



# Equality Impact Assessment Form






## Equality Impact Assessment Form

<b>Managers Name</b>	<b>Andrew Evans</b>	<b>Division &amp; Department</b>	SAC Division, Head and Neck
Policy/Service Change or Development	Improvement works to ENT and Audiology Clinics and temporary relocation of services to enable the works to happen	Outline of proposed policy/service change	In order to reduce the rest time between appointments in ENT/Audiology improvements to the air exchanges are required. Estates are carrying out these works from 18 <sup>th</sup> April 2022 and will take 12-18 weeks. To enable these improvement works some of the clinics will need to be relocated on a temporary basis.
Implementation Date	18 <sup>th</sup> April 2022 for 12-18 weeks	Who does it affect?	Patients attending audiology and ENT clinic appointments at RSH as well as the staff that run the clinics
Have you engaged with staff, patients or the public	<p>Primary Care GP Liaison Officer has communicated to GP and Primary Care Providers.</p> <p>Education for Hearing Impaired Children (Sensory Inclusion Service)</p> <p>Shropshire Community Health</p> <p>Our Hospital patient transport provider will</p>	Engagement plan attached	<p>Yes/No</p> <p>Public Assurance update 25 April 2022</p> <p>Stakeholder meeting arranged 28 April 2022</p>

	<p>support with patients that meet the criteria.</p> <p>Internal Communications including posters within clinic areas</p> <p>Patients whose appointments have changed locations have been informed.</p> <p>MPs and JHOSC chairs advised 14 April 2022</p> <p>Public Assurance Forum members advised 14 April 2022</p>		
Have any areas of negative high impact been identified?	Yes	Action Plan attached	Yes/No

**For Service Change/Development**

Current number of patients likely to be impacted by proposed change/development	ENT <b>436</b> /month Audiology ~ <b>1300</b> /month	Annual Referrals	n/a		
					
					
Number of staff directly impacted	2	Number of staff indirectly impacted	0		

For any service change or development, please contact the Public Participation team before completing this assessment: [sath.engagement@nhs.net](mailto:sath.engagement@nhs.net) 01743 492390

Date Completed:

Signed by Manager completing the assessment:

For Service changes/developments please forward your completed form to the Public Participation Team [sath.engagement@nhs.net](mailto:sath.engagement@nhs.net). For Policies please forward a copy of the EqIA with your policy, to the Trust's Governance Team .

For completion of the following table please see the guidance notes.

Equality Target Group	(a) Positive Impact	(b) Negative Impact	Neutral impact	Reason/Comment	Action/Mitigation
Sex			X	There are no gender specific conditions within the service	None required
Gender Reassignment			X	No conditions impacted to transgender status within the service	None required
Race			X	No conditions impacted by race within the service	Interpreters will be available at replacement clinics if required
Disability	X	X		<p>Increased likelihood of adults and children with Learning Disabilities using the services and at PRH there are dedicated paediatric clinics with specialist rooms for Children's Hearing Services at PRH.</p> <p>There may be a positive impact may be due to patients being able to receive services closer to home (community locations), however it's acknowledged that some patients may need to travel further for their care</p>	Details of help with travel costs will be available in clinic and patients requiring hospital transport will continue to use services already in place. Staff are aware of how patients can access help with transport.

<b>Age</b>	<b>X</b>			<p>Increased likelihood of adults and children with Learning Disabilities using the services and at PRH there are dedicated paediatric clinics with specialist rooms for Children's Hearing Services at PRH.</p> <p>There may be a positive impact may be due to patients being able to receive services closer to home (community locations)</p>	
<b>Sexual orientation</b>			<b>X</b>	The temporary relocation will neither have a positive or negative impact on this Equality Target Group.	None required
<b>Religion or Belief</b>			<b>X</b>	These are outpatient clinics so patients are unlikely to require pastoral support	The Oncology clinic will remain at RSH where pastoral support is available if required
<b>Pregnancy and Maternity</b>			<b>X</b>	There is no evidence that pregnancy increases need for these services	None required
<b>Marriage and Civil Partnership</b>			<b>X</b>	No impact	None required
<b>Carers</b>	<b>X</b>	<b>X</b>	<b>X</b>	Some patients may have to travel further to clinics at PRH.	Details of help with travel costs will be available in clinic and patients

				<p>There will be no change for some patients Some patients will benefit from increased capacity at community venues closer to home.</p> <p>There may be a positive impact may be due to patients being able to receive services closer to home (community locations)</p>	<p>requiring hospital transport will continue to use services already in place. Staff are aware of how patients can access help with transport.</p>
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**Other considerations:**

<b>Rurality</b>	<b>X</b>	<b>X</b>		<p>For those patients/carers/staff that reside within Powys or Rural Shropshire to the West of the County there may be a negative impact due to the need for additional travel to attend temporary replacement capacity at PRH. Some patients will benefit from increased capacity at community venues closer to home.</p>	<p>Details of help with travel costs will be available in clinic and patients requiring hospital transport will continue to use services already in place.</p>
<b>Deprivation</b>	<b>X</b>	<b>X</b>		<p>For those patients/carers/staff that reside within Powys or to the West of Shropshire who</p>	<p>Details of help with travel costs will be available in clinic and patients requiring hospital transport will</p>

				are deprived, there may be a negative impact due to the need for additional travel and associated cost to attend temporary replacement capacity at PRH. Some patients will benefit from increased capacity at community venues closer to home.	continue to use services already in place.
Language			X	Welsh speaking patients travelling to PRH, however the staff are moving with the clinics	Interpreters will be available at replacement clinics if required

**EqlA Action Plan**

Manager's Name	Andrew Evans		Division/Department		SAC Division, Head and Neck	
Negative Impact identified	Group(s) affected	Action/Mitigation	Involvement <i>[Who/How?]</i>	How will actions and proposals be monitored to ensure their success?	Timescale	Completed <i>[Date]</i>



<p><b>Rurality</b></p>	<p>Patients (adult and children)/care rs that reside within Powys or Shropshire to the West of the County</p>	<p>Audiology</p> <ul style="list-style-type: none"> <li>- alternative provision provided at RSH within the Copthorne Building has been provided</li> <li>- increased in community provision within localities</li> <li>- some activities moved to PRH</li> </ul> <p>ENT</p> <ul style="list-style-type: none"> <li>- alternative accommodation at RSH within Clinic 7</li> <li>- additional capacity provided at PRH</li> <li>- telephone clinics where appropriate.</li> </ul> <p>Those patients that are eligible for patient transport will be supported by services already in place.</p>	<p>Clinical and Nursing Teams within SaTH.</p> <p>Community Providers and Powys</p>	<p>Activity Levels Recorded</p> <p>Patient Feedback via Pals/complaints and Friends and Family.</p> <p>Review meetings within the Division to rapidly review opportunities for improvements and implement as well as planning activities to meet demand.</p>	<p>During the 12-18 weeks of the works.</p>	<p>Implemented for WC 18th April</p>
<p><b>Deprivation</b></p>	<p>Patients (adults and children)/care rs that reside within Powys or Shropshire to the West of the County who are deprived</p>	<p>Audiology</p> <ul style="list-style-type: none"> <li>- alternative provision provided at RSH within the Copthorne Building has been provided</li> <li>- increased in community provision within RSH localities</li> <li>- some activities moved to PRH</li> </ul> <p>ENT</p> <ul style="list-style-type: none"> <li>- alternative accommodation at RSH within Clinic 7</li> <li>- additional capacity provided at PRH</li> <li>- telephone clinics where appropriate.</li> </ul>	<p>Clinical and Nursing Teams within SaTH.</p> <p>Community Providers and Powys</p>	<p>Activity Levels Recorded</p> <p>Patient Feedback via Pals/complaints and Friends and Family.</p> <p>Review meetings within the Division to rapidly review opportunities for improvements and implement as well as planning activities to meet demand.</p>	<p>During the 12-18 weeks of the works.</p>	<p>Implemented for WC 18th April</p>

		Those patients that are eligible for patient transport will be supported by services already in place.				
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Date of next review: .....WC 9<sup>th</sup> May 2022 .....

Signed by Manager: .....A. Evans .....

## Equality Impact Assessment

### 1.0 Legal requirement for an Equality Impact Assessment.

**1.1** The Equality Act (2010) requires public authorities to conduct an Impact Assessment upon their current or draft policies, practices, functions and services on equality grounds. The Equality Impact Assessment will consider the impact on all areas of diversity, i.e. gender, transgender, disability, race, sexual orientation, age, religious belief, marriage and civil partnership and pregnancy. *[In addition the Trust requires that the impact on Carers, Rurality, Deprivation, and in the case of Welsh patients, the impact of distance on language spoken, be considered]*

### 2.0 An Equality Impact Assessment.

**2.1** The Equality Impact Assessment is an assessment of the effect 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.

**2.2** The purpose of the impact assessment specifically to the NHS is to improve our services by ensuring that we do not discriminate and that the promotion of equality is achieved for both patients and employees.

### 3.0 When to conduct an Equality Impact Assessment.

**3.1** Equality Impact Assessments should be carried out on the introduction of all new or revised policies, procedures, and protocols and before implementation of any service change/development or the introduction of a new service.

**3.2** In relation to service delivery the Equality Impact Assessment should be reviewed every three years.

### 4.0 Process of an Equality Impact Assessment.

**4.1** Equality Impact Assessments should follow a \*two-stage process as follows:

- Assessment which highlights negative impacts of the change, as well as areas of positive benefit or good practice.
- An Action plan for those areas of high negative impact identified

## Guidance notes for Equality Impact Assessment Form

### Policy/Service Change or Development

What does this EqIA relate to

### Outline of proposed policy/service change

Please give a brief outline of what is proposed

### Implementation date?

The date the policy was/will be implemented.

### Who does it affect?

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

### Have you engaged with staff, patients or the public?

What process for engagement with the groups involved has been undertaken and when? The purpose of the engagement is to outline to the specific groups how the implementation of the policy will affect them and to raise awareness between the groups.

If an Equality Impact assessment is being carried out in relation to a service change or development, the Trust has a legal duty to engage with its local community and patients groups around the potential change (Section 242).

Under Section 242 of National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), NHS organisations are required to make arrangements to involve and consult patients and the public in:

- Planning of the provision of services;
- The development and consideration of proposals for changes in the way those services are provided, and decisions made by the NHS organisation affecting the operation of services.

The duty applies if implementation of the proposal, or a decision (if made), would have impact on -

- a) The manner in which the services are delivered to users of those services, or
- b) The range of health services available to those users.

For further information and advice regarding engaging the public and your duties to engage please contact the Trust Public Participation Team. As good practice all EqIA's should be reviewed by the relevant patient and public groups for assurance, please contact the Public Participation Team for more information [sath.engagement@nhs.net](mailto:sath.engagement@nhs.net)

### Engagement plan attached

If you are not attaching an engagement plan, please give reasons. An engagement plan must be attached for all service change/development EqIAs

**Current number of patients likely to be impacted by proposed change/development**

For service change/development please give details of the number of patients using the service (or part of the service) being considered at the current time.

**Annual Referrals**

Please give the number of referrals expected in the next 12 months, and indicate if this is likely to increase, stay the same or decrease in the future.

This information is important to give context and will enable better understanding of the potential impact of proposed changes on the public.

**Number of staff impacted**

Please give number of staff directly and indirectly impacted by the proposed change.

**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	You will need to use your judgement and consultation findings to decide whether there is no impact or a high/low impact – whether positive or negative. It is recognised that there may be differences of opinion about a factor score. In this case, it is advised to consult the relevant E&D lead before settling on a score.
Low	
High	

Any **High** Negative Impact score will illustrate a need to complete an EqIA Action Plan. However, it may be useful to complete this 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 to the relevant **Public Participation or Workforce ED&I Lead**.

## Equality Impact Assessment Process Flowchart

