

Dudley Group of Hospitals: Equality Impact Assessment

Step 3: Assessment Tool

Name of Policy or Service being assessed: General Outpatient Service.

Directorate:	Ambulatory
Service/ Department	General Outpatients on all sites. Including Medicine, Gynaecology, Surgery & Plastics, Dermatology and Trauma Orthopaedics Specialities.

Head of Service: (who will sign off this EIA)	Matron Julie Pain.
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Lead Officer: (completing this EIA)	Rose Tonti and Jenny Davies.
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Date of EIA	3 rd December 2009.
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Names and roles of any other people supporting the EIA (e.g. advisory group)
Alexandra Bayliss, HR Manager (Equality & Diversity Lead)
Denise McMahon (Patients Experience Team)

Section 1 - Introduction

Identify the aims of the Policy/Service and rationale behind its delivery

The aim of this section is to state the aim, objective or purpose of the policy/service:

How does the policy fit in with the Trust's wider aims?	Providing an Ambulatory Service for the local community and other service users as
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	required.
Is the policy/service delivered by one department/directorate or in conjunction with other departments, agencies etc? Which?	Service is delivered in conjunction with other departments eg. Physiotherapy, X-ray, pharmacy.
State the underlying aims and objectives of the policy/service and what it is trying to achieve.	Provide Outpatient Service to meet the needs of service users and staff. Maintaining high standards of patient care.
Who are the main stakeholders in relation to this policy/service?	Patients, relatives, carers, staff, PCT.

How is the policy/service delivered?

Is there a target group for this service or policy?	All users.
Are there any eligibility criteria? If so state	No.
Is it in-patient/out-patient or staff service/policy?	Outpatient Service.
Is the service in-house or contracted out?	In house.
Is it delivered by staff directly employed by the Trust or agency staff?	Directly employed by the Trust, PFI partners, Interserve.

Section 2 - Data collection and analysis

Impact assessment should aim to promote equality across the following six 'equality areas':

- Age
- Disability
- Ethnicity/Race
- Faith/religious belief
- Gender (includes gender identity)
- Sexual orientation.

Note: Corporate data collection systems may not yet facilitate the collection of data for all these areas. Data collection may vary across service provision. (In some instances it may not be possible/appropriate to monitor each of the groups below. However, what data exists should inform the assessment and any gaps in data should be highlighted by the assessment).

- **In the context of the policy or service being assessed, what equalities monitoring data is collected in relation to the following areas:**

Note: this question may be more relevant to service areas than policies, should initially be applied to both).

	Age	Disability	Ethnicity/ Race	Faith	Gender/ Gender identity	Sexual orientation
Profile of service users	All					
Profile of staff delivering the service	Adult	Some	Mixed	Mixed	All	All
Profile of any training available and who has taken it up	Training is available to all staff as identified in individual PDP Including Mandatory. All training recorded on local database.					
[Other relevant areas]						

Based on the above:

What are the gaps in information required?	No gaps in information identified.
Do you have information on the profile of the local population (where relevant) or of the patient group or target group affected by the policy/service? Or do you know how to access this (this may be held corporately)?	Published by the Trust and available on the Hub.
What steps need to be taken to address any of the above?	None

Section 3 - Broad Needs Analysis of the Policy or Service Area

Please set out your understanding of the needs of your service users and any barriers to having these needs met and any barriers to accessing/delivering your service.

<p>Does the customer profile of your service reflect the local population (where relevant) or the target group for the service/policy? (You may wish to refer to information held corporately by the Trust that has been drawn from census data).</p>	<p>Yes</p>
<p>How are people from each equality group reflected in the policy/take-up of services? Is there any under or over representation by certain groups? Are there any known explanations for this?</p>	<p>The service is open to all groups on a demand/medical request/referral basis. Representation by groups is not monitored as no referral enters a selection process or is declined.</p>
<p>Are staff trained in equality awareness and cultural awareness relevant to the needs of your service user group? (Where staff are the 'user group', are managers trained)?</p>	<p>Yes This information is stored by Professional Development Sister for Outpatients Dept on local database.</p>
<p>Are there any factors about the policy or the way the service is delivered that could have an equalities impact? Consider referral routes; physical access; translation and interpreting services etc.</p>	<p>Interpretation service is provided where indicated. Wheelchair access available. Disabled Toilet facilities. Staff are trained to deal with Hearing and Sight impaired patients. Patient information leaflets are currently under general review by Trust.</p>
<p>What methods do you use to ensure that people from diverse groups and communities are reflected in the policy/have access to the service?</p>	<p>All patients referred to department are treated on an individual basis, see question above. PALS service available to all service users.</p>

<p>Are there any measures in place, if appropriate, to ensure that traditionally excluded communities (e.g. minority ethnic groups, people with learning disabilities etc) are not excluded from the policy/have access to the service?</p>	<p>See responses above.</p>
<p>Has the policy/service been subject to any complaints, which involve equality issues?</p>	<p>Concerns raised regarding translating services, are being resolved by PALS.</p>
<p>What relevant consultation exercises have been carried out over the last two years and/or are planned in the near future? (e.g. Patient Forums, community groups, special interest groups etc) (You may need to consult with groups as part of this assessment or as part of the action plan arising from the assessment)</p>	<p>There are speciality Quality Practice and Development Teams (QPDT) who have patient and Outpatient staff representation.</p>
<p>Were there/are there any implications for equalities groups arising from these consultations?</p>	<p>None Known</p>

Section 4 - Assessment

Based on the information you have gathered above:

	Age	Disability	Ethnicity/ Race	Faith	Gender/ Gender identity	Sexual orientation
Have you identified any differential impacts of the policy / service on any of the equality groups?	No	No	Awaiting response From PALS for service improvements.	No	No	No
Have you identified any good practice in promoting equality?	Yes Elderly Care Champions	Yes Ease of access and facilities.	Yes Looking for improvements.	Yes Advertise chaplaincy service within dept.	Yes Patients treated as individuals	Yes Patients treated as individuals
In what way does the policy/ service work to eliminate discrimination?	<div style="border: 1px solid black; padding: 5px;"> <p>All patients needs are managed on an individual basis. Service monitored to ensure individual needs are met, Any shortfalls would be reviewed, acted upon and re-assess.</p> </div>					

<p>How does the policy / service promote equal opportunities ?</p>						
<p>As above</p>						
<p>How does the policy / service contribute to better community cohesion and good community relations?</p>						
<p>By treating everyone as individuals and respecting their views and input into service improvements.</p>						

<p>Are there are groups other than the six 'equality groups' already considered that may be adversely affected by the policy?</p>	<p>No</p>
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Section 5 - Adverse Impact and recommended actions

Based on the above analysis:

<p>What if any, are the main areas where adverse impact has been identified/requiring improvement?</p>	<p>Interpretation services. (under review by PALS)</p>
<p>Does the adverse impact amount to potential or actual discrimination? (If Yes, or you are not sure, please refer to your line manager or to Human Resources Dept for further advice and guidance.</p>	<p>No</p>
	<p>ACTION PLAN</p>
<p>What measures that can be taken to remove or minimise any adverse impact identified or how adverse impact could be avoided in the future? Please list the specific actions and timescales for progressing these measures.</p>	<p>Action currently under review by PALS.</p>
<p>What areas of good practice have been identified through the EIA process that could be replicated elsewhere?</p>	<p>Areas of good practice, as identified, are replicated throughout the Trust through the patient experience group & PALS.</p>

Section 6 - Monitoring and Review of policy

The results of the EIA and action plan should be sent to the Medical Service Head, Matron or Head of Department as appropriate, so it can inform service planning and development.	Date sent: 1 st February 2010
Each policy/service has to be reviewed for equality impact every three years.	Date for next review: February 2013

Section 7 – Signing off

Does this policy or service need to be referred for further assessment/legal advice? If Yes, please state what date your line manager and HR manager have been notified.	No Date:

Lead officer completing the assessment:

Name: Rose Tonti and Jenny Davies

Head of Service, Matron or Head of Department to sign off the assessment:

Name: Julie Pain

Signed:



Date: 1st February 2010

Section 8 –Publishing the results

We have a specific statutory duty to publish the results of EIAs and to have available results of the EIA and monitoring of any actions agreed. This will include access to the assessment via the Trust's website. As well as sending your completed EIA to your Head of Service, Matron or Head of Department **please also send it to:**

Liz Abbiss, Head of Communications, Trust HQ.

Date sent: 1st February 2010

Thank you.
