

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 address inequalities by identifying steps to ensure equal access, experience, and outcomes for all groups of people.

Step One – Policy Definition

Function/policy name and number:	Outpatient Parenteral Antimicrobial Therapy (OPAT) Policy
Main aims and intended outcomes of the function/policy:	To enable patients to safely receive intravenous antimicrobial therapy out of the hospital environment. Patients are treated in either the community clinic or housebound patients in their own home, (including nursing or residential homes) thereby facilitating early discharge from hospital or preventing hospital admission.
How will the function/policy be put into practice?	Currently in use
Who will be affected/benefit from the policy?	Patients and staff involved with the OPAT service
State the type of document:	Policy
Is an EA required? NB: Most policies/functions will require an EA with a few exceptions, such as routine procedures-see guidance attached	Yes
Accountable Director: (Job Title)	Medical Director
Assessment Carried out by:	District Nurse, Community IV Team Leader
Date Completed:	22.5.25

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

Research/Publications <i>(List any publications or research you have looked at here)</i>
Dougherty L and Lister S (Eds) (2023) Royal Marsden manual of clinical nursing procedures: professional edition. www.rmonline.com Extended-spectrum beta-lactamases (ESBLs): FAQs - GOV.UK
Working Groups <i>(Have you consulted with any groups?)</i>
Medical Lead, Dudley Clinical Hub Clinical Hub Lead Sister, Community IV Team PLACE Governance meeting Surgery Governance Meeting
Clinical or Subject Experts <i>(Have you consulted any experts? List them here)</i>
Consultant Acute Physician, Consultant Microbiologist Consultant Antimicrobial Pharmacist Antimicrobial Pharmacist
Engagement Activity Focused on Protected Groups <i>(Age, disability, race, sex, gender reassignment, marriage & civil partnership, pregnancy & maternity, religion or belief, sexual orientation, Other marginalised groups e.g. Homeless people or anything privacy or dignity related)</i>
Name of Source: Date: Protected Characteristic:

Summary of the feedback received from the engagement activity focused on protected groups:

- There have been no complaints received by the OPAT service since it commenced in 2012
- Over the last 13 years the Trust OPAT service has treated a full range of patients taking into account the assessment of equality impact

Step Three – Assessment of Impact

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

Consider information and evidence from the previous section covering:

- Engagement activities
- Equalities monitoring data
- Wider research

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

What detail is required below:

A negative impact requires every box to be completed

Positive impacts need the first three boxes completed

Neutral impacts need to be marked neutral with no other details.

Age: Describe age-related impact and evidence. This can include safeguarding, consent and welfare issues:	
Positive, negative or neutral impact:	Neutral Impact

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	
Positive, negative or neutral impact:	Positive Impact
If the impact is positive or negative, is it low, medium, or high risk for this group?	High
Concern or Benefit	<ul style="list-style-type: none">• Patients may be unable to make informed choice so best interest assessment by referring consultant / GP• Patients may need to be accompanied by their carer to provide holistic care / communication requirements• Patient circumstances and their carers requirements will guide treatment options• The community IV clinic is based in a building with full disabled access and facilities.

	<ul style="list-style-type: none"> Domiciliary visits are provided for housebound patients.
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Gender re-assignment: Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment:

Positive, negative or neutral impact:	Negative Impact
If the impact is positive or negative, is it low, medium, or high risk for this group?	Medium
Concern or Benefit	Patient may wish not to receive treatment in a mixed sex clinic
If a negative impact, how will it be mitigated?	<ul style="list-style-type: none"> Patient request will be assessed and patient treatment administered accordingly
Who will lead on this	IV Team Leader
When will it be mitigated?	As and when required
How will you monitor/review or report this?	<ul style="list-style-type: none"> Patient satisfaction / No complaints

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:

Positive, negative or neutral impact:	Neutral Impact
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Pregnancy & Maternity: Describe any impact and evidence on pregnancy and maternity. This can include working arrangements, part-time working, and caring responsibilities:

Positive, negative or neutral impact:	Positive Impact
If the impact is positive or negative, is it low, medium, or high risk for this group?	High

Concern or Benefit	Pregnant patients requiring OPAT will be treated in hospital based facilities where there is access to doctors and midwives if required
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Race: Describe race-related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers:	
Positive, negative or neutral impact:	Negative Impact
If the impact is positive or negative, is it low, medium, or high risk for this group?	Medium
Concern or Benefit	Patients will receive treatment in the community therefore preventing hospital admissions or facilitating early discharge Some patients do not have English as their first language which may cause language barriers Patient Information Leaflet is only available in English
If a negative impact , how will it be mitigated?	<ul style="list-style-type: none"> • All patients to be treated equally by Trust staff. Any signs of racism will be managed as Trust guidance. • Translation service is available or the patient can request that they want family members / friends to interpret for them. • Patient information leaflets (PIL) can be translated. This may delay the patient receiving comprehensive information
Who will lead on this	IV Team Leader
When will it be mitigated?	As and when required
How will you monitor/review or report this?	<ul style="list-style-type: none"> • Any information / reports of racism will be managed by senior staff. • Any complaints will be investigated. • PIL can be translated verbally as written information will cause delay

Religion or Belief: Describe any religion, belief or no belief impact and evidence. This can include dietary needs, consent and end-of-life issues:	
Positive, negative or neutral impact:	Negative Impact

If the impact is positive or negative, is it low, medium, or high risk for this group?	Medium
Concern or Benefit	Patients may have religious or beliefs that need to be considered as part of their care treatment
If a negative impact, how will it be mitigated?	<ul style="list-style-type: none"> Patients requesting appointments due to their religion / belief will be accommodated whenever possible
Who will lead on this	IV Team Leader
When will it be mitigated?	As and when required
How will you monitor/review or report this?	<ul style="list-style-type: none"> Any information / reports of racism will be managed by senior staff. Any complaints will be investigated. PIL can be translated verbally as written information will cause delay

Sex: Describe any impact and evidence on men and women. This could include access to services and employment:	
Positive, negative or neutral impact:	Negative Impact
If the impact is positive or negative, is it low, medium, or high risk for this group?	Medium
Concern or Benefit	Patient may wish not to receive treatment in a mixed sex clinic
If a negative impact , how will it be mitigated?	<ul style="list-style-type: none"> Patient request will be assessed and patient treatment administered accordingly
Who will lead on this	IV Team Leader
When will it be mitigated?	As and when required
How will you monitor/review or report this?	<ul style="list-style-type: none"> Patient satisfaction / Friend and family response / any complaints received

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:	
Positive, negative or neutral impact:	Neutral Impact

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)	
Positive, negative or neutral impact:	Positive Impact
If the impact is positive or negative, is it low, medium, or high risk for this group?	High
Concern or Benefit	<ul style="list-style-type: none"> • Patients known to use IV drugs to have treatment in hospital based services. Need to ensure patient safety especially if discharged with a vascular access device insitu as per Trust policy. • Patients who are known / ex drug users or alcohol dependent are discussed with the local addiction service to gain background patient information and an MDT approach to ensuring safe care. • Patients who are not housebound will be required to attend the IV clinic for treatment. Patient transport services can be used to bring patients to clinic • Homeless patients can use patient transport services to arrange a pick up / drop off location • Patients are visited in their place of residence for example some sectioned patients have been treated in the mental health clinical rooms. • The service has not treated patients who are in custody but if a patient was referred, a risk assessment will be completed to ensure safe care can be delivered for patient, staff and organisation. • Patients who have caring responsibilities for others may need appointments at a time to suit the patient. Wherever possible patient requests will be honoured. If this is not possible, to liaise with other services / departments to ensure patient receives prescribed treatment

Privacy, dignity, respect, fairness etc:	
Positive, negative or neutral impact:	Positive Impact
If the impact is positive or negative, is it low, medium, or high risk for this group?	High
Concern or Benefit	All patients to be treated as per Trust behavioural framework and professional standards

Privacy, dignity, respect, fairness etc:	
Positive, negative or neutral impact:	Negative
If the impact is positive or negative, is it low, medium, or high risk for this group?	Medium
Concern or Benefit	IV clinic rooms have multiple occupancy meaning that promoting dignity is sometimes challenging
If a negative impact, how will it be mitigated?	<ul style="list-style-type: none"> Listen to the patient and offer a private space for a discussion and consent for procedure. Patient may have to wait for a private area.
Who will lead on this	IV Team Leader
When will it be mitigated?	As and when required
How will you monitor/review or report this?	<ul style="list-style-type: none"> Patient satisfaction / Friend and family response / any complaints received

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 practices 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 make 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 the Trust strategy, policies and practices, 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, performing highly technical clinical procedures, and office moves.

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 [Joint Strategic Needs Assessment - All About Dudley Borough](#)
- 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 central and 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 lies in the actions that will take place and the positive changes that will emerge from 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 is 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 produce outcomes that vary across different groups
- Does the policy relate to the Trust's equality objectives?

NB mitigation measures must 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 assure the equality team that the EIA has been conducted thoroughly and thoughtfully.

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 Impact Assessments](#) accessible

Copies of the EIA:

The manager who completed the strategy or policy review should keep copies of the form for monitoring/revisiting 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.