



**Barnsley Hospital**  
NHS Foundation Trust

## APPENDIX E: Barnsley Hospital Equality and Health Inequalities Impact Assessment

### INITIAL ASSESSMENT STAGE 1 (part 1)

|  |  |
|--|--|
| <b>Title of policy or service/ strategy:</b>   | The Rotherham Foundations Trust & Barnsley NHS Foundation Trust<br>Haematology Combined Inpatient Unit based on the TRFT Site  |
| <b>Name and role of person completing the assessment:</b>  | Jane Connaughton- Patient & Carer Experience Lead – CBU1.BHFNT   |
| <b>CBU/ Department</b>   | Haematology Service Clinical Business Unit 1. BHNFT<br>Haematology Service Care Group 1. TRFT  |
| <b>New or Existing Policy/Service</b>  | <b>New</b> <input checked="" type="checkbox"/><br><b>Existing Policy/Service</b> <input type="checkbox"/>  |
| <b>Date of assessment:</b>   | 7 <sup>th</sup> April 2025   |
| <b>What is the main purpose (aims/objectives) of this policy/service?</b>                          | What is the main purpose (aims/objectives) of this policy/service?<br>TRFT and BHNFT are working in partnership to develop integrated Clinical Haematology services, this programmes priority is to ensure Haematology Services across both organisations are delivered in a sustainable way through working together.<br>A Combined Inpatient Facility on a single site has been proposed and supported by both Trusts. The Combined Inpatient Facility will concentrate the partnerships expertise on one site for inpatients. The facility will enable uniformed pathways to be developed, and will accommodate multiple sub-speciality working that will support and enhance our patient pathways. This combined inpatient model will deliver excellence, enhancement of resources and operating efficiencies. |
| <b>What are the associated objectives for this service e.g. National frameworks, Equality Act.</b> | The objectives associated with clinical services under national frameworks and the Equality Act aim to ensure equitable access, experience, and outcomes for all individuals, regardless of their background or circumstances.<br>This is governed by the Equality Act 2010 and the Public Sector Equality Duty, Human Rights Act 1998   |

|  |                 |            |  |   |
|--|-----------------|------------|--|---|
| <b>Type of EHIA completed (select one option)</b>  |                 |            | <b>Initial EHIA 'Screening' <input checked="" type="checkbox"/> <input type="checkbox"/> or 'Full' EHIA process required <input checked="" type="checkbox"/> <input type="checkbox"/> (if you are unsure please check the Toolkit)</b> |   |
| Will patients, carers, the public or staff be affected by this service?<br><br>Please tick as appropriate. |                 | <b>YES</b> | <b>NO</b>  | If staff, how many individuals/which Groups of Staff are likely to be affected? |
|  | <b>Patients</b> | ✓          |  |   |
|  | <b>Carers</b>   | ✓          |  |   |
|  | <b>Public</b>   |            | x  |   |
|  | <b>Staff</b>    | ✓          |  |   |

|  |                 |   |   |   |
|--|-----------------|---|---|---|
| Have patients, carers, the public or staff been involved in the development of this service?<br><br>Please tick as appropriate | <b>Patients</b> | ✓ |   | If yes, who did you engage with? Please state below:<br><br>There have been 2 x Staff engagement events from both BHNFT & TRFT<br>2 x Patient engagement events<br>Stakeholder communication plan |
|  | <b>Carers</b>   | ✓ |   |   |
|  | <b>Public</b>   |   | x |   |
|  | <b>Staff</b>    | ✓ |   |   |

*(Equality and Health Inequalities Impact Assessment Stage 1 PART 2)*

**Based on the data you have obtained during the consultation what does this data tell you about each of the above protected characteristics? Are there any trends/inequalities? Give details of evidence, data or research used to inform the analysis of impact.**

n/a

## ACCESS TO SERVICES

*(Equality and Health Inequalities Impact Assessment Stage 1 PART 3)*

**Give details of all consultation engagement activities or other evidence used to inform the analysis of impact**

To understand the impact on service, a data analyst review was conducted. The data focused on the number of Haematology patients requiring inpatient care over the past three years. This analysis was based on historical data sets that identified the number of potential BHNFT patients needing an inpatient stay

The potential patients that may be impacted:

| Admission method | BHNFT No. of spells |
|------------------|---------------------|
| Non- Elective    | 79                  |
| Elective         | 34                  |
| <b>Total</b>     | <b>113</b>          |

Staff engagement- Two face to face Staff engagement events have taken place involving Haematology services staff and also wider interfacing services that support Haematology at

both Trusts.

Patients engagement – To date, two face-to-face patient engagement events have taken place. Both of these sessions have been face to face and one of these included a tour and a meet & greet session at TRFT

(Equality and Health Inequalities Impact Assessment Stage 1 PART 3)

**What are your standard methods of communication with service users? Please tick as appropriate.**

| Communication Methods  | Yes | No |
|--|-----|----|
| Face to Face Verbal Communication (Other Languages or British Sign Language Interpreters)                        | ✓   |    |
| Telephone (Other Languages, Telephone Interpreters)  | ✓   |    |
| Printed Information (E.g. leaflets/posters- Easy Read)   | ✓   |    |
| Written Correspondence or use of Information/Letters translated into audio/braille/larger print/other languages? | ✓   |    |
| E-mail   | ✓   |    |
| Other (Please specify)   |     |    |

**If you provide written correspondence is a statement included at the bottom of the letter acknowledging that other formats can be made available on request?**

**Please tick as appropriate.**

| Yes | No |
|-----|----|
| ✓   |    |

**EQUALITY AND HEALTH INEQUALITIES IMPACT ASSESSMENT – STAGE 1 (PART 4)**

**Identifying impact:**

- **Positive Impact:** will actively promote the standards and values of the Barnsley Hospital.
- **Neutral Impact:** where there are no notable consequences for any group
- **Negative Impact:** negative or adverse impact; causes or fails to mitigate unacceptable behaviour. If such an impact is identified, the EHIA should ensure, that as far as possible, it is eliminated, minimised, or counterbalanced by other measures. This may result in a ‘full’ EHIA process.

## Gathering of Information – Protected Characteristic Groups

This is the core of the analysis; what information do you have that might *impact on protected groups, with consideration of the General Equality Duty.*

| (Please complete each area)   | What key impact have you identified? |                |                 | For impact identified (either positive or negative) give details below:  |
|---|--------------------------------------|----------------|-----------------|--|
|   | Positive Impact                      | Neutral Impact | Negative Impact | How does this impact / Reason/comments for positive or negative Impact? Why it could benefit or disadvantage any of the protected characteristics  |
| <b>Age</b> (older people; middle years; early years; children and young people)                               | x                                    | ✓              | x               |  |
| <b>Disability</b> (physical, sensory and learning impairment; mental health condition; long-term conditions.) | x                                    | ✓              | x               | Patients with a learning disability or autism – change in routine, what they are used to, and people they are used to.<br>This has been mitigated having a dedicated team working together across both sites.<br>Patients and families have been provided the opportunity to visit the ward facilities and meet some of the staff on the Haematology ward at TRFT.<br>They will continue to be supported by their existing Clinical Nurse Specialist (CNS) |
| <b>Sex</b> (woman and man)  | x                                    | ✓              | x               |  |
| <b>Race and ethnicity</b>   | x                                    | ✓              | x               |  |
| <b>people with different religions/faiths or beliefs, or none.</b>  | x                                    | ✓              | x               |  |
| <b>Sexual orientation</b> (Lesbian; Gay; Bisexual; Heterosexual)  | x                                    | ✓              | x               |  |
| <b>Gender Reassignment and/or people who identify as Transgender</b>  | x                                    | ✓              | x               |  |

|   |   |   |   |   |
|---|---|---|---|---|
| <b>Pregnancy and maternity</b><br>(before and after childbirth, and while breastfeeding.) | x | ✓ | x |   |
| <b>Marriage and civil partnership</b><br>(people married or in a civil partnership.)      | x | ✓ | x |   |
| <b>Human rights</b>   | x | ✓ | x |   |
| <b>Carers</b>   | x | ✓ | x | Patients and families have been provided the opportunity to visit the ward facilities and meet some of the staff on the Haematology ward at TRFT.<br>They will continue to be supported by their existing Clinical Nurse Specialist (CNS) |

|                                  |   |   |   |  |
|----------------------------------|---|---|---|--|
| <b>Any other relevant groups</b> | x | ✓ | x |  |
| <b>HR Policies only:</b>         | x | ✓ | x |  |

| <b>Health Inequality</b><br>(continue stage 1 part 4)                |  |                 |
|--|--|-----------------|
| <b>Question</b>  | <b>Issues to consider</b>  | <b>Response</b> |
| What health inequalities (HI) exist in relation to policy/ strategy? | <ul style="list-style-type: none"> <li>Consider the causes of these inequalities. What are the wider determinants?</li> <li>Think about whether outcomes / Access to the relevant service vary across groups, and who benefits most and least</li> </ul> |                 |

| How might your work affect HI (positively, negatively or Neutral)?   | Negative | Positive | Neutral | How does this impact / Reason/comments for positive or negative Impact? Why it could benefit or disadvantage any of the protected characteristics   |
|--|----------|----------|---------|---|
| Looked after children and young People   |          |          | ✓       |   |
| Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs              |          |          | ✓       |   |
| People involved in the criminal justice system: offenders in prison/on probation, ex-offenders                   |          |          | ✓       |   |
| People with addictions and/or substance misuse issues  |          |          | ✓       |   |
| People or families on a low income   |          |          | ✓       | <p>Socioeconomically deprived people may see an increase in travel costs and face more complicated travel arrangements.</p> <p>Signposting to the Healthcare Travel Costs Scheme (HTCS) and sharing public transport options with links to the South Yorkshire Journey Planner.</p> |
| People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills). |          |          | ✓       |   |

|   |  |  |   |  |
|---|--|--|---|--|
| People living in deprived areas                       |  |  | ✓ | Signposting to the Healthcare Travel Costs Scheme (HTCS) and sharing public transport options with links to the South Yorkshire Journey Planner Concessions for weekly parking passes are available at a discounted rate for family members or carers who have a loved one in the hospital for more than seven days. |
| People living in remote, rural and isolated locations |  |  | ✓ |  |
| Vulnerable migrants (Refugees, asylum seekers etc)    |  |  | ✓ |  |
| Those experiencing modern slavery                     |  |  | ✓ |  |
| Armed Forces and their family                         |  |  | ✓ |  |

### INITIAL ASSESSMENT (PART 5)

Have you identified any issues that you consider could have an adverse (negative) impact on people from the following protected groups and Health inequality section?

| YES | NO |
|-----|----|
|     | ✓  |

**IF 'NO IMPACT' IS IDENTIFIED Action: No further documentation is required.**

**IF 'HIGH YES IMPACT' IS IDENTIFIED Action: Full Equality and Health Inequalities Impact Assessment Stage 2 Form must be completed.**

**Following completion of the Stage 1 Assessment, is Stage 2 (a Full Assessment)**

**necessary?**

| YES | NO |
|-----|----|
|     | ✓  |

**Assessment Completed By:** Jane Connaughton- Patient & Carer Experience Lead – CBU1.BHFNT

**Haematology Clinical Lead TRFT - Dr Arun Alfred** Date.....

**Haematology Clinical Lead TRFT - Dr Jean Chan-Lam** Date.....

**STAGE 2 – FULL ASSESSMENT & IMPROVEMENT PLAN**

| Action plan (Improvement plan) |                  |                                      |           |                     |
|--------------------------------|------------------|--------------------------------------|-----------|---------------------|
| Issues/impact identified       | Actions required | How will you measure impact/progress | Timescale | Officer responsible |
|                                |                  |                                      |           |                     |

| Monitoring, Review and Publication              |                          |   |
|---|--------------------------|---|
| When will the proposal be reviewed and by whom? | Lead/ Reviewing Officer: | Date of next Review:<br>Please note review should be immediately on any amendments to your policy/procedure/strategy/service. |
|   |                          |   |

Line Manager .....

Date.....

Head of Department .....

Date.....