

### Equality Analysis Screening Form

<b>Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc</b>	Estates and Facilities Management Directorate			
<b>Name of responsible person and job title</b>	Rob Cowell, Director of Operations EFM			
<b>Name of working party, to include any other individuals, agencies or groups involved in this analysis</b>				
<b>Title</b>	EFM Framework 2014 - 2017			
<b>Is the area being assessed a</b>	<b>Policy/Strategy</b>		<b>Service/Business plan</b>	<b>Project</b>
	<b>Procedure/Guidance</b>			<b>Code of practice</b>
	<b>Other – Please state</b> : The previous EFM Strategy (2011-2014) has reached the end of its current term and has now been re-drafted as a framework to meet current requirements in support of the Trust’s Business Plan and Strategic Plan Document for April 2014-March 2019.			
<b>Geographical area</b>	Trust-wide			
<b>Aims and objectives</b>	<ul style="list-style-type: none"> <li>• Support the Trust Business Plan and the clinical service development plans</li> <li>• Act as an enabling implementation plan for the Directorate to ensure we continue to improve, maintain and deliver an appropriate quality estate and facilities management service to provide a safe, sound and supportive environment for patients and staff</li> <li>• Support the planned capital investments over the next 3 years as set out in the Trust Business Plan</li> </ul>			

	<ul style="list-style-type: none"> <li>• Deliver and improve upon our assurance of compliance with Care Quality Commission essential standards of safety and quality</li> <li>• Continue to rationalise the estate as services change and the Trust adopts new ways of working to ensure we maximise the efficient use of physical space</li> <li>• Act as a baseline for measurement of Key Performance Indicators and service improvement</li> </ul>
<b>Start date of Equality Analysis Screening</b>	29 December 2014
<b>End date of Equality Analysis Screening</b>	<b>29 December 2014</b>

**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>					
Staff Trust-wide					
<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**

Not applicable

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

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

Not applicable

**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 you are required to do so**

The completed EA has been signed off by:  You the Policy owner/manager:  Type name:	Date:
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<p>Your reporting manager:</p> <p>Type name: Linda Parsons on behalf of Rob Cowell</p>	<p>Date: 29/12/14</p>
<p>Please forward this form by email to: <a href="mailto:tewv.policies@nhs.net">tewv.policies@nhs.net</a></p> <p><b>Please Telephone: 0191 3336267/6542 for further advice and information on equality analysis</b></p>	