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:

Independent Advocacy Tender

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?
Independent Advocacy plays an important role in supporting people to express their views and in providing a source of support which gives them the confidence to speak out in the knowledge that there are no conflicts of interest. It safeguards people who can be treated unfairly as a result of institutional and systemic barriers as well as prejudice and individual, social, and environmental circumstances that make them vulnerable. It empowers people who need a stronger voice by enabling them to express their own needs and make their own decisions. It speaks up on behalf of people who are unable to do so for themselves.
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 tender of this service is of sufficient size that it requires a full procurement process. Part of this process is to undertake am Equality Impact Assessment to evidence how this contract will support all peoples within the protected Categories Group.

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:**
Tunrer, John James	22/03/2018

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):

John James Turner (Principal Commissioning Officer)

	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.***	Advocacy Services currently provide information of age, sex, disability, mental health. They do not collect data on sexual orientation, gender re-assignment, faith or race. The service is a human rights based service addressing specific issues the individual has with formal services. It would	The advocacy services report on how they have protected the individual's human rights.

			only record this information if it was an issue the individual wanted advocacy support on if they were being discriminated against.	
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.***	Advocacy services provide equalities information including barriers to service provision to allow for the exploration of how barriers can be removed to ensure an equitable service	
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 has been no direct research conducted but national data relating to the access and impact of advocacy services for individuals receiving an intervention under the Mental Health (Scotland) Act 2015 has shown the positive impact of advocacy in protecting individuals human rights.	
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.***	There has been no direct engagement with equality groups. One of the many areas of support that equality groups request is an independent advocacy service to support them to have a voice and ensure their views are heard.	
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.***	The service visits the individual in their home or place of residence. Any physical barriers are within the structure of buildings where formal reviews, tribunals, meetings etc. are going to be held. The Independent Advocacy worker will raise issues of accessibility either on behalf of the individual or through advising and support the individual to this themselves.	
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.***	Advocacy services provide both one to one advocacy and non-instructed advocacy. Non-instructed advocacy is used where there is a communication difficulty for the individual regardless of the cause. The Advocacy providers are well versed in alternative methods of garnering an individual's views including using tools such as talking mats.	
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.***	The advocacy provider will raise any issue pertaining to inequality based on an individual's gender and will advocate on the person's behalf if this is required	The provider will highlight whether this has been a barrier to receiving a service from them and discussions will be had during monitoring visits on how this will be addressed.
(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.***	The advocacy provider will raise any issue pertaining to inequality based on an individual's gender and will advocate on the person's behalf if this is required	The provider will highlight whether this has been a barrier to receiving a service from them and discussions will be had during monitoring visits on how this will be addressed.
(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 advocacy provider will raise any issue pertaining to inequality based on an individual's age and will advocate on the person's behalf if this is required.	The provider will highlight whether this has been a barrier to receiving a service from them and discussions will be had during monitoring visits on how this will be addressed.
(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 and family interpreting and reviewed use of interpreting services to ensure this was provided for all appropriate appointments.***	The advocacy provider will raise any issue pertaining to inequality based on an individual's race and will advocate on the person's behalf if this is required.	The provider will highlight whether this has been a barrier to receiving a service from them and discussions will be had during monitoring visits on how this will be addressed.
(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.***	The advocacy provider will raise any issue pertaining to inequality based on an individual's sexual orientation and will advocate on the person's behalf if this is required.	The provider will highlight whether this has been a barrier to receiving a service from them and discussions will be had during monitoring visits on how this will be addressed.
(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.***	The advocacy provider will raise any issue pertaining to inequality based on an individual's disability and will advocate on the person's behalf if this is	The provider will highlight whether this has been a barrier to receiving a service from them and discussions will be had during

		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.	required.	monitoring visits on how this will be addressed.
(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 with regard to storage of faith-based items (Qurans etc.) and provision for bathing. A quiet room was made available for prayer.***	The advocacy provider will raise any issue pertaining to inequality based on an individual's religion and/or belief system and will advocate on the person's behalf if this is required.	The provider will highlight whether this has been a barrier to receiving a service from them and discussions will be had during monitoring visits on how this will be addressed.
(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 advocacy provider will raise any issue pertaining to inequality based on an individual's pregnancy or issues relating to their maternity and will advocate on the person's behalf if this is required.	The provider will highlight whether this has been a barrier to receiving a service from them and discussions will be had during monitoring visits on how this will be addressed.
(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 advocacy provider will raise any issue pertaining to inequality based on an individual's Socio-economic status and will advocate on the person's behalf if this is required.	The provider will highlight whether this has been a barrier to receiving a service from them and discussions will be had during monitoring visits on how this will be addressed.
(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 advocacy provider has the Human Rights Act at the core of its ethics and will raise any concerns of inequality or human rights breach for any individual they are supporting.	The provider will highlight whether there has been a barrier to receiving a service from them due to inequality or human rights breaches and discussions will be had during monitoring visits on how this will be addressed.
9.	**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?**	***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.***	There are no direct cost savings required due to a reduction in financial reparation however with the Adult Advocacy Service, the monies provided by GG&C Health board is remaining static and with rising costs and wages, this may result in cost savings being necessary. The prioritisation will remain the same in terms of the legislative requirements of the service in terms of such Acts as the Mental Health (Scotland) 2015 Act.	There will be regular monitoring of the service to determine any negative impact on equalities groups.
10.	**What investment has been**	***A review of staff KSFs and***	The staff are all inducted in	

	made for staff to help prevent discrimination and unfair treatment?	***PDPs showed a small take up of E-learning modules. Staff were given dedicated time to complete on line learning.***	the Scottish Independent Advocacy Alliance's Principles of Advocacy and receive regular supervision and refresher training on these.	

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

Advocacy Providers have all elements of the Human Rights Act at the core of their ethics and practice and will actively promote the individual's human rights and advocate for the individual on this.

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

Advocacy Providers have all elements of the Human Rights Act at the core of their ethics and practice and will actively promote the individual's human rights and advocate for the individual on this.

Prohibition of slavery and forced labour

Advocacy Providers have all elements of the Human Rights Act at the core of their ethics and practice and will actively promote the individual's human rights and advocate for the individual on this.

Everyone has the right to liberty and security

Advocacy Providers have all elements of the Human Rights Act at the core of their ethics and practice and will actively promote the individual's human rights and advocate for the individual on this.

Right to a fair trial

Advocacy Providers have all elements of the Human Rights Act at the core of their ethics and practice and will actively promote the individual's human rights and advocate for the individual on this.

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

Advocacy Providers have all elements of the Human Rights Act at the core of their ethics and practice and will actively promote the individual's human rights and advocate for the individual on this.

Right to respect for freedom of thought, conscience and religion

Advocacy Providers have all elements of the Human Rights Act at the core of their ethics and practice and will actively promote the individual's human rights and advocate for the individual on this.

Non-discrimination

Advocacy Providers have all elements of the Human Rights Act at the core of their ethics and practice and will actively promote the individual's human rights and advocate for the individual on this.

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.