|  |  |
| --- | --- |
| EIA No: *(To be inserted by Head of D&I)* | Click here to enter text. |
| What is being assessed? (Name of Policy, process, procedure, decision.) | Click here to enter text. |
| Owner/Author:  | Click here to enter text. |
| What are the main aims and objectives of the Policy/Document/project or programme | Click here to enter text. |
| Date EIA Commenced | Click here to enter text. |
| Person leading the EIA***(Required to complete MLE EIA learning prior to commencing EIA).*** | NameJob Title | Click here to enter text. |
| Date Completed MLE | Click here to enter text. |

***Section 1: SCREENING:***

**Do any of the following apply? *(If so complete a full impact assessment)*:**

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Yes** | **No** |
| Does the policy\* affect people? |[ ] [ ]
| Could or does the policy\* affect one or more equality target group(s) in a different way to other groups? |[ ] [ ]
| Could or do different equality groups have different needs in relation to the policy\*? |[ ] [ ]
| Does the policy\* actually or potentially contribute to or hinder equality of opportunity? |[ ] [ ]
| Does the policy\* offer opportunities to promote equality? |[ ] [ ]

*If all answers to the above are NO, a full assessment is not required. Please make reference to the fact that EIA Screening has taken place and forward the document to the Head of Diversity & Inclusion.*

*\*reference to Policy includes – processes, procedures, functions and decisions.*

***Section 2: MAPPING:***

**People affected (Please take note of the following table):**

|  |  |  |
| --- | --- | --- |
| **Protected Characteristics** | **Community** | **Staff**  |
| AgeEthnicitySexSexual orientationDisabilityGender reassignmentReligion/BeliefPregnancy/MaternityMarriage/Civil partnership | Patients.Members of the local community.Specific Community Groups | Consider if this has an effect on any particular staff group or all of our workforce.Also consider our volunteers. |
| Please detail affected groups:Click here to enter text. |

|  |  |  |
| --- | --- | --- |
|  | **Evidence of Impact (***including relevant equality data and both positive and negative impacts).* | **Mitigation (***if positive impact how can this be replicated?)* |
| **Age** | Click here to enter text. | Click here to enter text. |
| **Disability** | Click here to enter text. | Click here to enter text. |
| **Race/Ethnicity** | Click here to enter text. | Click here to enter text. |
| **Sex** | Click here to enter text. | Click here to enter text. |
| **Gender Reassignment** | Click here to enter text. | Click here to enter text. |
| **Marriage**  | Click here to enter text. | Click here to enter text. |
| **Pregnancy & Maternity** | Click here to enter text. | Click here to enter text. |
| **Religion & Belief** | Click here to enter text. | Click here to enter text. |
| **Sexual Orientation** | Click here to enter text. | Click here to enter text. |
| **Community** | Click here to enter text. | Click here to enter text. |
| **Workforce** | Click here to enter text. | Click here to enter text. |
| **Other** | Click here to enter text. | Click here to enter text. |

***Section 3: REPORTING:***

|  |
| --- |
| **Recommended Action to mitigate the negative affects highlighted:** |
| Click here to enter text. |

|  |  |
| --- | --- |
| ***Date these recommendations communicated to the owner/author:*** | Click here to enter text. |

***Section 4: MONITORING:***

|  |  |
| --- | --- |
| ***Result of the actions carried out in response to the EIA:*** | ***By whom*** |
| Click here to enter text. | Click here to enter text. |

|  |
| --- |
| **Other People involved in completing this EIA: *Include name and job title.*** |
| Click here to enter text. |

**How does this policy/procedure/process/decision fulfil the Public Sector Equality Duty?**

|  |
| --- |
| **Public Sector Equality Duty – Section 149 Equality Act 2010** |
| Whilst carrying out their functions public authorities must have due regard to:* Eliminate unlawful discrimination
* Advance equality of opportunity between people who share a protected characteristic and those who do not
* Foster or encourage good relations between people who share a protected characteristic and those who do not.
 |
| Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Authorised by Responsible Manager:**  | **Yes** [ ]  | **No** [ ]  |
| **Name**  | Click here to enter text. |
| **Job Title** | Click here to enter text. |
| **Date** | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Quality checked by Head of Diversity and Inclusion:**  | **Yes** [ ]  | **No** [ ]  |
| **Date** | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date EIA completed:**  | Click here to enter text. | **Review Date** | Click here to enter text. |