

# Equality Impact Assessment Toolkit

## Appendix A

# Equality Impact Assessment

## Stage 2 Initial Assessment form

The Initial Impact Assessment is a quick and easy screening process. It should:

1. Identify those services, policies, or functions which require a full EIA by looking at:
  - Negative, positive or no impact on any of the protected characteristics.
  - Opportunity to promote equality for the protected characteristics.
  - Data / feedback prioritise if and when a full EIA should be completed
2. Justify reasons why a full EIA is not going to be completed

**Group:**

PCCT

**Directorate:**

Therapies

**Speciality/Service Area**

Stroke Rehabilitation – inpatient beds

**Is it a Service, Policy or Function:**

Service

**Lead officer (enter name and designation):**

Sarah Oley / Clair Finnemore

**Title of service , policy or function :**

Stroke Rehabilitation inpatient ward

**Is this service aimed at:**

Adults

☒

Paediatrics

☐

Both

☐

**Existing:**

☐

**New/proposed:**

☒

**Changed:**

☐

Equality & Diversity  
Team



Q1) What is the aim of your service, policy or function (you may want to refer to the Operational Policy for your service)?

The aim of the Stroke Rehabilitation service is to decouple from the Stroke Acute and Hyper acute wards which will be located in MMUH Hospital. Having a specialist ward for rehabilitation is becoming increasingly common and brings about many positive benefits.

Once a patient has been identified as being no medically required to be cared for in the acute ward, the ward will seek to support them to return home, with the support of our expanded community offer – our Integrated Community Stroke Service (ICSS) which launched in June 2023.

Where their rehabilitation needs dictate that return to their home setting is not immediately possible can move to the nurse/therapy led ward where their rehabilitation can continue with a view to returning to a domiciliary setting (which may be a care home) once their inpatient rehabilitation phase has been completed.

Q2) State which Trust strategic objective this service, policy or function relates to:

Safety and Quality plan. Safe and timely discharge from acute care not only reduces length of stay for a patient but ensures that they are not at risk of de-conditioning, risk of hospital acquired infections and a better patient experience.

Safety plan – involving patients in discharge planning to meet expected discharge date and the follow up for home care packages

Quality Plan-reporting that health is better following treatment with us (patient outcomes) and patients end of life decide where they chose to die and receive compassionate end of life care..

Meets 'Patients' and 'Population' part of the Trust Strategy in particular. Training, skills and opportunities for development will meet the 'People' aspect of the Trust strategy.

Q3) Who benefits from your service, policy or function?

The acute services – smoother patient flow allowing resources and attention to be focussed on those requiring acute care.

Capacity team – frees up allocated beds to enable patient flow

Therapies team - Will be able to take ownership for developing a ward which is therapeutic and supports patients recovery

Patients and their families – most patients and their families wish to be back in their own place of residence in their familiar surroundings and able to have adapted support. This aligns to the 'Home First' model that the Trust adopt and that the Stroke service will look to facilitate. Where this is not feasible, a community based rehabilitation option in an inpatient setting will be delivered.

Q4) Do you have any feedback data that influences, affects or shapes this service, policy or function?

Yes	No
<input checked="" type="checkbox"/> Please complete below.	<input type="checkbox"/> Please go to question 5

What is your source of feedback?

- ☐ Monitoring Data
- ☐ PALS
- ☐ Previous EIAs
- ☐ National Reports
- ☐ Internal Audits
- ☐ Patient Surveys
- ☐ Complaints / Incidents
- ☐ Focus Groups
- ☐ Equality & Diversity Training
- ☐ Equality & Diversity Team
- ☐ Other (please state)

What does this source of feedback reveal?

Feedback from Trust Head of Public and Community Engagement indicates that the Rowley Regis Hospital site is likely to be less popular with the public than the STC site. This is largely influenced by a relative lack of public transport options to this site making visiting, particularly on a regular basis, challenging for those visiting inpatients at this site.

Q5) Thinking about each group below does or could the service, policy or function have a negative impact on members of the protected characteristics below?  
(Please refer to pages 3 & 4 for further definitions of protected characteristic)

Protected Characteristic	Yes	No	Unclear
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gender Reassignment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sexual Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Religion or belief	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pregnancy & Maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Marriage & Civil Partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other socially excluded groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If the answer is "yes" or "Unclear" please complete a full EIA

Q6) Who was involved in the EIA and how?

Who:

☒ Staff members

☒ Consultants

☐ Doctors

☒ Nurses

☐ Local patient/user groups

☒ Other

Stroke Staff and therapists

How were they involved?

☐ Surveys

☒ Team Meeting

☒ Group Review

☐ Other

Please specify: reviewed document and shared additional comments

Q7) Have you identified a negative/potential negative impact (direct /indirect discrimination)?

No ☐ yes ☒

Q7a) If 'No' Explain why you have made this decision?

Whilst the service is located on a separate ward at a different hospital, the hospital is equipped to be able to transfer patients from once hospital to another. Should patients have more complex medical needs at the time of transfer, protocols are in place to discuss this in MDTs and make decisions how best to transfer patients.

The services/staff and structure of the ward will not pose any challenges or impact on the protected characteristics any differently to any other ward

The local population however, is an ageing one and it is assumed that there will be an increase in BAME population in the next 5 – 10 years therefore the service should ensure that we can continue to support the needs of the BAME population and have support from BAME and Age related organisations in how we deliver their care.

**Q7b)** If 'yes' explain the negative impact – you may need to complete a full EIA

The geographical location of the rehabilitation ward may impact on patients and their families, particularly as those from a socially deprived background maybe more at risk of stroke and therefore would have to rely on public transport. However this will be considered and addressed in the Quality Impact assessment.

If a negative impact has been identified please continue to Stage 3. If no negative impact has been identified please submit your Initial Equality Impact Assessment to your Group Director of Operations or Corporate Head of Service approval.

**Please note:** Issues relating to either interpreting/translating, ensuring single-sex accommodation or Bariatric issues have been identified as corporate trends, therefore if the negative impact you have identified falls within these categories a full impact assessment is not required. However you must state what reasonable adjustment you have put in place to mitigate the impact temporarily.

Should you go full impact assessment Corporate trends must be included on the action plan (page 19) along with what actions (reasonable adjustments) are being taken locally whilst the corporate trends are being addressed.

Justification Statement:

As member of SWBH staff carrying out a review of an existing or proposal for a new service, policy or function you are required to complete this EIA by law. By stating that you have not identified a negative impact, you are agreeing that the organisation has not discriminated against any of the protected characteristics. Please ensure that you have the evidence to support this decision as the Trust will be liable for any breaches in the Equality Legislation.

Completed by:

Name:	Sarah Oley
Designation:	Clinical Directorate Lead – iBeds
Date:	17/7/23
Contact number:	07815 500103
Head of Service:	Simon Mitchell

This EIA has been approved by the Group Director of Operations / Corporate Head of Service:

Name:	Lydia Jones
Designation:	GDoP for PCCT
Date:	
Contact number:	

This EIA has been audited by Equality & Diversity:

Name:	
Signature:	
Date:	
Contact number:	

**Step 8)** Now that you have ensured a full impact assessment does not need to be completed we need to publish your results for the public to view.

Tick list

- ☐ Send an electronic copy of ratified EIA for approval to the Accountable Executive Lead and the Trust Secretary in line with the Policy on the Development, Approval and Management of Policies.

**Equality & Diversity contact details**

You can contact Equality and Diversity by:

Tel: 0121 507 5561 or Email: [swb-tr.SWBH-GM-EqualityDiversity@nhs.net](mailto:swb-tr.SWBH-GM-EqualityDiversity@nhs.net)

**Appendix B**

Sandwell and West Birmingham Hospitals **NHS**  
**NHS Trust**

# Equality Impact Assessment

## Stage 3 Full Assessment Form

Having completed the Initial EIA Screening Form (Appendix A) which identified a negative or potential negative impact, you are required to complete this Full Assessment form. This will involve you questioning aspects of a proposed/existing service policy or function and forecasting the likely effect on different groups.

### Step 1) What is the impact?

1) Why have you carried out this Full Equality Impact Assessment?

The geographical location of the rehabilitation ward may impact on patients and their families, particularly as those from a socially deprived background maybe more at risk of stroke and therefore would have to rely on public transport.

Please mention any additional impacts in the box below. This could include contributing factors or conflicting impacts/priorities (e.g. environment, privacy and dignity, transport, access, signage, local demography) that has resulted in indirect discrimination or anyone else who will be impacted on by your service, policy or function.

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## Step 2) what are the differences?

2a) Identify the Equality group(s) that will be affected by the impact and state what the Differences are:

Protected Characteristic	Negative / Potential Negative Impact	Positive / Potential Positive Impact	How is the Equality group identified affected in a different way to others as a result of the service, policy or function?
Age	<input type="checkbox"/>	<input type="checkbox"/>	
Disability	<input type="checkbox"/>	<input type="checkbox"/>	
Race	<input type="checkbox"/>	<input type="checkbox"/>	
Sex	<input type="checkbox"/>	<input type="checkbox"/>	
Gender Reassignment	<input type="checkbox"/>	<input type="checkbox"/>	
Sexual Orientation	<input type="checkbox"/>	<input type="checkbox"/>	
Religion or Belief	<input type="checkbox"/>	<input type="checkbox"/>	
Pregnancy & Maternity	<input type="checkbox"/>	<input type="checkbox"/>	
Marriage & Civil Partnership	<input type="checkbox"/>	<input type="checkbox"/>	

Other socially excluded groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Currently treated in Sandwell Hospital and will be required to receive treatment in Rowley Hospital which may pose difficulties in public transport
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2b) This EIA indicates that there is insufficient evidence to judge whether there is Differential impact. Please state why below.

Due to the wide geographical area served by SWBH NHS Trust, it is likely that the move to Rowley will be more convenient to some patients but that it may be less easy for others depending on their starting location.

It is recognised that Rowley Regis is geographically on the edge of the borough and has fairly limited public transport options so may not be as easy to reach as Sandwell for public transport users.

The move of the patient themselves to rehabilitation ward is likely to be undertaken by patient transport services therefore the patient will not have to use their own mode of transport to reach the ward.

The direct impact will mainly therefore be upon visitors (e.g. friends and family) to the patient. This could have an indirect impact on the patient as a result of reduced social contact with their friends/relatives which may in turn limit their engagement/willingness to participate in the rehabilitative journey,

The ambition on the service will be to provide the patients with the necessary inpatient rehabilitation followed by discharge to their usual place of residence and receive community support following discharge. This will minimise impact of the number of journeys families will make as treatment in a rehabilitation ward should reduce overall LOS and fewer patients will need to stay in the rehabilitation ward. Overall patients are likely to have better health outcomes as a result though the short term impact on the patient's relatives if this is not a convenient / cost effective journey for them is recognised.

It is impossible to predict the scale of this impact as the variables in terms of visitors, their transport arrangements, frequency of visiting and the patient's LOS are all variable and individual to the patient/their visitors.

### Step 3) You are almost there - now all you need to do is to consult!

3a) Who have you consulted with on your service, policy or function and when did the consultation take place?

**Stroke Reference Group**

3b) As a result of the consultation are there any further changes to the service, policy or function indicated?

**TBC**





## Step 4) Plan to address your Negative Impact

1. It is now time to complete your action plan using the table below. Please detail how you are going to address the negative impact, stating the timescales involved. Please refer to the matrix on pages 11 and 12. When including the rag rating please state how the score was achieved e.g. severity (S) 3 x Probability (P) 4 = 12.

Protected Characteristic	Negative Impact	Negative Impact Rag Rating	Action Required	Cost Implications	Expected Outcome	Lead (name and designation)	Timescale (specify dates)
Nil (geographical location and social deprivation are not protected characteristic)	Distance to travel to ward  Public transport	3	Discuss with Stroke Reference Group as part of the wider Options appraisal for consideration & feedback	Dependent on individual circumstances	Minimal negative feedback	Sarah Oley  Clinical Directorate Lead - iBeds	Review March 2024

NB: As a requirement of the Clinical Group Review process, please ensure that you include the above actions within your Implementation Plan.

## Step 5) Congratulations you have made it.

Completed by:

Name:	Sarah Oley
Designation:	Clinical Directorate Lead – iBeds
Date:	17/7/23

Contact number:	07815 500103
Head of Service:	Simon Mitchell – Group Director PCCT

This EIA has been approved by the Group Director of Operations / Corporate Head of Service:

Name:	Lydia Jones
Designation:	GDoP - PCCT
Date:	
Contact number:	

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Name:	
Signature:	
Date:	
Contact number:	

**Step 6) Now we need to publish your results for the public to view.**

Please complete the tick list below.

- ☐ Send an electronic copy of ratified EIA for approval to the Accountable Executive Lead and the Trust Secretary in line with the Policy on the Development, Approval and Management of Policies.

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