

Equality analysis form

If the activity you are planning to analyse is covered by an existing Equality Analysis or a relevant former Equality Impact Assessment, please use Section 2 of the form to highlight any updated information. The updated form should be sent through to the Equality and Diversity Unit for feedback, the start of the online consultation process and publication.

Section 1

Equality Analysis Screening

The following questions will identify whether a full Equality Analysis will be required. Please read the Equality Analysis guidance prior to completing the screening.

1. Name of the activity (strategy, policy, practice etc)

Establish the Blackberry Centre Eye Clinic for the new BSc Optometry programme and the installation of a CT Scanner for the Radiography programmes.

2. Will this activity have the potential to deliver positive outcomes for students, staff and/or visitors from equality groups? Please provide evidence for your answer.

Yes. This will enable General Optical Council required experience by providing students with clinical opportunities in controlled clinical environment for specific elements of teaching.

Members of the public and UWE staff will benefit from on site specialist eye care, and discounted eye care services. The CT installation will also accommodate the potential for a future CT Scanning clinic to support local needs, in contract with the NHS.

3. Will this activity have the potential to create negative impacts on students, staff and/or visitors from equality groups? Please provide evidence for your answer.

Yes. Students, members of the public or staff may potentially feel they are not being treated equally within the Eye Clinic or the CT scanning suite.

4. Does the activity have the potential to impact equality groups in the following ways:

- Access to or participation in UWE Faculties or Professional Services?
- Levels of representation across the UWE workforce?

- Student experience, attainment or withdrawal?
- Staff experience?

Please indicate YES or NO. If the answer is YES then a full analysis must be carried out. If the answer is NO, please provide a justification.

Yes

Equality analysis screening sign off:

Faculty Dean or Head of Service	<i>Rebecca Neill</i>
Faculty / service	HAS
Date	Wednesday, January 16, 2019

Please return the completed form back to the Equality & Diversity Unit for feedback and publication

Section 2

Full Equality Analysis

1. Name of the activity (strategy, policy or practice etc)

The Blackberry Centre Eye Clinic and CT Scanner suite.

2. What is the aim of the activity (objective or purpose)?

- To provide a working optometry clinic for internal and external patient groups, according to General Optical Council (GOC) requirements for full approval to run the Optometry BSc Hons programme.
- To provide final year BSc Optometry students a comprehensive experience of patients with differing eye health needs, according to GOC requirements, within a controlled clinical environment.
- To provide CT Scanner skills for students across the Radiography programmes
- To provide research opportunities through both provisions.

3. If amending a current activity, what changes are proposed?

New endeavours

4. Who is responsible for developing and delivering the activity?

Mary-Ann Sherratt for the Vision Clinic and Rob Stewart for the CT Scanner suite.

5. What measures will be used to assess whether the activity is successful?

- General Optical Council full approval to run the Optometry BSc Hons programme
- NSS demographic/equality results
- Patient use and customer feedback with demographic and equality breakdown
- NHS England performer approval for General Ophthalmic Service provision
- CQC approval for commissioned eye care service provision

6. Does the activity have a potentially adverse impact on equality groups, in terms of employment issues and/or service delivery for students and/or staff? In the table below, please give evidence to support your yes or no answers. If the answer is not known, indicate how you will source evidence.

Meeting the public sector equality duty

Please also use the table below to demonstrate whether the activity has the potential to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Please use the 'no' column to highlight your responses.

	Yes	No	Not known
Women and men	✓	<p>Women and men can experience barriers to clinical treatment in different ways. Staff and training students will be trained in equality issues and patient care. The clinic will have a full-time receptionist available.</p> <p>To avoid blind corners and increase perception of user personal safety, the layout of rooms are along a single straight corridor.</p> <p>Patient requests to see be seen by a health care practitioner of a stated gender will be accommodated where possible, but as a training clinic where students and consultants/supervisors will be in attendance, this will not always be possible so patients will be given fair warning.</p> <p>Toilets will not be gender specific but will be single-user, self-contained where possible.</p>	
Trans people	✓	<p>The LGBT in Britain – Trans Report</p> <ul style="list-style-type: none"> • One in eight trans employees (12 per cent) have been physically attacked by a colleague or customer in the last year. There is a single straight corridor connecting all rooms and all people in case of incidents. Waiting rooms will have access without closed doors. • Half of trans people (51 per cent) have hidden their identity at work for fear of discrimination. All staff and students will have received awareness training in LGBT 	

		<p>issues and sensitivity. The option of quieter spaces for confidential discussion will be publicized.</p> <ul style="list-style-type: none"> • Almost half (48 per cent) of trans people don't feel comfortable using public toilets through fear of discrimination or harassment. There will be sufficient toilets to service all visitors and staff, offering single-user facilities. • When accessing general healthcare services in the last year, two in five trans people (41 per cent) said healthcare staff lacked understanding of trans health needs. . All staff and students will have received awareness training in LGBT issues and sensitivity. • More than a third of trans students (36 per cent) in higher education have experienced negative comments or behaviour from staff in the last year.. All staff and students will have received awareness training in LGBT issues and sensitivity. • Consulting rooms will allow sufficient physical space for practitioner, students, physically able and disabled patients with carers to meet in comfort. • Where possible, single-user, self-contained toilets will provide gender-neutral facilities. 	
Black and minority ethnic groups	✓	<p>Black and minority ethnic people can receive negative responses that create barriers to treatment. Staff and training students will be trained in equality issues and patient care.</p>	
Disabled people	✓	<p>Access and interpersonal responses can be barriers. There can be issues around access through doorways or maneuvering space for mobility aids; discreet obstacles and trip risks for those with visual impairment or other mobility issues, including the route from the public by-way to the clinic front door.</p> <ul style="list-style-type: none"> • Reception and other treatment desks will be accessible height for all. • All routes and all consulting rooms and examination areas will be accessible to wheelchair users and corridors will afford space for people using wheelchairs to pass side-by-side. • Staff and training students will be trained in access and service issues for physical, learning, and mental health impairments. • Toilets will include an accessible toilet. • Consideration will be given to a 'Changing Space' for adults with a hoist facility. • The option of quieter spaces for confidential discussion will be publicized and one of two waiting rooms will be considered for retention as a quieter room. When available, spare consultant rooms will be offered as quiet spaces in case of occasional need • Consideration will be given to less intrusive sharp/strong lighting where possible to benefit disabled people affected by strong light. 	

		<ul style="list-style-type: none"> • Refreshments will be available with use by wheelchair users taken into consideration. • Consideration will be given to appropriate parking and access to the building. • Consideration will be given to appropriate signage for the visually and cognitively impaired. • Consideration will be given to seating for disabled people with a range of impairments. • Contrast colours will be used on walls, floors and doorways to aid visual awareness. • Consideration will be given to toilet access will be in sight of waiting rooms for carer support. • Consulting rooms will allow sufficient physical space for practitioner, students, and disabled patients with carers to meet in comfort. The fire exit (through the control room) has a circa 30cm step to exit the building. Provision of a portable ramp may be required. This action will be picked up as part of building regulations due processes. 	
Younger or older people	✓	<p>There are child protection risks in treatment and possible barriers to older people due to age related disabilities, such as dementia, arthritis or other age-related mobility issues.</p> <ul style="list-style-type: none"> • Sufficient seating will be available in waiting areas • Staff and training students will be trained in access and service issues for children, providing for guardians, and for older people. • Fixtures and fittings will be sourced in consideration of users with limited mobility and dexterity. • There are safeguarding and chaperone policies through NHS England and the Care Quality Commission (CQC) which will be taken into account. • Consideration will be given to an entertainment space for children whilst waiting. • Refreshments will be available • Consulting rooms will allow sufficient physical space for practitioner, students, and patients with carers to meet in comfort. 	
People of different religion and beliefs	✓	<p>People of certain faith may be deterred by treatment practice that conflict with the standards set by their religion or belief.</p> <ul style="list-style-type: none"> • Staff and training students will be trained in awareness and consideration of different religious expectations. • There is currently a quiet prayer space located adjacent to the clinic which will continue to be available for students and staff, including those in the clinic. 	
Lesbian, gay, bisexual people	✓	<p>LGB people can receive negative responses that create barriers to treatment. Staff and training students will be trained in equality issues and patient care.</p>	
Marriage and civil partnership		✓	

Pregnancy and maternity	✓	Pregnancy and maternity may impact physical and mental health. <ul style="list-style-type: none"> • Sufficient seating will be available in waiting areas. • Staff and training students will be trained in mental health issues and patient care. • Staff and students will have access to the staff and students spaces on campus for baby-changing facilities. • Consideration will be given to single-user, self-contained toilet with baby-changing facilities and room for expressing breast milk in the Blackberry Centre • Consulting rooms will allow sufficient physical space for practitioner, students, and pregnant people / new parents to meet in comfort. • 	
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7. Please give evidence of how you have engaged equality groups in the equality analysis process. Is further engagement required?

Recruitment of a consultation group representative of the local community of potential patients, students, and staff; to provide an on-site tour and provision of space, furnishing and activity plans; and the opportunity to raise questions or issues. This event was conducted on November 14th, 2018, and has contributed to the considerations above. Further opportunity for consultation is anticipated through the 6 week online consultation.

8. What action can be taken to mitigate any potential negative impacts or address different needs? Please comment and then complete an action plan (see appendix 1).

The consultation with representative stakeholders on site has helped establish potential negative impacts and how mitigating solutions might be included in the structural and process design stages.


9. Please indicate the level of equality relevance:

High

Medium

Low

10. **Equality analysis sign off:**

Faculty Dean or Head of Service	
Faculty / service	HAS

Date	Wednesday, January 16, 2019
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Please return this form to the Equality and Diversity Unit for feedback, the start of the consultation process and publication.

Equality analysis - action plan

Appendix 1

Name of activity: Blackberry Centre Vision Clinic

Plan completed by: 16 /11/2018
HAS

Service / faculty:

Issues	Actions required	Responsible Person	Resources required	Target date	Success Indicators
Information/ data required	Space configuration Patient flow Student Flow Furniture & Furnishing specifications	Mary-Ann Sherratt		27/10/18	All listed information provided
Consultation	1. Onsite consultation with representative stakeholder group 2. Online consultation periods	Dominic Foster	1. Dominic Foster / Fiona Lewis 2. Vicky Swinerd	9/11/18	Completion of consultation with record of feedback and adjustments made
Monitoring and review arrangements	Monitoring – notes taken Assessing – Impact Assessment updated Reporting – the Project Board and the Estates Project Lead	Dominic Foster	Monitoring & analysis time: Mary-Ann Sherratt Dominic Foster Declan Ainger	16/11/18	Consultation results, analysis, and outcomes recorded.
Publication	Submission of Equality Assessment for formal consultation period	Vicky Swinerd	Administration: Vicky Swinerd Internet publisher	16/11/18	Consultation influenced equality assessment published and approved

Other actions					
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Please return form to the Equality and Diversity Unit