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:

Redesign of Ear Nose and Throat (ENT) beds in Clyde, Surgery & Anaesthetics 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?

The redesign of ENT Services is to ensure that patients requiring surgery can have this timeously with minimal time in hospital.

There are currently 16 inpatient beds at the Royal Alexandra Hospital (RAH) that will convert to 6 general surgical beds and 10 ENT beds being day case beds to ensure better utilisation of bed spaces and improve the patient experience, i.e. shorter patient stay. The proposed redesign of beds is in preparation for the opening of the new south Glasgow hospital whereby the majority of ENT procedures will be via days surgery at the RAH and the inpatient cases will be at the new hospital. Some patients that require inpatient facilities will have co-morbidities or other complex issues that from a risk perspective they are not suitable for day surgery. The will therefore have an approximate 3 day stay.

The age range of patients are 16 and above.

ENT specialises in surgery for the ears, nose and throat, e.g. mastoidectomy, laryngectomy,

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.)
Redesign of services should be impact assessed to ensure that the new service does not adversely impact on any of the protected characteristic groups.

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 Young, Clinical Services Manager, Gartnavel General 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):

Clinical Services Manager, Lead Nurse

	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.*	Age, sex and postcode are routinely collected. Ethnicity is also now being captured although possibly not routinely but the introduction of Trakcare patient information system will assist this capture.	Analysis of age, ethnicity and postcode is paramount as part of the redesign process with the addition of any other protected characteristics recorded. Improve the capture of equalities data. This to be part of the planning processes for the introduction of Trakcare patient information management system to ensure ethnicity and other protected characteristics are collected to enhance the patient journey.
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.*		At present there is no other available data to analyse and evaluate against the other protected characteristics.
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	*Cancer services used information from patient experience research and a cancer literature review to improve access and remove potential barriers from the*		

	the service.	*patient pathway.*		
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.*		A full engagement plan needs to be developed to work with the affected communities, e.g. ethnicity, faith, disability and carer groups • Ensure there is a post code analysis available to assist the above process of engagement • Ensure that all engagement plans take cognisance of the following: o Scottish Government Health Department guidance on informing, engaging and consulting people in developing health and community care services (CEL 4 (2010)). o National Standards for Community Engagement (Scottish Executive, 2005)
5.	If your service has a specific Health Improvement role, how have you made changes to	*A service for teenage mothers includes referral options to smoking cessation clinics. The*	Current clinical staff will be retained with the service during the redesign and	

	ensure services take account of experience of inequality?	*clinics are able to provide crèche facilities and advice on employability or income maximisation.*	therefore existing knowledge, skills and understanding of the inpatient group will be maintained. For example staff will refer patients appropriately to Smoking Cessation, Addiction teams.	
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.*	Royal Alexandra Hospital has automatic doors at its entrance that is level with the pavement. There is a drop off zone at the entrance and disabled car parking spaces have been allocated in an area of the carpark that is closest to the hospital. Lifts and stairs are both available for access to the ward areas. There is colour contrast to assist way finding and good signage to identify the way to lifts stairs and upper levels of the buildings The upgrade of Hyndland railway station should assist patients and visitors access the site.	
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*	In transfer of existing staff and current services staff would continue to use interpreting services when	Explore other available methods of communication e.g. dedicated email address

		or formats. The service has reviewed its process for booking interpreters and has briefed all staff on NHSGGC's Interpreting Protocol.	required. Staff will continue to review patient information and patient letters for compliance with the Accessible Information Policy	for elective patients regarding admission If proposal is accepted then a clear communication plan will be required to inform patients, relatives, carers and staff. The plans and any information associated with them must conform to the Accessible information Policy
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.*	In transfer of existing staff and current services same sex staff would be available for patients and if not then chaperoning would be available. All staff are aware of Gender Based Violence Plan.	Review gender data to ensure mix of gender specific beds can be accommodated in the redesign process.
(b)	Gender Reassignment	*An inpatient receiving ward has held briefing sessions with staff*	All staff are aware of the Transgender Policy	

		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.		
(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.*	As part of mandatory training staff undertake Adult and Child Protection training	
(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.*	In transfer of existing services and staff interpreting services would be available where appropriate. Existing services would report any racist incident via Datix. This would continue.	Check if patient information is available in accessible formats. Ensure communication plan includes communicating the changes with the relevant Black Minority Ethnic Communities
(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*	Staff are aware of the Civil Partnership Act and the issues regarding consent Staff are aware of the importance of using appropriate terminology	Ensure patient forms include partner as opposed to husband/wife Ensure communication plan includes communicating the

		appropriate language and the risk of making assumptions about sexual orientation in service provision. Training was also provided on dealing with homophobic incidents.	Existing services would report any homophobic incident via Datix. This would continue.	changes with the relevant communities, e.g. Lesbian Gay communities
(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.*	In transfer of existing services and staff interpreting services and communication support would be available where appropriate.	Check if patient information is available in accessible formats. Check if existing services have a loop system for transfer. Check if toilets and shower areas are accessible for wheelchair users. There is no disability data available but ensure disability groups are part of the engagement plan.
(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.*	As existing practice Chaplains will continue to provide support to both patients and staff as required. The provision if Halal, Kosher and Vegetarian meals will be available for inpatients. Staff will have access to support material provided in the Faith and Belief Community Manual.	There is no faith data available but faith groups should be part of the engagement plan.

			If patients require to know the ingredients of medicines staff will access Pharmacy Services for support.	
(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.*	Patients who require travel costs reimbursed will be guided by existing staff on how to do this. As existing practice, if patients require signposting to social work or addiction teams then staff would continue to do this.	Review postcodes of patients to understand the impact on patients and visitors and especially those who may be on a low income and are not eligible to reclaim travel expenses.
(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.*	All marginalised groups could access the services and the redesign will not impact on how they are treated.	
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.*	Costs savings will be achieved by the services being delivered on one site as opposed to two sites. This EQIA is to ensure there are no adverse impacts on any of the protected characteristics.	
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 shortlisting, interview and recruitment for equality groups. Training was provided for managers in the service on equality and diversity in recruitment.*	The service will adhere to all NHS GG&C's recruitment and redeployment policies as appropriate. A mixture of age groups and backgrounds exist amongst current staff.	

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.*	All staff have appraisals via KSF outlines and PDP's. This includes Equality & Diversity components. Staff will continue to be encouraged to complete e-learning modules in relation to equality groups	

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.

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		
Analysis of age, ethnicity and postcode is paramount as part of the redesign process with the addition of any other protected characteristics recorded.	April 2013	KL
Improve the capture of equalities data as part of the introduction of Trakcare	April 2013	
A full engagement plan needs to be developed to work with the affected communities, e.g. ethnicity, faith, disability and carer groups	Feb 2013	
Ensure there is a post code analysis available to assist the above process of engagement Ensure that all engagement plans take cognisance of the following: • Scottish Government Health Department guidance on informing, engaging and		

consulting people in developing health and community care services (CEL 4 (2010)). • National Standards for Community Engagement (Scottish Executive, 2005) Explore other available methods of communication e.g. dedicate email address for elective patients regarding admission Review postcodes of patients to understand the impact on patients and visitors and especially those who may be on a low income and are not eligible to reclaim travel expenses. If proposal is accepted then a clear communication plan will be required to inform patients, relatives, carers and staff. The plans and any information associated with them must conform to the Accessible information Policy Check for patient information being available in accessible formats.	 May 2013 Feb 2013 April 2013 Ongoing	 KL
Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy Ensure communication plan includes communicating the changes with the relevant Black Minority Ethnic Communities Ensure patient forms include partner as opposed to husband/wife Ensure communication plan includes communicating the changes with the relevant communities, e.g. Lesbian Gay communities There is no disability data available but ensure disability groups are part of the engagement plan. There is no faith data available but faith groups should be part of the engagement plan. Check if existing services have a loop system for transfer. Review transport needs analysis undertaken by Community Engagement Team	 Feb2013 Feb2013 Feb2013 Feb2013 Feb2013 April 2013 Feb 2013	 KL

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

Lead Reviewer:	Name	Karen Loudon
EQIA Sign Off:	Job Title	Lead Nurse
	Signature	Karen Loudon
	Date	10th January 2013

Quality Assurance Sign Off:	Name	
	Job Title	
	Signature	
	Date	

Please email a copy of the completed EQIA form to EQIA@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.