

Appendix H

EQIA form

Equality Impact Assessment Form
Stage 1 – Initial Assessment

Managers Name	Debbie Houliston/Sarah Kirk	Centre	Unscheduled Care
Function, Policy, Practices, Service	<p>As an interim measure until HTP is progressed, it is proposed that all Cardiology inpatient services are moved to PRH.</p> <p>The reasons for this are:</p> <ul style="list-style-type: none"> To support the fragile workforce issues To prevent delays in diagnostic and interventional procedures for cardiology inpatients To support the COVID-19 pathways <p>Cardiology service could facilitate this by moving its inpatient provision on ward 24 on RSH to ward 7 at PRH which will then sit alongside the current cardiology Ward (ward 6) to create a single site inpatient service at PRH.</p> <p>Outpatients services will remain unchanged on both sites.</p>	Purpose and Outcomes – intended and differential	<p>Move of Cardiology ward 24 RSH to PRH Ward 7 to join ward 6.</p> <p>Outpatient services to remain on current sites</p> <p>Elective procedures already performed at PRH site</p>
Implementation Date	October 2021 (TBC)	Who does it affect?	Residents of Shropshire, Telford & Wrekin and Powys
Consultation Process	Plan developed in response to Covid-19. Engagement/discussions undertaken with Healthwatch, HOSC, CCG's, NHS I and CQC Patient groups	Communication and awareness	<p>Media Release drafted</p> <p>Healthwatch Shropshire and T&W informed</p> <p>Powys CHC informed</p> <p>OSCE informed</p> <p>CCG informed</p> <p>Gold Command informed</p> <p>Ward 24, 6 and 7 made aware on 24/07/20</p>

For completion of the following table please see point 7 in the guidance notes.

Equality Target Group	(a) Positive Impact	(b) Negative Impact	Neutral impact	Reason/Comment
Sex	Positive		Neutral impact	<p>Centralisation of Cardiac Services will improve patient quality of service but will have neutral impact on the this group</p> <p>Currently the CCU at RSH has breached for having mixed sex bays on several occasions. Under the new proposal care will be provided in several single sexed areas and side rooms allowing for individual needs to be met.</p>
Gender Reassignment			Neutral	<p>Centralisation of Cardiac Services will improve patient quality of service but will have neutral impact on the this group</p> <p>Please see second paragraph above (under Sex equality group)</p>
Race			Neutral	<p>Centralisation of Cardiac Services will improve patient quality of service but will have neutral impact on the this group</p> <p>It is important that there is a robust communications plan which is part of the service change plan, which takes into account language and communication barriers.</p>
Disability	Positive impact	Negative impact		<p>This service change will potentially have a negative impact upon those patients who live geographically further away, however this change</p>

				<p>may also benefit those who live closer to PRH.</p> <p>Consideration should be given to transport issues, particularly in terms of admission and discharge planning. Please note that most cardiac inpatient admissions are via ambulance (with the most serious cases being taken to Stoke or Wolverhampton)</p> <p>For those individuals who are carers the change in service location may also have an impact.</p> <p>For certain cardiac conditions (such as congenital heart conditions) these services are usually provided by special centres outside of the trust and so will not be impact upon by the proposed changes.</p> <p>It is important that as part of the service change that a robust communication plan takes into consideration accessibility issues.</p>
Age	Positive impact	Negative impact		<p>Geographically we have the highest population of older adults in Powys and South Shropshire, in very rural locations who will now be admitted to PRH, consideration should be given to transport issues, particularly in terms of admission and discharge planning. Please note that most cardiac inpatient admissions are via ambulance (with the most serious cases being taken to Stoke or Wolverhampton)</p>
Sexual orientation			Neutral impact	<p>Centralisation of Cardiac Services will improve patient quality of service but will have neutral impact on the this group</p>
Religion or Belief	Positive Impact	Negative Impact		<p>Some individuals admitted to PRH will be further away from their local faith/religious community so will have less access to faith leaders and communities.</p> <p>The Trust does have links at PRH and RSH with local faith leaders, which can be contacted for support.</p>
Pregnancy and Maternity				
Marriage and Civil Partnership			Neutral Impact	<p>Centralisation of Cardiac Services will improve patient quality of service but will have neutral impact on the this group</p>

Following completion of the Stage 1 assessment, is Stage 2 (Full Assessment) necessary? –Yes No not indicated however stage 2 completed to provide full response.

Date Completed: 02/09/21 Signed by Manager completing the assessment: Debbie Houlston

Equality Impact Assessment Form

Stage 2 – Full Assessment

Managers Name	Debbie Houliston/Sarah Kirk	Centre	Medicine Centre
What adverse/negative impact(s) were identified in stage one and which group(s) were affected/	Amalgamation of Cardiology improves the quality and safety of the service with centralised services pooling all skills onto one site. Reduction in travel for patients requiring a Cardiac intervention from the RSH site will overall reduce the length of stay for this group of patients.		
What changes or actions do you propose/recommend to improve the Function, Policy, Practices and Service to eradicate or minimise the negative impacts on the specific groups?	Pathways with WMAS and Welsh Ambulance Service to improve patient journey to appropriate site.		
How do you intend to communicate or consult in relation to the actions and proposals for improvements?	Service change planned in response to Covid-19 planning, limited opportunity for engagement however engagement session/ discussion held with Healthwatch, HOSC, CCG's, NHS I and CQC A communication plan has been developed as part of the implementation plan which includes both internal and external coms via a variety of sources. Cardiology Task & Finish Group reporting into Capacity and Locations T&F group which reports into the Trust Restoration committee, which in turn reports to the system Restoration and Recovery Committee.		
How will actions and proposals be monitored to ensure their success?	Quality indicators will be closely monitored Patient surveys and feedback	When is the date of the next review?	02/11/21

Date Completed:02/09/21

Signed by Manager completing the assessment: Debbie Houliston

Equality Impact Assessment Improvement Plan

As a result of Stage 2 departments must design an Improvement Plan clearly defining and planning the actions and proposals identified above. This must include

- Lead Manager
- Area(s) of negative impact
- Recommendations/amendments proposed
- Action to be taken
- Timescale
- Resource implications

Guidance notes for Impact Assessment Forms - Stage 1

1. What are the main functions, policies, practices and services?

A function is the key duty or aim which can be defined through the policy, practices and services in order to achieve its purpose or intended outcome.

2. What is the purpose of the policy and what are the intended outcomes or differential outcomes?

Policies should have set aims and objectives. Intended outcomes are the outcomes that you would expect to be achieving in accordance with the policy. Any differential outcomes are those that have not met the aims, objectives and purpose of the policy.

3. Implementation date?

The date the policy was implemented.

4. Who does it affect?

Services users i.e. patients, staff and other stakeholders, or others as appropriate.

5. Consultation process?

What process for consultation to the groups involved has been undertaken and when? The purpose of the consultation is to outline to the specific groups how the implementation of the policy will affect them and to raise awareness between the groups. e.g. variety of groups are identified in "Health and Care information in Shropshire" document along with the PPI forum. Information on both of these can be found through PALS.

6. Communication and Awareness?

How are any changes/amendments to the policy communicated? How is the policy made aware to all concerned?

7. How to complete the high/low, positive/negative impacts table

Positive Impacts

The policy/service may have a positive impact on any of the equality groups outlined in relation to promoting equal opportunities and equality, improving relations within equality target groups, providing target need services to highlighted groups. An example of this would be if a targeted training programme for black and minority ethnic women had a positive impact on black and minority women, compared with its impact upon white women and all men. It would not, however, necessarily have an adverse impact on white women or men.

Negative Impacts

The policy/service may have a negative/adverse impact upon any of the equality target groups outlined i.e. disadvantage them in any way. An example of this would be that if an event were to be held in a building with no loop facilities a negative/adverse impact would occur for attendees with a hearing impairment.

Factor Scores

Impact – None/ Low/ High

Any **High** Negative Impact score will illustrate a need to complete a **Full Impact Assessment (stage 2)**. However, it may be useful to conduct Stage 2 of the Assessment even if the negative impact scored low to ensure that a more thorough assessment is carried out.

NB: *Please retain a copy of the Impact Assessment(s) on your files for audit purposes and address any queries in relation to Patients Services to the Patient and Public Involvement Manager and any queries in relation to Employment Issues to the Lead for Equality and Diversity in the HR Department.

Equality Impact Assessment

1.0 Legal requirement of a Equality Impact Assessment.

1.1 The Equality Act 2006 requires public authorities to conduct an Impact Assessment upon their current or draft policies, practices, functions and services on the grounds of race. In anticipation of future legislative changes in relation to disability, the Trust's Impact Assessment will be implemented to consider the impact on all areas of diversity, i.e. gender, transgender, disability, race, sexual orientation, age, religious belief.

2.0 Examples of Equality Target Groups.

2.1 Age – The definition of age groups will need to be sensitive to the policy under consideration. For example, in relation to employment policies the middle aged are often a vulnerable group and pensionable age is different for men and women.

2.2 Gender – Men (including boys), Women (including girls) and Transgender people.

2.3 Disability – Persons with a disability as defined within the Disability Discrimination Act 1995 such as those with hearing impairment, visual impairment, physically disabled, learning disability or mental health problems.

2.4 Racial Group – A group of people defined by race, colour, nationality and ethnic or national origins. Examples include; Romany Gypsies, Jews, Sikhs, Chinese, Indian, Pakistani, Bangladeshi, Black African, Black Caribbean, White, Irish, Welsh, Turkish, Greek Cypriot, mixed ethnic group, any other ethnic group/nationality.

2.5 Faith/Religion - Religion or belief is any religion, religious belief or similar philosophical belief but does not include any philosophical or political belief unless it is similar to a religious belief. A religious belief is likely to include some form of collective worship, a clear belief system or a profound belief affecting the way of life or view of the world. Non-belief is also covered by the regulations. Examples include; Buddhism, Christianity (Protestant, Catholic etc), Hinduism, Atheist, Agnostic etc, any other religion.

2.6 Sexual Orientation – As defined under the Employment Equality (Sexual Orientation) Regulation 2003:

- Orientation towards persons of the same sex (gay/lesbian)
- Orientation towards persons of the opposite sex (heterosexual)
- Orientation towards persons of the same sex and the opposite sex (bisexual)

3.0 Why is it necessary to conduct an impact assessment apart from legal reasons?

3.1 Work has an impact upon other employees no matter what role people are in. Whilst it is right to stay within the law, it is also imperative that people should be able to receive fair and equal treatment. Therefore promoting fairness for all, cultural competence, promoting racial equality, ensuring discrimination does not take place and promoting good relations between employees of different racial groups is crucial for the organisation to be at it's best in relation to providing quality public services and policies.

4.0 An Impact Assessment.

4.1 The Impact assessment is an assessment of the impact of current, intended or draft policies, programmes or services for any adverse, negative or detrimental outcomes for individuals from diverse backgrounds. Additionally it provides the structure to implement actions to eradicate any adverse, negative or detrimental outcomes, issues or inequalities.

4.2 The purpose of the Impact Assessment specifically to the NHS is to improve the work carried out by ensuring that it does not discriminate and that the promotion of equality is achieved for both patients and employees.

5.0 When to conduct an Impact Assessment.

5.1 Impact Assessments should be carried out on the introduction of all new or revised policies, procedures, and protocols and on the modification or implementation of any new services.

5.2 In relation to service delivery the Impact Assessment should be repeated every three years.

6.0 Process of an Impact Assessment.

6.1 Impact Assessments should follow a *two-stage process as follows:

- **Stage 1** – Initial Assessment which enables areas of priority to be highlighted.
- **Stage 2** – Full Impact Assessment of those areas highlighted as High Priority at Stage 2.

*** Stage 2 only requires completion if any negative impacts are identified in Stage 1.**

7.0 Equality Impact Assessment process flow-chart.

