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 Assessment Service NHS Greater Glasgow and Clyde (GG&C), Women and Children's Directorate

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?

This service has been introduced to all of NHS GG&C maternity units over the past few years, with the last service being established at the Southern General in January 2010. It has been available in Clyde for a number of years but identified as a service progression as part of the GG Maternity Redesign Paper in 2009. The redesign paper used national evidence and a successful pilot scheme at the Queen Mothers Hospital.

The ethos behind the development of the Maternity Assessment Service was to remove the unscheduled, and emergency, workload from the labour suite. This was causing difficulties to both the women, and staff, in terms of conflicting priorities of time, care and risk.

In planning the services within each site, consideration was given to locating a suitable environment (out with the labour ward), which would be quiet and discreet, but co-located to essential services such as ultrasound, in-patient wards, labour ward, medical records, etc. Staffing was proposed to be dedicated to this area, with the further development of GG & C telephone triage call sheets, and guidance sheets for common complaints; taking cognisance of the latest clinical evidence.

The service provides operates 24 hours a day, 7 days a week, and is staffed by a core group of midwives, who have specialist skills in this area. Women are advised to telephone the department in the event of a pregnancy problem, and may contact the service out with 'office hours' with more general enquiries. The midwives will determine, on discussion with the women, if there is a need for them to attend the department for review or if they are only required to give telephone advice.

The most common reasons for review within the Maternity Assessment Service are labour – both preterm, and full term, pre-labour rupture of membranes, reduced fetal movements, high blood pressure and bleeding & haemorrhage. The midwives will review, and assess, all women; referring to obstetricians, and other specialist staff, as indicated. Following assessment, the women will either be discharged home or admitted to the most appropriate department within the hospital.

The majority of women who contact the department have already been booked for care and delivery, with a smaller minority being unbooked, or occasionally there may be women who are booked into another maternity unit and are visiting the area only. Due to this, where women have specific requirements, these are likely to have been highlighted, and a plan made, earlier in the pregnancy.

NHS Scotland have developed a hand-held record, The NHS Scotland Pregnancy Record, and this incorporates information, advice, sections for women to write in, and sections for health professionals to record care and interventions. The record is commenced when the woman books for her pregnancy, and contains the following information, which may be required for women with more specialist needs:

- Domestic Abuse Helpline and Scottish Women's Aid - contact telephone numbers
- Health information for refugees or asylum seekers, Benefits & Entitlements, Postnatal Depression and stopping smoking - website details
- Learning Disabilities; Hearing Loss; Ethnic Origin; Language used at home; Religion or faith; Female circumcision; Information that they wish to share with maternity care team e.g. beliefs, social conventions & customs, family structures, ceremonies; Refugee or asylum seeker; Dietary, alcohol, drugs & smoking: Mental health questions; Home circumstances & support needs – these questions are all for initial self completion, then reviewed and discussed with the midwife at the woman's booking visit.

Therefore women have an individualised care plan completed at their booking visit to ensure their particular needs are highlighted and can be addressed throughout their pregnancy – this can range from interpreters through to the hiring of specific equipment identified as being essential for that woman.

One of the major benefits of this service is that women can be seen quickly by a multidisciplinary team offering a holistic, tailored approach to their care. Other benefits include the ability to refer to hospital smoking cessation services and the physiotherapy department. Staff are also able to sign post women to other services such as GPs for flu vaccination.

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 identified as it is a relatively recent development in GG - to ensure that it is an inclusive service taking into account, for example, issues relating to triaging calls, and specific needs such as interpreting.

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)

Liz Terrace, Clinical Service Manger, Women and Children, Princess Royal Maternity Claire Stewart, Clinical Service Manager, Women and Children, Royal Alexandra Hospital

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):

Senior Charge Midwives x 2 for Day Care, Maternity Assessment Unit and Early Pregnancy Assessment Service Lead Midwives x 2 Clinical Service Managers x 2 Quality Coordinator Senior Equality & Diversity Advisor

	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?**	***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.***	Information is collected antenatally for all women on: • Learning Disabilities • Hearing & Sight Loss • Ethnic Origin • Language used at home • Current religion or faith • Female circumcision • Information that wish to share with maternity care team e.g. beliefs, social conventions & customs, family structures or ceremonies • Refugee or asylum seeker • Dietary, alcohol, drugs & smoking - usage. • Mental health problems	Additional data is also required e.g. Sexual Orientation

			• Home circumstances & support needs e.g. housing, benefits social work assistance, reading or writing, disabilities, etc. All of the above is manually collated n the pregnancy record booklet. Some of the information is entered into the IT systems in the maternity units, with different systems currently being in use. However, age, gender, post code and ethnicity are recorded in all. As these will have been highlighted antenatally in the records, and a plan made; the Maternity Assessment unit will implement this plan, assessing and reviewing whether any new amendments require to be made. This will involve liaising with other specialties, as required.	
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.***	The collated data is not routinely analysed. However, numbers attending the service, gestation, ethnicity and postcode were all analysed as part of the Maternity Redesign process in 2009; noting that there was an increase in the birth rate. This information was subsequently used to plan future service provision.	

			Over the last few years, GG & C has reviewed the role of the Specialist Needs in Pregnancy (SNIPS) midwives, ensuring that access to services across the health board is equitable. Specialist midwives roles have also been introduced, i.e. Asylum Seeker, Gender Based Violence, Homeless, Smoking Cessation and Teenage Pregnancy – who support the SNIPS teams, as well as those midwives providing more general care. Carbon monoxide testing is routinely advised to all women antenatally, and women are offered the opportunity to receive support from the smoking cessation team. Midwives booking women for antenatal care also ensure that they see women alone, without their partners, to provide the opportunity for any disclosure on domestic violence problems. The Maternity Assessment Unit will refer into specialist services as required.	

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.***	The learning from the Redesign Process has been used to make changes to the current service One of the maternity units have worked with Deaf Connections to improve the patient experience of deaf pregnant Mum's. The changes identified have been replicated across all GG & C maternity units to ensure that barriers do not exist. From first appointment agreement is reached regarding what the patient needs are, and the Maternity Assessment Unit now has a text phone, and vibrating baby monitors to aid the patient are provided in the wards. Evidence has shown that a quarter of women will experience domestic abuse from a partner, or ex-partner, in their pregnancy. Staff education on abuse is therefore now mandatory, and there has been a guideline introduced to support the management of these patients - 'Domestic Abuse in Pregnancy'	

			The recent review of the SNIPS service has also been undertaken to ensure equitable access from all units, as previously primarily led from the Princess Royal. E.g. new out-patient clinic established at the SGH Due to the fact that the SGH Maternity Assessment Unit is currently located within temporary accommodation, and not suitable for those with significant mobility impairment – patients are reviewed out with the department, in a suitable environment for them.	
4.	**Can you give details of how you have engaged with equality groups to get a better understanding of needs?**	***Patient satisfaction surveys have been used to make changes to service provision.***	As part of the redesign process, in 2009, a consultation exercise was conducted by the Community Engagement Team with community groups As part of the routine discharge from community care by midwives, women are given the opportunity to debrief on their care, and asked if they have any comments to make. If required, arrangements can be made for them to informally discuss any concerns with an appropriate health professional.	Conduct additional consultation with current service through e.g. satisfaction surveys

			All formal complaints have an action plan completed, and the appropriate Clinical Service Manager ensures that these are fulfilled. The Maternity Assessment units have patient leaflets available, with advice on how to make comments or complaints.	
5.	**If your service has a specific Health Improvement role, how have you made changes to ensure services take account of experience of inequality?**	***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.***	Women's lifestyles are subject to discussion, and review, at the initial booking visit, with advice and referrals to other services as required. This will be continue to be supported throughout the duration of their pregnancy, and during the post-natal period, and primarily focuses on topics such as healthy eating, weight, alcohol & smoking, dental care, social circumstances, etc. All women are offered the opportunity to attend parenthood education classes – delivered by parenthood education midwives, and the community midwives. There is a standard curriculum, but support can be given in smaller groups, or 1:1 where a need for this is identified. As discussed earlier, there are a range of specialist midwives available for support and advice.	

			The Maternity Assessment Unit does not have a specific health improvement role, as it is an emergency service. However, opportunities are taken to re-emphasise healthy lifestyles, and referrals will be initiated as required.	
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.***	The SGH maternity assessment service is currently in temporary accommodation, whilst plans for a custom built area are progressed, with the anticipation that the service will transfer to its new location in 2012. The only barrier at present is for women who are significantly mobility impaired, and alternative arrangements have been made for them in a more suitable location. Ie Ground Floor of the maternity unit. No staff have been detrimentally affected by the temporary location. All other maternity assessment units are suitable for all, with lifts available and disabled toilet facilities. Any particular needs are identified and recorded in care plans, during the antenatal period. For example: Deaf patient's needs are documented in relation to access to the building after hours. Staff will be aware that deaf patients, and patients without	

			speech, will not be able to access controlled entry systems. This is discussed in detail antenatally, and plans are put in place for a staff member to meet them on arrival. There are main reception desks in all the maternity hospitals during 'office hours'. At the Princess Royal and the Royal Alexandria Hospital there is also a porter on duty in the building out of hours and this ensures people do not have any problems with access. There are designated disabled parking areas at all units. However; some parking facilities are further away than others. Each unit can support "drop off" at main entrances, with parking there generally supported for a maximum of ½ hour. As women are advised to make telephone contact with the maternity assessment unit in the first instance, any specific needs can be discussed and agreed.	
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***	Women can contact the unit by telephone, and those that are deaf are given a telephone number to use for texting**.**	

		languages or formats. The service has reviewed its process for booking interpreters and has briefed all staff on NHSGGC's Interpreting Protocol.	Specific needs are addressed and discussed at the booking visits, and reviewed on a regular basis during the antenatal period. There is a website currently under development, and this will take into account particular issues such as sensory impairment visual needs and other disability issues. The ability to have virtual tours of the unit will be incorporated, therefore allowing visualisation of areas such as labour suite. All women have hand held records which were developed nationally, although available in English only at this time. All women have a named team / midwife and are assessed (in accordance with national guidelines) to a pathway, based on their risk factors. Interpreting services and advocacy services are accessed as required	Explore the possibility to access the hand held records in different formats suitable for people whose first language is not English or people who have learning or visual disabilities.
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 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.***	Same gender practitioners will be accommodated where possible All staff are aware of the Gender Based Violence (GBV) Action Plan. Staff have also developed a specific model of good practice to address GBV issues this is discussed in detail in the section under Good Practice. Women will be supported to breast feed within all locations of the maternity unit. In addition there are designated breast feeding rooms in each unit which offer the option of more privacy and rest if requested.	
(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***	Staff are aware of the Transgender Policy. Staff are sensitive to the needs of trans gender people using the service and there have been a few transgender couples attend our	

		inpatient care including use of language and technical aspects of recording patient information.	maternity unit at SGH. We do not formally collate this information, but anecdotal feedback has been positive.	
(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.***	Women are all given written information at their booking visit, with reference to making arrangements for any other children they may have. Within this information it advises them not to bring children into the maternity assessment department, as it can be distressing for children. This is also discussed at the booking visit, and when women phone the assessment unit for advice. However, in an emergency situation staff will endeavour to support children and appropriate agencies will be contacted as required e.g. family members or social work. Within GG there is a designated midwife for teenage pregnancy, who will lead and manage their care. All units have dedicated baby changing, and breast feeding facilities available. All staff are required to undertake	

			training on equality issues, and on child protection and gender based violence.	
(d)	**Ethnicity**	***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.***	Staff are all aware of the interpreting policy, and the importance of not using family and friends. They are aware of the protocol for booking interpreters and also have the new interpreting poster displayed in clinical areas. Staff have worked closely with advocacy services and have dealt with complex issues relating to ethnicity, language culture and customs in a sensitive manner E.g. Female Genital Mutilation	
(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***	Staff are aware of the Civil Partnership Act. Lesbian and Gay couples have also used the service, sometimes through surrogacy arrangements. Particular attention has been given to accommodate birthing partners in these circumstances – both in supporting them being present for the labour and delivery, as well as	

		service provision. Training was also provided on dealing with homophobic incidents.	educating on parenthood care. All documentation reflects appropriate terminology.	
(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 Interpreting Protocol to ensure staff understood how to book BSL interpreters.***	The maternity assessment service can accommodate wheelchair users. There are rise and fall beds to accommodate disability, and a variety of chairs with and without arms and of different heights. There are accessible toilets and some areas also have a wet room, and shower facility for wheelchair users. Text phones and portable loop systems should be available BSL interpreters can be accessed as required and other forms of communication support. There are a few midwives within GG who can use BSL to communicate with Deaf women and their family. Deaf patients are given a number specifically for texting the service and all women have named team / midwives.	Staff should be aware of how to access text relay service

			Learning Disability management plans are put in place for those who require them, and staff are aware of how to signpost to specialist learning disability teams. Mental health care plans are also put in place when required. Staff use visual aids, diagrams e.g. models of the pelvis to describe the mechanism of labour (how the baby passes through the pelvis) both at parenthood education classes, and to support discussions/explanations at any time. As mentioned previously, the SNIPS and specialist midwives also support varying individual needs.	
(g)	**Faith**	***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.***	Staff are aware of the Faith and Belief Communities Manual. There are designated prayer rooms, and a multi faith Chapel, available on all sites. Staff are aware of particular dietary needs. E.g. Kosher and Halal food. Staff are aware of the importance of culturally/faith appropriate	

			medication. Consideration is given to any specific needs when arranging appointments e.g. Ramadan Staff are aware of the importance of religious articles of faith such as the Kirpan in the Sikh religion.	
(h)	**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.***	Staff are able to signpost women to benefits services, cashiers services and social work services. The SNIPS, and specialist midwives, also deal directly with a number of other agencies on women's behalf.	
(i)	**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.***	Within GG there is a dedicated midwife for Asylum Seekers and Refugees, and the SNIPS teams support women with addiction problems. The travelling communities have also used the service, and had appropriate care plans implemented. There is a protocol in place to	

			accommodate prisoners. As before, SNIPS and specialist midwives, will also support. There is also a Perinatal Mental Health Service that women can be referred to, in the event that they have (or develop) mental health problems.	
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.***	The maternity services within GG have recently undergone a redesign, completed in 2009. This was undertaken in preparation for the planned closure of the Queen Mothers Hospital, with the opportunity to review existing services, and plan for any new developments. No services were reduced during this. Indeed the maternity assessment unit was identified as a service development.	
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?**	***Analysis of recruitment shows a drop off between short listing, interview and recruitment for equality groups. Training was provided for managers in the service on equality and***	The work force is reflective of some of the equality groups Male, Female, people of different Ethnicity, Religion and Disability, etc. In complying with NHS GG&C's recruitment policies only limited	

		diversity in recruitment.	information is provided for those responsible for short-listing at recruitment, to avoid any bias.	
11.	**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.***	The majority of staff have accessed the E- Learning Equality and Diversity module. This is now also covered as a core subject within the GG & C update days. • PRM – all maternity assessment staff completed • RAH – in progress, objectives set for staff • SGH - in progress, objectives set for staff All Midwives are bound by, and adhere, to the Nursing and Midwifery Code of Conduct. Some staff have attended additional sensory training (Deaf hearing Impaired and Deaf blind) as there has been a need for additional focus for women with hearing loss. As a result there has been good practice identified in relation to Disability Awareness. All Midwives have regular PDP and KSF updates where any training	

			needs are identified. These are specific in relation to their own development, as well as those of the service they are working in.	

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.

This service has placed additional focus on The Gender Based Violence (GBV) Action Plan. As a result a model of Good Practice has been developed in the Assessment Service to support this area of work. Not all women feel comfortable to openly discuss the need for support in relation to GBV and although it is routinely discussed as part of sensitive enquiry staff in the Assessment service have developed a system where women can confidentially alert staff if they would like help.

The Good Practice developed consists of two parts - a poster and stickers highlighting GBV. The poster is displayed on the back of toilet doors and stickers are also available here in an envelope. Women routinely have to give a urine sample for testing. Therefore patients can discreetly add a GBV sticker to their urine sample bottle within the confines of the toilet cubicle. Staff see the sticker when processing the sample and are then able to arrange a private area to discuss this sensitive information. The Midwives can discuss concerns with the woman and then engage with the appropriate services to offer the women the support they require.

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)**
Cross Cutting Actions – those that will bring general benefit e.g. use of plain English in written materials Explore accessing National written material in different formats e.g. Hand Held Records Doc- The service provider will reinforce via National Forum the need for the benefits of having relevant information available in other languages and additional formats	April 2012	ES
Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy • Conduct additional consultation with current service through e.g. satisfaction surveys • Addition data collection is required e.g. Sexual Orientation • Textphones and portable loop systems should be available in the department • Staff should be aware of how to access the Text Relay service	August 2012 April 2012* Jan 2012 Jan 2012	ES / PFPI Lead SNIPs Lead Di Clark Di Clark

* Note that this is not currently included in the SWHMR and therefore not part of history taking- we will therefore raise at National forum
** SCM's to incorporate into orientation and induction for individual maternity assessment services

Ongoing 6 Monthly Review **Please write your 6 monthly EQIA review date:**

Lead Reviewer: **Name Liz Terrace/Claire Stewart**
EQIA Sign Off: **Job Title CSM GG/CSM Clyde**
Signature Liz terrace
Date 29th Dec 2011

Quality Assurance Sign Off: **Name Alastair Low**
Job Title
Signature
Date 17th Feb 2012

Please email a copy of the completed EQIA form to CITAdminTeam@ggc.scot.nhs.uk , 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