

### Equality Analysis Screening Form

<b>Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc</b>	Trust Secretary's Department			
<b>Name of responsible person and job title</b>	Kathryn Ord, Deputy Trust Secretary			
<b>Name of working party, to include any other individuals, agencies or groups involved in this analysis</b>	Council of Governors, Making the Most of Membership Committee			
<b>Title</b>	Involvement and Engagement Framework			
<b>Is the area being assessed a</b>	<b>Policy/Strategy</b>	<b>y</b>	<b>Service/Business plan</b>	<b>Project</b>
	<b>Procedure/Guidance</b>		<b>Code of practice</b>	
	<b>Other – Please state</b>			
<b>Geographical area</b>	Trustwide			
<b>Aims and objectives</b>	To facilitate involvement and engagement of service users, carers, public and members of the Trust			
<b>Start date of Equality Analysis Screening</b>	November 2015			
<b>End date of Equality Analysis Screening</b>	1/3/16			

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**Please read the Equality Analysis Procedure for further information**

You must contact the E&D team if you identify a negative impact. If you require further advice and support please ring Sarah Jay or Tracey Loynes on 0191 3336267/3542

<b>1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?</b>					
The Trust and the public including service users, carers and members					
<b>2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?</b>					
<b>Race</b> (including Gypsy and Traveller)	No	<b>Disability</b> (includes physical and mental impairment)	No	<b>Gender</b> (Men and women)	No
<b>Gender reassignment</b> (Transgender and gender identity)	No	<b>Sexual Orientation</b> (Lesbian, Gay, Bisexual and Heterosexual)	No	<b>Age</b> (includes, young people, older people – people of all ages)	No
<b>Religion or Belief</b> (includes faith groups, atheism and some other non religious beliefs)	No	<b>Pregnancy and Maternity</b> (includes pregnancy, women who are breastfeeding and women on maternity leave)	No	<b>Marriage and Civil Partnership</b> (includes opposite sex and same sex couples who are either married or civil partners)	No

**Yes – Please describe the anticipated negative impact**  
**No – Please describe any positive outcomes**

Involvement and Engagement of the public is open to any person.

Membership is open to age 14 upwards

Engagement is usually through open public events

Involvement activities are designed to ensure that the right people with the right skills and experiences can represent the views of others.

<b>3. Have you considered any codes of practice, guidance, project or business plan benefit? If 'No', why not?</b>	<b>Yes</b>	<b>Yes</b>	<b>No</b>	
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**Sources of Information may include:**

- Feedback from equality bodies, e.g. Care Quality Commission, Disability Rights Commission, etc
- Investigation findings
- Trust Strategic Direction
- Data collection/Analysis
- Staff grievances
- Media
- Community Consultation/Consultation Groups
- Internal Consultation
- Other (Please state below)

**4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Gender, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership**

**Yes – Please describe the engagement and involvement that has taken place**

Making the Most of Membership governor committee

Service User and Carer groups via Governor consultation

Involvement Groups

Patient and Public Involvement Team

Council of Governors

All the above groups welcome membership from all the protected groups with most of the protected groups being represented.

**No – Please describe future plans that you may have to engage and involve people from different groups**

**5. As part of this equality analysis have any training needs/service needs been identified?**

No	Please describe the identified training needs/service needs below
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**A training need has been identified for**

Trust staff	Yes/No	Service users	Yes/No	Contractors or other outside agencies	Yes/No
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**Make sure that you have checked the information and that you are comfortable that additional evidence can provided if**

<b>you are required to do so</b>	
The completed EA has been signed off by: You the Policy owner/manager:  Type name: Kathryn Ord	Date:1/3/16
Your reporting manager:  Type name: Philip Bellas	Date: 1/3/16
Please forward this form by email to: <a href="mailto:tewv.policies@nhs.net">tewv.policies@nhs.net</a>	
<b>Please Telephone: 0191 3336267/6542 for further advice and information on equality analysis</b>	