

## Equality Impact Assessment Tool for Frontline Patient Services



Equality Impact Assessment is a legal requirement and may be used as evidence for cases referred for further investigation for legislative compliance issues. Please refer to the EQIA Guidance Document while completing this form. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session. Please contact [CITAdminTeam@ggc.scot.nhs.uk](mailto:CITAdminTeam@ggc.scot.nhs.uk) for further details or call 0141 2014560.

## 1. Name of Current Service/Service Development/Service Redesign:

Acute Oncology Service

This is a : **Current Service**

## 2. Description of the service &amp; rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally determined).

**A. What does the service do?**

The Beatson Macmillan Acute Oncology Service is based at the Queen Elizabeth University Hospital and provides for the geographical catchment of the acute service at QEUH i.e. the West and South of Glasgow. The AOS Service objectives include providing a liaison service led by a senior team specifically trained and skilled in oncology; Supporting timely and effective management of oncological emergencies; improving the patient care pathway and access to the multi professional team. Referral to the AOS are via other healthcare professionals.

**B. Why was this service selected for EQIA? Where does it link to Development Plan priorities? (if no link, please provide evidence of proportionality, relevance, potential legal risk etc.)**

The Acute Oncology Service is a new service which started in February 2017. It is important that the service recognises and accommodates the need to address inequalities and that practices are mindful of equality legislation.

## 3. Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

<b>Name:</b>	<b>Date of Lead Reviewer Training:</b>
Pollock, Marie (POLLOMA676)	14/12/2017

## 4. Please list the staff involved in carrying out this EQIA (Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):

Low, Alastair (Planning & Development Manager)

	<b>Lead Reviewer Questions</b>	<b>Example of Evidence Required</b>	<b>Service Evidence Provided</b>	<b>Additional Requirements</b>
1.	<b>What equalities information is routinely collected from people using the service? Are there any barriers to collecting this data?</b>	<b>Age, Sex, Race, Sexual Orientation, Disability, Gender Reassignment, Faith, Socio-economic status data collected on service users to. Can be used to analyse DNAs, access issues etc.</b>	Information on age, gender, faith and ethnicity is available to the service via TrakCare. The service currently collates information on a local database and an Access database is under development. Information collated includes cancer and treatment, service activity, levels of intervention and	

			outcomes. This information is used to inform and shape the development of the service. TrakCare also records requirements for interpreters and preferred language.	
2.	<b>Can you provide evidence of how the equalities information you collect is used and give details of any changes that have taken place as a result?</b>	<i>A Smoke Free service reviewed service user data and realised that there was limited participation of men. Further engagement was undertaken and a gender-focused promotion designed.</i>	No formal analysis of equalities data has been undertaken.	Service user data will be reviewed on an on-going basis. If groups are identified as underrepresented strategies will be developed to promote improvement in referral rates for these groups.
3.	<b>Have you applied any learning from research about the experience of equality groups with regard to removing potential barriers? This may be work previously carried out in the service.</b>	<i>Cancer services used information from patient experience research and a cancer literature review to improve access and remove potential barriers from the patient pathway.</i>	Literature for the service has been reviewed to ensure that plain language has been used thus reducing barriers to patient understanding of the written information provided by the service.	Patient experience work is planned and equality & diversity monitoring will be included.
4.	<b>Can you give details of how you have engaged with equality groups to get a better understanding of needs?</b>	<i>Patient satisfaction surveys with equality and diversity monitoring forms have been used to make changes to service provision.</i>	The AOS was developed in partnership with Macmillan Cancer Support who routinely engage with equalities groups. Specialist Oncology Services regularly review complaints information to determine trends and learning points which are implemented across the service.	Including equality and diversity monitoring within forthcoming patient experience work the service will be able to effectively ascertain further information on the equality groups accessing the service.
5.	<b>Question 5 has been removed from the Frontline Service Form.</b>			
6.	<b>Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?</b>	<i>An outpatient clinic has installed loop systems and trained staff on their use. In addition, a review of signage has been undertaken with clearer directional information now provided.</i>	Disabled parking and drop off point outside the hospital entrance. Staff are aware of how to arrange British Signs Language interpreters and other forms of communication support. The service provides in-reach to all inpatient/outpatient areas within the hospital.	
7.	<b>How does the service ensure the way it communicates with service users removes any potential barriers?</b>	<i>A podiatry service has reviewed all written information and included prompts for receiving information in other languages or formats. The service has reviewed its process for booking interpreters and has briefed all staff on NHSGGC's Interpreting Protocol.</i>	AOS have access to via NHSGGC Intranet and are familiar with the Clear to All Policy (previously Accessible Information Policy) AOS staff are able to access interpreting (including BSL) and other forms of communication support ensuring that service is equitable. Staff are also aware of how to access Interpreting Guidelines via NHSGGC Intranet.	
8.	<b>Equality groups may experience barriers when trying to access services. The Equality Act 2010 places a legal duty on Public bodies to evidence how these barriers are removed. What specifically has happened to ensure the needs of equality groups have been taken into consideration in relation to:</b>			
(a)	<b>Sex</b>	<i>A sexual health hub reviewed sex disaggregated data and realised very few young men were attending</i>	AOS staff are aware of NHSGGC Gender Based Violence Policy. The AOS is based at the Queen Elizabeth University Hospital where	

		<i>clinics. They have launched a local promotion targeting young men and will be analysing data to test if successful.</i>	single rooms are provided for patients to ensure privacy and dignity. AOS do not currently provide intimate care to individual patients. Same sex interpreters can be arranged as required to meet individual patient need.	
(b)	<b>Gender Reassignment</b>	<i>An inpatient receiving ward has held briefing sessions with staff using the NHSGGC Transgender Policy. Staff are now aware of legal protection and appropriate approaches to delivering inpatient care including use of language and technical aspects of recording patient information.</i>	AOS staff are familiar with the NHSGGC Gender Reassignment Policy and how to access this via the NHS GGC Intranet. Staff ensure that patients are treated as their chosen gender.	
(c)	<b>Age</b>	<i>A urology clinic analysed their sex specific data and realised that young men represented a significant number of DNAs. Text message reminders were used to prompt attendance and appointment letters highlighted potential clinical complications of non-attendance.</i>	Child Protection and Adult Protection Training has been completed as part of NHSGGC core training. Diagnosis, treatment and procedures would be explained in an age appropriate manner by staff. Nursing staff have completed Learnpro modules to promote dementia awareness.	
(d)	<b>Race</b>	<i>An outpatient clinic reviewed its ethnicity data capture and realised that it was not providing information in other languages. It provided a prompt on all information for patients to request copies in other languages. The clinic also realised that it was dependant on friends and family interpreting and reviewed use of interpreting services to ensure this was provided for all appropriate appointments.</i>	AOS staff are able to access interpreting and other forms of communication support ensuring that service is equitable. Staff are also aware of how to access Interpreting Guidelines via NHSGGC Intranet. Translated information can be accessed by staff from cancer web resources. If more specific materials are required, the staff will insure any information requests for materials in alternative language or other formats will be met in line with Clear to All Policy. Should a racist incident occur, staff would challenge the behaviour and document this via Datix.	
(e)	<b>Sexual Orientation</b>	<i>A community service reviewed its information forms and realised that it asked whether someone was single or 'married'. This was amended to take civil partnerships into account. Staff were briefed on appropriate language and the risk of making assumptions about sexual orientation in service provision. Training was also provided on dealing with homophobic incidents.</i>	Demographics information on TrakCare includes options for acknowledging civil partnerships. AOS staff are aware of the Civil Partnership Act. Staff are aware of Tackling Homophobia Good Practice Guide and Standing Together Against Homophobia initiative. Should a homophobic incident occur, staff would challenge the behaviour and document this via Datix.	

(f)	<b>Disability</b>	<i>A receptionist reported he wasn't confident when dealing with deaf people coming into the service. A review was undertaken and a loop system put in place. At the same time a review of interpreting arrangements was made using NHSGGC's Interpreting Protocol to ensure staff understood how to book BSL interpreters.</i>	Disabled parking and drop off point outside the hospital entrance. Lifts have audio voice announcing floors. Staff are aware of how to arrange British Signs Language interpreters and other forms of communication support. The AOS will ensure any information requests for materials in alternative language and other formats will be met in line with NHS GGC's Clear to All Policy. Consultations with service users will be in the presence of carers as preferred. For patients with learning disabilities staff could contact the Learning Disability Consultant Nurse for advice if required, staff would also take advice from carers. For patients with mental health needs, staff would liaise with the appropriate Community Psychiatric Nurse if required.	
(g)	<b>Religion and Belief</b>	<i>An inpatient ward was briefed on NHSGGC's Spiritual Care Manual and was able to provide more sensitive care for patients with regard to storage of faith-based items (Qurans etc.) and provision for bathing. A quiet room was made available for prayer.</i>	AOS staff are familiar with the NHSGGC Faith and Belief Communities Manual. Quiet/Multi-faith room is available for prayer and contemplation. The Chaplaincy Service provide a 24 hour service and can provide information on ethnic, faith and cultural matters. AOS staff are aware of how to contact the Chaplaincy Service. Pharmacy can give advice on alternative medications if there are specific religious restrictions on certain medications. Alternative for patients declining blood transfusion are available. These needs would be addressed on an individual basis.	
(h)	<b>Pregnancy and Maternity</b>	<i>A reception area had made a room available to breast feeding mothers and had directed any mothers to this facility. Breast feeding is now actively promoted in the waiting area, though mothers can opt to use the separate room if preferred.</i>	Breast feeding and changing facilities are available within the hospital.	
(i)	<b>Socio - Economic Status</b>	<i>A staff development day identified negative stereotyping of working class patients by some practitioners characterising them as taking up too much time. Training was organised for all staff on social class discrimination and understanding how the impact this can have on health.</i>	Staff are aware of and have direct access to refer to the Improving Cancer Journey Team (ICJ) which carries out holistic need assessments and then develop care plans to address identified needs including support or financial.	

(j)	<b>Other marginalised groups - Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers &amp; refugees, travellers</b>	<i>A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas.</i>	AOS service is accessible to all oncology patients at QEUH site this includes patients from marginalised groups. Staff are aware that some patients/carers may have literacy issues and will account for this eg. providing information verbally.	
9.	<b>Has the service had to make any cost savings or are any planned? What steps have you taken to ensure this doesn't impact disproportionately on equalities groups?</b>	<i>Proposed budget savings were analysed using the Equality and Human Rights Budget Fairness Tool. The analysis was recorded and kept on file and potential risk areas raised with senior managers for action.</i>	No cost savings are planned for the AOS. Cost savings will be taking into account going forward. However it is anticipated that this will not impact on equality groups.	
10.	<b>What investment has been made for staff to help prevent discrimination and unfair treatment?</b>	<i>A review of staff KSFs and PDPs showed a small take up of E-learning modules. Staff were given dedicated time to complete on line learning.</i>	All AOS staff have a PDP and KSF in place via which training needs are assessed and planned routinely. Nursing staff have been provided with dedicated time to complete LearnPro modules on Equality and Diversity, Adult and Child Protection and Dementia Awareness. Access to NHSGGC policy documents to ensure fair treatment. Discrimination immediately challenged and addressed	

11. In addition to understanding and responding to our legal responsibilities under the Equality Act (2010), services have a duty to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care (including dementia care) may be considered higher risk in terms of potential human rights breach due to removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

Please give evidence of how you support each article, explaining relevance and any mitigating evidence if there's a perceived risk of breach. If articles are not relevant please return as not applicable and give a brief explanation why this is the case.

#### Right to Life

Treatment Escalation Plans and DNACPR are initiated following discussion and agreement with patients and carers.

#### Everyone has the right to be free from torture, inhumane or degrading treatment or punishment

All staff undertake adult and child protection via Learnpro.

#### Prohibition of slavery and forced labour

**Everyone has the right to liberty and security**

**Right to a fair trial**

**Right to respect for private and family life, home and correspondence**

Patients and carers are encouraged to participate in discussions around treatment and decision making.

**Right to respect for freedom of thought, conscience and religion**

**Non-discrimination**

**12. If you believe your service is doing something that 'stands out' as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.**