

## NHS England: Equality and Health Inequalities Impact Assessment (EHIA) template

A completed copy of this form must be provided to the decision-makers in relation to your proposal. The decision-makers must consider the results of this assessment when they make their decision about your proposal.

1. Name of the proposal (policy, proposition, programme, proposal or initiative)<sup>1</sup>: **Specialised Burn Care (Adults) Service Specification**
2. Brief summary of the proposal in a few sentences

The service specification is used to clearly define the standards of care expected from hospitals funded by NHS England to provide specialised care.

Specialised burn care is provided to any patient who requires specialist burn care and treatment for an acute burn injury and includes appropriate specialist burns follow-up care and burns rehabilitation.

The 2013 Specialised Burn Care specification related to all ages (adults and children). A new service specification has been developed to cover specialised burn care for children only. To reflect this, any sections or paragraphs related solely to children's burn care have been removed from the 2013 specification to create a Specialised Burn Care (Adults) specification. The format and presentation of the specification has also changed due to the content of the previous specification being transferred into the current NHS England Specialised Service Specification Template. There have been a small number of further updates to the content e.g. to reflect current 2018 Burn Care Standards.

This EHIA focusses on assessing any potential positive or adverse impact of the changes to the specification on particular groups.

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<sup>1</sup> Proposal: We use the term proposal in the remainder of this template to cover the terms initiative, policy, proposition, proposal or programme.

**3. Main potential positive or adverse impact of the proposal for protected characteristic groups summarised**

Please briefly summarise the main potential impact (positive or negative) on people with the nine protected characteristics (as listed below). Please state **N/A** if your proposal will not impact adversely or positively on the protected characteristic groups listed below. Please note that these groups may also experience health inequalities.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
<p><b>Age:</b> older people; middle years; early years; children and young people.</p>	<p>The service specification is age specific, to adults aged 18 years and older. Children aged between 16-18 years may be treated in a specialised adult or paediatric burn service and are considered on a case-by-case basis. Additional wording has been included in the adult specification to set out clear requirements of services in relation to transition and supporting young people to move from children to adults' services.</p> <p>A separate Specialised Burn Care (Children) specification has been developed which will ensure there are clear pathways and standards for children's services.</p> <p>The adult specification includes the requirement for improved collaboration between burn care clinicians involved with both children and adults.</p>	<p>The clinical standards and requirements, which are based on clinical evidence, clearly define the service requirement to deliver safer levels of care by collaboration of experts across the wider burns community. This should lead to improved outcomes for this patient group.</p>

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	This is aimed at achieving improved outcomes and should have a positive impact on this group.	
<b>Disability:</b> physical, sensory and learning impairment; mental health condition; long-term conditions.	Specialised burn care is an acute hospital / trauma service for treating burn injuries. There is no evidence that patients in this group are at a higher risk of requiring burn care. The changes to the specification will not have any positive or adverse impact on this protected characteristic group.	The specification is aligned to existing professional standards of care, considered to be essential for high quality care and outcomes for patients, their families and carers.
<b>Gender Reassignment and/or people who identify as Transgender</b>	Specialised burn care is an acute hospital / trauma service for treating burn injuries. The changes to the specification will not have any positive or adverse impact on this protected characteristic group.	The specification is aligned to existing professional standards of care, considered to be essential for high quality care and outcomes for patients, their families and carers.
<b>Marriage &amp; Civil Partnership:</b> people married or in a civil partnership.	Specialised burn care is an acute hospital / trauma service for treating burn injuries. The changes to the specification will not have any positive or adverse impact on this protected characteristic group.	The specification is aligned to existing professional standards of care, considered to be essential for high quality care and outcomes for patients, their families and carers.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
<b>Pregnancy and Maternity:</b> women before and after childbirth and who are breastfeeding.	Specialised burn care is an acute hospital / trauma service for treating burn injuries. The changes to the specification will not have any positive or adverse impact on this protected characteristic group.	The specification is aligned to existing professional standards of care, considered to be essential for high quality care and outcomes for patients, their families and carers.
<b>Race and ethnicity</b> <sup>2</sup>	According to the World Health Organisation, burn injuries occur disproportionately among racial and ethnic minorities as their often low socio-economic status increases the likelihood of people in these groups sustaining a burn injury.	The specification requires burns professionals to engage in burns prevention initiatives.  Burn Prevention in the UK is led by the British Burn Association. A national burn prevention day is held annually, and all acute burn services are supportive of this initiative. Secondary prevention occurs for all children and their families involved in a preventable accident prior to discharge.
<b>Religion and belief:</b> people with different religions/faiths or beliefs, or none.	Specialised burn care is an acute hospital / trauma service for treating burn injuries. The changes to the specification will not have any positive or adverse impact on this protected characteristic group.	The specification is aligned to existing professional standards of care, considered to be essential for high quality care and outcomes for patients, their families and carers.

<sup>2</sup> Addressing racial inequalities is about identifying any ethnic group that experiences inequalities. Race and ethnicity includes people from any ethnic group incl. BME communities, non-English speakers, Gypsies, Roma and Travelers, migrants etc.. who experience inequalities so includes addressing the needs of BME communities but is not limited to addressing their needs, it is equally important to recognise the needs of White groups that experience inequalities. The Equality Act 2010 also prohibits discrimination on the basis of nationality and ethnic or national origins, issues related to national origin and nationality.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
<b>Sex:</b> men; women	Specialised burn care is an acute hospital / trauma service for treating burn injuries. The changes to the specification will not have any positive or adverse impact on this protected characteristic group.	The specification is aligned to existing professional standards of care, considered to be essential for high quality care and outcomes for patients, their families and carers.
<b>Sexual orientation:</b> Lesbian; Gay; Bisexual; Heterosexual.	Specialised burn care is an acute hospital / trauma service for treating burn injuries. The changes to the specification will not have any positive or adverse impact on this protected characteristic group.	The specification is aligned to existing professional standards of care, considered to be essential for high quality care and outcomes for patients, their families and carers.

#### 4. Main potential positive or adverse impact for people who experience health inequalities summarised

Please briefly summarise the main potential impact (positive or negative) on people at particular risk of health inequalities (as listed below). Please state **N/A** if your proposal will not impact on patients who experience health inequalities.

Groups who face health inequalities <sup>3</sup>	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
<b>Looked after children and young people</b>	Specialised burn care is an acute hospital / trauma service for treating burn injuries. The changes to the specification will not have any positive or adverse impact on this group.	The specification is aligned to existing professional standards of care, considered to be essential for high quality care and outcomes for patients, their families and carers.
<b>Carers of patients:</b> unpaid, family members.	Specialised burn care is an acute hospital / trauma service for treating burn injuries. The changes to the specification will not have any positive or adverse impact on this group.	The specification is aligned to existing professional standards of care, considered to be essential for high quality care and outcomes for patients, their families and carers.
<b>Homeless people.</b> People on the street; staying temporarily with friends /family; in hostels or B&Bs.	Specialised burn care is an acute hospital / trauma service for treating burn injuries. The changes to the specification will not have any positive or adverse impact on this group.	The specification is aligned to existing professional standards of care, considered to be essential for high quality care and outcomes for patients, their families and carers.

<sup>3</sup> Please note many groups who share protected characteristics have also been identified as facing health inequalities.

<p><b>People involved in the criminal justice system:</b> offenders in prison/on probation, ex-offenders.</p>	<p>Specialised burn care is an acute hospital / trauma service for treating burn injuries. The changes to the specification will not have any positive or adverse impact on this group.</p>	<p>The specification is aligned to existing professional standards of care, considered to be essential for high quality care and outcomes for patients, their families and carers.</p>
<p><b>People with addictions and/or substance misuse issues</b></p>	<p>Specialised burn care is an acute hospital / trauma service for treating burn injuries. The changes to the specification will not have any positive or adverse impact on this group.</p>	<p>The specification is aligned to existing professional standards of care, considered to be essential for high quality care and outcomes for patients, their families and carers.</p>
<p><b>People or families on a low income</b></p>	<p>Burns and scalds are much more common in children who live in deprived areas than those who live in wealthy areas. Burns and scalds are a contributor to health inequalities in children.</p>	<p>The specification requires burns professionals to engage in burns prevention initiatives.</p> <p>Burn Prevention in the UK is led by the British Burn Association, assisted by the Children's Burn Trust. A national burn prevention day is held annually, and all acute burn services are supportive of this initiative. Secondary prevention occurs for all children and their families involved in a preventable accident prior to discharge.</p>
<p><b>People with poor literacy or health Literacy:</b> (e.g. poor understanding of health services poor language skills).</p>	<p>Specialised burn care is an acute hospital / trauma service for treating burn injuries. The changes to the specification will not have any positive or adverse impact on this group.</p>	<p>The specification is aligned to existing professional standards of care, considered to be essential for high quality care and outcomes for patients, their families and carers.</p>
<p><b>People living in deprived areas</b></p>	<p>There is evidence that for people living in deprived areas, there is a higher incidence of minor/moderate scald and</p>	<p>Whilst burn services cannot impact on the socioeconomic status of these families, burn services work with a range of support agencies</p>

	<p>burn injuries, with families living in multi-occupancy housing.</p> <p>The changes to the specification will not have any positive or adverse impact on this group.</p>	<p>e.g. Dan's Fund for Burns. These support agencies provide financial and practical support for families with lower income.</p>
<p><b>People living in remote, rural and island locations</b></p>	<p>Specialised burn care is an acute hospital / trauma service for treating burn injuries. The changes to the specification will not have any positive or adverse impact on this group.</p>	<p>The specification is aligned to existing professional standards of care, considered to be essential for high quality care and outcomes for patients, their families and carers. Specialised outpatients burn care is provided post discharge and may be required on an ongoing basis or at a future point dependent on individual service user needs. The service model also includes delivery of specialised burn care remotely from the recognised acute burn care setting. This is delivered as part of an outreach service.</p>
<p><b>Refugees, asylum seekers or those experiencing modern slavery</b></p>	<p>Specialised burn care is an acute hospital / trauma service for treating burn injuries. The changes to the specification will not have any positive or adverse impact on this p group.</p>	<p>The specification is aligned to existing professional standards of care, considered to be essential for high quality care and outcomes for patients, their families and carers.</p>



<b>Other groups experiencing health inequalities (please describe)</b>	There should be no further direct negative or positive impacts on any other groups experiencing health inequalities not described here.	The specification is aligned to existing professional standards of care, considered to be essential for high quality care and outcomes for patients, their families and carers.
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**5. Engagement and consultation**

a. Have any key engagement or consultative activities been undertaken that considered how to address equalities issues or reduce health inequalities? Please place an x in the appropriate box below.

<b>Yes</b> <input checked="" type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Do Not Know</b> <input type="checkbox"/>
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b. If yes, please briefly list up the top 3 most important engagement or consultation activities undertaken, the main findings and when the engagement and consultative activities were undertaken.

	<b>Name of engagement and consultative activities undertaken</b>	<b>Summary note of the engagement or consultative activity undertaken</b>	<b>Month/Year</b>
<b>1</b>	Collaborative work between the specialist burns and paediatric intensive care, Major Trauma CRG and NHS England (national) commissioning teams.	Specification design	
<b>2</b>	PPV representative on the T&F Group (Major Trauma CRG member).	Specification design	
<b>3</b>			

**6. What key sources of evidence have informed your impact assessment and are there key gaps in the evidence?**

Evidence Type	Key sources of available evidence	Key gaps in evidence
<b>Published evidence</b>	Most recent professional standards for burn care (2018).	Not applicable
<b>Consultation and involvement findings</b>	Not applicable	Not applicable
<b>Research</b>	Not applicable	Not applicable
<b>Participant or expert knowledge</b> For example, expertise within the team or expertise drawn on external to your team	Task and Finish group established, with senior clinical expertise. Membership drawn from the whole burns multi-disciplinary team and representative of all recognised specialised paediatric burn centres in England.	Not applicable

**7. Is your assessment that your proposal will support compliance with the Public Sector Equality Duty?** Please add an x to the relevant box below.

	Tackling discrimination	Advancing equality of opportunity	Fostering good relations
The proposal will support?	Not applicable	X	Not applicable
The proposal may support?			
Uncertain whether the proposal will support?			

**8. Is your assessment that your proposal will support reducing health inequalities faced by patients?** Please add an x to the relevant box below.

	Reducing inequalities in access to health care	Reducing inequalities in health outcomes
The proposal will support?		
The proposal may support?	X	X
Uncertain if the proposal will support?		

**9. Outstanding key issues/questions that may require further consultation, research or additional evidence.** Please list your top 3 in order of priority or state N/A

Key issue or question to be answered		Type of consultation, research or other evidence that would address the issue and/or answer the question
1	Not applicable	
2		
3		

**10. Summary assessment of this EHIA findings**

The changes to the specification are not expected to have any significant positive or adverse impact on any specific group, The assessment is that the proposal will support advancing equality of opportunity in line with the Public Sector Equality Duty and may support in reducing inequalities in access to healthcare and health outcomes.

**11. Contact details re this EHIA**

Team/Unit name:	Trauma Programme of Care
Division name:	
Directorate name:	Specialised Commissioning
Date EHIA agreed:	
Date EHIA published if appropriate:	

**Internal decision-making not for external circulation**

**12. Do you or your team need any key assistance to finalise this EHIA? Please delete the incorrect responses. If you require assistance please submit this EHIA and the associated proposal to the Patient Equalities Team (england.eandhi@nhs.net).**

<b>Yes:</b>	<b>No: X</b>	<b>Uncertain:</b>
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**13. Assistance sought re the completion of this EHIA:**

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#### 14. Responsibility for EHIA and decision-making

Contact officer name and post title:	Carolyn Young		
Contact officer e: mail address:	Carolyn.young2@nhs.net		
Contact officer mobile number:	07900 715227		
Team/Unit name:	Division name:	Directorate name:	
Name of senior manager/ responsible Director:	Post title:	E-mail address:	

#### 15. Considered by NHS England, Board or Committee<sup>4</sup>

Yes:	No:	Name of the Panel, Board or Committee:		
<b>Name of the proposal (policy, proposition, programme, proposal or initiative):</b>				
Decision of the Panel, Board or Committee	Rejected proposal	Approved proposal unamended	Approved proposal with amendments in relation to equality and/or health inequalities	
Proposal gave due regard to the requirements of the PSED?		Yes:	No:	N/A:
Summary comments:				
Proposal gave regard to reducing health inequalities?		Yes:	No:	N/A:
Summary comments:				

<sup>4</sup> Only complete if the proposal is to be considered by a Panel, Board or Committee. If it will not be considered by a Panel, Board or Committee please respond N/A.

**16. Key dates**

Date draft EHIA completed:	
Date draft EHIA circulated to PE Team: <sup>5</sup>	
Date draft EHIA cleared by PE Team: <sup>6</sup>	
Date final EHIA produced:	
Date signed off by Senior Manager/Director: <sup>7</sup>	
Date considered by Panel, Board or Committee:	
Date EHIA published, if applicable:	
EHIA review date if applicable <sup>8</sup> :	

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<sup>5</sup> If the team producing the proposal has important unresolved issues or questions in relation to equality or health inequalities issues, the advice of the PE Team should be sought. A draft EHIA must also be completed, and attached to the proposal, if the proposal is to be considered through NHS England's Gateway process.

<sup>6</sup> If the PE Team raises concerns about the proposal, the EHIA should state how these concerns have been addressed in the final proposal.

<sup>7</sup> The Senior Manager or Director responsible for signing off the proposal is also responsible for signing off the EHIA.

<sup>8</sup> This will normally be the review date for the proposal unless a decision has been made to have an earlier review date.