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 for further details or call 0141 2014560.

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

Critical Care

This is a : Current Service

2. Description of the service & 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?
Critical Care Unit provides central general Intensive Care services for Paisley area. The Unit is expanding and relocating to help provide an improved and enhanced environment for critical care services.
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.)
Redesign to help improve clinical environment for delivering intensive care services

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)

Name:	**Date of Lead Reviewer Training:**
Con Gillespie	24/01/2018

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):

Con Gillespie (Lead Nurse Dermatology); Graham, Linda (GRAHALI863) (Acting Lead Nurse)

	Lead Reviewer Questions	***Example of Evidence Required***	**Service Evidence Provided**	**Additional Requirements**
1.	**What equalities information is routinely collected from people using the service? Are there any barriers to collecting this data?**	***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.***	Given the acute nature of this clinical area - clinical information is prioritised on admission - Core demographic information is obtained on admission to the ward - this includes age, postcode, spiritual via Trakcare and Nursing Assessment Documentation. The Nursing Assessment Documentation includes	

			gathering of lifestyle information. The information can be readily analysed via Information Service to assess fields such as ethnic, religious groups but systems not sophisticated at present to capture and analyse detail information from the Nursing Assessment. This would be an organisation action for the future rather than an individual ward	
2.	**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?**	***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.***	Staff collect information primarily for clinical purposes to support individualised person centred care. There is potential to use some of the equalities information for wider analysis particularly information gained on Trakcare - this is more challenging with regard to lifestyle info from Nursing Assessment Document (NAD) and would require an organisational commitment to address this rather than an individual clinical area	
3.	**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.**	***Cancer services used information from patient experience research and a cancer literature review to improve access and remove potential barriers from the patient pathway.***	There are mechanisms within critical care within the Improvement Group in the RAH which ensures learning form patients takes place, though primarily clinical improvements, does have the capacity to included equality issues. No identification in significant equality access issues identified with limited data systems.	
4.	**Can you give details of how you have engaged with equality groups to get a better understanding of needs?**	***Patient satisfaction surveys with equality and diversity monitoring forms have been used to make changes to service provision.***	The service has engaged with Patient Groups regarding projected change in location of service later this year to ensure there are no detriment to individuals or groups - given the focus on critical care there is no perceived deficit in this area with regard to treatment, presentation and care	
5.	**Question 5 has been removed from the Frontline Service Form.**			
6.	**Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?**	***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.***	New facility better - accessibility improving quality of area. One of the reasons for moving to a different area was the proximity to ED services, which facilitates transfer of critically ill patients and easier for all carers and family including reduced distance access for carers etc with disability subsequently since nearer main entrance to hospital.	

7.	**How does the service ensure the way it communicates with service users removes any potential barriers?**	***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.***	Area is compliant - staff all aware of interpreting policy and accessing service available	Ensure appropriate use of interpreting resources available in new facility
8.	**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:**			
(a)	**Sex**	***A sexual health hub reviewed sex disaggregated data and realised very few young men were attending clinics. They have launched a local promotion targeting young men and will be analysing data to test if successful.***	Unit practices a non discriminatory gender policy - the ward is a mixed male/ female ward with appropriate segregation to support privacy and dignity for all patients. Staff cohort is also mixed with male and female staff	
(b)	**Gender Reassignment**	***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.***	Staff are aware of Transgender Policy and the core principles of caring for patients who are either undergoing / completed gender reassignment. The experience of staff is limited and worth highlighting awareness. Scope is there to ensure individualised needs of transgender patients on 'What Matters to Me' boards at each bedside - this is an important tool to support all patients particularly due to limitations for many patients to directly communicate their needs	
(c)	**Age**	***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.***	The Unit cares for patients of all adult ages without exclusion. All staff have annual Child Protection training, Adult Protection Training is also promoted. The ward is assessed via corporate and external visits regarding compliance with care standards for older people in hospital for all aspects of their care. All patients are treated with dignity and respect regardless of age. Staff profile is a mixture of age range amongst staff.	
(d)	**Race**	***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***	Care is delivered in a non discriminatory approach at all times. No examples were given of race incidents or hate crimes. Staff are aware of the need to adhere to the Interpreting Policy for all patients who require a translator. Additional sessions have been provide within the last year to	

		and family interpreting and reviewed use of interpreting services to ensure this was provided for all appropriate appointments.	promote maximum compliance and awareness of policy. Staff profile of mixed race in the Unit.	
(e)	**Sexual Orientation**	***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.***	Non discriminatory approach at all times within the ward regarding sexuality. Staff encouraged to recognise patient needs.	
(f)	**Disability**	***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.***	The current Unit is compliant with regard to physical access for disabled person's including wide and automated doors. The new facility will have wider areas for delivering care and has been designed to fsaciltate increased accessibiilty Alos included in the planning of the new are includes ensuring, sufficient colour contrast between the floors and walls for people with visual impairments. There will be a lowered reception desk. There are hoists available to transfer patients from their chair to the bed and vice versa. The Unit has (and will have) fully accessible toilets. Carers can stay with the patient if they wish and with wider bed areas this will support carer support. Staff are aware of the 'Getting to know me' document which some dementia patients may use. This includes information about likes/dislike; communication difficulties; what the person likes to be called etc. For patients with mental health issues, staff would liaise with the Mental Health Crisis Team. Information for carers is displayed in the waiting area. This includes the contact details for the Carers Helpline. Staff are aware of the need to access BSL interpreters for deaf patients, to raise awareness additional sessions have been provided in the last year.	
(g)	**Religion and Belief**	***An inpatient ward was briefed on NHSGGC's Spiritual Care Manual and was able to provide more sensitive care for patients***	There is a special requirement for religious and spiritual support in this acute care area. Staff are sensitive to the needs of patients and	

		with regard to storage of faith-based items (Qurans etc.) and provision for bathing. A quiet room was made available for prayer.	carers and make every effort to access pastoral, spiritual support when requested / required. The Hospital Chaplain can be accessed on behalf of a patient or for advice. A room can be made available for carers who wish to access facility to pray. Vegetarian food options are always available. Staff are aware that Jehovah Witnesses will have a form saying that they refuse any form of blood products. If a patient had any queries about the ingredients of their medication, the staff would contact the Pharmacy Department for advice.	
(h)	**Pregnancy and Maternity**	***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.***	The Unit cares for pregnant women infrequently but can provide fullrange of services in conjunction with Maternity Services on site. The new facility will have accessible areas for breast feeding, though anticipated private rooms for this is more likely to be utilised for carers rather than acutely unwell patients who will be allowed privacy and dignity at their bedside for this.	
(i)	**Socio - Economic Status**	***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.***	The Cashier's Office is located in the Main Foyer of the hospital and staff can identigy and support carers needs for travelling expenses.Staff are aware of basic principles regarding financial inclusion. Social Work referrals are made for patients identified as having financial, residential hardship and can be accessed at all times.	
(j)	**Other marginalised groups - Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers**	***A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas.***	The Unit often cares for the acute care needs for patients with addictions particularly alcohol and drugs. Patients, who smoke, are offered nicotine patches during their hospital stay. If a patient wished to give up smoking, a referral can be made to the Smoking Cessation Team. All patients are treated with dignity and respect, the ward is able to adapt to care for prisoners and patients with specific social circumstances based on an ethos of delivering person centred care for every individual.	
9.	**Has the service had to make any cost savings or are any planned? What steps have you taken to ensure this**	***Proposed budget savings were analysed using the Equality and Human Rights Budget Fairness Tool. The***	The new facility which Critical Care moves to in August , primarily is improved form clinical and	

	doesn't impact disproportionately on equalities groups?	***analysis was recorded and kept on file and potential risk areas raised with senior managers for action.***	accessibility perspective and although like all departments costs saving exercises are being implemented it is not anticipated that these will discriminate against any of the equality groups.	
10.	**What investment has been made for staff to help prevent discrimination and unfair treatment?**	***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.***	Staff have access to Learn Pro modules and the Unit has a Practice Development Educator who includes equality elements of promoted education plan.	

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

Given the acute nature of the Unit active resuscitation and DNACPR (Do not attempt active cardio pulmonary resuscitation) policy is used to ensure that patients are treated equitably regardless of any disability they might have. All patients are treated with dignity and respect and are fully involved where possible in management and treatment of their condition.

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

Critical Care Unit promotes person centred care with particular focus on ensuring older vulnerable adults receive essential surgical and medical care needs at all times including basic hydration and nutrition. The level of acuity in this clinical area dictates that a high level personal hygiene care is delivered and the appropriate resources are available and fully utilised when patients required.

Prohibition of slavery and forced labour

All staff have an awareness of observing for and acting on any person's at risk of forced labour/ slavery and would discuss with line manager to address if this arose.

Everyone has the right to liberty and security

Staff are fully aware of essential element of delivering care in a lawful and person centred manner to protect individuals at all times - staff are aware of restraint policy and appropriate management of patients who are agitated or under detention orders.

Right to a fair trial

Staff are fully aware of treating all patients with equity and in a non prejudicial manner.

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

Family and carers are involved in accordance to patients wishes, staff are aware of potential breaches in confidentiality regarding patient information and their wishes. This can be a challenging area in an environment when patients' can be so unwell that they are not fully able to participate actively in care

Right to respect for freedom of thought, conscience and religion

Staff are fully aware of treating all patients with equity and in a non prejudicial manner. Staff are encouraged to be familiar with Faith and Beliefs manual to ensure they do not account for individual religious beliefs of patients and will be highlighted that they review the manual as part of actions identified.

Non-discrimination

Staff are fully aware of treating all patients with equity and in a non prejudicial manner at all times for all above categories. As core part of PDP, staff are required to complete Learn Pro module on Equality.

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.