

Equality Analysis

Legislation requires that our policy documents consider the potential to affect groups differently and eliminate or minimise this where possible. This process helps to address inequalities by identifying steps that can be taken to ensure equal access, experience and outcomes for all groups of people.

Step One – Policy Definition

Function/policy name and number:	VENOUS THROMBOEMBOLISM (VTE) POLICY
Main aims and intended outcomes of the function/policy:	This policy applies to all staff employed by The Trust who are involved in Venous Thromboembolism and Bleeding Risk Assessment, and the prescription and administration of chemical and mechanical thromboprophylaxis, to ensure safe and best practice Obstetric patients excluded - separate policy
How will the function/policy be put into practice?	Guidance on present practice as per national guidance
Who will be affected/benefit from the policy?	Clinical staff and service user
State type of document	Policy
Is an EA required? NB :Most policies/functions will require an EA with few exceptions such as routine procedures-see guidance attached	Yes
Accountable Director: (Job Title)	Thrombosis Group lead
Assessment Carried out by:	Clinical Nurse Specialist
Date Completed:	07/08/24

To help you to determine the impact of the policy think about how it relates to the Public Sector Equality Duty, the key questions as listed below the and prompts for each protected characteristic included Step 3:

- Eliminate unlawful discrimination, victimisation, and harassment
- Advancing equality of opportunity
- Fostering good community relations

KEY QUESTIONS

- Are people with protected characteristics likely to be affected differently even though the policy is the same for everyone?
- Could there be issues around access, differences in how a policy is experienced and whether outcomes vary across groups?
- What information /data or experience can you draw on to indicate either positive or negative impact on different groups of people in relation to implementing this function policy?

Step Two – Evidence & Engagement

What evidence have you identified and considered? This can include research ((national, regional ,local) surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, information about Dudley’s demographics, The Dudley Group equality and diversity reports, Joint Strategic Needs Assessment (JSNA) or other equality analyses, Workforce Race and Disability Equality data, anecdotal evidence.		
<u>Research/Publications</u>	<u>Working Groups</u>	<u>Clinical Experts</u>
House of Commons Health Committee (2005) The Prevention of Venous Thromboembolism in Hospitalised Patients HC 99 04.05.pdf (parliament.uk) (accessed 16/07/2024)	Thrombosis Group Haematology and Oncology Business and Governance Meeting	Pharmacy
Royal College of Obstetricians and Gynaecologists (2015) Thrombosis and Embolism during Pregnancy and the Puerperium, Reducing the Risk (Green-top Guideline No. 37a) Thrombosis and Embolism during Pregnancy and the Puerperium, Reducing the Risk (Green-top Guideline No. 37a) (rcog.org.uk) (accessed 16/07/2024)		
Royal College of Obstetricians and Gynaecologists (2015) Thrombosis and Embolism during Pregnancy and the Puerperium: Acute Management (Green-top Guideline No. 37b) https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg37b/ (accessed 16/07/2024)		
National Institute for Health and Care Excellence (NICE) (2018) Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism. [NG89] (Updated August 2019) https://www.nice.org.uk/guidance/ng89 (accessed 16/07/2024)		

National Institute for Health and Care Excellence (NICE) (2020) Venous thromboembolic diseases: diagnosis, management and thrombophilia testing. [NG158] (Updated August 2023) https://www.nice.org.uk/guidance/ng158 (accessed 16/07/2024)		
Engagement, Involvement and Consultation: If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:		
<u>Engagement Activity</u>	<u>Protected Characteristic/ Group/ Community</u>	<u>Date</u>
For each engagement activity, please state the key feedback you have received and then use this in step 3. List a summary of the Feedback in the 'list of feedback received' column, then add your mitigation and then your action to address.		

Summary of the feedback:

N/A

Step Three – Assessment of Impact

Complete **relevant** boxes below to help you record your assessment

Consider information and evidence from previous section covering:

- Engagement activities
- Equalities monitoring data
- Wider research

Also think about due regard under the general equality duty, NHS Constitution and Human Rights.

Positive Impact HIGH MEDIUM LOW	Ne gati ve Imp act HIGH MED IUM LOW	Neutral Impact (Tick)	<ul style="list-style-type: none"> • List concerns raised for possible negative impact OR • List beneficial impact (utilise information gathered during assessment)	Mitigation List actions to redress concerns raised if a negative impact has been identified in previous column	Lead [title]	Time-scale	How are actions going to be monitored/reviewed/ reported? (incl. after implementation)
Positive OR Negative Impact (not both)							
1) Age Describe age related impact and evidence. This can include safeguarding, consent and welfare issues:							
		x					
2) Disability Describe disability related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health/ learning disabilities, cognitive impairments:							

		x					
3) Gender re-assignment Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment:							
		x					
4) Marriage and civil partnership Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part-time working, and caring responsibilities:							
		x					
5) Pregnancy & Maternity Describe any impact and evidence on pregnancy and maternity. This can include working arrangements, part-time working, and caring responsibilities:							
		x					
6) Race Describe race related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers:							
		x					
7) Religion or Belief Describe any religion, belief or no belief impact and evidence. This can include dietary needs, consent and end of life issues:							
		x					
8) Sex Describe any impact and evidence on men and women. This could include access to services and employment:							

		x					
9) Sexual Orientation							
Describe any impact and evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers:							
		x					
10)Other marginalised groups e.g. Homeless people							
Describe any impact and evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include lower socio-economic status, resident status (migrants, asylum seekers), homeless, looked after children, single parent households, victims of domestic abuse, victims of drugs / alcohol abuse: (This list is not exhaustive)							
		x					
11)Privacy, dignity, respect, fairness etc.							
		x					

EQUALITY ANALYSIS - GUIDANCE NOTES

Equality Analysis is a tool for ensuring that issues for equality, diversity and inclusion are considered when drawing up or revising policies or proposals which affect the delivery of services and the employment practice of the Trust.

Why do carry out Equality Analysis?

We are required to carry out equality impact assessments because:

- There is a legal requirement to do so in relation to the protected characteristics
- They are helpful in identifying gaps and make improvements to services
- They help avoid continuing or adopting harmful policies or procedures
- They help you to make better decisions
- They will help you to identify how you can make your services more accessible and appropriate
- They enable the Trust to become a better employer

Equality Impact Assessments help us to:

- Determine how Trust policies and practice, or new proposals, will impact or affect different communities groups, especially those groups or communities who experience inequality, discrimination, social exclusion or disadvantage.
- Measure whether policies or proposals will have a negative, neutral, or positive effect on different communities.
- Make decisions about current and future services and practice in fuller knowledge and understanding of the possible outcomes for different communities or customer groups.

What do we need to assess?

Trust policies are subject to a 3-year review. Alongside the reviews new policies will emerge. Most policies, strategies, and business plan will need an EA.

However, EAs are not required in relation changes in routine procedures, administrative processes or initiative that will not have a material impact on staff, patients, carers and the wider community. Examples include things such as checking the temperature of fridges, highly technical clinical procedures, office moves etc.

DGFT Process for EIAs

The revised EIA process is a single stage process carried out in three steps

Step One: Policy Definition

This involves a description of the policy details. This also decides whether the policy under consideration needs an assessment

Step Two: Evidence and Engagement

EAs should be underpinned by sound data and information. This should be sought from a variety of sources including information on Trust record systems, consultation and engagement activities, demographic information sources etc

Step Three: Assessment of Impact

This is the main and the most important part of the EIA.

To help you to determine the impact of the policy think about how it relates to the Public Sector Equality Duty, the key questions as listed below and prompts for each protected characteristic.

- Eliminate unlawful discrimination, victimisation, and harassment
- Advancing equality of opportunity
- Fostering good community relations

KEY QUESTIONS

- What information /data or experience can you draw on to indicate either positive or negative impact on different groups of people in relation to implementing this function policy
- Are people with protected characteristics likely to be affected differently even though the policy is the same for everyone?
- Could there be issues around access, differences in how a service or policy is experienced and produces outcomes that vary across different groups
- Does the policy relate to the Trust's equality objectives?

NB It is important that, where adverse impact is known or is likely, mitigation measures must identified and acted upon to reduce or minimise the impact.

Step Four: Assurance

This section enables the EA to be signed off