

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:

Parent education (antenatal education) provided by the Maternity Service

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 Maternity Service provides person centred parent education to all maternity service users in a variety of formats. The commitment to individualised, person centred provision encompasses meeting the diverse needs of the maternity population, including service users whose primary language is not English, who have limited literacy skills, or who need information provided in alternative formats such as large print, braille or audio.

In NHSGGC's Maternity Strategy there is a range of actions to improve access to maternity care for marginalised groups, including staff guidance on interpreting for maternity settings; staff training on use the of interpreting services and on tackling discrimination; a review of information resources and adaptations to ensure accessibility; and the development of new NHSGGC resources in accessible formats for women and their families.

The Maternity Service's responsibility to ensure shared decision making and informed consent, aligning with the principles of Realistic Medicine, is individualised to each woman's specific circumstances, but generic and general information and education is shared with women in one or more of the following ways:

- Verbally, or through an interpreter, at antenatal appointments as per the universal antenatal schedule of midwifery care

- Print copies (available in a variety of languages, and translated on request into other languages)
- Digital copies accessed through the electronic patient record app
- Screens in waiting areas
- Posters, including QR codes to link to resources in other languages
- Face to face attendance at classes (core curriculum antenatal classes, infant feeding workshops)
- Virtual classes (core curriculum antenatal classes, Enhanced Recovery)
- Maternity website (in development – Right Decisions platform will display in multiple languages)
- Online content through NHS Inform (Ready Steady Baby)
- Online content at Parentclub.scot

Interpreters can join antenatal classes to support women who do not speak or understand English. Alternatively, one to one parent education can be facilitated with an interpreter at universal antenatal appointments. Women may also be referred to third sector organisations, such as Amma Birth Companions, Red Cross. Maternity Services will participate in NHSGGC groupwork and interpreting plan implementation.

The use of health literacy tools, such as teach back, are encouraged, particularly in relation to information on fetal movements.

Proposed developments, in response to requests from service users, include a series of podcasts. It is planned that some episodes will be recorded in languages other than English.

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

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)

Alison Anderson, Quality Improvement 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.
Dr Mary Ross-Davie, Director of Midwifery.

	Lead Reviewer Questions	<i>Example of Evidence Required</i>	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>	Equalities information on ethnicity and primary language is collected. Colleagues from the Public Health team liaise with focus groups for African women, Chinese women, South Asian women, Gypsy Travellers and Roma community. Quarterly meetings are in place with third party sector organisations.	
3.	Have you applied any learning from research about the experience of equality groups with regard to removing potential barriers? This	<i>Cancer services used information from patient experience research and a cancer literature review to improve access and remove</i>	In 2022, a review of UK evidence and local research was conducted as part of an NHS GGC Equality Outcome on perinatal care (Black, Asian and minority ethnic	

	may be work previously carried out in the service.	<i>potential barriers from the patient pathway.</i>	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.	
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 Black, Asian and minority ethnic 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, and preparing for labour, birth and parenting.	

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 face to face parent education is facilitated, 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 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>	All midwives have access to face to face and telephone interpreters with 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. <i>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.</i>	Explore effectiveness of new accessible information approach by engagement with women.

8.	<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 comprehensive antenatal education empowers women and families to be prepared for labour and birth and early parenting, to understand the options available to them, and supports them to make choices that are the right choices for their own individual circumstances.</p> <p>Information in women's primary language is facilitated where necessary.</p>	
(a)	Sex	<p><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></p>	N/A	
(b)	Gender Reassignment	<p><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</i></p>	<p>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</p>	

		<i>technical aspects of recording patient information.</i>	working with non-binary and trans people who access maternity care.	
(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>	N/A	
(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 Black, Asian and minority ethnic community (of this cohort 55% non English speakers, 65% do not read or write English), whereas in NHSSGC 5% of the population are from the Black, Asian and minority ethnic community.</p> <p>See Section on 'Description of service' about wide range of actions taking place to improve access and use of maternity care, to ensure equity of access for all.</p> <p>In terms of access, maternity staff can request information leaflets to be formatted into other languages on request.</p>	Pilot the new NHSSGC BME guidance

			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. Interpreting Services - NHSGGC information for midwives to book an interpreter, each site has their own access code.	
(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</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.	Review effectiveness of pilot of NHSGGC autism and learning disability guidance

		<i>ensure staff understood how to book BSL interpreters.</i>	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.	
(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>	77% of NHSGGC's inpatient population have a religious belief. 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 health board. This team has a focus on midwifery and consultant continuity of carer.	
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 Black, Asian and minority ethnic workforce. Data shows NHSGGC's maternity midwifery and support staff workforce are not representative of NHSGGC's Black, Asian and minority ethnic population. Whereas, the maternity medical workforce is over representative of NHSGGC's Black, Asian and minority ethnic 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.	
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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.

The online Single Point of Access to register for maternity care has an accessible front page. Key resources include GGC maternity step by step guide; PHS pregnancy information in accessible formats and guidance on how to access NHS interpreting patient code system.

<p>Actions – from the additional requirements boxes completed above, please summarise the actions this service will be taking forward.</p>	<p>Date for completion</p>	<p>Who is responsible?(initials)</p>
<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 , easy read and BSL</p>	<p>June 2024 June 2024</p>	<p>LP/ED AA</p>
<p>Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy Engagement with women from marginalised groups on how accessible information is. Pilot NHSGGC guidance on autism, BME and learning disability. Provision of further training for staff on providing high quality care to Black, Asian and minority ethnic women – including provision of high quality interpreting services (provided November 2023); addressing unconscious bias. Assess, from patient and 3rd sector engagement, whether birth plans are being discussed antenatally and referred to in labour</p>	<p>July 2024 Dec 2024 July 2024 Sept 2024</p>	<p>NS GS ED LP/PH</p>

Ongoing 6 Monthly Review please write your 6 monthly EQIA review date:

Jan 2025

Lead Reviewer: Name Alison Anderson
EQIA Sign Off: Job Title Quality Improvement Midwife
Signature
Date 22/7/24

Quality Assurance Sign Off: Name Dr Noreen Shields
Job Title Planning and Development Manager
Signature
Date 23/7/24

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.