

Race	Disability	Gender	Sexual Orientation	Religion	Age
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APPENDIX C

EQUALITY IMPACT ASSESSMENT  
Stage 1. Screening

FORM A

Name of activity: Signage Policy	Date: May 2019																					
Name of person responsible for the activity: Sue Biddle, Capital Projects and Space Planning Manager	Directorate: Chief Executives Directorate																					
Names of people undertaking screening: Katrina Glaister, Pamela Permalloo-Bass	Department:																					
Briefly describe the purpose of the activity: To guide SFT staff on how to order new signage																						
Who will benefit from this activity? Patients, visitors and staff																						
	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>Please give details</th> </tr> </thead> <tbody> <tr> <td>✓</td> <td></td> <td>Although not directly related to the policy itself, transgender visitors, patients or staff may be affected by single sex signs for public toilets</td> </tr> <tr> <td>✓</td> <td></td> <td>Race: if a visitor, patient or member of staff does not have English as their first language, then they may be affected by all the signs being in English. However, translation is available and this will be monitored by feedback mechanisms which are in place (Customer Care, Complaints, Guide feedback forms)</td> </tr> <tr> <td></td> <td>✓</td> <td></td> </tr> <tr> <td>✓</td> <td></td> <td></td> </tr> <tr> <td>✓</td> <td></td> <td></td> </tr> <tr> <td>✓</td> <td></td> <td></td> </tr> </tbody> </table>	Yes	No	Please give details	✓		Although not directly related to the policy itself, transgender visitors, patients or staff may be affected by single sex signs for public toilets	✓		Race: if a visitor, patient or member of staff does not have English as their first language, then they may be affected by all the signs being in English. However, translation is available and this will be monitored by feedback mechanisms which are in place (Customer Care, Complaints, Guide feedback forms)		✓		✓			✓			✓		
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	✓																					
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Does this activity/policy require further impact assessment, action or amendment? (if yes, please complete FORM B)

Please state in your policy documentation that it has been equality impact assessed and include your completed screening form (FORM A) as an appendix.

Screening form completed by: K Glaister When will the policy and screening be reviewed? Each time the policy is reviewed

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Please forward a copy of your policy/activity document and completed screening form (FORM A) to [pamela.permaloo-bass@salisbury.nhs.uk](mailto:pamela.permaloo-bass@salisbury.nhs.uk)

**EQUALITY IMPACT ASSESSMENT**  
**Stage 2**  
**Full Assessment and Action Plan**

**FORM B**

ACTION	RESPONSE	BY WHEN
What changes or actions do you propose to eradicate or minimise the adverse impact of this activity on the identified group(s)?	Based on customer care statistics the Signage Group will monitor whether the need increases for single sex public toilets.	Ongoing monitoring
How do you intend to communicate with and involve the appropriate group(s)?	Through Signage Group, customer care monitoring, guides and consulting with Trans gender groups to include patients, staff and visitors.	Ongoing
What are the resource implications of the involvement activities?	Additional resources would include consultation and updating signage.	Ongoing
Briefly describe the outcome of your involvement activity.	Will complete this section if further action is taken.	
Has the involvement activity changed your proposals for eradicating or minimising the adverse impact of this activity? If yes, please give details.	Will complete this section if further action is taken.	
Are there any resource implications for your proposed amendments.	Will complete this section if further action is taken.	
How will your actions and proposals be monitored to ensure success?	Through written and verbal feedback forms.	
What is the date of the next review?	The signage group will update as and when necessary	
Signature of lead manager		
Date full assessment completed		

Completed screening and (if appropriate) full impact assessment forms should be included with documentation related to the activity and as an Appendix for formal papers. A copy should be sent to Equality and Diversity Manager for monitoring and publication ([pamela.permaloo-bass@salisbury.nhs.uk](mailto:pamela.permaloo-bass@salisbury.nhs.uk))