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:

NHS GGC Interpreting Sevice New Delivery Model

This is a : Service Redesign

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?

NHSGGC's Interpreting Service provides interpreting support to patients/services where English is not their first language. The service offers face to face appointments where an interpreter will be present in the consultation with the patient and practitioner. The service has also extended provision of telephone interpreting, where the requirement for an interpreter to attend in person is replaced with appropriate telecoms hardware. The move towards increased provision of telephone interpreting has been approved by NHSGGC's Board and it is anticipated that telephone interpreting will become the default service option.

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 service is aiming to increase the usage of telephone interpreting from face to face for shorter, and less complex appointments. This is a service change of a core function that may impact on different protected characterstics groups currently using NHSGGC's interpreting 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:**
McGhie, Neil	23/04/2019

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):

Ross, Jac (Equality and Human Rights Manager); Nuzhat Mirza (Interpreting Development Specialist); de Caestecker, Linda (Dr) (Director of Public Health); Owens, Nareen (Head of People and Change - Development and Suppor); Anne MacPherson (Director of Human Resources & Organisational Devel); Janet Richardson (Head of Financial Governance); Calum Morrison (Head of Operations)

	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.***	The service does not collect equality and diversity information relating to patient demographics as the service operates as an adjunct to mainstream patient services where this information is stored.	Means to better understand service use by protected characteristic should be explored wherever possible.
2.	**Can you provide evidence of**	***A Smoke Free service***	As per previous section -	

	how the equalities information you collect is used and give details of any changes that have taken place as a result?	***reviewed service user data and realised that there was limited participation of men. Further engagement was undertaken and a gender-focused promotion designed.***	the service does not actively collect data as it responds to support requests from mainstream services where this information is available.	n/a
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.***	The move from a default position of providing face to face interpreting to telephone interpreting has taken cognisance of the requirement to continue to deliver face to face where the patient meets vulnerability criteria.	
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 regularly engages with interpreters providing a service and uses this feedback to ensure the service continues to develop and meet the needs of its diverse patient group.	
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 interpreting service delivers accessible communication support in a number of NHS and Social Care settings. There are no barriers accessing the service where face to face interpreting is delivered. Telephone interpreting will be facilitated by appropriate hardware and there will be a requirement for this to be in place. Anyone patient unable to use telephone interpreting would be offered the alternative face to face option. Telephone interpreting will offer some patients greater flexibility in appointment setting and will align to programmes like Attend Anywhere allowing patients requiring communication support to receive care without leaving home (where appropriate).	
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.***	The service is explicitly about removing barriers to communication across all NHSGGC services. A prioritisation of telephone interpreting will support a range of patients who may find it more difficult to communicate with an interpreter from their local community.	
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***	Patients do have the option to request a male or female,	

		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.	or they can chose not to have either. This option is available via face to face, and via telephone interpreting.	
(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 interpreting service does not receive patient details with regards to the nature of appointments, or on-going treatment. We rely on the service requesting the gender of the interpreter, which they should discuss with the patient prior to any appointments, to ensure the patient is comfortable and agrees with the request. When requesting a telephone interpreter, this option is also available. NHSGGC have a robust policy protecting the rights of trans patients and trans employees, ensuring sensitivity and inclusion at all times.	
(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.***	There are no age cut offs for access to the interpreting service. Any child or adult requiring access to clinical appointments with GGC, will be provided with either a face to face, or telephone interpreter.	
(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.***	As a result of the review, the interpreting service has recruited 12 fulltime interpreters, 4 Arabic, 3 Polish, 2 Romanian, 2 mandarin, and 1 Slovak member of staff. In addition to this we have a further 250 sessional workers, who between them speak more than 30 languages. This demonstrates our commitment to providing a robust service to meet the needs of our patients. We review the demand on the service and continue to recruit face to face interpreters, to meet this demand. We also liaise with our external agency suppliers to highlight gaps or languages with higher demand, so they can also increase their resource. Telephone interpreting may also improve opportunity of access for members of smaller spoken language communities that may experience difficulties accessing a face to face interpreters.	

(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 proposed move to increased telephone interpreting will not place people with the protected characteristic of sexual orientation at disadvantage. Some people may find the anonymity offered by telephone interpreting beneficial – particularly where they are discussing their sexual orientation in relation to services delivered. There may be stigma within local communities where attendance may be impeded by using a face to face interpreter.	
(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.***	For spoken language request, we are not privy to patients private medical and are not aware of any disabilities. For request for BSL, we are aware that the patient has a disability, and we have considered how better we can communicate with them. We have introduced a mobile phone where patients can text to conform their appointment details. We have also introduced chrome books at our A & E and main hospital sites, for deaf patients to have instant access to an interpreter via skype. There is also an opportunity for disabled people who do not have English as a first language to benefit from proposed attend anywhere technology, removing the burden of travel for routine appointments.	
(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 service does not collect data on religion and belief. Any complaints regarding this area would be documented via a Datix. It is not anticipated the new service model will impact on service users on the grounds of faith and belief.	
(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 service does not collect data on pregnancy or maternity. We do though often receive lengthy appointments for births, and we will provide interpreting support. Lengthy maternity appointments would remain face to face and that female interpeters can be stipulated.	
(i)	**Socio - Economic Status**	***A staff development day identified negative stereotyping of working class patients by some***	The service does not collect data on this area whilst providing this service. The service is centrally funded	

		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.	by GGC, and there is no cross charging to any areas requesting the service. It is also recognised that there is a cost to the interpreters attending our assignments and all interpreters can request travelling expenses for all appointments, if there has been a cost to them. There are also opportunities to link telephone interpreting to attend anywhere technology to alleviate any financial burden of attending routine appointments	
(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.***	All requests are actioned by the service, regardless of a persons personal circumstances. There are also greater opportunities for using telephone interpreting in prison settings, where the patient may want to retain a degree of anonymity?	
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.***	The board has recognised that there are possible efficiencies and cost that could be saved by transferring short /non complex appointments to telephone interpreting. As well as a cost saving this then frees up face to face interpreters to be available for the longer and more complex appointments.	
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.***	All staff within GGC have mandatory training and one of the modules, which everyone need to complete and pass is Equality.	

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

There has been no change to disabled patients service provision.

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

All patients will have access to a form of interpreting.

Prohibition of slavery and forced labour

Our interpreters have the right to refuse any work that is offered to them.

Everyone has the right to liberty and security

The change in service will not impact on liberty or security.

Right to a fair trial

no impact

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

Using telephone interpreting in a domestic setting or sensitive intervention could support someone's rights to private and family life.

Right to respect for freedom of thought, conscience and religion

no impact

Non-discrimination

no impact

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.

The service is not privy to such information, and would be unable to provide any information on the impact of protected characteristics