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:

Development of Patient Enhancing Roles in Clyde Orthopaedics

This is a : Service Development

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?
A comprehensive pathway exists for the management of all patients who sustain a hip fracture, however it is recognised that over 65 age group often have more complex needs which benefit from a particular focussed management of care. On that basis, at the beginning of 2018 2 new roles were created in Acute Orthopaedic Service. Elderly Care Orthopaedic Nurses(ECON)- x2 are nurses whose role is focussed on assessing acute needs and co-ordinating rehabilitation needs of patients over 65 who had suffered a hip fracture in line with the Scottish Hip Fracture Standards. The ECON will complete a Comprehensive Geriatric Assessment and refer to Geriatrician if there are any outstanding medical issues. They also see any patient over 65 who have ongoing care/rehab needs. Over 65 is the nationally recognised age for older people and they see only Orthopaedic ward patients post fall/surgery not emergency patients from any other discipline. Advance Nurse Practioners also support nursing staff as first line to see unwell or deteriorating patients.
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 was selected to assess any positive and negative impacts of such roles on the delivery of an equitable service for all service users within Orthopaedics in Clyde Sector.

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	17/01/2019

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):

Con Gillespie (Lead Nurse Dermatology); Ann Marie Selby (Lead Nurse Orthopaedics)

	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***	In keeping with many acute care services, the focus on data collection is primarily for clinical purposes rather than analysis for other purposes. The recent	Consider broadening the use of on admission data for equalities purposes and future planning via corporate route

		used to analyse DNAs, access issues etc.	amendments of the My Admission Record used for all inpatient admissions allows for a greater range of equality and social data which has potential to be used for immediate and long term analysis, this includes carers information, financial inclusion issues as examples. Though it still generally lacks great potential to examine defined characteristics.	
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.***	Analysis of rates of fractured hips based on age etc	
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.***	Core patient feedback systems are utilised to address issues and any shortfalls - patient complained recently regarding management of breast feeding needs - response learning identified regarding ensuring full sensitive awareness and carer of individual needs	Share learning form person centred complaints
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.***	Bi monthly report produced with feedback from in patient experience - system allows for learning across the service and actions to be taken for any negative feedback	
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.***	A high proportion of orthopaedic patients are transiently or permanently disabled therefore the environment is generally responsive to their needs.	In patient disabled toilet facilties meet basic requirements but have some limitations
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.***	Clear to All Policy core icon on computer desktop - highlight to staff. Regular promotion of interpreting service	Organise Interpreting service Update to ensure all staff fully aware of utilising appropriate interpreting service
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***	No significant barriers relating to sex. Mixed staff,	

		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.	patient group, no discrimination identified.	
(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 with limited experience of looking after transgender persons - identified core care principles and recognition of individual needs according to person's identity, also need for sensitivity	Transgender Policy to be highlighted
(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 service cares for a wide range of patients of all ages and has clear culture of dignity and respect for persons of all ages - one of new ECON nursing staff is a dementia champion and helps lead good practice for the service amongst all staff.	
(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.***	The staffing profile demonstrates a diversity of races and no race related issues have been highlighted. Staff able to identify with culture of action appropriate response and action to potential race hate crimes	
(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.***	No signs of discriminatory behaviour based on sexual orientation with culture of respecting and accepting all individuals sexual orientation	
(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***	A high proportion of orthopaedic patients are transiently or permanently disabled therefore the environment is generally responsive to their needs. Staff attitudes counter against discriminatory behaviour based on	see No6.

		Interpreting Protocol to ensure staff understood how to book BSL interpreters.	disability.	
(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.***	No evidence of religious or secular intolerance with culture of positive encouragement for persons within the service to follow and express religious beliefs	Promote reference to Faith and Belief Manual when indicated / unsure of certain religious issues
(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.***	Breast feeding areas not custom made but environemnet can be adapted	Promote learning from recent complaint concerning management of mother who wished to breast feed within clinical setting
(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.***	Financial inclusion processes are accessible including access to Cash Office for expenses for patients/ carers. Scope to refer patients with socio economic difficulties via admission document. Social Work facility accessible	
(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.***	Frequent experience caring for patients with addictions - full range of liaison service accessible. Semi regular admission of prisoners from local prison facility - all attempts to maintaining dignity in accordance with custody constraints	
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.***	All service redesign focused on delivery of enhanced patient care - no efficiency savings with detrimental effect on patient pathway identified.	
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.***	Equality and Diversity remains part of core all staff members via learn pro modules. All equality and diversity education training made accessible for staff via Lead Nurse	

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

Policies and procedures in place regarding consent and resuscitation to protect all persons right to life and equitable treatment.

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

All staff complete Child and Adult Protection training and a culture of person centred care with focus on dignity and respect is consistently promoted

Prohibition of slavery and forced labour

All terms and conditions for staff protect against slavery , forced labour

Everyone has the right to liberty and security

Staff receive training regarding managing violence and aggression and a culture of liberty, security is supported by all NHS policies

Right to a fair trial

No specific link to clinical area regarding this besides culture of equity and fairness being promoted throughput the service, consistent with HNS policies and procedures.

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

All care is directed at protecting all individuals privacy and dignity with mechanisms to respond to any breach of care via complaints, patient feedback mechanisms

Right to respect for freedom of thought, conscience and religion

The service is sensitive to all beliefs / non beliefs and practices a culture of inclusion and using Faith Belief Manual - adheres to religious practice and culture as far as is practical.

Non-discrimination

There is a strong culture which ensures that all persons are treated in a fair and equal manner 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.

The new roles brings a particular focus to the needs of older patients within the orthopaedic specialty with the new roles aiming to meet the additional acute and rehabilitation need following an orthopaedic injury / condition.