



Sheffield

Full equalities impact assessment

Directorate: **Provider Services** Service: **Intensive Home Nursing Service**

Piece of work being assessed: **Intensive Home Nursing Service**

Aims of this piece of work: **The Intensive Home Nursing Service provides up to 24 hour care to enable patients to die at home, with practical and emotional support for them and their families.**

Name of lead person: **Janine Thornton
Rebekah
Matthews** Other partners/stakeholders involved: **IHNS Staff members**

Date of assessment: **16 October 2008**

Who is intended to benefit from this piece of work? **Service Users and Staff**

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?																																																																																																											
Gender	<p>Service is equally open to males and females and gender is recorded on assessment documentation. From the referral data of 2007 56% of referrals were female and 44% were male.</p> <table border="1" data-bbox="452 571 1664 1066"> <thead> <tr> <th colspan="7">2007 Mid-Year Estimates Sheffield Council</th> </tr> <tr> <th></th> <th colspan="2">Persons</th> <th colspan="2">Males</th> <th colspan="2">Females</th> </tr> <tr> <th>All Residents</th> <th>Count</th> <th>%</th> <th>Count</th> <th>%</th> <th>All Residents</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Total Population</td> <td>530,300</td> <td>100.00%</td> <td>264,000</td> <td>100.00%</td> <td>Total Population</td> <td>530,300</td> </tr> <tr> <td>0 to 4</td> <td>29700</td> <td>5.60%</td> <td>15200</td> <td>5.80%</td> <td>0 to 4</td> <td>29700</td> </tr> <tr> <td>5 to 14</td> <td>57200</td> <td>10.80%</td> <td>29600</td> <td>11.20%</td> <td>5 to 14</td> <td>57200</td> </tr> <tr> <td>15 to 24</td> <td>91500</td> <td>17.30%</td> <td>47600</td> <td>18.10%</td> <td>15 to 24</td> <td>91500</td> </tr> <tr> <td>25 to 34</td> <td>71800</td> <td>13.50%</td> <td>37900</td> <td>14.40%</td> <td>25 to 34</td> <td>71800</td> </tr> <tr> <td>35 to 44</td> <td>76000</td> <td>14.40%</td> <td>38200</td> <td>14.50%</td> <td>35 to 44</td> <td>76000</td> </tr> <tr> <td>45 to 54</td> <td>63900</td> <td>12%</td> <td>31900</td> <td>12.10%</td> <td>45 to 54</td> <td>63900</td> </tr> <tr> <td>55 to 64</td> <td>56700</td> <td>10.60%</td> <td>28000</td> <td>10.70%</td> <td>55 to 64</td> <td>56700</td> </tr> <tr> <td>65 to 74</td> <td>42900</td> <td>8.10%</td> <td>20300</td> <td>7.70%</td> <td>65 to 74</td> <td>42900</td> </tr> <tr> <td>75 to 84</td> <td>28800</td> <td>5.40%</td> <td>12000</td> <td>4.50%</td> <td>75 to 84</td> <td>28800</td> </tr> <tr> <td>85 to 89</td> <td>7900</td> <td>1.50%</td> <td>2600</td> <td>1%</td> <td>85 to 89</td> <td>7900</td> </tr> </tbody> </table> <p>Sheffield General population split = 50% males, 50% females 55 to 89 population split = 46% males, 54% females</p> <table border="1" data-bbox="465 1214 848 1321"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>55 to 89</td> <td>62900</td> <td>73500</td> </tr> <tr> <td></td> <td>46%</td> <td>54%</td> </tr> </tbody> </table> <p>Sheffield Population 55 to 89</p> <p>Gender of staff- of the 68 members of staff 67 are female and 1 is male.</p>	2007 Mid-Year Estimates Sheffield Council								Persons		Males		Females		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		Male	Female	55 to 89	62900	73500		46%	54%	<p>Potential indirect discrimination as gender mix of staff does not match gender mix of patients.</p>
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	<p>statistics are not readily available as evidence. 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>Patients are not excluded due to race and interpreters are arranged as required. Need scias stats of interpreters & languages accessed over the past 12 months. Ethnic origin of staff – of the 68 members of staff, 65 are White British, 2 Black Caribbean and 1 member of staff from Turkey</p> <p>2007 Mid-Year Estimates, Sheffield Council data as rapid change in Sheffield demographics over past 5 years.</p> <p>The following demographic data is available for Sheffield:</p> <ul style="list-style-type: none"> 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% 	<p>present due to lack of data</p>
<p>Disability</p>	<p>We offer a supportive and inclusive service for people who have a disability as the service is provided in the patient's own home. Need statistical data, include all types of disabilities and mental health. 2001 Census indicates 21% of UK population have</p>	<p>Y - as no data to assess otherwise.</p>

	<p>a 'long standing illness'</p> <p>Disability is sub-divided as follows: Sensory impairment Physical disabilities Mental health Learning difficulties</p>	
Sexual orientation	<p>Service is available to all irrespective of sexual orientation; this is not currently formally recorded. Sexual orientation of staff is not currently recorded No Sheffield Census information collected in 2001.</p>	Potential, but unknown at present due to lack of data

Age	<p>The service is available to all residents of Sheffield aged 18 and over although the service has cared for patients younger than 18 as appropriate. In 2007 91% of patients referred to the service were over 61 years, 8% were aged 41-60 years old and 1% aged 18-40 years. Age of staff- staff in the service are a wide range of ages from age 27 to 7 members of staff who are aged over 60.</p> <table border="1"> <thead> <tr> <th colspan="7">2007 Mid-Year Estimates Sheffield Council</th> </tr> <tr> <th></th> <th colspan="2">Persons</th> <th colspan="2">Males</th> <th colspan="2">Females</th> </tr> <tr> <th>All Residents</th> <th>Count</th> <th>%</th> <th>Count</th> <th>%</th> <th>All Residents</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Total Population</td> <td>530,300</td> <td>100.00%</td> <td>264,000</td> <td>100.00%</td> <td>Total Population</td> <td>530,300</td> </tr> <tr> <td>0 to 4</td> <td>29700</td> <td>5.60%</td> <td>15200</td> <td>5.80%</td> <td>0 to 4</td> <td>29700</td> </tr> <tr> <td>5 to 14</td> <td>57200</td> <td>10.80%</td> <td>29600</td> <td>11.20%</td> <td>5 to 14</td> <td>57200</td> </tr> <tr> <td>15 to 24</td> <td>91500</td> <td>17.30%</td> <td>47600</td> <td>18.10%</td> <td>15 to 24</td> <td>91500</td> </tr> <tr> <td>25 to 34</td> <td>71800</td> <td>13.50%</td> <td>37900</td> <td>14.40%</td> <td>25 to 34</td> <td>71800</td> </tr> <tr> <td>35 to 44</td> <td>76000</td> <td>14.40%</td> <td>38200</td> <td>14.50%</td> <td>35 to 44</td> <td>76000</td> </tr> <tr> <td>45 to 54</td> <td>63900</td> <td>12%</td> <td>31900</td> <td>12.10%</td> <td>45 to 54</td> <td>63900</td> </tr> <tr> <td>55 to 64</td> <td>56700</td> <td>10.60%</td> <td>28000</td> <td>10.70%</td> <td>55 to 64</td> <td>56700</td> </tr> <tr> <td>65 to 74</td> <td>42900</td> <td>8.10%</td> <td>20300</td> <td>7.70%</td> <td>65 to 74</td> <td>42900</td> </tr> <tr> <td>75 to 84</td> <td>28800</td> <td>5.40%</td> <td>12000</td> <td>4.50%</td> <td>75 to 84</td> <td>28800</td> </tr> <tr> <td>85 to 89</td> <td>7900</td> <td>1.50%</td> <td>2600</td> <td>1%</td> <td>85 to 89</td> <td>7900</td> </tr> </tbody> </table>	2007 Mid-Year Estimates Sheffield Council								Persons		Males		Females		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	No
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Religion/belief	The service aims to offer unbiased and religiously & culturally appropriate service and	Potential, but unknown at																																																																																																		

	<p>is available to all patients of Sheffield. Religion is not currently recorded on the referral documentation, but is on the patient's district nursing documentation this needs to be addressed so that statistics are available. This needs to be manually collated & analysed for statistical purposes.</p> <p>It has to be recognised and is included in regular in house training that in some situations providing palliative care in our Western style may not be possible, such as- Receiving help from outside the family may not be acceptable in community Pain relief may be refused The family may not want the dying person to be told the truth (but can be undertaken to respect the families wishes and provide palliative care that again is culturally and religiously sensitive, plus dietary needs are considered within palliative care as well as staff form the same nationality & language as patient. Admission to a specialist palliative care unit may therefore also be refused, reasons need to be established. (Ref-http://www.heron.nhs.uk/specialist_directory/bereavement/multicultural_issues.htm)</p> <p>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>Census data not collected. Workforce data not available Service user data not available.</p>	<p>present due to lack of data</p>
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Equalities Impact Assessment Action Plan

Strand	Issue	Action required	How will you measure the impact/outcome?	Timescale	Lead
Gender	Potential indirect discrimination as gender mix	^ For community nursing to be on TPP. Gender to be entered	^ Data is manual collected, entered onto TPP &	Annually	Janine Thornton

	<p>of staff does not match gender mix of patients.</p> <p>Ensure staff are aware of gender and transgender issues, commission appropriate training if needed.</p> <p>Currently this data is collected at referral and not entered electronically, therefore difficult but need to measure data manually. (Planned records audit in May 2009)</p> <p>Ensure are all services are provided at accessible venues and times for parents/carers.</p> <p>^ TPP IT system needs to alert staff if a same gender nurse is required.</p>	<p>onto TPP to allow collation of statistics and future reporting. Data needs to be analysed manually if not available on TPP</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 & recorded onto TPP. 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>Data needs to be collected manually if not available on TPP Data to be inputted in time for records Audit (May 2009)</p> <p>Analyse results.</p> <p>Consider advertising service to more potential male patients/referral services to identify access to service needs.</p>	<p>analysed for EIA purposes.</p> <ul style="list-style-type: none"> * Analyse data and address any issues raised. * Identify if there is a need to recruit more Male staff. * Monitor & measure need to gender match male patients. * Consider to advertise service to attract more male patients/referral into service. (if necessary) * Planned adjustments as a result of data. <p>Anticipate staff awareness raising or training in Gender issues and parent/carer needs and sensitivity, as and where appropriate in role.</p> <ul style="list-style-type: none"> * Establish requirements from appropriate communities/patients (2-way consultation). 		<p>& Rebekah Matthews)</p>
Race	Currently this data is collected	^ For IHNS to be on TPP. Race	^ Data is manual collected,	May 2009	IHNS

	<p>at referral and not entered electronically, therefore difficult but need to measure data manually. . (Planned records audit in May 2009)</p> <p>^ TPP IT system needs to alert staff as to if an interpreter needs to be booked, and of language, dialect and gender required.</p> <p>Data to be sourced on interpreter & languages to be sourced from SCAIS/other providers (past 12 months).</p>	<p>to be entered onto TPP 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>Data on interpreter & languages can 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>entered onto TPP & analysed for EIA purposes.</p> <p>* Analyse data and address any issues raised.</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>Ensure appropriate publicly is designed, translated and interpreted (where appropriate) and distributed to BME communities citywide using a community development model of approach.</p> <p>Anticipate a need for staff training in cultural and religious sensitivity, as and where appropriate in role.</p> <p>Anticipate recruitment of BME staff, with appropriate skills and cultural & religious intelligence, if</p>	<p>To commence when TPP can produce reports</p>	<p>Janine Thornton & Rebekah Matthews</p>
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			<p>under represented.</p> <p>First page of patient records show language & dialect of patient is interpreter/translation required.</p> <p>* Establish requirements from appropriate communities/patients (2-way consultation).</p>		
<p>Disability</p>	<p>Not currently recorded at referral to the service. Need to collect & record data electronically.</p> <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 communication (induction loop, Braille, audio tape/cd/dvd or large print, font, makaton/rebus).</p> <p>Ensure are all services are provided in physically</p>	<p>^ Amendment to assessment documentation to cover this.</p> <p>Ensure new monitoring tool is implemented & staff are aware</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>^ Data to be inputted in time for records Audit (May 2009)</p> <p>Analyse results.</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>^ Data is manual collected, entered onto TPP & 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 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</p>	<p>Within the next 6 months May 2009</p>	<p>Janine Thornton & Rebekah Matthews</p>

	<p>accessible venues (for staff and patients) wheelchair users, use of crutches etc</p> <p>Are carers, young carers needs and Learning disability advocates needs identified?</p>	<p>and patients).</p>	<p>to appropriate communities citywide using a community development model of approach.</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>Identify staff training in disability & mental health sensitivity and awareness, as and where appropriate in role.</p> <p>* Building access needs are identified and actioned where immediate need is required and identified in the next EIA update.</p> <p>* Establish requirements from appropriate communities/patients (2-way consultation).</p>		
Sexual	Not currently recorded at	^ Amendment to assessment	^ Data collection has begun	May 2009	Janine

orientation	referral to the service. Need to collect & record data electronically.	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 Data to be inputted in time for records Audit (May 2009) Analyse results and act on findings.	and entered onto TPP database system & analysed for EIA purposes. * Analyse data and address any issues raised. * Plan adjustments as a result of data. Anticipate staff training in sensitivity to different sexualities, as and where appropriate in role. * Establish requirements from appropriate communities/patients (2-way consultation).	Within the next 6 months	Thornton & Rebekah Matthews
Age	Lower number of patients accessing service between the ages of 18-61.	Identify if referrals are not being made or if awareness raising is needed to publicise service to patients across the city. More awareness to other services across the Health Service in Sheffield, where referral and awareness of service can increase.	* Increased uptake of service over the next 12-18 months of Service.	Within the next 6 months May 2009	Janine Thornton & Rebekah Matthews
Religion	1. Currently no patient information is collected relating to religion, therefore	^ For community nursing to be on TPP religion to be entered onto TPP to allow collation of	^ Data is manual collected, entered onto TPP & analysed for EIA purposes.	To commence when	Janine Thornton &

	<p>difficult to collect manually but needed to measure data.</p> <p>Need to collect & record data electronically.</p> <p>Ensure data is collected & recorded of religion/belief and if practising of patient to enable the service to be religiously sensitive, (if appropriate) dietary requirements to be catered for, dignity and respect is shown to patients, appointment times do not interfere with religious obligations (days & times).</p> <p>2. Ensure staff are trained and aware of religious festivals (link on intranet) and obligations', training is provided where necessary.</p> <p>Ensure palliative care is in accordance with religious requirements of patients at home.</p>	<p>statistics and future reporting.</p> <p>Religion needs to be included in referral documentation and new monitoring tool.</p> <p>Ensure new monitoring tool is implemented & staff are aware. Further work is undertaken to establish need within Different faiths and how this affects staff and the service to enable us to be more responsive and match need.</p> <p>Information to be sought from PALS & Complaints teams where service has been refused due to religious insensitivity and act upon feedback, seek guidance from diversity lead.</p> <p>Further work is undertaken to establish need within Different faiths and how this affects staff and the service to enable us to be more responsive and match</p>	<p>* Analyse data and address any issues raised.</p> <p>*Address according to findings to ensure service respects religious requirements.</p> <p>Identified and delivery staff training in cultural and religious sensitivity, as and where appropriate in role.</p> <p>* Seek E&D advice on different faiths.</p> <p>Work to ensure service and staff are operating on a holistic non-western style service.</p> <p>* Establish requirements</p>	<p>community nursing on TPP Within the next 6 months May 2009</p>	<p>Rebekah Matthews names</p>
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	<p>3. Ensure stereotypes are not used to perceive what the family/community need. Ensure service is appropriate to the patients religion, culture and respects the family structure. Establish why pain relief may be refused, and make changes to service to ensure needs are met with cultural and religious sensitivity.</p> <p>4. Consult & consider if service needs to provide a prayer space/reflection room for staff and/or patients.</p>	<p>need.</p> <p>Services are not “western style” /Eurocentric and adapt to the needs and requirements of the patient by seeking guidance from Diversity lead, consulting with service users & families.</p> <p>Seek advice from Diversity lead. Work with SCAIS and other providers to provide training and work with staff to improve uptake as and when required. Revision to service publicity and marketed appropriate with advice from diversity lead.</p>	<p>from appropriate communities/patients (2-way consultation).</p> <p>Nursing staff are trained to be more aware of different faiths and beliefs and how to treat patients in their own home or advice on palliative care and or ensure palliative care is able to meet the needs of diverse patients.</p> <p>Changes are made to service to incorporate views of Service users with different faith and belief needs. Guidance and support from diversity lead ensured this implementation is sensitive and completed.</p> <p>Prayer space/reflection room for staff or patients is implemented according to needs.</p>		
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	<p>5. Staff are aware of the necessity to book interpreters, how to work with interpreters and how interpreters can guide staff on cultural and religious norms for patients.</p> <p>6. Establish if service publicity needs to be marketed to include a higher uptake of the cross section of the population</p>		<p>Improved use of interpreter services, staff trained is use, statistics to reflect languages needed and improved nationalities of service users.</p> <p>Improved access to service by different nationalities, faiths and beliefs whose needs are met through mainstream service.</p>		
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ALSO: Ensure all staff appraisals are measured against KSF Equality and Diversity. Ensure KSF level to be increased, if level is basic.

Ensure 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

TPP-The Phyniox Project (computer system)

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



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