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:

Older Peoples Acute Assessment Unit, Royal Alexandra Hospital

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?
The Unit provides specialist assessment of frail elderly patients who are not acutely unwell but require intensive assessment of rehabilitation needs. It is a short stay Unit with duration of stay less than 72 hours before discharge or transfer to appropriate clinical setting.
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.)
It is a relative new service and is a gateway for a high number of older people admitted to the hospital.

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	31/03/2012

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 Dermatology)

	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.***	Standard demographic information captured by Trakcare system on admission, further demographic and lifestyle, nursing assessment via Nursing Assessment Document. This includes information regarding gender and faith / beliefs No specific Equality & Diversity information taken on	Review scope to include more equality information and analyse same

			admission to hospital	
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.***	The information captured is essential primarily used to support advancement in providing individualised clinical care therefore as stated above there is no specific focus on capturing and analysing equality and diversity information at present	
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 service has been in place for 3 years, through this time ongoing work has taken place to ensure that the Team identifying the specific frail elderly patients who benefit from the service, this has included taking referrals from an increased number of gateways., initially this was only via Emergency Department but now includes referral via Medical Assessment Unit and Acute Medical Receiving	
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 Unit is engaged in standard patient experience systems including Universal Feedback, Patient Opinion. There have been no complaints received regarding the Unit. It is currently involved project work to improve engagement with carers in preparation for introduction of the Carers Act next year.	Implement learning from Acute Carers work and share with other clinical areas
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 Unit is purpose built and edsigned to look after frail elderly and disable patients therefore there are no identified barriers in the Unit. Within the hospital, disabled parking spaces are located at the top of the car park in close proximity with the Unit. For patients who do not drive or are not able to access public transport, patient transport , ambulance service is accessible.	
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.***	Communication is recognised as of vital importance particularly in recognising those with impairments and people using the service where English is not their first language. The staff are all fully aware of interpretor service and how to access it both for foreign language	Sensory Impairment Training session 28th June RAH - encourage attendance

			and for deaf people. Dementia Friendly environment checks have taken place which has ensured that signage is clear, floor colouring is clear and dementia friendly clocks are on walls in appropriate locations.	
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.***	No evidence of discrimination on basis of gender. Staff group includes males and females. Patient group includes males and females with not disproportiante bias towards either gender. Toilet facilities and privacy, dignity requirements fully met.	
(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 report having had experience with caring for patients undergoing gender reassignment. They are able to outline managing sensitively care issues and treating person as individual according to his / her needs and preferences. Staff able to are both familiar with and can advise how to access Transgender Policy.	
(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 specialises in providing exemplary care for older people. It strives to achieve the highest care standard for older people at all times, the environment, culture and care is focussed on this. It seeks to provide specialist assessment and support for frail elderly patients who require rehabilitation and support towards returning them to home is possible with care interventions required. All staff have undertaken Adult protection and Child protection training. There is arrange of ages across the staffing profile.	
(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***	The Unit is committed to delivering non discriminatory care and treats all people who enter the Unit with dignity and respect. No race hate crimes reported and a mixture of races is noted amongst staffing profile. Staff can appropriately identify management and challenging racism in an appropriate and sensitive manner when required,	

		appointments.		
(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 Unit is committed to delivering non discriminatory care and treats all people who enter the Unit with dignity and respect. Staff recognise and embrace diversity and respect diverse lifestyle choices. No discrimination noted in employment policy and variances in sexual orientation. Staff recognise changes in legal framework regarding legal civil partnerships.	
(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 Unit cares for people with all manners of disability and is purposely designed to cater for all person's with physical and sensory disabilities as highlighted in section6.	
(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.***	Staff have recognised variances in people's religious and non religious beleifs. The Faith & Beliefs manual is regularly accessed when there is any uncertainty in meeting the needs of different spiritual requirements for people who use the facility	
(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 does not routinely carer for pregnant patients but can provide breast feeding facilities for carers, staff and visitors who require an areas to breast feed their child. The area is in close proximity to Maternity services in the hospital and can access specialist care, advice and support when required.	
(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.***	Any financial challenges can be addressed in conjunction with referral and support form Social Work Department. While there are no direct questions available in the admission process there is scope for staff to discuss with patients and carers financial concerns. The Cashiers Office in the Main Foyer in the hospital is available for travelling expenses when required	
(j)	**Other marginalised groups - Homelessness, prisoners and**	***A health visiting service adopted a hand-held patient***	There are no specific comments to add regarding	

	ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers	***record for travellers to allow continuation of services across various Health Board Areas.***	these marginalised groups besides good recognition of their various specific needs.	
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.***	While cost saving exercises are regularly carried out, there is great care taken to avoid any direct or indirect impact on equality and diversity	
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.***	As a core outline in annual appraisal , equality and diversity is included with every member of staff yearly review. All staff are encouraged to complete learn pro module for equality and Diversity	Encourage staff to complete Learn Pro module on Equality and Diversity

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

A fundamental principle in the Unit is fully involving patients in their medical and nursing care as far as possible this includes treatment aimed at preserving life. Protective legislation regarding Adults with Incapacity is used when required for patients unable to participate in such discussions.

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

No relevant discriminatory issues regarding this

Prohibition of slavery and forced labour

No relevant discriminatory issues regarding this

Everyone has the right to liberty and security

No relevant discriminatory issues regarding this. Strict protocols are used to mange patients who require support, safely, in accordance with their medical, psychological and physical needs.

Right to a fair trial

No relevant discriminatory issues regarding this.

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

Privacy and confidentiality is protected at all times - staff are sensitive to ensuring that all efforts are made to protect this particularly in more open aras of the Unit.

Right to respect for freedom of thought, conscience and religion

No relevant discriminatory issues regarding this.

Non-discrimination

The central ethos is treating all persons with dignity and respect in accordance with all individual characteristics including race, gender, belief at all times.

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.

I think the real strength of the service lies with the commitment and care of the team in looking after a very vulnerable population of people with skill, compassion and fairness.