

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:	Diabetes Inpatient Operational Service Policy
Main aims and intended outcomes of the function/policy:	This service policy specifically follows the Royal College of Physicians (RCP) guidance on the Diabetes Care Accreditation Program (DCAP). The purpose is to provide a comprehensive description of how the department functions.
How will the function/policy be put into practice?	This service policy specifically follows the Royal College of Physicians (RCP) guidance on the Diabetes Care Accreditation Program (DCAP). The purpose is to provide a comprehensive description of how the department functions.
Who will be affected/benefit from the policy?	This service policy will affect staff and patients associated with inpatient diabetes care.
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)	Consultant Service lead for Diabetes & Endocrinology
Assessment Carried out by:	Consultant Service lead for Diabetes & Endocrinology Assistant Directorate Manager
Date Completed:	06/03/2025

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, GIRFT, JBDS, Diabetes UK, DTN, TREND UK		Diabetes Consultants Diabetes Specialist Nurses Diabetes Matron Diabetes Nutritionists
Engagement, Involvement and Consultation: If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:		
Engagement Activity	Protected Characteristic/ Group/ Community	Date
Consulted Equalities Business Partner on the equality impacts of the service policy and any improvements needed.	All protected characteristics	04/03/2025
Procedural Documents team	Documents	04/03/25
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.		

Summary of the feedback:

Equalities Business Partner:

- Avoid using abbreviations in the Service Policy
- Consider which elements of this policy could be an appendix so it is not so long and easier to read.
- Use information on area background- good to raise awareness and can be used as a mitigation for any flagged inequalities
- Does the policy mitigate any patients being disadvantaged during their care?

Procedural Documents team:

Transfer documents from within the document to references.

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	<ul style="list-style-type: none"> • 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:							
Low			Policy does not include abbreviations throughout, benefit for those with cognitive impairments such as Dyslexia.				

3) Gender re-assignment Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment:							
		X					
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)							

Medium			With audit and data analytic support, Trust uses Hospital Episode Statistics to determine whether they are outliers with regards to length of stay, readmission rates and mortality. This can help identify any inequalities for review.				
11) Privacy, dignity, respect, fairness etc.							
Low			Policy states all patients with a diagnosis of diabetes should be supported to self-manage their diabetes where appropriate. Hospitals have systems and training in place that supports this				

