

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:

Information Hub (Royal Alexandra Hospital)

This is a : Service Development

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?

The proposed Information Hub aims to provide an immediate and accessible vehicle to provide users of the hospital with any requested information they require when attending the hospital.

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.)

Selected to ensure that all areas of equality and diversity needs are accounted for to help develop and a quality service which is consistent with a quality and legal Equality & Diversity framework

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	23/03/2012

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); Jane E Grant (Health Improvement Lead, Clyde Sector); Jackie Britton (Planning Manager, Clyde Sector)

	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.	It is expected that request for information will be divided into 'short and long information requests. It will be impracticable to gather extensive equalities	

		<i>Can be used to analyse DNAs, access issues etc.</i>	information during short requests but it is proposed that it will be collected during longer sessions with users, this will give the opportunity to capture this information.	
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?	<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>	The capture of this information will be used to analysed how effectively it is meeting the needs of the local population including those who use it and groups who are over / under represented.	
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.	<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>	Other comparative services are in place in other parts of Glasgow & Clyde. Learning from evaluation from these services will be used to ensure no barriers are in place.	
4.	Can you give details of how you have engaged with equality groups to get a better understanding of needs?	<i>Patient satisfaction surveys with equality and diversity monitoring forms have been used to make changes to service provision.</i>	Analysis is on-going into identifying best way to ensure engagement and access with all groups, particularly how the Hub can access hard to reach groups. Service is also designed to find best method addressing both simple and complex enquiries including the resources and sign posting required.	Engage with Equality Groups to ensure provision of best quality of information for users of service
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?	<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>	Physical location is at main entrance at RAH - there is disabled parking, full bus service at front door , automatic door entry going into main hospital foyer	
7.	How does the service ensure the way it communicates with service users removes any potential barriers?	<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>	Staff are trained to deliver a sensitive, equality friendly service to all users including full knowledge of accessible services such as financial inclusion, interpreting services etc. The plan is to have a loop system in the Information Hub	
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	<i>A sexual health hub reviewed sex disaggregated data and realised very few young men were attending clinics. They have launched a local</i>	Mixed staff groups participating in delivery of service with non discriminatory approach	

		<i>promotion targeting young men and will be analysing data to test if successful.</i>		
(b)	Gender Reassignment	<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>	Staff aware of Transgender Policy and information needs of potential users particularly with regard to signposting services	
(c)	Age	<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>	The Information Hub has a strong ethos of ensuring that both in staff and users that age is no barrier to accessing / using the service and that full understanding of staff of the vulnerability of groups such as frail elderly visitors and protection of young children when delivering the service	
(d)	Race	<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>	Staff who are providing information and support to users will have full access and knowledge of interpreting service to help ensure such barriers associated with race are removed	
(e)	Sexual Orientation	<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>	Non discriminatory approach to staff or users regarding sexual orientation	
(f)	Disability	<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>	The information Hub recognises both physical and sensory disability in an positive way (as per section 6)there are minimal physical barriers. Equality awareness of status will be a priority training requirement to ensure all aspects of persons disability are considered and supported at all times. Loop system is planned to be	

			installed when the Information Hub opens , there is a Google Chrome book accessible in adjacent Emergency Department.	
(g)	Religion and Belief	<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>	Staff will have access to Faith & Belief Manual . The service will be sensitive to ensure signposting of all belief systems to help support persons of all faiths / non faiths background, in particular on site faith services	
(h)	Pregnancy and Maternity	<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>	Information will be made available regarding Maternity care, healthy living but anticipated mainly signposting to hospital Maternity Unit on the RAH site	
(i)	Socio - Economic Status	<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>	The Information Hub will be designed to support financial inclusion and direct users to appropriate on site / off site services such as cash office and social work support	
(j)	Other marginalised groups - Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers	<i>A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas.</i>	There is no significant travelling community within the postcode but full awareness of staff will be part of training programme to ensure they are able to guide and identify support systems to help address vulnerable marginalised groups who visit the hospital at any given time	
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?	<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>	The primary focus is to help users of the service particularly those in most need of help, information at a difficult time of their life. The implementation of the service does not have any negative cost saving purpose.	
10.	What investment has been made for staff to help prevent discrimination and unfair treatment?	<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>	Full training programme in addition to core Equality & Diversity training is the cornerstone to be equipped to minimise unfair treatment and promote a positive culture of sensitive inclusion for all users of the Information Hub	

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

Not directly applicable to service development but recognition of patients rights fully embedded in service

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

Not directly related to service development but underpinned by ethos of right to be free from torture etc

Prohibition of slavery and forced labour

All staff will be treated with dignity, respect and receive appropriate terms & conditions for carrying out their role etc

Everyone has the right to liberty and security

Not applicable directly to the service development but recognised importance of liberty & security for all.

Right to a fair trial

Not applicable to the service development

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

Not directly applicable but underpinning ethos consistent with privacy and confidentiality for all users, staff.

Right to respect for freedom of thought, conscience and religion

The service will be supportive in providing non prejudicial approach to all faiths and believe in a non discriminatory manner at all times.

Non-discrimination

Commitment to treat all users and staff fairly with equality at all times consistent with embracing diversity and respect for all individuals.

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.

This new service development offers an exciting opportunity to set the tone for all persons who enter the RAH of an environment that is welcoming and recognises, embraces and supports all who require either simple or complex information and guidance.