

Equality Impact Assessment (EIA)

Legislation requires that our policy documents consider the potential to affect groups differently and eliminate or minimise this where possible. This process helps to address inequalities by identifying steps that can be taken to ensure equal access, experience and outcomes for all groups of people.

Step One – Policy Definition

Function/policy name and number:	ACUTE CARDIOLOGY AND WARD CORONARY CARE UNIT (CCU) AND POST CORONARY CARE UNIT (PCCU) OPERATIONAL POLICY
Main aims and intended outcomes of the function/policy:	Providing a high standard of care to patients who are severely compromised during the acute phase of their illness. Individualism is emphasised during admission to the CCU and during the follow-up period after stepdown to PCCU or the appropriate medical or surgical ward, or intermediate care facility.
How will the function/policy be put into practice?	A dedicated multidisciplinary professional team, committed to provide exemplary care while fostering leadership and collaboration within the Trust. The purpose is to ensure a holistic approach to patient's management, emphasising safe, efficient, and ethical practices across all facets of care.
Who will be affected/benefit from the policy?	Patients and all staff within cardiology department.
State type of document	Policy
Is an EA required? NB :Most policies/functions will require an EA with few exceptions such as routine procedures-see guidance attached	Yes
Accountable Director: (Job Title)	Chief Operating Officer
Assessment Carried out by:	Clinical Practice Lead
Date Completed:	11.02.2025

To help you to determine the impact of a strategy or policy, think about how it relates to the Public Sector Equality Duty, the key questions as listed below and prompts for each protected characteristic are included Step 3:

- Eliminate unlawful discrimination, victimisation, and harassment
- Advancing equality of opportunity
- Fostering good community relations

KEY QUESTIONS

- Are people with protected characteristics likely to be affected differently even though the policy is the same for everyone?
- Could there be issues around access, differences in how a policy is experienced and whether outcomes vary across groups?
- What information /data or experience can you draw on to indicate either positive or negative impact on different groups of people in relation to implementing this function policy?

Step Two – Evidence & Engagement

What evidence have you identified and considered? This can include research ((national, regional ,local) surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, information about Dudley's demographics, The Dudley Group equality and diversity reports, Joint Strategic Needs Assessment (JSNA) or other equality analyses, Workforce Race and Disability Equality data, anecdotal evidence.

<u>Research/Publications</u>	<u>Working Groups</u>	<u>Clinical Experts</u>
NICE Acute Coronary syndromes, 2020	Cardiac Assessment Unit	
National Early Warning Score	Cardiac rehabilitation team	
Privacy and dignity (incorporating same sex/mixed sex accommodation) policy, 2022	Heart failure team	
Privacy and dignity (incorporating same sex/mixed sex accommodation) policy, 2022	AF team	
Uniform & work wear policy, 2024		
Temporary signage policy, 2022		
Patient's property and money policy, 2024		
Health and safety policy, 2021		
Major incident and mass casualty policy, 2023		
Medicines management policy, 2022		

<p>Engagement, Involvement and Consultation:</p> <p>If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:</p>		
Engagement Activity	Protected Characteristic/ Group/ Community	Date
Equalities Business Partner	All	10.02.2025
<p>For each engagement activity, please state the key feedback you have received and then use this in step 3. List a summary of the Feedback in the 'list of feedback received' column, then add your mitigation and then your action to address.</p>		

Summary of the feedback:

The feedback highlighted the following:

- An inclusive view and awareness of trans or nonbinary patients;
- List of trainings available to have an inclusive ward;
- Reading and interpretation made easy for people with disabilities.

Step Three – Assessment of Impact

Complete **relevant** boxes below to help you record your assessment

Consider information and evidence from previous section covering:

- Engagement activities
- Equalities monitoring data
- Wider research

Also, consider due regard under the general equality duty, NHS Constitution and Human Rights.

Positive Impact HIGH MEDIUM LOW	Negative Impact HIGH MEDIUM LOW	Neutral Impact Cross in the box if no impact is identified	• List concerns raised for possible negative impact OR • List beneficial impact (utilise information gathered during assessment)	Mitigation List actions to redress concerns raised if a negative impact has been identified in the previous column	Lead [Job title]	Time-scale	How are actions going to be monitored/reviewed/reported? (incl. after implementation)
Positive OR Negative Impact (not both)							
1) Age Describe age related impact and evidence. This can include safeguarding, consent and welfare issues:							
		X					
2) Disability Describe disability related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health/ learning disabilities, cognitive impairments:							
	Medium		Too many acronyms used thorough the policy.	All acronyms removed from policy to create an easy reading.	Clinical practice lead	Completed	Mitigation completed.
3) Gender re-assignment Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment:							

	Medium		Policy made reference to single sex facilities and male and female changing areas. We need to consider the law regarding transgender people rights and their needs and wishes.	Wording amended in policy; Promoting Delivering same-sex accommodation guidance from NHSE which contains guidance on Trans patients. Arrange trans awareness training for relevant leads/staff to ensure everyone is aware of guidance and improve inclusivity for patients and staff.	Clinical practice lead	Completed By end of June 2025	Monitor training uptake. Monitor patient complaints/feedback.
4) Marriage and civil partnership Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part-time working, and caring responsibilities:							
		X					
5) Pregnancy & Maternity Describe any impact and evidence on pregnancy and maternity. This can include working arrangements, part-time working, and caring responsibilities:							
		X					
6) Race Describe race related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers:							
		X					
7) Religion or Belief Describe any religion, belief or no belief impact and evidence. This can include dietary needs, consent and end of life issues:							
		X					

8) Sex							
Describe any impact and evidence on men and women. This could include access to services and employment:							
		X					
9) Sexual Orientation							
Describe any impact and evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers:							
		X					
10)Other marginalised groups e.g. Homeless people							
Describe any impact and evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include lower socio-economic status, resident status (migrants, asylum seekers), homeless, looked after children, single parent households, victims of domestic abuse, victims of drugs / alcohol abuse: (This list is not exhaustive)							
		X					
11)Privacy, dignity, respect, fairness etc.							
		X					

EQUALITY IMPACT ASSESSMENT (EIA) -

GUIDANCE NOTES

An equality impact assessment (EIA) ensures that issues of equality, diversity, and inclusion are considered when developing or revising strategies, policies, or proposals that affect the delivery of services and the employment practice of the Trust.

Why should we carry out an EIA?

We are required to carry out equality impact assessments because:

- There is a legal requirement to do so in relation to the protected characteristics
- They help identify gaps and making improvements to services
- They help avoid continuing or adopting harmful policies or procedures
- They help you to make better decisions
- They will help you to identify how you can make your services more accessible and appropriate
- They enable the Trust to become a better employer

Equality Impact Assessments help us to:

- Determine how Trust strategy, policies and practice, or new proposals, will impact or affect different community groups, especially those groups or communities who experience inequality, discrimination, social exclusion or disadvantage.
- Measure whether strategies, policies or proposals will have a negative, neutral, or positive effect on different communities.
- Make decisions about current and future services and practice in fuller knowledge and understanding of the possible outcomes for different communities or customer groups.

What do we need to assess?

Trust policies are subject to a 3-year review. Alongside the reviews, new policies will emerge. Most policies, strategies, and business plans will need an EIA.

However, EIAs are not required for changes in routine procedures, administrative processes, or initiatives that will not have a material impact on staff, patients, carers, and the wider community. Examples include checking the temperature of fridges, highly technical clinical procedures, office moves, etc.

DGFT Process for EIAs

The revised EIA process is a single-stage process carried out in three steps

Step One: Policy Definition

This involves a description of the policy details. This is the fact-finding stage where you gather as much information about the strategy, policy or function you intend to assess. Who will be using the service, policy or function and the outcomes you want to achieve. It is important to make sure that your service, policy or function has clear aims and objectives.

Step Two: Evidence and Engagement

EIAs should be underpinned by sound data and information. This should be sought from various sources:

- The knowledge and experience of the people assisting in the service.
- ONS local demography/ Census data: [Census Maps - Census 2021 data interactive, ONS](#)
- Service monitoring reports / Divisional reports
- Patient satisfaction surveys
- Workforce monitoring reports
- Complaints and comments
- Outcome of consultation exercises
- Feedback from focus groups
- Feedback from organisations representing the interests of key target groups
- National and local statistics and audits
- Academic, qualitative and quantitative research
- Ward/ Divisional reviews
- Anecdotal data

This stage allows you to identify whether your strategy, policy or function has a positive or negative or potential negative impact on the protected characteristics. In some cases, an initial EIA is all you will need to establish whether you are providing equal outcomes for staff or patients. If you receive no feedback or concerns, you can mark each characteristic in section 3 as a neutral impact.

Step Three: Assessment of Impact

This is the main and the most important part of the EIA.

To help you determine the impact of the strategy or policy, consider how it relates to the Public Sector Equality Duty. The key questions and prompts for each protected characteristic are listed below.

- Eliminate unlawful discrimination, victimisation, and harassment
- Advancing equality of opportunity
- Fostering good community relations

The real value of completing an EIA comes from the actions that will take place and the positive changes that will emerge through conducting the assessment. To ensure that the action plan is more than just a list of proposals and good intentions, the following should be included:

- Each action be attributed to a key person who is responsible for its completion
- An achievable timescale that is also at the same time reasonable
- Relevant and appropriate activities and progress milestones
- How the action will be monitored/reviewed

KEY QUESTIONS

- What information /data or experience can you draw on to indicate either a positive or negative impact on different groups of people with implementing this function policy
- Are people with protected characteristics likely to be affected differently even though the policy is the same for everyone?
- Could there be issues around access, differences in how a service or policy is experienced and produces outcomes that vary across different groups
- Does the policy relate to the Trust's equality objectives?

NB It is important that mitigation measures be identified and acted upon where an adverse impact is known or likely.

Step Four: Assurance

This section enables the EIA to be signed off by a head of or director for the area. This will provide assurance to the equalities team that the EIA has been thoroughly and thoughtfully conducted.

Help & Support:

The equalities team will provide advice and support throughout the EIA process. Once you have completed your EIA, you must submit these documents to the procedural documents team, who will then ask the equalities team to sign off on the final version of the form.

For training, guidance and resources, including completed example forms, please visit the equality, diversity and inclusion hub pages: [Equality, Diversity & Inclusion - Policies and Guidelines](#).

Copies of the EIA:

The manager who completed the strategy or policy review should keep copies of the form to be monitored/revisited at the following policy review. Procedural documents will also keep a copy on file. All EIA will then be published on our external web pages to demonstrate due regard for the Public Sector Equality Duty.