

Full equalities impact assessment

Directorate: Service:

Piece of work being assessed:

Aims of this piece of work:

Name of lead person: Other partners/stakeholders involved:

Date of assessment:

Who is intended to benefit from this piece of work?

| Single Equality Scheme strand | Baseline data and research on the population that this piece of work will affect What is available? What does it show? Are there any gaps? Use both quantitative and qualitative research and user data Include consultation with users if available | Is there likely to be a differential impact? If 'yes', is that impact direct or indirect discrimination? |
|-------------------------------|---|---|
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Gender

For the podiatry service:

No

The following data is available for Sheffield:

2007 Mid-Year Estimates

Sheffield Council

| | Persons | Males | Females | | All Residents | Persons |
|------------------|---------|---------|---------|---------|------------------|---------|
| All Residents | Count | % | Count | % | All Residents | Count |
| Total Population | 530,300 | 100.00% | 264,000 | 100.00% | Total Population | 530,300 |
| 0 to 4 | 29700 | 5.60% | 15200 | 5.80% | 0 to 4 | 29700 |
| 5 to 14 | 57200 | 10.80% | 29600 | 11.20% | 5 to 14 | 57200 |
| 15 to 24 | 91500 | 17.30% | 47600 | 18.10% | 15 to 24 | 91500 |
| 25 to 34 | 71800 | 13.50% | 37900 | 14.40% | 25 to 34 | 71800 |
| 35 to 44 | 76000 | 14.40% | 38200 | 14.50% | 35 to 44 | 76000 |
| 45 to 54 | 63900 | 12% | 31900 | 12.10% | 45 to 54 | 63900 |
| 55 to 64 | 56700 | 10.60% | 28000 | 10.70% | 55 to 64 | 56700 |
| 65 to 74 | 42900 | 8.10% | 20300 | 7.70% | 65 to 74 | 42900 |
| 75 to 84 | 28800 | 5.40% | 12000 | 4.50% | 75 to 84 | 28800 |
| 85 to 89 | 7900 | 1.50% | 2600 | 1% | 85 to 89 | 7900 |

General population split = 50% males, 50% females

55 to 89 population split = 46% males, 54% females

| | Male | Female |
|----------|-------|--------|
| 55 to 89 | 62900 | 73500 |
| | 46% | 54% |

Sheffield Population 55 to 89

| Male | Female |
|------|--------|
| 2416 | 3138 |
| 44% | 56% |

Podiatry Service Gender profile

Service gender split November 2008 = 2,416 / 44% males, 3,138 / 56% female, (Patients)

Gender dependant clinical assessment process for podiatric surgery has been amended following advice from a;gender

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| | <p>Clinical need for podiatry increases with risk factors such as diabetes and peripheral vascular disease which are more prevalent with increasing age, this is reflected in the gender mix of the service closely matching that of the general population over the age of 55.</p> <p>Given that between 50% (REF) and 90% (REF) of the general population can demonstrate a foot problem and that national data (when collected) indicated that nationally, podiatry services have never reached more than 4% of the general population (REF), many individual of all gender types are not able to received the service that they require.</p> <p>Podiatry Staff Gender Data The Podiatry service currently employs 52 staff members, 12 Male and 40 Female. Eighty percent of the staff are podiatrists requiring Health Professions Council (HPC) registration. The HPC gender data shows that Podiatry Registrants gender mix is Female 76% Male 24%. The Podiatry Service in Sheffield has a staff gender profile of Female 77% Male 23%, closely matching the report detailed below.</p> <p><u>http://www.hpc-uk.org/assets/documents/1000239DHPC Annual Report 2008.pdf</u> sampled 17/12/08</p> | |
| <p>Race</p> | <p><u>For the core podiatry service:</u></p> <p>Sheffield City Council 2005 figures suggest that the number of Pakistani Asians is 3%, Polish and Slovak 2%, whilst other ethnic categories account for less than 1% each of the general population with the total ethnic minority population being about 14%.</p> <p>Need 2007 Mid-Year Estimates, Sheffield Council data as rapid change in Sheffield demographics over past 5 years.</p> | <p>No</p> |

White British 86%
 White Irish 1%
 White Other (mainly Polish and Slovak) 2%
 Mixed - White/Black Caribbean 1%
 Mixed - White/Black African <1%
 Mixed - White/Asian <1%
 Mixed - White/Other <1%
 Asian – Indian 1%
 Asian – Pakistani 3%
 Asian – Bangladeshi <1%
 Asian – Other 1%
 Black – Caribbean 1%
 Black – African 1%
 Black- Other <1%
 Chinese 1%
 Other 1%

Ethnicity data is requested on podiatry application forms but is only completed on 50% of the applications received. Where this has been declared by patients, the division amongst the core podiatry service is as follows

| Ethnic Group | Number | Percentage service patients | Percentage Sheffield population |
|--|--------|-----------------------------|---------------------------------|
| (XaJQv) British or mixed British - | 2926 | 87 | 86 |
| (XaJQw) Irish - | 1 | <1 | 1 |
| (XaJR0) White and Asian - | 4 | <1 | <1 |
| (XaJR1) Other Mixed background - | 9 | <1 | <1 |
| (XaJR2) Indian or British Indian - | 14 | <1 | 1 |
| (XaJR3) Pakistani or British Pakistani - | 161 | 5 | 3 |
| (XaJR4) Bangladeshi or British Bangladeshi | 8 | <1 | <1 |
| (XaJR9) Chinese - | 36 | 1 | 1 |

| | | | |
|--|------|----|----|
| (XaJQx) Other White background - | 46 | 2 | 2 |
| (XaJQy) White and Black Caribbean - | 56 | 2 | 1 |
| (XaJQz) White and Black African - | 21 | 1 | <1 |
| (XaJR5) Other Asian background - | 4 | <1 | 1 |
| (XaJR6) Caribbean - | 58 | 2 | 1 |
| Total details TPP and SADACCA and Chinese Centre | 3344 | | |

It is known however that men and women of Pakistani and Bangladeshi origin are more than six times as likely as the general population to have diabetes (DOH reference). Rates for Indian men and women are three times higher and are significantly higher for African Caribbean population¹. The Department of Health have published this public health prevalence data but there is a gap in recognition and no published work in the podiatry literature to show the high risk incidence within this particular diabetic population and therefore those who would be more likely to require podiatry intervention. The service would therefore be expected to see higher numbers of this population. The podiatry population data shows 5% of the patients recording their ethnicity as Pakistani. Although this is an increase over the general population it does not fully reflect the increased incidence of diabetes.

There is no published literature to suggest that there is any greater incidence of foot problems amongst any of the racial groups in Sheffield, although anthropometric data suggests that different foot morphology is present in different racial populations (references needed)JW.

As part of its' Charter Mark work, the podiatry service surveyed its' patient population in the mid 1990's to find that a number of minority populations were not accessing the service. As a result of this survey, the service initiated various outreach clinics into SADACCA, the Chinese Centre and the Asian community in Darnall. This work continues.

¹ http://www.raceforhealth.org/news_detail.php?id=135

| | <p>The foot and ankle pathway is accessible via GP referral only and therefore the service has no direct control over the referred population. Future work to bring the population entering this pathway into line with the local demographics should therefore be focused on referring GP practices.</p> <p>Given that between 50% and 90% of the general population can demonstrate a foot problem and that national data (when collected) indicated that nationally, podiatry services have never reached more than 4% of the general population, many individual of all racial origins are not able to received the service that they require.</p> <p>Patients are not excluded due to race and interpreters are arranged as required. Statistics of interpreter use over past 12 months & languages accessed.</p> <p><u>Numbers of Interpreters Used by Provider Services in Financial Year 07/08</u></p> <table border="1" data-bbox="450 863 1585 1042"> <thead> <tr> <th>Service</th> <th>Number of Interpreters Used in 07/08 Financial Year</th> <th>Specific Service Names Included in the Count</th> </tr> </thead> <tbody> <tr> <td>Podiatry Services</td> <td>25</td> <td>Podiatry Service - Fulwood House</td> </tr> </tbody> </table> <p>The podiatry service staff profile is currently; 49 or 94% British and 2 or 4% British Pakistani and 1 or 2% British Indian.</p> | Service | Number of Interpreters Used in 07/08 Financial Year | Specific Service Names Included in the Count | Podiatry Services | 25 | Podiatry Service - Fulwood House | |
|--------------------------|--|--|---|--|-------------------|----|----------------------------------|--|
| Service | Number of Interpreters Used in 07/08 Financial Year | Specific Service Names Included in the Count | | | | | | |
| Podiatry Services | 25 | Podiatry Service - Fulwood House | | | | | | |
| <p>Disability</p> | <p>Disability is sub-divided as follows:</p> <ul style="list-style-type: none"> Sensory impairment Physical disabilities Mental health Learning difficulties <p>There is no research to suggest that individual with a disability have a greater</p> | <p>No</p> | | | | | | |

incidence of foot health problems than the general population, therefore the proportion of the population being attended to by the podiatry service would not be anticipated to be any greater than that of the general population.

All clinical sites have disabled access, Central Clinic podiatry reception has a Hearing Loop fitted.

As part of its' Charter Mark work, the podiatry service increased it's partnership working to improve access for vulnerable groups, as part of this work an outreach clinic was established with the RNIB to improve access for patients with visual impairment.

The podiatry service has a specialist podiatrist providing a service to patients with physical and learning disabilities.

The podiatry assessment contains a section on the patient's ability to care for their own feet to identify patients who are unable to do so.

Given that between 50% and 90% of the general population can demonstrate a foot problem and that national data (when collected) indicated that nationally, podiatry services have never reached more than 4% of the general population (REF), many individuals with disability are not able to received the service that they require.

2001 Census indicates 21% of UK population have a 'long standing illness'

Additionally, those who have developed disabilities as a result of the long term complications of their Diabetes, may suffer from not only physical (including sensory), but also cognitive problems – due to identified links with certain types of dementia e.g. Vascular Dementia.

Severe disability including aphasia, dysphasia and paralysis may result due to complications of Diabetes.

I am aware that there is an increasingly aging population residing in Learning

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| | <p>Disability environments. This group of people often have complex medical health problems which are not always adequately met, and this group of homes, in spite of the growth of their older residents currently fall outside the remit of this team.</p> <p>Historically People with all forms of learning disability have been missed from essential primary care and secondary care, ensure the action plan reflects proactive work to address this.</p> | |
| <p>Sexual orientation</p> | <p>There is no research to suggest that individuals with a particular sexual orientation have a greater incidence of foot health problems than the general population, but this is not to say that there is not a need. Therefore it <u>cannot</u> be said that the proportion of the population in terms of sexual orientation being attended to by the podiatry service would not be anticipated to be any greater than that of the general population.</p> <p>The podiatry service has a predominantly elderly population and the patient panel has reported that they would find questions into their sexuality intrusive and offensive. Work is therefore to be undertaken via the panel to determine how this can be achieved diplomatically with this population.</p> <p>Service is available to all irrespective of sexual orientation; this is not currently formally recorded. System One will be adapted to enable the service to capture this information.</p> <p>No Sheffield Census information collected in 2001. Workforce data not available Service user data not available. The service will amend its' application forms to enable this area of monitoring to be undertaken.</p> <p>Staff data for a small service cannot be published without risks of breeches of confidentiality, it is requested that staff data be collected and published on a Trust</p> | <p>No</p> |

wide basis to avoid such breeches.

Age

The following data is available for Sheffield:

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Sheffield Podiatry services TPP Korner Report 2007/ 2008

| Age | Total | % | Male | % | Variance | Female | % | Variance |
|----------------|-------|----|------|-----|----------|--------|-----|----------|
| 0 to 5 | 3 | 0 | 2 | 0% | -5.80 | 1 | 0% | -5.50 |
| 6 to 15 | 27 | 0 | 12 | 0% | -11.20 | 15 | 0% | -10.40 |
| 16 to 24 | 85 | 2 | 34 | 1% | -17.10 | 51 | 2% | -14.60 |
| 25 to 34 | 128 | 2 | 49 | 2% | -12.40 | 79 | 3% | -9.80 |
| 35 to 44 | 261 | 5 | 127 | 5% | -9.50 | 134 | 4% | -10.20 |
| 45 to 54 | 451 | 8 | 204 | 8% | -4.10 | 247 | 8% | -4 |
| 55 to 64 | 809 | 15 | 391 | 17% | +7.3 | 418 | 13% | -2.3 |
| 65 to 74 | 1301 | 23 | 637 | 27% | +19.3 | 664 | 21% | +12.5 |
| 75 to 84 | 1595 | 29 | 684 | 29% | +24.5 | 911 | 29% | +22.7 |
| 85 + | 894 | 16 | 276 | 11% | +10 | 618 | 20% | +18 |
| Total all ages | 5554 | | 2416 | | | 3138 | | |

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|--|---|--|
| | <p>The Korner Report of age breakdown of podiatry patients recorded on TPP covers approximately 25% of the service. The age profile differs from that of the general population with fewer patients below 55 years old and greater numbers over 55. This reflects the increasing clinical need for podiatry increases with risk factors such as diabetes and peripheral vascular disease which are more prevalent with increasing age.</p> <p>The podiatry service has an open access policy for all age groups to access the service, reflected in the broad range of ages treated.</p> <p>Podiatric Surgery is only available for adults, with children requiring foot surgery being referred to Orthopaedic Specialists at the Childrens Hospital.</p> | |
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| | <p>The above data indicates that the podiatry service accepts patients of all ages, but has a patient population mainly from the over 55 age groups reflecting their greater clinical need.</p> | |
| <p>Religion/belief</p> | <p>It is evidenced that Pakistani Muslims are twice as likely to develop Type 2 Diabetes than Indian Hindus. So, there is an underlying genetic tendency towards Diabetes in the Asian population. The risk seems to increase, dependant on dietary and cultural factors. Furthermore, Black and Minority Ethnic groups are suspected of being at greater risk of the development of Metabolic Syndrome, which is identified as a precursor to the development of Diabetes.</p> <p>There is no research known to podiatry service to suggest that there is any direct correlation between religion and foot health problems although the podiatry service does treat persons for foot health problems which have arisen directly from participation in activities specific to their religion, which indicated there is a correlation. While the service has requested monitoring data from its' patient population, it has not, to date monitored the religion/belief of this group.</p> | |

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| | <p>The service will amend its' application forms to enable this area of monitoring to be undertaken.</p> <p>The service has received one complaint addressing inappropriate religious bias & comments by a Podiatrist. This complaint detailing the need to consider religious beliefs when giving foot care advice, as Muslim patient was advised to stop washing feet 5 times a day. Service to address gaps in staff knowledge on Equality & Diversity as a matter of urgency.</p> <p>No Sheffield Census information collected in 2001. Workforce data not available Service user data not available.</p> | |
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Equalities Impact Assessment Action Plan

| Strand | Issue | Action required | How will you measure the impact/outcome? | Timescale | Lead |
|------------|---|---|---|----------------|-----------|
| ALL | Data gaps need to be addressed, staff data and service user/patient data. | Source, reference and publish data. | Data included in EIA and published. KSF monitoring for all staff at required level. | September 2009 | WW, JW |
| Gender | <p>No collection of transgender data</p> <p>Gender specific health questionnaires in podiatric surgery and Nail surgery</p> | <p>Transgender questions to be included in the service application form</p> <p>Review gender specific health questioning in podiatric surgery and Nail surgery to address possibility of trans gender</p> | Via TPP database | Sept 2009 | WV JW BTB |

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|--------|--|---|---|-----------|------------|
| | | patients | | | |
| Gender | <p>Ensure staff are aware of gender and transgender issues, commission appropriate training if needed.</p> <p>Ensure all services are provided at accessible venues and times for parents/carers.</p> <p>^ TPP and other IT system needs to alert staff if a same gender nurse is required.</p> <p>Ensure staff are aware of gender and transgender issues, commission appropriate training if needed.</p> | <p>Monitor & measure need to gender match patients.</p> <p>^ For Podiatry Service(s) to be on a computer system that collects the full range of equality data. Gender to be entered onto TPP to allow collation of statistics and future reporting.</p> <p>^ Amendment to assessment and referral documentation to cover the new monitoring data required..</p> <p>Ensure new monitoring tool, is implemented & staff are aware</p> | <p>Annual measure of gender of staff and feedback to EIA update and E&D :Lead</p> <p>* Planned and implemented adjustments as a result of data.</p> <p>Changes implemented to accurately monitor E&D uptake of services.</p> <p>Raised staff awareness/ training delivered in Gender issues and parent/carer needs and sensitivity, as and where appropriate in functions of role.</p> <p>* Established requirements from appropriate communities/patients (2-way consultation). Incorporate in new EIA as revised.</p> | Sept 2009 | WW, JW |
| Race | Inadequate numbers of all BME patients receiving | Via the equality and diversity lead, case to be | Via TPP database. | July 2009 | WV, JW, SB |

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| | <p>podiatry care in the light of known foot pathology incidence.</p> <p>Low numbers of Bangladeshi People receiving Podiatry care, ensure service works with Bangladeshi Organisation to work on increasing public awareness of service & setting up outreach clinics if needed.</p> <p>Increase awareness of podiatry amongst those identified as under using services, This includes BME communities across the City in Uppertrophe/Netherthorpe, Sharrow, Firth Park, Tinsley etc.</p> <p>50% of patients data is not completed by patient/staff/entered onto the computer (ethnicity questions on patient record forms).</p> | <p>put to the Commissioners to consider increasing funding to allow more individuals of all races to receive podiatry care</p> <p>Increase availability of podiatry literature in other languages</p> <p>Work with E&D Lead for guidance and direction.</p> <p>Re-create good practice of Outreach Podiatry service in Darnell area, into other areas across the city, where needed.</p> <p>Seek guidance form the E&D Lead.</p> <p>Work with patient panel to increase ethnicity reporting above 50%</p> | <p>Better reflection of data and better uptake of services in wider BME communities in the City.</p> <p>Via TPP database and production of leaflets</p> <p>Via TPP database</p> | <p>Stage one by Dec 09 and ongoing thereafter.</p> | <p>JW LF JK & SB, E&D Lead.</p> |
|--|--|---|---|--|---|

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|-------------|---|---|---|--|-------------------|
| <p>RACE</p> | <p>Currently this data is not always asked of patients and not entered electronically, therefore difficult to measure accurately but need to measure data manually in the first instance. Need 100% compliance not 50%.</p> <p>^ TPP and other IT systems need to alert staff as to if an interpreter needs to be booked, and of language, dialect and gender required.</p> | <p>^ For the Podiatry service to fully utilise TPP. Race to be entered onto TPP /or other system to allow collation of statistics and future reporting</p> <p>Data needs to be collected manually if not available on TPP Data to be inputted in time for records Audit (May 2009)</p> <p>^ Ensure data is collected & recorded of language & dialect of patient to enable communication to be interpreted/translated as appropriate.</p> <p>Anticipate under representation of settled and new BME communities as service users, establish BME community consultation to make service more culturally and religiously sensitive.</p> <p>Identify staff training as in cultural and religious sensitivity, as and where</p> | <p>^ Data is manual collected & analysed.</p> <p>* Analyse data and address any issues raised.</p> <p>^ First page of patient TPP records show language & dialect of patient is known and if interpreter/translation required.</p> <p>Action plan and implementation identified with diversity lead and work to be feedback to CEHR group regularly.</p> <p>* Established requirements from appropriate</p> | <p>Initially July 2009 and thereafter monitored for progress every 3 months.</p> | <p>WW, JW, SB</p> |
|-------------|---|---|---|--|-------------------|

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|--------------|--|---|---|----------|---------|
| | 2. Data to be sourced on interpreter & languages to be sourced from SCAIS/other providers (past 12 months). | <p>appropriate in role.</p> <p>Identify recruitment of BME staff, with appropriate skills and cultural & religious intelligence, if under represented.</p> <p>2. Data on interpreter & languages to be sourced from SCAIS/LL (past 12 months). TPP</p> <p>Anticipate data findings to demonstrate and under representation of service uptake by BME patients.</p> | <p>communities/patients (2-way consultation).</p> <p>2. Appropriate publicly is designed, translated and interpreted (where appropriate) and distributed to BME communities citywide using a community development model of approach.</p> | | |
| Disability | No issues known identified by Senior Podiatry Staff. | Collect sample data of level of service use by patients with a disability. | Respond to issues raised by data collection. | Nov 2009 | CW LF |
| Disability 2 | <p>Establish if data is collected manually or on the TPP system.</p> <p>^ Ensure data is collected & recorded of format/type of communication appropriate to patient to enable effective 2-way</p> | <p>^ Amendment to assessment and referral documentation to cover this.</p> <p>Ensure new monitoring tool is implemented & staff are aware</p> <p>Ensure data is collected &</p> | <p>^ Data is manual collected, entered onto TPP & analysed for EIA purposes.</p> <p>* Analyse data and address any issues raised.</p> <p>*Planned adjustments</p> | | WW, JW, |

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| | <p>communication (induction loop, Braille, audio tape/cd/dvd or large print, font, makaton/rebus).</p> <p>Ensure are all services are provided in physically accessible venues (for staff and patients) wheelchair users, use of crutches, etc.</p> <p>Consider all disabilities and mental health in access needs external and internal building requirements. Some service access is via home visits.</p> <p>Needs of Adults with Learning Disabilities are historically under represented in most sectors of Health services, Address the needs of people with Learning disabilities, through themselves, their carers and their advocates.</p> <p>As well as Disabilities, identify ill Mental health</p> | <p>recorded onto TPP.</p> <p>Data needs to be collected manually if not available on TPP</p> <p>^ Data to be inputted in time for records Audit (May 2009)</p> <p>Analyse results.</p> <p>Anticipate and under representation of Patients who have a Learning Disability, mental health needs or other needs.</p> <p>Ensure appropriate publicly is designed, translated and interpreted (where appropriate) and distributed to appropriate communities citywide using a community development model of approach.</p> <p>Consult and source advice from Estates Service and E&D lead as to ensure accessibility of each service building (to staff</p> | <p>as a result of data.</p> <p>First page of patient TPP records show language & type of format required to communicate effectively with patient (Braille, Signer, Makaton, rebus, advocate etc) and if interpreter/translation required.</p> <p>Staff training needs identified in disability & mental Health sensitivity, as and where appropriate in role.</p> <p>* Building access needs are identified and implemented where immediate need is required and identified in the next EIA update.</p> <p>* Established requirements from appropriate communities/patients (2-way consultation).</p> | | |
|--|---|--|--|--|--|

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| | needs from patients and staff who this may affect. | and patients). | | | |
| Sexual orientation | <p>No current monitoring of the sexual orientation of the predominantly elderly podiatry patients</p> <p>Not currently recorded for patients at referral to the service. Need to collect & record data electronically.</p> <p>Staff Orientation needs to be requested and published on a trust wide basis to avoid breeches of confidential information.</p> | <p>Work via the podiatry patient panel to determine how this can be achieved diplomatically with this population. Implementation of agreed way forward.</p> <p>^ Amendments to assessment and referral documentation to cover this. Ensure new monitoring tool is implemented & staff are aware</p> <p>^ Ensure data is collected & recorded onto TPP.</p> <p>Data needs to be collected manually if not available on TPP</p> <p>Analyse results and act on findings.</p> <p>Address staff training needs to understand issues.</p> | <p>Monitoring process acceptable to patient group in place</p> <p>^ Data collection has begun and entered onto TPP database system & analysed for EIA purposes.</p> <p>* Analyse data and address any issues raised.</p> <p>* Plan adjustments as a result of data.</p> <p>Anticipate staff training in sensitivity to different sexualities, as and where appropriate in role.</p> <p>* Establish requirements from appropriate communities/patients (2-way consultation).</p> | July 2009 | WV JW Patient Panel |

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|-----------------|--|--|--|--|--------------------|
| Age | Age profile of service to reflect need for services from that age group | Collect data | Use data to compare with TPP reports from service | Nov 2009 | LF JW |
| Age | Age profile of service to reflect need for services from that age group. Staff age needs to be recorded. | Collect data. ^ For Podiatry service to fully utilise TPP. Age to be entered onto TPP to allow collation of statistics and future reporting ^ Amendment to assessment documentation to cover this. Ensure new monitoring tool is implemented & staff are aware. Ensure data is collected & recorded. Data needs to be collected manually if not available on TPP ^ Amendment to referral documentation to cover this/TPP. | Use data to compare with TPP reports from service ^ Data is manual collected, entered onto TPP & analysed for EIA purposes. * Analyse data and address any issues raised. *Plan adjustments as a result of results. * Establish requirements from appropriate communities/patients (2-way consultation). | Immediate, April 2009 and review every 3 months thereafter | LF JW |
| Religion/belief | No current monitoring of religion/belief Patient Complaint on religious insensitivity to be addressed. Staff tailoring foot care | Amend service application forms to capture this data Training session for staff | Via TPP database Monitor comments / complaints | July 2009 | JW WV JW JK |

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|--------------------------|--|--|--|--|-------------|
| | advice to include patients religious beliefs and give appropriate advice, with the guidance of the Equality & Diversity Lead. | | | | |
| Religion/belief 1 | <p>Visits/appointments may coincide with prayer time or religious observations or Ramadan/fasting month or other forms of Religious observations affecting the working day.</p> <p>Address information, knowledge and practical information for staff on different faiths, obligations and sharing appropriate advice.</p> | <p>Will arrange visit around prayers by communicating with patient before visiting</p> <p>Access multi faith calendar via intranet.</p> <p>Information briefings to be given. Staff in question to be challenged on her views and why this is offensive. E&D training to be sourced.</p> | <p>Monitor, identify further needs.</p> <p>Implemented through staff communication.</p> <p>Training and information to be delivered.</p> <p>Source the expertise of E&D Lead for guidance.</p> | Immediate, April 2009 and review progress July 2009. | JW, JK, SB |
| Religion/belief 2 | Service users religious beliefs are not recorded or requested on application form | <p>Amend service application forms to capture this data</p> <p>Continue equality sessions at staff meetings for staff to address different faiths and ensure assumptions are not made and inappropriate advice is not given. Address issues to ensure staff are not</p> | <p>Via TPP database</p> <p>Monitor comments / complaints</p> <p>^ Data is manual collected, entered onto TPP & analysed for EIA purposes.</p> <p>* Analyse data and</p> | July 2009 | JW WV JK |

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| | | <p>enforcing own religious views onto patient's advice and aftercare.</p> <p>Religion needs to be included in referral documentation/TPP & new monitoring tool.</p> <p>Establish formal and informal complaints from patients refusing service due to lack of cultural and religious sensitivity.</p> <p>Information to be sought from PALS & Complaints teams where service has been refused due to religious insensitivity.</p> <p>Establish if service publicity needs to be marketed to include a higher uptake of the cross section of the population.</p> <p>Ensure new monitoring tool is implemented & staff are aware.</p> | <p>address any issues raised.</p> <p>*Plan adjustments as a result of results.</p> <p>* Establish requirements from appropriate communities/patients (2-way consultation).</p> <p>Address according to findings to ensure service is appropriate for different cultures and religions and accessible and taken up by a cross section of the population.</p> <p>*Plan adjustments as a result of findings to ensure service respects religious requirements.</p> <p>Identify staff training in cultural and religious sensitivity, as and where appropriate in role.</p> <p>* Seek E&D advice on different faiths.</p> | | |
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| | | | * Establish requirements from appropriate communities/patients (2-way consultation). | | |
| Other Vulnerable Groups | <p>Homeless population have a high incidence of foot pathology and do not access mainstream service.</p> <p>Access the Traveller communities in Sheffield, directly or via advocate organisations to provide service for the travelling community in and out of Sheffield.</p> <p>Assess if there is a need for Podiatry services within Sheffield Private & public Care homes.</p> | <p>Provide podiatry at Archer Project and Homeless and Routeless at Christmas.</p> <p>Contact and meet with other Homeless organisations in the City to establish need for a similar service.</p> <p>Seek other National good practice of working to support the Traveller community with their Podiatry needs.</p> <p>Work with the POPPS team and establish need with E&D Lead.</p> | <p>Activity data from outreach clinics.</p> <p>Needs addressed, as and where required. Clinics set up as appropriate.</p> <p>E&D Lead is updated with progress and is satisfied the service accesses a range of needs in the communities mentioned.</p> <p>Feedback if a specific service can be tailored toward Sheffield Care Homes.</p> | Dec 2009 | CW |
| | <p>Access Vulnerable groups in the city who may have no knowledge or access to the Podiatry Service and self-referral system.</p> <p>Including Asylum seeker organisations in the City,</p> | <p>Seek other National good practice of working to support the Traveller community with their Podiatry needs.</p> <p>Seek further advice and guidance from the Equality</p> | | | |

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| | Communities from different nationalities, people with refugee status. | & Diversity Lead. | | | |
| Other issues | Podiatry panel can be an effective means of consultation for the service, presently in operation but it is not representative of a cross section of Sheffield, Needs to include Women, young people, range of BME communities and Faiths and Transgender and sexual orientation mix, if possible. | <p>Panel needs to actively attract Women, younger people, BME mix of people and other under represented groups.</p> <p>Seek guidance from E&D Lead to find community engagement exercise to assist in positive representation.</p> <p>Panel needs to be trained in E&D and other issues, role & responsibilities, to act in and fully productive consultative role for the Podiatry service.</p> | <p>Evaluate a dramatically improved representation on the Panel.</p> <p>E&D Lead has approved changes and their effectiveness.</p> | Dec 2009 | JW, WV, E&D Lead-SBB. |
| Language | <p>Patients may not be able to speak or read or fully understand English and language barriers can prevent their full participation and access to service(s).</p> <p>Data to be sourced on</p> | <p>Ensure patient is fully aware of visit and purpose of visit, using telephone interpreting on initiation and interpreter is needed, at visit.</p> <p>Identify Budget for interpreters with Service</p> | <p>Recognise client needs and implement.</p> <p>Monitor uptake of interpreters, annually and evaluate.</p> <p>Ensure language and dialect is recorded on</p> | Initially July 2009 then review Dec 2009 | JW, WV, E&D Lead-SBB. |

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| | <p>interpreter & languages to be sourced from SCAIS/other providers (past 12 months).</p> <p>Existing SCIAS data reflects low uptake of interpreter/translation services.</p> <p>Family/friends may still be used where an interpreter is required. This is bad practice and must be changed immediately. Ensure Makaton, rebus, Braille, audio and other formats are provided as and when required, proactive as well as responsive to requests.</p> <p>All information booklets only produced in English and only in written formats.</p> | <p>Head & in commissioning contracts.</p> <ul style="list-style-type: none"> • Use Health Library resources available to source information in other languages • Use of computer Tools to produce diagrammatic information • Seek guidance of Diversity Lead for further guidance. | <p>Referral form and computer systems.</p> <p>Identify further needs, if arise.</p> <p>Information booklets produced in Different formats, visual and in different languages.</p> <p>Booklets distributed to appropriate patients/communities for full effectiveness.</p> | | |
| All strands | <p>E&D monitoring not currently on referral form.</p> <p>Data monitoring tool to be updated and implemented.</p> | <p>Staff to implement and use new data monitoring tool.</p> <p>Training & to ensure referrals are amended and updated. Source E&D guidance.</p> | <p>Data to be collected for next round.</p> <p>Data to be reported on all 6 strands for staff and patients.</p> | Initially July 2009 then review Dec 2009 | JW, WV, E&D Lead-SBB. |

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| ALL | All staff appraisals are measured against KSF Equality and Diversity. To ensure full awareness and implementation of Equality and Diversity in role and service is fully addressed. | Ensure all staff appraisals are measured against KSF Equality and Diversity. Ensure KSF level to be increased, if level is basic. (Seek guidance from Training lead, Human Resources Lead and Diversity Lead) | All staff E&D KSF's are reviewed and revised accordingly. | July 2009 | JW, WV, E&D Lead-SBB. |
| ALL | Identify Training needs for staff to understand complex diversity needs more easily. | Language issues, working with interpreters, Race and cultural sensitivity, sexuality issues, Ensure staff are aware of religious festivals (link on intranet) and obligations', training is provided where necessary. | Training identified and developed with Education & training teams. Training delivered to all staff in team. | Initially July 2009 | WV, JW, Training Team SB |
| All | Currently this data is collected at referral (as this is faxed information and usually very basic data) and not entered electronically, therefore difficult but need to measure data manually. To ensure are all services are provided at accessible venues and times for parents/carers. | ^ For Podiatry referrals to be on TPP./other computer system to allow collation of statistics and future reporting. Data needs to be analysed manually if not available on TPP ^ Amendment to assessment and referral documentation to cover this. | ^ Data is manual collected, entered onto TPP & analysed for EIA purposes. * Analyse data and address any issues raised. * Plan adjustments as a result of data. * Establish requirements | April 2010 | JW, WV, E&D Lead-SBB. |

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| | <p>Data issues, need to chase up for basic information from hospitals/surgeries as data is not provided at ease.</p> | <p>Ensure new monitoring tool is implemented & staff are aware</p> <p>Ensure data is collected & recorded onto TPP. Data needs to be collected manually if not available on TPP.</p> <p>Data needs to be collected manually if not available on TPP</p> <p>Analyse results.</p> | <p>from appropriate communities/patients (2-way consultation).</p> | | |
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WV Wesley Vernon JW Jeremy Walker LF Lisa Farndon JK Jamil Karolia CW Carolyn Woodhead BTB Brian Brown
 SB Sajida Bashir, (Equality & Diversity Lead)

ALSO: Ensure all staff appraisals are measured against KSF Equality and Diversity. Ensure KSF level to be increased, if level is basic. Are services meeting the needs of people in deprived areas of Sheffield, is public transport/affordable access an issue?

BME – Black and Minority Ethnic.
 E&D – Equality & Diversity.

* Planned follow up EIA in 12-18 months from publishing, to update with data needs.

^ Anticipate new Monitoring tool to be launched to staff and service users, (by commissioning servicers) with staff training and an IT system that compliments the new data entry and supports the analysis of data.

(Reasons for omitting 2 parts of information requested: 20/4/09)

I have removed the need to collect trans gender data on advice from a:gender. They confirmed to Wesley that they are to be regarded as either male or female not a sub-category of trans gender in order to comply with legislation.

The sexuality of staff has also been amended to request that the publishing the data for small services risks breaches of confidentiality, it would be better to publish staff details for larger more anonymous groups of staff preferably trust wide.

Regards

Jeremy Walker.

As a service we are not taking a defensive stance of E&D gaps inservice provision, instead addressing them, so I have out such somments.