



Part A: Preparation and Assessment of Relevance and Priority

Part A is a three step process which will help you to prioritise work and prepare for EqIA.

Step 1 - Preparation:
identify the title of the Policy/function/strategy, the main aims and the key contributors
(see **Form 1**)



Step 2 - Gather Evidence:
collect, but do not analyse information at this stage - just see what evidence is available
(see **Form 2**)



Step 3 - Assessment of Relevance and Priority:
determine whether or not the evidence demonstrates high, medium, low, or no relevance and priority across the core dimensions of the equality duties, by each of the equality strands
(see **Form 3**)

Form 1: Preparation

Part A must be completed at the beginning of a Policy/function/strategy development or review, and for every such occurrence. (Refer to the Step-by-Step Guide for additional information).

Step 1 - Preparation		
1.	Title of Policy - what are you equality impact assessing?	Patient Access Policy (Elective Care)
2.	Policy Aims and Brief Description - what are its aims? Give a brief description of the Policy (The What, Why and How?)	<p>The policy aims to set out key information about how patients access care at the Trust, particularly in terms of how referrals are accepted and the periods patients wait are accounted for in relation to WAG access targets.</p> <p>This policy is aimed at all patients regardless of their age, disability, gender, language, race, religion and sexual orientation and thus is inherently concerned with promoting the equality agenda.</p>
3.	Who Owns/Defines the Policy? - who is responsible for the Policy/work?	Director of Innovation and Improvement

Step 1 - Preparation

4.	Who is Involved in undertaking this EqIA? - who are the key contributors to the EqIA and what are their roles in the process?	Production of document - UHB (in particular Executives, and Divisions) Input via consultation – Bro Taf Local Medical Committee and Cardiff and Vale of Glamorgan Community Health Council
5.	Other Policies - Describe where this Policy/work fits in a wider context. Is it related to any other policies/activities that could be included in this EqIA?	Health Records Public and Patient Involvement Welsh Language Disability Discrimination Act Admissions and Discharge procedures Equal Opportunities Equality Act 2010
6.	Stakeholders - Who is involved with or affected by this Policy?	Parties consulted as per item 4 above.

Step 1 - Preparation

7.

What factors may contribute to the outcomes of the Policy? What factors may detract from the outcomes? These could be internal or external factors.

Funding to enable services to be provided to timelines that meet WAG access targets
Case mix to support UHB's teaching role
Attitude of staff

	services in North and Mid Wales) c) Mental health issues - "Double Stigma" report by Stonewall Cymru July 2009									
Age	a) WAG "Equalities Evidence Guide" as above		√		√		√		√	
Religion or Belief	a) WAG "Equalities Evidence Guide" as above b) WAG requirements for booking appointments gives patients facility to schedule these on days that do no clash with specific requirements e.g. religious festivals		√		√		√		√	
Welsh Language	a) WAG "Equalities Evidence Guide" as above b) Recruitment of Welsh speaking district nurse to attend school attended by child where Welsh is the medium of communication		√		√		√		√	
<p>People have a human right to: life; not to be tortured or treated in a degrading way; to be free from slavery or forced labour; to liberty; to a fair trial; not to be punished without legal authority; to respect for private and family life, home and correspondence; to freedom of thought, conscience and religion; to freedom of expression and of assembly; to marry and found a family and to not be discriminated against in relation to any of the rights contained in the European Convention.</p>										
Human Rights	<p>The overarching aim of the policy is to ensure that all patients receive excellent care and that their human rights are not infringed. On the basis of the evidence referred to in section 3, the number of areas where the delivery of the policy could potentially have an adverse impact on the strands listed would appear to be minimal. Checks and balances are in place to address equality issues and the prevention of discrimination.</p>									

*** This column relates only to Disability due to the specific requirement in the DDA 2005 to treat disabled people more favourably to achieve equal outcomes. This is not applicable to the other equality strands.**

Form 3: Assessment of Relevance and Priority

Equality Strand	Evidence: Existing evidence to suggest some groups affected. Gathered from Step 2. (See Scoring Chart A)	Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score (See Scoring Chart B)	Decision: Multiply 'evidence' score by 'potential impact' score. (See Scoring Chart C)
Race	3	+2	6
Disability	3	+2	6
Gender	2	+2	4
Sexual Orientation	2	+1	2
Age	3	+2	6
Religion or Belief	2	+2	4
Welsh Language	3	+2	6
Human Rights	3	+1	3

Scoring Chart A: Evidence Available

3	Existing data/research
2	Anecdotal/awareness data only
1	No evidence or suggestion

Scoring Chart B: Potential Impact

-3	High negative
-2	Medium negative
-1	Low negative
0	No impact
+1	Low positive
+2	Medium positive
+3	High positive

Scoring Chart C: Impact Decision

-6 to -9	High Impact (H)
-3 to -5	Medium Impact (M)
-1 to -2	Low Impact (L)
0	No Impact (N)
1 to 9	Positive Impact (P)

FORM 4: (Part A) Outcome Report

Policy Title:	Patient Access Policy (Elective Care)
Organisation:	Cardiff & Vale University Health Board
Name:	Paul Rothwell
Title:	Senior Manager (Performance and Compliance)
Department:	Innovation and Improvement
Summary of Assessment:	<p>The overarching aim of the policy is to ensure that all patients receive excellent care. The number of areas where the delivery of the policy could potentially have a high positive impact on the strands listed have been noted. Checks and balances are in place to address the equality strands identified.</p> <p>.</p>
Decision to Proceed to Part B Equality Impact Assessment:	<p>No</p> <p>Please record reason(s) for decision</p> <p>As stated in the “summary of assessment” above, steps are in place to mitigate any areas where delivery of the policy could have an adverse effect from an operational perspective.</p>

You are advised to use the template below to detail any actions that are planned following the completion of Part A or Part B of the EqIA Toolkit. You should include any remedial changes that have been made to reduce or eliminate the effects of potential or actual adverse impact, as well as any arrangements to collect data or undertake further research.

	Action(s) proposed or taken	Reasons for action(s)	Who will benefit?	Who is responsible for this action(s)?	Timescale
1. What changes have been made as a result of the EqIA?	n/a				
2. Where a Policy may have differential impact on certain groups, state what arrangements are in place or are proposed to mitigate these impacts?	n/a				

<p>3. Justification: For when a policy may have adverse impact on certain groups, but there is good reason not to mitigate.</p>	n/a				
<p>4. Describe any mitigating actions taken?</p>	n/a				
<p>5. Provide details of any actions planned or taken to promote equality.</p>	Monitoring of access for patients in regard to sexual orientation	Currently not undertaken	Patients	To be addressed by project team on receipt of Ministerial Letter re patient equality monitoring	TBA

Date:	1 February 2011
Monitoring Arrangements:	Policy to be reviewed annually by the Director of Innovation and Improvement. An exception report on the outcome of this review will be sent to the Performance Committee.
Review Date:	2012 (as per "monitoring arrangements")
Signature of all Parties:	<i>Paul J Rothwell</i>