



Equality Impact Assessment (EIA) Stage 1

Policy or Service being Assessed:

Undertaking Physical Assessments and Examinations (clinical folder, policy no. 1.61)

Lead Person:

- Executive Director of Medicine

Person(s) responsible for carrying out the assessment (if not the Lead Person).

- Executive Director of Medicine
- Nurse Practitioners
- Head of PPI/Equality

Is this a new or existing policy or service?

New



Existing:

1. What is the expected outcome of the service / policy? (E.g. aims, objectives and purposes of the service / policy, standards for practice).

The purpose of this policy is to outline the principles and processes that will promote a holistic approach in maintaining and improving patient's physical well-being across North Staffordshire Combined Healthcare NHS Trust. The main principles of the policy are as follows:

- All new patients have an appropriate assessment of their physical health needs within 24 hours of admission.
- Whilst inpatients, the physical health needs of patients are the responsibility of the ward team.
- All observations and investigations must be fully documented in patient notes.
- It is the responsibility of the staff to be actively involved in health promotion which should include discussions and use of information about exercise, smoking cessation, drinking, drug misuse, diet and sexual health.

2. Does this policy / service link to others? If yes please state link below:

ASSOCIATED POLICY AND PROCEDURAL DOCUMENTATION

[1.38a Guidance on the Management of Standards of Clinical Record Keeping](#)

[1.41 Clinical Risk Policy](#)

[1.38 Policy on Clinical Record Keeping Standards](#)[1.24 Nutrition Policy](#)[4.12 Resuscitation Policy](#)[7.12 Use of Interpreters Policy, Procedure & Guidance](#)[1.19 Chaperoning and Practitioner / Client Relationship Policy](#)[4.32 Privacy, Dignity and Respect Policy \(Nov 2010\)](#)[4.25 Policy for Consent to Examination or Treatment](#)**3. Who is intended to benefit from the policy / service? In what way?****Staff:** Clear guidance and policy framework / time frames to work within**Patients:** Promotion of a holistic approach to maintaining and improving patient's physical well-being.**4. How is the policy / service to be put into practice? Who is responsible?**

Section 6 of the document clearly sets out defined roles and responsibilities including Chief Executive, Consultant Medical Staff, Admitting Doctor/ Nurse Practitioner, Clinical team Manager (Ward Manager/Community Team Manager/Team Leader) Named Nurse, Admitting Nurse and all Clinical Staff.

5. How and where is information about the policy / service publicised? Example on the Trust intra net, and the internet/portal.

The Policy will be accessible via the Trust's intra net and Portal.

6. What regular consultation do you carry out with different communities and groups re the policy / service?

A copy of this policy will be filed on the intra-net in the Clinical policy folder.
The policy has been consulted on via:

- Period of 12 week consultation via the Trust intra net
- Review at the Trusts Quality and Information Governance Committee

7. Are there concerns that the policy / service could have an adverse impact because of:**Yes:****No:****Age****Yes****No**
✓

If YES to the above please state evidence (either presumed or otherwise)

Disability**Yes****No**
✓

If YES to the above please state evidence (either presumed or otherwise)

Gender

If YES to the above please state evidence (either presumed or otherwise)		✓
Ethnicity	Yes	No
If YES to the above please state evidence (either presumed or otherwise)		✓
Sexual Orientation	Yes	No
If YES to the above please state evidence (either presumed or otherwise)		✓
Religion / Belief	Yes	No
If YES to one or more of the above please state evidence (either presumed or otherwise) do you have for this?		✓
Do the differences amount to discrimination and the potential for adverse impact in this policy? NO		
8. If YES could it still be justifiable e.g. on grounds of promoting equality of opportunity for one group? Or any other reason i.e. Indirect discrimination can be justifiable sometimes when a service is being provided for a particular target group e.g. Asian women's breast screening, Gay men's sexual health clinic, gender specific services /environments	Yes: N/A	No:
If YES, please give reasons:		No
9. Do you think this policy / service specifically contributes to promoting equality and diversity in North Staffordshire? If so, in what way? Please note any examples of good practice		
<p>The policy makes specific reference to the importance of taking in to account equality and diversity. The policy is also to read alongside a suite of other supporting documents, all of which aim to ensure non discriminatory practice (particular reference to the following Trust policies:</p> <p>7.12 Use of Interpreters Policy, Procedure & Guidance 1.19 Chaperoning and Practitioner / Client Relationship Policy 4.32 Privacy, Dignity and Respect Policy (Nov 2010) 4.25 Policy for Consent to Examination or Treatment</p> <p>There is also specific reference to consent to examination (7.4), capacity issues and Mental Capacity Act 2005 and the MHA 1983 (revised 2007)</p>		

10. Should there now be a Full Impact Assessment and if so, what are the reasons for this?	No, this is not required but will need to ensure adequate monitoring arrangements in respect of equality issues are included within the planned audit monitoring tool currently being developed in respect of this policy.
11. Date on which full assessment to be completed by.	N/A

Signed (Lead Assessors) ...Val Stronach

Date: 5 September 2010

Review Date: This policy will be reviewed every 3 years or sooner should new legislation/guidance be released. The equality Impact assessment will be reviewed in line with policy review.

