

EQUALITY IMPACT ASSESSMENT - SERVICE QUESTIONNAIRE

The nature of your service

What is the name of the service? Physiotherapy	
Is the service aimed at a specific group of users (e.g. men, women, older people)? Caters for Adults & Children (under 16)	
Have there been any significant issues raised from either service users or staff in relation to equality issues? Age Disability Gender Marital Status Racial group Religious belief Sexual orientation Transgender Socio Economic	} No

Accessing your service

Direct access by service users Can your service be accessed directly by users (as opposed to being referred)? Yes No ✓
If Yes, how do you raise awareness of your service to actual or potential service users? N/A
Is there any reason why you would refuse to provide a service? If yes, please advise why and who would make this decision. Yes - if patients do not meet the criteria of service. The decision to refuse a service would be taken by the Head or Deputy Head (State Registered Chartered Physiotherapists) and would be based solely upon suitability for clinical treatment.

Preparing for service users

Do you know prior to arrival if a service user has any of the following needs? *(Please tick all that apply)*

- Interpreter (language) ✓
- Interpreter or hearing loop (signer) ✓
- Disability (inc mental illness) ✓
- Support Worker ✓

If you do know prior to arrival, how do you receive this information?

We rely upon the written referral letter for out-patients & Medical Notes on the wards

What types of assistance you are able to provide for service users who have special requirements?

Liaison with Mental Health Physiotherapists

Manual handling skills

Separate & confidentially private interview/assessment area

Interpretation service available

Encouragement for carer or support worker to attend

Communication with service users

How do you communicate with service users? *(Please tick all that apply)*

- Face to face verbal communication ✓
- Telephone ✓
- Printed information (e.g. leaflets, posters) ✓
- Written correspondence ✓

If a service user is unable to communicate via these methods, how would you identify this?

Written referral

Medical Notes

Possibly (but rarely necessary) during the assessment itself

What alternative methods do you have available to communicate with them?

Interpreting Service including sign language

Encouragement for carer or support worker to attend

Physical access to your service

Is your service accessible to service users using walking aids or a wheelchair?

- Yes ✓
- No

If no, what adaptations are required?

Changes to access to your service

Please give details of any actual or potential difficulties that you have identified for service users accessing your service.

Please list any changes made or planned to address these.

**There are no physical barriers to accessing the Physiotherapy service.
Hospital infections e.g. MRSA - limits movement of patients.**

Delivery of your service

Collecting information about service users

Do you obtain information from service users about their: *(Please tick all that apply)*

Cultural / Religious belief - **Not usually within out-patient setting - normally only from medical notes if ward based.**

Disability (e.g. visual/hearing impairment, learning disability) ✓

Next of kin / partner ✓

How do you obtain this information?

Verbally using set questions / questionnaire ✓

Verbally (no set questions) ✓

Other (please specify)

In Medical/Nursing notes

Referral letter/correspondence

Where do you document this information? *(Please list)*

Physiotherapy Notes

Meeting the needs of service users

Please give details of how the following needs are accommodated for service users with diverse cultural or religious needs:

Dietary requirements: **N/A**

Toilet requirements: **Disabled toilet in department**

Privacy and dignity: All staff trained in privacy and dignity.
 Staff treat patients in individual cubicles.
 Curtains are used around plinths/beds for privacy.
 Able to request same sex staff member

Mode of worship: Taken into consideration during treatment.

Dying and Death: N/A

Please give details of how the following needs are accommodated for service users with a disability:

- Dietary requirements: As before
- Toilet requirements: As before
- Privacy and dignity: As before
- Mode of worship: As before
- Dying and Death: As before

Resources and training

What resources are available to your staff to access information on diversity issues?

Trust booklet

Internet

Equality and Diversity E-Learning package

Cultural Awareness Training - Pinewood

What training have your staff received on equal opportunities / diversity issues?

First Impressions training

Disability Discrimination Act

Child Protection training

Current e learning package

Consulting with service users

Does your service consult directly with service users or other community groups to gain

views on your service or when proposing changes to your service?

Yes

If consultation is undertaken, please specify how this is done:

Patient satisfaction surveys.

Changes to delivery of your service

Please give details of any actual or potential difficulties that you have identified in the delivery of your service for service users with diverse needs.

Please list any changes made or planned to address these.

Risk assessment consultation with patients & colostomy nurse and action plan created e.g. to allow patients with colostomies to access the hydrotherapy pool.

Thank you for completing this questionnaire.

Now you have answered these questions, please complete the attached “Action Plan” highlighting any actions you may feel necessary. These may include changes to current procedure, amendments to policies, production of new information, training, or environmental changes.

- In the event that **no adverse impact** is found, complete paperwork and review in 3 years time.
- If **little adverse impact** is found, consider actions to minimise and review in 3 years time.
- If the service has a **high impact**, identify cause(s) and take steps to eliminate or reduce impact, without causing negative impacts on other groups, for example:
 - Make changes to strategy, policy or procedure
 - Change the method of implementation
 - Consider alternative measures which would help achieve the aims, without adverse impact
 - Consider additional measures which would help achieve the aims without adverse impact

These actions should be written into a 3 year Action Plan and published appropriately.

If you would like to make any comments in relation to equality and diversity within the Trust, please feel free to add these below. This may include suggestions on how we could improve access to services, or the “patient” experience for particular groups of users, or how the Trust can support staff in ensuring that we provide equal service to all diverse groups within the community.

It would also be helpful if you could provide details of initiatives your service has undertaken in relation to diversity and / or improving services for particular user groups within the community, or any initiatives that you are planning.

Equality and Diversity Action Plan

Service	Physiotherapy Department
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Completed by **Tony Walmsley/Sue Wagstaff**

Date September 07

<u>Action</u>	<u>Priority</u> (High, medium or low)	<u>By Whom</u> (Can this action be taken locally. If not, to whom should it be referred)	<u>When</u>
<ul style="list-style-type: none"> On-going cultural awareness training. 	Medium	Yes	On-going
<ul style="list-style-type: none"> Ensure all staff undertake Equality & Diversity e-learning package. 	Medium	Yes	October
<ul style="list-style-type: none"> Ensure all new staff/students attend First Impressions training. 	Medium	Yes	On-going

