

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:

Renfrewshire Breastfeeding Support Group

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?

This service provides weekly breastfeeding support to women in Renfrewshire led by Staff Nurses in the Children and Families Team.

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.)

This service was selected for EQIA to ensure the Renfrewshire breastfeeding support group is accessible to all breastfeeding mothers in Renfrewshire.

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:
Deborah Fleming	31/08/2017

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):

Lindsay Jack (Health Improvement Lead -Maternal and Child Health); Anne Gibson (Health Improvement Senior); Elaine Byrne (Team Lead); Irene Carswell (Team Leader); Norma Millar (Team Leader); Fitzpatrick, Sharon (Team Lead); Sandra Whitten (Health Visitor); Anne Evans (Infant Feeding Advisor)

	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?	<i>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.</i>	Mothers are asked to complete a registration form when they first attend the group which asked them to provide information including: age, postcode, ethnicity and disability.	All new breastfeeding women attending the group will be asked to complete NHSGG&C Equalities Monitoring form
2.	Can you provide evidence of how the equalities information you collect is	<i>A Smoke Free service reviewed service user data and realised that there was</i>	The postcode data collected in the registration form was used to determine the SIMD	

	used and give details of any changes that have taken place as a result?	<i>limited participation of men. Further engagement was undertaken and a gender-focused promotion designed.</i>	areas that the mothers lived. This data showed 34% of women attending the group lived in an SIMD 1 or 2 area. This data was also used to identify the distance mothers travelled to access the group with an average of 3.4 miles (range 0.4-15.2) and the location is therefore suitable.	
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>	No research has investigated the experience of equality groups potential barriers attending the Renfrewshire Breastfeeding support group.	The Renfrewshire Health Improvement Team will conduct a research project to explore breastfeeding in protected groups to identify service uptake and required support
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>	Mothers were asked to complete an evaluation after blocks 1 and 2 of the group. The mothers reported the time and location of the group was convenient as it was a central location with parking facilities.	Future evaluations will include equality and diversity monitoring forms
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>	The Northcroft Medical Centre community wing is on the ground floor with an accessible toilet adjacent to the room occupied. The main entrance doors are automated and the community room doorway is left open whilst the group is on. Northcroft medical centre also has a hearing loop installed.	
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 aware of the NHSGG&C Accessible Information policy and ensure any information provided complies with this policy. Staff are aware of how to access the interpreting services if requested or required.	
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 promotion targeting young men and will be analysing data to test if successful.</i>	As this is a breastfeeding support group, all attendees to date have been female due to the nature of the group. If fathers attended requesting guidance on supporting a breastfeeding mother, they would be given guidance from the health professionals. All staff should have attended understanding domestic abuse training and be aware of the GBV policy. All staff	Ensure all staff nurses who may provide cover for the group have attended SRE training.

			have attended Sensitive Routine Enquiry (SRE) training and know how to ask service users sensitively if they are concerned and support women who may disclose.	
(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>	The service has been designed to support breast feeding parents and would ensure that anyone who did not identify with traditional constructs of gender (who identified as gender fluid or non-binary) would be fully included through use of gender appropriate language. We would ask which pronouns and titles people prefer (he/she/they/Mr/Ms/Mx etc) in accordance with the NHSGG&C Trans policy.	
(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 breastfeeding support group is accessible to all breastfeeding mothers regardless of their age.	
(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>	The breastfeeding support group is accessible to all breastfeeding mothers regardless of their race. Staff are aware of the Hate Crime Policy and Guidance. NHS staff are aware of how to access the interpreting services if required.	
(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>	The breastfeeding support group is accessible to all breastfeeding mothers regardless of sexual orientation. Staff are aware of the Hate Crime Policy and Guidance.	
(f)	Disability	<i>A receptionist reported he wasn't confident when</i>	The Northcroft Medical Centre community wing is on	

		<i>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 ground floor with an accessible toilet adjacent to the room occupied. The main entrance doors are automated and the community room doorway is left open whilst the group is on. Northcroft medical centre also has a hearing loop installed. NHS staff are aware of how to access the interpreting services if required including the BSL interpreting service.	
(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>	The breastfeeding support group is accessible to all breastfeeding mothers regardless of their religion and belief. Staff are aware of the Hate Crime Policy and Guidance.	
(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>	The doorways are accessible for mothers with prams/buggies. The room used has a designated changing area where parents can change nappies and dispose of appropriately. The centre displays the breastfeeding welcome logo throughout the centre and mothers are encouraged to breastfeed in the group. Pregnant mothers would also be welcome to attend the group to access information on breastfeeding. Facilitators will steer conversations appropriately when mixed feeding is discussed in the group. Under the Universal Health Visiting Pathway, mothers are also routinely asked about financial pressures they may currently be experiencing. Staff are aware of the Healthier Wealthier Children programme and should refer into the service where appropriate.	
(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>	There is no financial obligation to attend the group as it is a free NHS service. The group is in a central location in Paisley with local transport links nearby. The postcode data collected in the registration form was used to determine the SIMD areas that the mothers lived. This data showed 34% of women attending the group lived in an SIMD 1 or 2 area. This data was also used to identify the distance mothers travelled to access the group with an average of 3.4 miles (range 0.4-15.2). Staff are	

			aware of the Healthier Wealthier Children programme and should refer into the service where appropriate.	
(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>	Children's services have a named member of staff as the main contact for travelling families. This member of staff would make breastfeeding mothers aware of the breastfeeding support group at Northcroft.	
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 breastfeeding group will continue at present with support from Health Staff to provide breastfeeding support to all mothers residing within Renfrewshire. The breast feeding problem solving clinic will also continue at the RAH to support all breast feeding mothers.	
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>	Staff are aware of the Hate Crime Policy and Guidance. Staff are required to complete learn pro modules on Equality and Diversity.	Identify proportion of staff who have not completed learn pro module

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

The group promotes positive health to both mothers and baby as there are several health benefits of breastfeeding for both mothers and baby. The social aspect of the group also provides a safe and comforting space for mothers who are able to share experiences and solutions.

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

All staff are trained in the Solihull parenting approach and promote positive bond between mother and baby. Staff are aware of child protection requirements.

Prohibition of slavery and forced labour

Not applicable - attendance at the group is voluntary and mothers are allowed to leave at any time.

Everyone has the right to liberty and security

Not applicable - attendance at the group is voluntary and mothers are allowed to leave at any time.

Right to a fair trial

Not applicable

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

All data is stored securely and staff are aware of Safe Information Handling protocols.

Right to respect for freedom of thought, conscience and religion

All mothers will be treated respectfully in the breastfeeding support group. Staff will ensure any discrimination is reported in line with the Hate Crime Policy and Guidance. In the group setting, staff will re-direct conversations where appropriate.

Non-discrimination

All mothers will be treated respectfully in the breastfeeding support group. Staff will ensure any discrimination is reported in line with the Hate Crime Policy and Guidance.

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.