Questions

1. **What are the main aims and purposes of the Service?**

   This policy applies in all areas where patients are nursed or cared for including patients in their own homes, community continence clinics, community hospital environments, intermediate care and day care facilities. It has been designed to provide staff with best practice guidelines for the promotion of continence and the management of incontinence.

2. **Who is involved in delivering the service? (i.e., partnerships, stakeholders or agencies)**

   This policy applies to those members of staff that are directly employed by Doncaster Care Groups and for whom Doncaster Care Groups has a legal responsibility. For those staff covered by a letter of authority/honorary contract this policy is also applicable whilst undertaking duties on behalf of Doncaster Care Groups or working on Doncaster Care Groups premises and forms part of their arrangements with Doncaster Care Groups. Doncaster Care Groups recognises that primary care practitioners who wish to use and implement this policy. As part of good employment practice, agency workers are also asked to abide by the RDaSH Policies and procedures, as appropriate, to ensure their health, safety and welfare whilst undertaking work for RDaSH.

3. **What information / data or experience can you draw on to provide an indication of the potential inclusive / exclusive results of delivering this service or event / implementing the policy or strategy to different groups of people and the different needs of people with protected characteristics in relation to this service?**


   Department of Health (2001b) Medicines and Older People. Implementing medicines related aspects of the NSF for Older People. London, Department of Health


Please use the following table to indicate the impact for the policy for the protected characteristics

<table>
<thead>
<tr>
<th>Protected Characteristics</th>
<th>Positive Impact</th>
<th>Negative Impact</th>
<th>Reasons for Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>x</td>
<td></td>
<td>This policy is for adults over the age of 18. Children below the age of 18 will be referred to the Children’s Continence Service. The transition from Childrens Continence Service to adult Specialist Continence Service happens at the age of 18. Please refer to the Childrens Continence SOP Possible barriers impacting on explanation of procedures and consent Acceptance for need for a continence assessment An individual assessment will be the Continence Nurse/Sister. The patient should be given a full explanation of the need for a continence assessment</td>
</tr>
<tr>
<td>Disability</td>
<td>x</td>
<td></td>
<td>Possible barriers impacting on explanation of procedures and consent An individual assessment will be the Continence Nurse/Sister. The patient should be given a full explanation of the need for a continence assessment There may be the potential of access difficulties in certain clinics. However alternatives such as an alternative clinic or home visit would be offered</td>
</tr>
<tr>
<td>Gender reassignment</td>
<td>x</td>
<td></td>
<td>Transgender Awareness Workshops are available of staff to attend Training is available for staff through the Trust Equality and Diversity website</td>
</tr>
<tr>
<td>Marriage and civil partnership</td>
<td>x</td>
<td></td>
<td>Marital status is recorded on initial assessment as part of CIDS data – this has no impact on the treatment offered or received</td>
</tr>
<tr>
<td>Protected Characteristics</td>
<td>Positive Impact</td>
<td>Negative Impact</td>
<td>Reasons for Impact</td>
</tr>
<tr>
<td>---------------------------</td>
<td>------------------</td>
<td>----------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td>X</td>
<td></td>
<td>Healthy bladder and bowel advice and pelvic floor excises Pre and post natal may be discussed with expectant mothers by midwives. Referrals into continence clinic may be offered postnatal. There are no specific services we offer in relation to these conditions.</td>
</tr>
<tr>
<td>Race</td>
<td>X</td>
<td></td>
<td>Possible barriers impacting on explanation of procedures and consent. Interpreting service available via telephone contact or one to one. Culturally sensitive to the availability of male/female staff. Race is recorded on initial assessment as part of CIDs data, this has no impact on the treatment offered or received.</td>
</tr>
<tr>
<td>Religion or belief</td>
<td>X</td>
<td></td>
<td>Religion and belief is recorded on initial assessment as part of CIDs data, this has no impact on the treatment offered or received.</td>
</tr>
<tr>
<td>Sex</td>
<td>X</td>
<td></td>
<td>If indicated by service user of family/advocate specific male or female staff could be available.</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>X</td>
<td></td>
<td>If indicated by service user of family/advocate specific male or female staff could be available.</td>
</tr>
<tr>
<td>Disadvantaged groups</td>
<td>X</td>
<td></td>
<td>Community services. Outreach, 24 hour care through Crises teams. Access to the Trust Equality and Diversity website offering information on inequalities.</td>
</tr>
</tbody>
</table>

4. What positive impacts are there for this service to better meet the needs of people with protected characteristics?

Existing measures in place regarding language barriers (interpreter service available via telephone contact or one to one). Patient information leaflets available in different languages. Individualised care plans address education of patients/carers/family and consent.

5. What action would be needed to ensure the service overcomes:

- Discriminatory negative impacts
- Exclusion
- Failure to meet the needs of people from across the protected characteristics and opportunities for promoting equality and inclusion are maximised.

Ensure all staff receive equality and diversity training.
6. Recommended steps to avoid discrimination and ensure opportunities for promoting equality and inclusion are maximised. Include:

<table>
<thead>
<tr>
<th>Options for action</th>
<th>Explanation if no further action is required</th>
<th>Lead responsible for overseeing actions</th>
<th>Timescales</th>
<th>Costs (where applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory Equality and Diversity Updates</td>
<td></td>
<td>Team Leaders/Ward Managers</td>
<td>3 yearly</td>
<td></td>
</tr>
</tbody>
</table>

7. Monitoring and reporting arrangements of EIA, for policies and strategies refer to section 7 of the Policy for the Development and Management of Procedural Documents.

For services / events please include the following:
- How the equality impact of the service will be monitored
  Incident reports
- Frequency of monitoring
  Every 2 years prior to policy being reviewed
- How the monitoring results will be used and where they will be published;
- Who will be responsible for reviewing monitoring results and initiating further action where required
- Any changes that have been made to remove or reduce any negative impacts as a result of conducting the equality impact assessment?
  No
- Any action points should be included in Business Division / Corporate action plans, with monitoring and review processes.

Is further work / consultation required? If yes, please explain how this is to be carried out and the time frame for completion.
Yes ☐ No X

The Equality Impact Assessment will be reviewed in line with changes to services, client or staff groups, legislation or policy review.

Name:
Sarah Bee

Designation:
Continence Sister

Signature:  

Date: 07/12/2016