

## 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 [\[email protected\]](#) for further details or call 0141 2014560.

## 1. Name of Current Service/Service Development/Service Redesign:

Clyde Sector Breat Care Service
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This is a : Service Redesign

## 2. Description of the service &amp; 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 service provides comprehensive care for patients with breast disease throughout Clyde Sector

## 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.)

Plan is in progress to centralise the service which aims to increase the standard and equity of service - currently service is delivered via RAH. IRH and VOL hospitals. Proposed future plan is to deliver service at RAH

## 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)

<b>Name:</b>	<b>Date of Lead Reviewer Training:</b>
Con Gillespie	12/03/2010

## 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)
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	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>	Core information - mainly demographic or relevant clinical info is prioritised. Given the redesign of this service will be necessary to ensure that patients who currently attend IRH and VOL site not liable to receive a reduced or restricted service. At present only age, gender,	Ensure analysis takes place on completion of redesigned services including potential to expand equalities information from patients. Consider adding Equality & Diversity Information sheet to system

			disability is essentially captured. The electronic systems do not allow to gather more information of this type.	
2.	<b>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?</b>	<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>	Generic Patient engagement tools available for feedback on service	Consider specific feedback mechanisms aligned to redesign process, for instance specific feedback initiative to assess patient experience to help bed in redesigned service
3.	<b>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.</b>	<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>	Careful analysis is on-going in delivery of fair and equitable service of Breast Care within the Sector. This is being undertaken by CSM prior to service redesign completed. Awaiting formal output but indications positive to date	.
4.	<b>Can you give details of how you have engaged with equality groups to get a better understanding of needs?</b>	<i>Patient satisfaction surveys with equality and diversity monitoring forms have been used to make changes to service provision.</i>	Patient engagement work has been carried out to help the service recognise local needs and potential barriers when service redesign is completed. Awaiting formal outcome of this work.	
5.	<b>Question 5 has been removed from the Frontline Service Form.</b>			
6.	<b>Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?</b>	<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>	All sites have fully disabled access to clinical areas, disabled parking spaces are available although RAH site has a very steep hill leading up to the hospital. The service caters for mainly female patients but has some male patients with breast disease. There are unisex/ disabled toilet access on all 3 sites and this will be replicated on centralised site.	Ensure centralised service has full access for wheelchair / disabled users
7.	<b>How does the service ensure the way it communicates with service users removes any potential barriers?</b>	<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>	All staff are aware and familiar with Interpreting Policy and helping patients with any communication challenges when they attend the service.	
8.	<b>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:</b>			
(a)	<b>Sex</b>	<i>A sexual health hub reviewed sex disaggregated data and realised very few young men were attending</i>	The service mainly caters for female patients due the nature of the service however there are male	Ensure burden of additional travel caused by redesign is assessed as part of new service

		<i>clinics. They have launched a local promotion targeting young men and will be analysing data to test if successful.</i>	patients who require care and all facilities provide appropriate toilet and private facilities to manager patient needs.	
(b)	<b>Gender Reassignment</b>	<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>	Transgender Policy is available and accessible for staff.	Raise awareness to ensure staff are fully aware of need and rights of patients who are undergoing or have completed gender reassignment
(c)	<b>Age</b>	<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>	Service caters for wide range of ages though similar to ageing population and disease processes there is a higher number of elderly patients requiring specialist breast care. Service adheres to best practice in care of older adults.	Ensure burden of additional travel caused by redesign does not have a negative effect on the new service
(d)	<b>Race</b>	<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>	There are no race groups identified with high level of population in the area so no specialist provision required. Staff are fully aware of accessing Interpreting Services and the need to ensure multi language information is displayed and accessible as part of the new service	Review language information accessibility in service areas
(e)	<b>Sexual Orientation</b>	<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 policy towards people with any sexual orientation. Ethos is to challenge any homophobic behaviour.	
(f)	<b>Disability</b>	<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</i>	Non discriminatory policy at all times for disabled staff or patients. No access problems highlighted besides some possible difficulties with doors that do not automatically open.	Review access via non automatic doors in centralised facility and ensure full disability access

		<i>was made using NHSGGC's Interpreting Protocol to ensure staff understood how to book BSL interpreters.</i>		
(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>	Faith and Belief Manual accessible to all staff - staff encouraged to refer to when unfamiliar with person's customs, belief needs when attending the service	
(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>	Current and future facilities amenable to ensure breast feeding can be facilitated with privacy and dignity. Units primarily care for women and are fully engaged with promoting and helping pregnant women.	
(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>	Non discriminatory approach to all patients regardless of socio economic status. Each site has Cashier Facility for patients who require to claim expenses. Social Work, Financial Inclusion services are accessible if specialist support is highlighted and required. The new service also will have full access to Cashiers Office for claiming additional expenses	
(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>	Non discriminatory approach for all patients - treated as individuals with positive approach to ensure marginalised groups need are recognised and fully accounted for when attending the department. No additional impact assessed with prisoners travelling from geographical areas within Clyde to new service at RAH	
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 redesign of the service is planned to improve the care of patients requiring Breast Care. Although efficiency is part of the remit, this will not be at the expense of equity and standard of care.	Review any equity of care deficits with redesigned service
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</i>	All staff have equality and diversity as core components of eksf and are encouraged to complete on line / face to face training	Promote Equality & Diversity training modules

		<i>learning.</i>	
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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

No issues identified regarding this issue - informed consent, legal capacity capability processes followed for all patients

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

No issues identified regarding this issue

#### Prohibition of slavery and forced labour

No issues identified regarding this issue

#### Everyone has the right to liberty and security

No issues identified regarding this issue

#### Right to a fair trial

No issues identified regarding this issue

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

No issues identified regarding this issue - all persons treated with dignity and respect as individuals

#### Right to respect for freedom of thought, conscience and religion

No issues identified regarding this issue - all beliefs respected and recognised in aspects of care

**Non-discrimination**

No issues identified regarding this issue

**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.**