

## EQUALITY IMPACT ASSESSMENT FORM

<b>Name of Service or Policy</b> New Build / Refurbishment – moving & handling recommendations	<b>Department</b> Clinical Governance / Manual Handling
<b>Managers Title</b> Risk Lead	<b>Date</b> 22/2/10

Part 1	GENERAL
1	Provide a brief description of the main service or policy for assessment including its aims and objectives
	Appendix to above Policy - Recommendation for - ‘All new builds / refurbishments’ Policy: 1: Clinical areas where staff may need to move debilitated patients must have facilities be able to mechanically lift and reposition patients up to 200kgs in weight. 2: Each Division should have equipment that can lift and move patients over 200kgs
2	List the main stakeholders/beneficiaries in terms of the recipients of the service or the target group at whom the service/policy is aimed
	Safer handling & dignified service for: <ul style="list-style-type: none"> <li>Dependent / debilitated service users</li> <li>Bariatric patients</li> </ul> Ergonomic handling equipment for <ul style="list-style-type: none"> <li>Staff health &amp; safety requirements to reduce risk of musculoskeletal injury</li> </ul>
3	What data, evidence, studies, reports, audits, surveys or feedback have you researched, with particular regard to equality groups? Roughly how many/what proportion of staff or patients will be affected? (Census data available in appendix 1. Census Profiles for Devon and Cornwall)
	All clinical staff handling patients: <ul style="list-style-type: none"> <li>Demographics: older population in S. West Devon,</li> <li>Increasing national trend of Bariatric service users (D of H 2009)</li> <li>Aging workforce</li> <li>Increased level of patient dependency in Acute trusts nationwide</li> <li>SDHCFT - Health &amp; Safety Surveys</li> <li>Trust wide audit of handling provision (MMH team)</li> </ul>
4	Who have you consulted with: e.g. staff, patients, service users? What consultation methods did you use e.g. satisfaction surveys, focus groups or patient observations, meetings, exit interviews or networking, and any alternative arrangements you have made or are planning for consulting with particular groups of people. When did you carry out this consultation and how were the results publicised?
	Contemporary Trusts: Derriford, North Devon MH Advisors, Ergonomists Best Practice: Health & Safety legislation: Management of Health & Safety At Work Act 1998, Manual Handling Operation Regulations, 1992.

## EQUALITY AND DIVERSITY IMPACT ASSESSMENT FORM

Part 2 Equality Group	Positive Impact	Negative Impact	Neutral Impact	Reasons for Impact
Age			√	Sensitive, safer and dignified service
Disability			√	Sensitive, safer and dignified service
Faith and Belief/Non Belief			√	
Gender			√	
Race			√	
Sexual Orientation			√	
Transgender			√	

### Outcomes

What changes will you make to remove to reduce any negative impact? Any action points should be included in Departmental action plans, with monitoring and review processes.

**Best practice:** For support, dignity, respect and comfort to patients. Ergonomic intervention at the planning phase will 'design out' handling challenges

<b>Signature</b>	Risk Lead	<b>Date</b>	22/2/10
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### Guidance Prompts

<b>Age</b>	Yes	No	N/A	To action
Is it easy for a person of any age to find out about and to use your service?			√	
Does your service make assumptions about people simply because of their age?		√		
Does your service give out positive messages about all ages in the leaflets and posters that it uses?	√			
When you are recruiting staff, have you thought about age and how you can recruit people of all ages?			√	
Could younger and older people in your staff team feel equally valued?	√			
Do you monitor age to make sure that you are serving a representative sample of the population?			√	
Do any eligibility criteria for your service discriminate against older or younger people without just cause?		√		
Do your staff treat people of all ages with dignity and respect?	√			
Have you considered including age equality into staff objectives and appraisal?	√			
<b>Disability</b>	Yes	No	N/A	To Action
Is it easy for people with disabilities to find out about your service?	√			
Does your printed information take account of the communication needs of people with various disabilities and is it easy to understand?	√			
Have you decided what core information you need available in large print, audiotape or Braille?	√			
Is your service physically accessible to people with mobility problems or who use a wheelchair?	√			
Do your staff members know how to access a sign language interpreter or an interpreting service for deaf and hearing impaired people, how to use an induction loop and where to get advice on material in different formats?	√			
Do you routinely record the communication needs of patients with a disability when sending out appointments etc?			√	
Have you put in place a procedure to record the uptake for sign language interpreters, appointment letters/leaflets in Braille etc?			√	
Do you currently monitor whether or not patients have a disability so that you know how well your service is being used by people with a disability?	√			
Do your staff members treat people with disabilities with respect and dignity?	√			
Is your service religiously and culturally sensitive to meet the needs of disabled people from minority ethnic groups?	√			
Have you thought about your assessment materials and methods and made sure that they are relevant to people with disabilities?	√			
Have you considered incorporating disability equality objectives into staff appraisals?	√			
<b>Faith and Belief/Non Belief</b>	Yes	No	N/A	To

				Action
Is it easy for people from different religious backgrounds to find out about your service? Is your printed information religiously appropriate/sensitive?	√			
Do you currently record patients' religion in order to assist you in identifying users and non-users of your service from various religious backgrounds?			√	
Are your staff members treating people from different religions/beliefs/non belief with respect and dignity?	√			
Do your staff know how to access the Trust's Religious and Cultural Handbook?	√			
Have your staff members received training on religion and belief?		√		
Is your service religiously and culturally sensitive to meet the needs of people from various religious backgrounds?	√			
Have you identified any specific dietary or other needs related to a person's religion which you need to be sensitive to?			√	
Some religious and cultural traditions require particular dress e.g. wearing head coverings such as hijabs or turbans or modes of clothing which covers the body. Have you demonstrated flexibility and sensitivity to accommodate the wearing of religious dress safely?	√			
If you are running inpatient or residential services have you thought about prayer needs or the need for a quiet space for your patients/residents?			√	
Have you considered obtaining a list of various festivals to use to avoid arranging appointment/visits etc on any particular religious festivals, days or times?			√	
Have you considered incorporating religion and belief equality objectives in staff appraisal?		√		
<b>Gender</b>	Yes	No	N/A	To Action
If your service is for men and women, do you routinely monitor the uptake of your service with gender breakdowns and take appropriate action?			√	
Does your service/policy affect men and women differently - is this equal?	√			
Do more women/men use your service? Do you need to consider positive action to get the gender balance even?			√	
Do you need to review your service and accommodation with regard to dignity and respect i.e. with regard to bed, toilet and bathroom space?	√			
Have your staff members received Gender Equality Training?				
Have you considered incorporating gender equality objectives in your staff appraisals?			√	
<b>Race</b>	Yes	No	N/A	To Action

Have you decided what core information you need available in other languages?			√	
Do your staff members know how to access an interpreter for booking appointments or how to access telephone interpreting (in situations where it may not be possible to arrange an appropriate interpreter)? Do your staff members know where to get advice on material in other languages and formats?			√	
Do you currently record the ethnicity of patients so that you know how well your service is being used by people from minority ethnic backgrounds?			√	
Are your staff members treating patients from a minority ethnic background with respect and dignity?	√			
Have you identified any specific dietary or any religious needs of patients or any other specific requirements which you need to be sensitive to?			√	
Have your staff members received Equality Impact Assessment training as well Diversity Training?		√		
Have you considered incorporating race equality objectives in staff appraisal?			√	
<b>Sexual Orientation</b>	Yes	No	N/A	To Action
Do you and your team give positive messages and a positive reception to gay men, lesbians, or bisexual people?	√			
Does information about your service use visual images that depict mainly heterosexual couples?			√	
When carrying out assessments, do you make it easy for someone to talk about their sexuality if it is relevant or do you assume that they are heterosexual?			√	
Would staff in your workplace feel comfortable about being 'out' or would the office culture make them feel that this might not be a good idea?	√			
Have your staff had training on sexual orientation and equality?		√		
Do you make sure that staff treat lesbian, gay and bisexual people with dignity and respect?	√			
Have you considered incorporating sexual orientation equality objectives in staff appraisal?		√		
<b>Transgender</b>	Yes	No	N/A	To Action
Is your service sensitive to transgender individuals or those undergoing gender reassignment?			√	
Do your staff understand transgender terminology?	√			
Have your staff had transgender training?			√	
Do your staff treat transgender individuals with dignity and respect?	√			
Have you considered incorporating transgender equality objectives in staff appraisal?		√		