

APPENDIX 3: Equality Impact Assessment

STANDING ORDERS

Name: Jane Gear

Policy/Service:

Background

- Description of the aims of the policy
- Context in which the policy operates
- Who was involved in the Equality Impact Assessment

NHS Trusts need to agree Standing Orders (SOs) for the regulation of their proceedings and business. Regulation 19 of the NHS Trusts (Membership and Procedure) Regulations 1990 (SI(1990)2024) requires the meetings and proceedings of an NHS Trust to be conducted in accordance with the rules set out in the Schedule to those Regulations and with Standing Orders made under regulation 19 (2). The Codes of Conduct and Accountability (EL(94)40) require Boards to adopt schedules of reservation of powers and delegation of powers.

These documents, together with Standing Financial Instructions, provide a regulatory framework for the business conduct of the Trust. They fulfil the dual role of protecting the Trust's interests and protecting staff from any possible accusation that they have acted less than properly.

The Standing Orders, Delegated Powers and Standing Financial Instructions provide a comprehensive business framework. All executive and non-executive directors, and all members of staff, should be aware of the existence of these documents and, where necessary, be familiar with the detailed provisions.

The Standing Orders incorporate provisions of the National Health Service Trusts (Membership and Procedure) Regulations 1990 SI(1990)2024 as amended by SI(1990)2160 and SI(1996).

Methodology

- A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age)
- The data sources and any other information used
- The consultation that was carried out (who, why and how?)

This document was reviewed by the Executive Directors in reviewing the proposed document. No adverse implications for any group were identified.

Key Findings

- Describe the results of the assessment
- Identify if there is adverse or a potentially adverse impacts for any equalities groups

No adverse or a potentially adverse impacts for any equalities groups identified

Conclusion

Provide a summary of the overall conclusions

NHS Trusts are required in law to have in place Standing Orders to ensure appropriate governance and, provide a regulatory framework for the business conduct of the Trust. They fulfil the dual role of protecting the Trust's interests and protecting staff from any possible accusation that they have acted less than properly.

It is not identified that there will be any adverse effects to any group with implementation of this policy.

Recommendations:

- State recommended changes to the proposed policy as a result of the impact assessment
- Where it has not been possible to amend the policy, provide the detail of any actions that have been identified
- Describe the plans for reviewing the assessment

No recommendations identified.

The document will be reviewed and impact assessed at the next review in 2010.

Guidance on Equalities Groups

Race and Ethnic origin: (includes gypsies and travellers) (consider communication, access to information on services and employment, and ease of access to services and employment)	Religion or belief: (include dress, individual care needs, family relationships, dietary requirements and spiritual needs for consideration)
Disability: (consider communication issues, access to employment and services, whether individual care needs are being met and whether the policy promotes the involvement of disabled people)	Sexual orientation including lesbian, gay and bisexual people: (consider whether the policy/service promotes a culture of openness and takes account of individual needs)
Gender: (consider care needs and employment issues, identify and remove or justify terms which are gender specific)	Age: (consider any barriers to accessing services or employment, identify and remove or justify terms which could be ageist, for example, using titles of senior or junior)
Culture: (consider dietary requirements, family relationships and individual care needs)	Social Class: (consider ability to access services and information, for example, is information provided in plain English?)