

EQUALITY IMPACT ASSESSMENT

Business Division/Directorate:

Nursing and Quality

Name of Service/Title of Policy or Strategy, Name of Event:

Nice Guidance: Dissemination, Implementation And Monitoring Policy

Service:

Policy:

Event:

Strategy:

Equality Impact Assessment Undertaken by:

Denise Dobb, Clinical Quality Lead

Date undertaken:

29.12.2016

Questions

1. What are the main aims and purposes of the Service?

The purpose of this policy is to set out the Trust's arrangements for implementing NICE Guidance.

The National Institute for Health and Care Excellence (NICE) is a non-departmental public body of the Department of Health in the United Kingdom, serving both the English NHS and the Welsh NHS. It was set up as the National Institute for Clinical Excellence in 1999, and on 1 April 2005 joined with the Health Development Agency to become the new National Institute for Health and Clinical Excellence (still abbreviated as NICE). Following the Health and Social Care Act 2012, NICE was renamed the National Institute for Health and Care Excellence on 1 April 2013 reflecting its new responsibilities for social care, and changed from a special health authority to a non-departmental public body.

NICE publishes guidelines in four areas. The use of health technologies within the NHS (such as the use of new and existing medicines, treatments and procedures), clinical practice (guidance on the appropriate treatment and care of people with specific diseases and conditions), guidance for public sector workers on health promotion and ill-health avoidance, and guidance for social care services and users.

All organisations must have an approved documented process for taking into account agreed best practice as defined in NICE clinical guidelines. (NHS LA Risk Management 2.8 Best Practice NICE)

2. Who is involved in delivering the service? (i.e., partnerships, stakeholders or agencies)

The policy relates to all staff who undertake duties in relation to the implementation of NICE Guidance.

This includes staff working directly in clinical services as well as those working in a range of corporate services, including for example, finance and contracting, performance and assurance, human resources and learning and development.

3. What information / data or experience can you draw on to provide an indication of the potential inclusive / exclusive results of delivering this service or event / implementing the policy or strategy to different groups of people and the different needs of people with protected characteristics in relation to this service?

NICE specifically spans across diverse groups without exception. These include Black and Minority ethnic, carers, children and young people, infants and neonates, older people, people with learning disabilities, people with physical disabilities, vulnerable groups (including those socio economically affected) and also takes into consideration lifestyle and wellbeing.

Please use the following table to indicate the impact for the policy for the protected characteristics

Protected Characteristics	Positive Impact	Negative Impact	Reasons for Impact
Age	√	<input type="checkbox"/>	<p>NICE involve people: All of the “guidance, quality standards, and other products are developed taking into account the opinions and views of the people who will be affected by them, including patients, carers and members of the public, as well as health and social care professionals, NHS organisations, industry, social care businesses and local government”.</p> <p>The NICE “consultation process allows a range of individuals and organisations to comment on their recommendations throughout the development of the guidance and quality standards. The guidance is created by independent and unbiased advisory committees that include a diverse range of experts from surgeons and midwives, to health economists and social workers, as well as patients or carers or other members of the public”.</p> <p>All NICE committees include at least two lay members: patients, carers, service users or the general public. The expertise, insight and input of these lay members is essential to the development of all NICE guidance and advice, and helps to make sure that the work reflects the needs and priorities of those who will be affected by them. NICE is “committed to eliminating discrimination, advancing equality of opportunity, and fostering good relations, as required by the Equality Act 2010, and to complying with the Human Rights Act 1998”.</p>
Disability	√	<input type="checkbox"/>	As above.
Gender reassignment	√	<input type="checkbox"/>	<p>As per box - age</p> <p>The Trust “Nice guidance: dissemination, implementation and monitoring policy”</p>

			<p>is a generic tool for the delivery and compliance of diverse NICE Guidance. Therefore where dissemination, implementation and monitoring of any guidance relevant to gender reassignment is identified the following guidelines should be utilised:</p> <p>Interim NHS England Gender Dysphoria Protocol and Guideline 2013/14</p> <p>This guidance aims to address the significant variations in equity of access currently experienced by patients using gender identity services across England. It aims to achieve national consistency in the commissioning of these services, and is the culmination of extensive work to adapt the NHS Scotland protocol, ensuring that it meets the needs of patients; provides for the safe delivery of services, and reflects NHS England structures</p>
Marriage and civil partnership	√	<input type="checkbox"/>	As per box - age
Pregnancy and maternity	√	<input type="checkbox"/>	As per box - age
Race	√	<input type="checkbox"/>	As per box - age NICE makes its guidance available in language and formats suitable for patients, service users, carers and the public.
Religion or belief	√	<input type="checkbox"/>	As per box - age NICE makes its guidance available in language and formats suitable for patients, service users, carers and the public.
Sex	√	<input type="checkbox"/>	As per box - age
Sexual Orientation	√	<input type="checkbox"/>	As per box - age
Disadvantaged groups	√	<input type="checkbox"/>	As per box - age

4. What positive impacts are there for this service to better meet the needs of people with protected characteristics?

NICE engage with groups protected by equality legislation to ensure their views are heard, and that issues of equality are considered in developing its guidance. Involving lay people is integral to NICE's approach to developing guidance, quality standards and other products. The methods and processes for involving lay people are based on the best available evidence, and on extensive practical experience. NICE have adopted a flexible model of involvement that allows them to develop different approaches for new areas of NICE work. This flexibility allows for the most effective patient and public input.

5. What action would be needed to ensure the service overcomes:

- Discriminatory negative impacts
- Exclusion
- Failure to meet the needs of people from across the protected characteristics and opportunities for promoting equality and inclusion are maximised.

Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) believes in fairness, equality and above all values diversity in all aspects of its work.

It recognises that to deliver good equality practice and to provide equal opportunity for everyone, equality and diversity must be embedded within our day to day running of Trust as a whole. Making sure that this is at the heart of the organisation is essential to enable the Trust to successfully fulfil its role and duties to the patients it treats, and as an employer.

It is important that the Trust ensures the needs of patients / service users, visitors and staff are met when designing and delivering its services irrespective of age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

The Trust is committed to building a valued workforce which reflects the wide diversity of the community it serves, enabling it to deliver the best possible health services to the community.

It has a clear commitment within The Workforce Strategy to develop and promote a culture within the Trust, which is diverse, where individual differences are valued and respected and to further develop a workforce which reflects the community it serves. The Trust also aims to ensure that it employs and develops a healthcare workforce that is diverse, non-discriminatory and appropriate to deliver modern healthcare. Valuing the differences of each team member is a fundamental component of the Trust. It enables its staff to create respectful work environments, build enthusiastic teams, and better understand patients / service users' changing needs.

It is the responsibility of each and every one of us as members of the public, service users or staff to proactively promote equality and value diversity. It is everyone's responsibility to eliminate discrimination and to work to ensure the people of Doncaster, Rotherham and North Lincolnshire receive the very highest standard of service.

In this way the Trust is able to deliver quality care and services while giving service users the opportunity to reach their full potential.

Equality is not about treating everyone the same; it is about ensuring that access to opportunities are available to all by taking account of people's differing needs and capabilities.

Diversity is about recognising and valuing differences through inclusion, regardless of age, disability, gender, racial origin, religion, belief, sexual orientation, commitments outside of work, part-time or shift work, language, union activity, HIV status, perspectives, opinions and person value

6. Recommended steps to avoid discrimination and ensure opportunities for promoting equality and inclusion are maximised. Include:

Options for action	Explanation if no further action is required	Lead responsible for overseeing actions	Timescales	Costs (where applicable)
<p>Launched Listening into Action (LiA) at our Trust in April 2016. LiA is about engaging staff, patients, carers and our care partners to make changes at RDASH that improve the services we offer to patients and improve the experience our staff have of working in our organisation.</p> <p>LiA is an evidenced based approach which has been trialled and successful in a large number of NHS organisations over the past seven years. It is a fundamental shift in the way the Trust works and leads. The aim of LiA is to engage with, and empower, all staff to make the changes and feel proud of what they can achieve.</p>	Monitor	Judith Graham (LIA Lead)		

7. Monitoring and reporting arrangements of EIA, for policies and strategies refer to section 7 of the Policy for the Development and Management of Procedural Documents.

For services / events please include the following:

- How the equality impact of the service will be monitored
Via The Clinical Quality (CQG) Group, NICE Leads Meetings and Audit
- Frequency of monitoring
CQG-Monthly
NICE Leads-Quarterly
- How the monitoring results will be used and where they will be published;
Via minutes of meetings
Via Final Audit Reports
- Who will be responsible for reviewing monitoring results and initiating further action where required
CQG members
Service Specific Audit Leads
- Any changes that have been made to remove or reduce any negative impacts as a result of conducting the equality impact assessment?

None known

- Any action points should be included in Business Division / Corporate action plans, with monitoring and review processes.
None identified currently

Is further work / consultation required? If yes, please explain how this is to be carried out and the time frame for completion.

Yes No

The Equality Impact Assessment will be reviewed in line with changes to services, client or staff groups, legislation or policy review.

Name:

Denise Dobb

Designation:

Clinical Quality Lead

Signature:

Denise A Dobb

Date:

29.12.16