



NHS Greater Glasgow and Clyde
Equality Impact Assessment Tool for Frontline Patient Services

Equality Impact Assessment is a legal requirement and may be used as evidence for referred cases regarding 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 2014817.

Name of Current Service/Service Development/Service Redesign:

Maternity antenatal and postnatal service redesign.

Please tick box to indicate if this is a: Current Service Service Development Service Redesign

Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally determined).

What does the service do?

NHSGGC's Maternity Strategy Review has a commitment to implement the recommendations from the national Best Start Strategy. For NHSGGC, this includes an antenatal and postnatal service redesign. The focus of this redesign is to improve continuity of carer throughout the antenatal and postnatal periods. The scope of this EQIA includes midwifery caseload holding model; consultant continuity of carer model, Single Point of Access (SPA) & Diabetes Specialist Midwives.

The Scottish Government refresh of the local implementation of the Best Start review in June 2022 identified that the roll out of continuity of carer should particularly focus on improving continuity of carer for those women who are more likely to have poor experience and/or outcomes of maternity care. This includes BAME women.

Reallocation of postcodes is being undertaken to create more equity in Glasgow across the three community teams (PRM, QEUH and WMCC) and scoping is under way to increase accommodation for clinics. Templates are being created to facilitate 1.5 hour booking appointments and 30-minute return appointments. Each community midwife will have their own caseload with their own booking and returns clinics. This will enable women to develop trusting relationships with their primary midwife throughout their pregnancy, this is known to have a positive impact on experience and outcomes. Each primary midwife will be supported by a buddy midwife who will provide scheduled care when the primary midwife is not at work due to annual leave, continuing

professional development or short-term sickness. The new model will also support midwives to have autonomy over their workload and manage their diary for providing antenatal and postnatal care, which has been found to be linked to greater job satisfaction and staff retention.

SPA is an electronic referral platform associated with BadgerNet (electronic medical record for maternity) this will enable women to self-refer to the maternity service at a time that suits them and reduce the need to phone the Central Booking Office to be given their first appointment with the midwife. Women can complete the form online and in the first instance the appointment will be sent in the post, in time women may be contacted by the midwife who will provide details of the appointment over the phone. Currently the process of allocating booking appointments does not work in a way which builds continuity. SPA will facilitate early access to the maternity service and facilitate continuity of carer from the booking appointment. For those who are digitally excluded the option for phoning the Central Booking Office will remain available. There is a patient code for interpreting widely advertised to ensure easy access to the service for Non English speaking women.

A Communications strategy is being developed to support the implementation of this project with physical marketing materials including posters that we will distribute to key partners including community pharmacies, GP practices, health centres and third sector organisations that support women and families. The Diabetes Specialist Midwives team are a relatively new development for NHSGGC and the model has not been subject to an EQIA. The implications are covered in this EQIA

NHSGGC's new Maternity Strategy includes a wide range of actions to improve access to maternity care for marginalised groups and reduce barriers to using maternity care including staff training on use of interpreting and tackling discrimination; review of accessible information; developing new NHSGGC resources in accessible formats for women and their families; staff guidance on interpreting for maternity settings and improving the approach to BAME workforce. All of these workstreams are aligned to the major service redesign around continuity of carer.

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.)

Maternity Strategy Service Redesign implementing the national Best Start Recommendations of improving continuity of carer.

Who is the lead reviewer and where are they based? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Laura Paterson, Project Midwife.

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):

Elaine Drennan, Lead Midwife for Community and Outpatients.
 Laura Flynn, Lead Midwife Clyde.
 Gill Jess, Clinical Service Manager for Community and Outpatients.
 Dr Mary Ross-Davie, Director of Midwifery.
 Noreen Shields, Planning and Development Manager Equality and Human Rights.

	Lead Reviewer Questions	Example of Evidence Required	Service Evidence Provided (please use additional sheet where required)	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>	Age, Sex, Race, Sexual Orientation, Disability, Faith are all collected from BadgerNet documentation.	Reliance on fields being correctly populated on BadgerNet.
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>	Colleagues from the Public Health team liaise with focus groups for African women, Chinese women, South Asian women, Gypsy Travellers and Roma community as these groups have been found to book later than the HEAT target for antenatal booking. Quarterly meetings are in place with third party sector organisations. Equalities information on ethnicity	

			<p>and primary language is collected, in June 2023 this led to the development of a continuity of carer maternity survey which offered women the opportunity to read and respond in their own language. This piece of work is informing the creation of ongoing maternity engagement surveys, the complaints process and focus group work. Currently the Alongside Maternity Unit are adapting this approach for feedback from non-English speakers to their service.</p>	
3.	<p>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.</p>	<p><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></p>	<p>In 2022, a review of UK evidence and local research was conducted as part of an NHSGGC Equality Outcome on perinatal care (BAME community, poverty and gender based violence). This informed an improvement plan around access and understanding of NHSGGC maternity services and tackling discrimination and racism. In 2023, accessible patient surveys were conducted to inform the antenatal and postnatal care redesign, birth planning, parent education and intrapartum care pathways.</p>	

4.	Can you give details of how you have engaged with equality groups to get a better understanding of needs?	<i>Patient satisfaction surveys have been used to make changes to service provision.</i>	Our local patient engagement work in 2022 and 2023 (via surveys and patient focus groups with those in poverty, disability and from BAME communities) is informing an ongoing system of patient feedback which is accessible to all, with, for example, surveys in community languages.	
5.	If your service has a specific Health Improvement role, how have you made changes to ensure services take account of experience of inequality?	<i>A service for teenage mothers includes referral options to smoking cessation clinics. The clinics are able to provide crèche facilities and advice on employability or income maximisation.</i>	The maternity service is committed to increasing appointment times for community midwives, this will provide additional time for discussing public health concerns such as smoking, diet, exercise and lifestyle choices. The Diabetes Specialist Midwives work in depth with women diagnosed with gestational diabetes, which is particularly prevalent in the South Asian Community.	
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>	15% of NHSGGC's inpatient population have a physical disability. Health centres and hospitals where community midwifery care is conducted are wheelchair accessible, lifts are available where services are not on ground level.	
7.	How does the service ensure the way it communicates with service	<i>A podiatry service has reviewed all written information and included</i>	All midwives have access to face to face and telephone interpreters with	Explore effectiveness of new accessible

	<p>users removes any potential barriers?</p>	<p><i>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></p>	<p>staff being directed to the NHSGGC Interpreting Policy. Key information (i.e. NHSGGC Rights to Maternity Care – Step by Step Guide) will be available in all 40 community languages, easy read and British Sign Language. There is a standard message on the BadgerNet app in English and community languages regarding requesting written information in accessible formats and a review of accessibility of information is taking place. Part of the service redesign is to provide more local community based antenatal care, rather than expecting women to attend one of the five maternity units.</p>	<p>information approach by engagement with women.</p>
<p>8.</p>	<p>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:</p>		<p>Where people experience prejudice as a result of their protected characteristic, the provision of continuity of carer can be very beneficial. People who are accessing maternity care will be more likely to attend, share openly about any problems and concerns etc, if they are able to build a trusting relationship with a limited</p>	

			number of professionals. This means that they do not have to repeat their story and explain their life to a large number of professionals.	
(a)	Sex	<i>A sexual health hub reviewed sex disaggregated data and realised that very few young men were attending clinics. They have launched a local promotion targeting young men and will be testing sex-specific sessions.</i>	N/A	
(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>	6% of NHSGGC's inpatient population are LGBTQI+. Maternity staff use guidance from the Scottish Trans website on the use of pronouns: Use of pronouns - Scottish Trans as best practice in working with Trans men who access maternity care. The EHRC Guide on the Equality Act sex and gender reassignment exceptions is followed	
(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</i>	Older mothers may be at more risk of poorer outcomes. Continuity of carer has been shown to mitigate this risk and is a key feature of this service redesign	

		<i>potential clinical complications of non-attendance.</i>		
(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>	<p>10% of NHSSGC women using maternity services are from the BAME community (of this cohort 55% non English speakers, 65% do not read or write English), whereas in NHSGGC 5% of the population are from the BAME community.</p> <p>See Section on 'Description of service' about wide range of actions taking place to improve access and use of maternity care, with a particular focus on BAME women.</p> <p>In terms of access, maternity staff can request information leaflets to be formatted into other languages on request.</p> <p>SPA has a page enabling the referral form to be completed on someone's behalf. There are links on the NHSGGC maternity website to the interpreting service for women to access.</p> <p>Interpreting Services - NHSGGC information for midwives to book an interpreter, each site has their own access code.</p>	

(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>	6% of NHSGGC's inpatient population are LGBTQI+. Partnership status, gender, sexuality and preferred pronouns are captured within demographics on BadgerNet.	
(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>	In NHSGGC, for inpatients 15% have a physical disability, 16% Deaf/Hearing impaired, 6% blind visually impaired and 1% have a learning disability. Disability is captured in the Communication and mobility tab within demographics on BadgerNet. Interpreting Services - NHSGGC Information on booking BSL interpreter. All sites are physically accessible. Maternity services will pilot new NHSSGC SOP's for learning disability and autism.	Review effectiveness of pilot of NHSGGC autism and learning disability SOPs
(g)	Religion and Belief	<i>An inpatient ward was briefed on NHSGGC's Spiritual Care Manual</i>	77% of NHSGGC's inpatient population have a religious belief.	

		<i>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>	Religion is captured within BadgerNet demographics. Maternity Staff have access to NHSGGC's Spiritual Care Manual.	
(h)	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>	NHSGGC Maternity services have 62% of its caseload in SIMD 1 & 2. During the antenatal period, midwives routinely enquire and discuss financial worries with women and families, this can result in a referral to money advice services. All conversations and referrals are documented on BadgerNet. Maternity services can also access NHSGGC's Home Energy Crisis service, Emergency Food Packages on discharge and Support and Information Services.	
(i)	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>	In NHSGGC the Blossom team (previously known as the SNIPS team), is a dedicated team of specialist midwives who provide care for vulnerable women and their families across the healthboard. This team has a focus on midwifery	

			and consultant continuity of carer also.	
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>	N/A	
10.	What does your workforce look like in terms of representation from equality groups e.g. do you have a workforce that reflects the characteristics of those who will use your service?	<i>Analysis of recruitment shows a drop off between shortlisting, interview and recruitment for equality groups. Training was provided for managers in the service on equality and diversity in recruitment.</i>	An improvement plan is in place for maternity BAME workforce and statistics show NHSGGC's maternity midwifery and support staff workforce are not representative of NHSGGC's BAME population. Whereas, the maternity medical workforce is over representative of NHSGGC's BAME population.	
11.	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>	Midwives are given protected learning time to complete E-learning modules on Equality and Human Rights and other training programmes as part of the maternity strategy.	

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.

In 2017 NHS GGC introduced BadgerNet, an electronic medical record which has supported the move to reducing paper notes. Within this platform equalities data is captured from the first booking appointment of a woman's pregnancy. The Badger Notes app enables women to pre-populate their demographics ahead of their first meeting with the midwife. This includes gathering information about a woman's family, sexual orientation, her/their preferred pronouns, ethnic background etc.

Improving continuity of carer is a crucial element of this service redesign and cited in the national MBRRACE report as a key factor in mitigating poor maternal and child health outcomes. We will analyse this by SIMD and ethnicity to ensure equity of provision.

Actions – from the additional requirements boxes completed above, please summarise the actions this service will be taking forward.	Date for completion	Who is responsible?(initials)
<p>Cross Cutting Actions – those that will bring general benefit e.g. use of plain English in written materials Use of plain English in written materials (Single Point of Access & leaflets) Development of a range of antenatal education resources that are available in languages other than English</p>	June 2024 June 2024	LP/ED AA
<p>Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy Audit of continuity of consultant continuity of carer by SIMD and ethnicity (NB this has been done for midwifery continuity of carer and will be reviewed as required).</p>	Sept 2024	AA

Engagement with women from marginalised groups on how accessible information is. Pilot NHSGGC SOPs on autism and learning disability. Provision of further training for staff on providing high quality care to BAME women –including provision of high quality interpreting services (provided November 2023); addressing unconscious bias.	July 2024 Dec 2024 July 2024	NS GS ED
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Ongoing 6 Monthly Review please write your 6 monthly EQIA review date:

June 2024

Lead Reviewer:
EQIA Sign Off:

Name Laura Paterson
Job Title Project Midwife
Signature
Date

Quality Assurance Sign Off:

Name Alastair Low
Job Title Planning Manager
Signature Alastair Low
Date 11/01/24

Please email a copy of the completed EQIA form to eqia1@ggc.scot.nhs.uk, or send a copy to Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH. Tel: 0141-201-4560. The completed EQIA will be subject to a Quality Assurance process and the results returned to the Lead Reviewer within 3 weeks of receipt.

PLEASE NOTE – YOUR EQIA WILL BE RETURNED TO YOU IN 6 MONTHS for COMPLETION OF THE ATTACHED 6-MONTH REVIEW SHEET. IF YOUR ACTIONS CAN BE REPORTED ON BEFORE THIS DATE, PLEASE CONTINUE TO COMPLETE THE ATTACHED SHEET AND RETURN AT YOUR EARLIEST CONVENIENCE TO: eqia1@ggc.scot.nhs.uk

NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL
MEETING THE NEEDS OF DIVERSE COMMUNITIES
6 MONTHLY REVIEW SHEET



Name of Policy/Current Service/Service Development/Service Redesign:

Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

		Completed	
		Date	Initials
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

		To be Completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			
Action:			
Reason:			
Action:			
Reason:			

Please detail any new actions required since completing the original EQIA and reasons:

		To be completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any discontinued actions that were originally planned and reasons:

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6 month EQIA review date:

Name of completing officer:

Date:

Please email a copy of this EQIA review sheet to egja1@ggc.scot.nhs.uk or send to Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospitals Site, 1055 Great Western Road, G12 0XH. Tel: 0141-201-4817.