitigated with planned monitoring and review.	Most concerns and identified areas of disadvantage are mitigated against and there is some monitoring and review planned. Without addressing these, there is potential for formal complaint and bad publicity.	Some concerns and identified areas are mitigated. There is insufficient monitoring of concerns. This could lead to potential Freedom of Information (FoI) requests, formal complaints and legal challenge. This could lead to bad publicity.	There are insufficient mitigating actions to address concerns / disadvantage. No planned review or monitoring of concerns. High risk of FoI, legal challenge through Judicial review. This could give rise to bad publicity and lack of confidence.	No mitigating actions provided to address concerns / disadvantage. No review or monitoring planned. Without planned action service /proposal poses unacceptable risk to patients / staff. High risk of FoI and legal challenge through Judicial review. This could give rise to bad publicity and lack of confidence.

Section 6 Equality Delivery System 2

The proposal may help provide evidence for goals and outcomes matched against the Equality Delivery System 2. Appendix 1 contains a table of outcomes that you can tick against if applicable to the proposal.

Section 7 Monitoring arrangements

No service, functions and policy remains fixed. The impacts that were anticipated through your analysis may not transpire to be a reality, and in some instances you may discover emerging impacts that you hadn't anticipated. Ensuring equality is embedded within our practice is an on-going process.

It is therefore wise to monitor the impacts that you have anticipated and to plan and document when the service, function and policy will be reviewed. It will not be necessary to repeat a full equality impact and risk assessment process at these review points, but these will be opportunities to test your anticipated impacts.

Where these prove not to have been accurate, this will allow you to focus your analysis on the emerging impacts and to propose alternative responses. Use a range of information to make an informed decision on if the proposal will have positive, negative or indirect effect on people with protected characteristics.

Section 8 Final section

This section checks if your EIRA is acknowledged within the contracting cycle. Some CCG's refer to this as the PMO (Project Management Office). You should arrange for your Governing Body or appropriate Board to formally accept your Equality Impact and Risk Assessment. This formal acceptance effectively demonstrates that the Governing Board accepts ownership for the accuracy

and appropriateness of the document's contents.

This section includes reference to NHS Standard Contract 2016/17 schedule 13. This relates to
- Equity of Access
- Equality
- Non-Discrimination

The NHS contract 2016/17 (both long and short versions) makes reference to service providers obligations to section 149 of the Equality Act 2010, EDS2 and reference to reasonable adjustments.

General Points to remember:

- Remember when completing this assessment that it will be published on the individual CCG's and will be a publicly accessible document.
- As such, is should be written in a way that will make it easily understood and accessible to its viewer. A few points to remember:
- **Assume no prior knowledge**: when detailing, for example, the delivery objectives of the service, be detailed and clear as the public are unlikely to already share your knowledge of the service.
- **Adopt a Plain English approach**: avoid abbreviations, jargon or technical terms where possible.
- **Demonstrate your point clearly** and be sure to evidence how this conclusion was reached (what information informed the conclusion and how this has been interpreted).

The Equality and Inclusion Team are available to advise you and assist you in undertaking your equality impact and risk assessment.

For further support or advice, contact The Equality and Inclusion Team: equality.inclusion@nhs.net