

**MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST
EQUALITY IMPACT ASSESSMENT OF SERVICES 2010/11 - ACTIONS**

Division/No	Area	Lead	Actions	Due date	Progress	RAG
EF1	Residences	Ros Bratherton Accommodation Manager	The Accommodation Request form to be amended to advise the applicant that Translation facilities are available on request.	April 2011	COMPLETE	GREEN
EF2	Residences	Ros Bratherton Accommodation Manager	Consideration to be given as to what reasonable alterations to accommodation can be made to accommodate Sensory disabilities.	April 2011	COMPLETE Consideration has been given . Amendments to accommodation provision will be made on request as and when required and after discussion with prospective resident	GREEN
EF3	Residences	Ros Bratherton Accommodation Manager	Before making a recommendation the Residences Officer will ascertain that the Hotels have an Equality and Diversity Policy/Statement	April 2011	COMPLETE The Travel INN is part of Travel Lodge Ltd Uk which has an EIA in place	GREEN
E&F4	Non Emergency Transport	Assistant Facilities Manager (Transport)	Escort Policy. The availability of alternative transport must be explored and advice given to those staff responsible for booking PTS.	July 2011	COMPLETE The new specification requires that ambulance staff taking the booking advise on alternative transport if the	GREEN

					patient is not eligible for PTS	
E&F5	Non Emergency Transport	Assistant Facilities Manager (Transport)	Complaints relating to access to PTS should be investigated and monitored to identify where the system is failing to meet the Equality and Diversity policy. A system for recording and reporting such incidents will be developed and used as part of the service compliance monitoring system.	July 2011	COMPLETE Information regarding service failure is gathered via MCHFT IR1, NWAS IR1, SRCL incident reports and PALS. Data is reviewed and actions discussed at PTS meetings	GREEN
E&F6	Non Emergency Transport	Tricia Edwards Acting Assistant Services Manager	Review training/awareness materials on criteria for non emergency transport.	July 2011	Complete Training material has been reviewed and revised	GREEN
E&F7	Site Services	Miriam Hickman Head of Facilities	A mechanism for the inclusion of Patients with physical impairment and mental health issues in the development and monitoring process should be developed.	August 2011		AMBER
E&F8	Site Services	Miriam Hickman Head of Facilities	A recorded process for the development of individual training needs analysis must be incorporated into the KSF framework	April 2011	COMPLETE Documentation has been amended	GREEN
E&F9	Site Services	Miriam Hickman Head of Facilities	The process for the management of capability must be recorded and regularly audited	Ongoing		AMBER
E&F10	Security	David Robinson LSMS	Actively canvass trainees as to the requirement for alternative literature at the commencement of CRT course.	April 2011	COMPLETE additional slide included in the training material	GREEN
E&F11	Security	David Robinson LSMS	Post incident reviews should be carried out. Complaints and concerns reviewed.	Ongoing	COMPLETE All incidents recorded and	GREEN

			Actions taken assessed against Equality and diversity policy and procedures		reviewed	
E&F12	Security	David Robinson LSMS	Advice to be assessed against Equality and diversity policy and procedures	Ongoing		AMBER
E&F13	Security	David Robinson LSMS	Additional training and guidance is required to cover the right to deny freedom and dealing with mental health issues	June 2011 Revised date September 2011	Advice received from Karen Thomas that current policy requires updating. Awaiting further information from external agencies. Once received a new control and restraint policy will be written and sent for approval.	AMBER
E&F14	Security	David Robinson LSMS	Audits of CCTV use should be carried out. Complaints and concerns reviewed. Actions taken assessed against Equality and diversity policy and procedures and Statutory requirements	Ongoing	COMPLETE Training on the use of CCTV completed for all Security staff. Regular quarterly audits of the use of CCTV undertaken	GREEN
E&F15	Waste	Head of Facilities	Modify the waste stream to comply with national guidance (colour blindness issue)	November 2011		
E&F 16	Waste	Acting Assistant Facilities Manager	Review the design, colour and location of the sack holders at ward/departmental level	September 2011		
E&F 17	Waste	Head of Facilities	Introduce pictorial signage, labelling and training materials	September 2011		

E&F 18	Waste	Head of Department	The requirement for manual handling aids to be included in departmental waste risk assessments	Ongoing		
DCSS1	Ward 19	Sue Forrester-O'Neill. Clinical nurse Manager	Signage is not fully compliant with visual disability.ie Braille. Liaise with the privacy and dignity matron, re issue of supporting patients with visual impairment.	June 2011	COMPLETE Signage now compliant for the facilities on the ward	GREEN
DCSS2	OPD VIN	Sue Wylie. OPD Manager	1 nurse is due to start a fundamental skills for children for non children's nurses in February 2010, which will fill the gap of a registered children's nurse.	Sept 11	Course due to start 24 May 2011	GREEN
DCSS3	Breast Imaging	Ruth Crichton, Superintendent Radiographer	Change the reception desk and install automatic opening doors to the unit to improve access for wheel chair users.	Jan 2011 2012	Changes to reception desk Jan 2011. The change to the doors has been delayed and will be updated to automatic when the unit is checked for asbestos, as part of ongoing work within the Trust. This is due in 2012.	AMBER
DCSS4	Breast Cancer Family History	Tracey Hale. Breast Care Unit Family History Service	Audit of the referral patterns of women attending the clinic over 9 months. Results to the departmental audit meeting within three months of completion of the audit.	Aug 2011	All data has been gathered and is currently being evaluated.	GREEN
DCSS5	Leighton OPD	Aly Berman. Manager	Main reception desk not at wheelchair height. Only one disabled toilet. To be assessed as part of disability access audit,	Mar 2011 Action in line with DAA	Report completed. 2nd accessible toilet within easy	AMBER

			to be commissioned by the Trust.	report.	reach. Awaiting refurb of department.	
DCSS6	OT Inpatients/ Outpatients	Nicola Walker. OT Team Leader	Equal provision of equipment on prescription. Limited equipment available, may have to purchase some equipment.	TBC	Where a piece of equipment is not available on prescription or special order (following Choicequip guidelines, and Social Services guidelines), it would therefore need to be purchased by the patient. If the patient is on a low income and can not afford to buy the equipment, there is no funding pot or grant to assist them. This mainly affects small pieces of equipment, dressing aids, feeding aids, but also kitchen trolleys, kitchen aids, and bathing equipment including grab rails for bathing. There is nothing the OT	RED

					services can do to change this process at present as we are following external guidelines.	
DCSS7	Dispensary	Dispensary Manager	No hearing loop system. Awaiting quotation from Estates & Facilities for hearing loop to be installed. Link to access audit.	Linked to access audit	Report completed. Hearing loop is on order. April 2011	GREEN
DCSS8	Dispensary	Dispensary Manager	Wheel chair access in pharmacy outpatients- hatch very high. Work benches not at appropriate height if we were to recruit a wheelchair user. No disabled access to department toilets, however, wheelchair users would be able to use disabled toilet facilities in the main entrance. Link to access audit.	Linked to access audit	Report completed. Sign has been put up for wheelchair users to use staff hatch, which is on lower level. Outpatients are given the choice to use if necessary. If we were to recruit wheelchair user this would be discussed with the individual MF.	GREEN
DCSS9	Mortuary	Helen Done Deputy Service Lead for Cellular Pathology	Write an internal standard operating procedure to produce a document detailing how to treat and perform a transgender post mortem examination.	Jan 2011	COMPLETE	GREEN
DCSS10	Medical Records	Dawn Walker	Written standard operating procedure to be developed to assist staff and to enable them to identify patients with a disability.	March 2011 TBC July 2011	Article produced for GP link. Procedure due to be presented to July E&D Committee	AMBER

Corp1	L&D	Helen Davies Head of L&D	Education Governance Committee (now Executive Workforce Committee) to receive and consider E&D annual report access figures for training	Jul 2011 September 2011		GREEN
Corp2	ICT	Dave Rooke Head of ICT	Intranet and Intranet sites to meet good practice access standards	TBC and subject to resource allocation	Issue raised with DC to identify if any short term action is feasible.	RED
Corp3	Information	Steve Lacey Information Services	Review with Head of Equality, Diversity and Human Rights implications of specific public duty on the production and publication of information.	Ongoing	Discussion taken place. Available data to be included in annual report.	GREEN
Corp4	Occupational Health	Keith Williamson Clinical Lead	Review emergency egress from OH department for disabled people with Fire Officer.	March 2011 June 2011 TBC	Discussion with Fire Officer take place. In the absence of funding for physical alteration, internal procedure to be drafted.	AMBER
Corp5	Occupational Health	Keith Williamson Clinical Lead	Assess risk associated with lack of disabled toilet in OH Department.	Link with DAA report timetable	Report completed	GREEN
Corp6	Leadership & Management Development	Rachael Hooker Asst L&MD Manager	Analysis of 2010/11 staff survey by equality characteristics.	June 2011	COMPLETE	GREEN
Corp7	Leadership & Management Development	Rachael Hooker Asst L&MD Manager	Monitoring of future cohorts of management programme participants by equality characteristics.	On selection	In place.	GREEN
Corp8	H&S/Human Resources Management	Wendy Astle Rowe Head of Safety	Discuss with Head of Human Resources Management equality monitoring for health and safety representatives.	September 2011	Initial discussion being arranged	GREEN

Corp9	Trust Membership	Mel Steele Acting Trust Secretary	Review Trust constitution including consideration of current minimum age of 16 for membership.	May 2011 October 11 2012/13	Decision not to change in 2011/12. Consider practicalities and review in 2012/13.	AMBER
Corp10	Trust Membership	Mel Steele Acting Trust Secretary	Monitor Trust membership by agreed protected characteristics.	Annually	First collection date to be agreed.	AMBER
Corp11	Procurement	Clive Mosby Head of Procurement	Review tender documentation.	December 2011	Examples of good practice being sought.	GREEN
Corp 12	Human Resources Management	Jon Workman Head of ED&HR	Complete Equal Pay Audit work.	September 2011	Include in annual report.	GREEN
Corp 13	Human Resources Management	Melissa Ellis Head of HRM	Monitor outcome (dismissal, down-grading) of change management programmes	During 2011/12	System in place	GREEN
Corp 14	Information Governance	Jessica Pickup IG Manager	To protect the Human Right to Privacy the IG Manager will liaise with the Information Communication Technology Department to ensure that arrangements are made for the Trust's email policy to reflect what information can be released.	July 2011 Delay due to other workload demands. Revised date to be agreed at July IG Committee.		AMBER
Corp 15	Clinical Audit	Hilary Hall Clinical Audit Lead	Patient questionnaires will be offered in other languages. This will be communicated in the documentation sent to participants by the inclusion of a statement to that effect in English and in the three most commonly used other languages within the local population,	June 2011	COMPLETE Leaflet for PROMS questionnaires (5 languages + easy read/large print) – Complete & In Place	GREEN

Corp 16	Clinical Audit	Hilary Hall Clinical Audit Lead	Where feasible and appropriate patient interviews will be conducted with interpreters.	June 2011	COMPLETE In Place	GREEN
Corp 17	Clinical Audit	Hilary Hall Clinical Audit Lead	The statement in the documentation referred to in Corp 15 will also include a reference to availability in other formats such as large print, easy read, etc	June 2011	COMPLETE See Corp15 – Complete & In Place	GREEN
Corp 18	Payroll/Pensions	Janet Batin Deputy payroll Manager	The service will review its arrangements for confidential discussions, including issues for disabled people.	June 2011	A booking system for confidential discussions is now in place. The requirements of a disabled employee will be discussed individually and may include Payroll staff visiting them.	Complete
Corp 19	General Office	Caroline Birch	Assess if there is a need to have basic information sheets in other languages.	September 2011		
Corp 20	Patient Information	TBC	Pregnancy/Maternity - Hand held notes have been developed to ensure information is given out consistently – information leaflets are provided contained in one pack not separately. To be available August 2011	August 2011		
Corp 21	Patient Information	TBC	Easy read information leaflets are available on consent, (pals leaflet in development – to be available September 2011)	September 2011		
Corp 22	Voluntary Services	L Edwards Voluntary Services	Monitor racial/ethnic origins etc. and seek to promote opportunities to under represented groups within the community.	June 2011	Application forms amended to enable monitoring of	GREEN

		Manager			racial/ethnic origins. Ongoing – review in 2012 Volunteers Report	
					To work in conjunction with PPI to promote volunteering opportunities with under represented groups in the community. Review in 2012 Volunteers Report.	
Corp 23	Voluntary Services	L Edwards Voluntary Services Manager	Indicate on forms and publications that voluntary work can be arranged to suit the requirements of an individual's religion or beliefs.	June 2011 At next publication	Application forms amended. Volunteering publications to be revised on reprint.	GREEN
EC1		Loraine Cornes Modern Matron	Achieve 95% known patient ethnicity.	Ongoing	Improved rate from March 2010 – March 2011.	AMBER
EC2		Loraine Cornes Modern Matron	Link with Privacy and Dignity Matron to ensure signage for Mecca is provided.	September 2011	Contacted Privacy and Dignity Matron for update.	AMBER
EC3		Loraine Cornes Modern Matron	Review needs for Trans patients following 8 March training event. Review arrangements for assessing accommodation arrangements.	June 2011 September 2011	To review with course participant.	AMBER
EC4		Loraine Cornes Modern Matron	Link with Privacy and Dignity Matron to review needs of patients with dementia. Develop Wards 6 (and 15) as centre of good practice for dementia.	June 2011 September 2011		AMBER
EC5	EAU	Loraine Cornes Modern Matron	Relocate EAU	TBC	Completed	GREEN

EC6	Out Patients	Loraine Cornes Modern Matron	Link with Privacy and Dignity Matron on appointment letters for patients with learning disabilities.	December 2011	Contacted Privacy and Dignity Matron for update	AMBER
EC7	AE, EAU	Loraine Cornes Modern Matron	Consider improved signage in A/E and EAU following review of Disability Access Audit.	With refurbishment	EAU complete. Date for A&E being obtained.	AMBER
S&C1	H&N Outpatients/Audiology	Caroline Thompson OPD Manager	A bid for charitable funds to purchase Alert paging system to be used in clinic for patients with sensory impairment has been submitted to League of Friends	May 2011 September 2011	March bid rejected as end of year. Awaiting League of Friends response.	AMBER
S&C2	H&N Outpatients	Caroline Thompson OPD Manager	Examination chair has a weight limit of 21 stone. Risk assessment required for increasing volume of obese patients in the local health economy.	September 2011		
S&C3	Theatres	Helen Nutkins Matron	Review need for range of heavy weight equipment at least annually	March 2012		
S&C4	Acute Pain Management	Helen Nutkins Modern Matron	Review need for information in alternative languages.	October 2011		
S&C5	Orthopaedic Outpatients	Carol Latham Sister Orthopaedic OPD	Refurbish Orthopaedic OPD include provision for wheelchair access and appropriate decoration / signage.	October 2011		
S&C6	Ophthalmology Outpatients	Lisa Rudy-Fitzgerald Acting Eye Care Centre Manager	Availability of information leaflets in alternative languages to be reviewed	October 2011		
S&C7	Ophthalmology Outpatients	Denise Tokely-McNicholas, Service Manager	Confirm payment arrangements for Welsh patients	April 2011	New referrals for welsh patients are sent back to source on referral.	COMPLETE GREEN

					The Service Managers are with clinicians involved are either seeking approval for funding or are having their appointments cancelled for those welsh patients already in the system.	
S&C8	Ophthalmology Outpatients	Del Owen, Matron	Review 'passport' arrangements for Travellers.	June 2011 December 11	Delayed due to other issues in department	Amber
S&C9	Ophthalmology Outpatients	Denise Tokely-McNicholas, Service Manager	Clarify treatment options for Learning Disability patients requiring Intravitreal injection therapy.	July 2011		
S&C10	Ophthalmology Outpatients	Denise Tokely-McNicholas, Service Manager	Increased partnership working with IRIS to support patients attending Eye Care Centre.	Ongoing	Meetings taken place.	GREEN
S&C11	Preoperative Assessment	Chris Reeves & Paula Young Preoperative Assessment Sister	The issue of confidentiality if a trans patient in transition needs to be highlighted across the Division.	TBC July 11	Done for POAC.	GREEN

