**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 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**](mailto:CITAdminTeam@ggc.scot.nhs.uk) **for further details or call 0141 2014560/4967**

**Name of Current Service/Service Development/Service Redesign:**

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| Haemodialysis Unit, Glasgow Royal Infirmary, Regional Services |

**Please tick box to indicate if this is a : Current Service X 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).**

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| **What does the service do?**  **Dialysis is a life prolonging treatment for people who have kidney disease. Haemodialysis removes waste products and extra fluid which builds up in the blood when kidneys are no longer able to function properly. This process takes at least 4-5 hours 3 times a week.**  **The dialysis unit is located in wards 12/13/25, first floor centre block, Glasgow Royal Infirmary. There are 3 wards- ward 12 has 10 stations and operates from from 7am until 3am offering morning, afternoon and twilight sessions. Ward 13 has 4 stations and 1 single room and, ward 25 has 4 stations and 3 single bays. Both of these wards operate from 7am – 8pm. All wards are open Monday – Saturday.**  **There are consultant led clinics weekly and patients are reviewed every 4-5 months.**  **The multidisciplinary team consists of nurses, doctors, dieticians, pharmacist and renal technicians.**  **The dialysis unit is one of six renal units within NHS Greater Glasgow and Clyde we are also affiliated with the renal unit in Larbert Hospital.**  **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.)**  Selected by the Directorate Management Team |

**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)**

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| **Name:**  Margaret McLucas, Service Manager, Regional Services | **Date of Lead Reviewer Training:** |

**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):**

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| Senior Charge Nurse Mattie Harris: Charge Nurse Kate Gallacher: Service Manager Margaret McLucas: Equalities Programme Lead Flora Muir |

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|  | **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.*** | There are 4 patient information systems that capture and record patient data:   1. TrakCare which commenced in May 2013 2. SERPR (The West of Scotland Patient record System) and 3. Scottish Renal Registry 4. Renal View   The main data recorded is age, sex, address, postcode, religion, GP, Next of Kin, marital status, type of Dialysis.  Other aspects are recorded in the nursing notes and they include Daily living activities, mobilising, communication, eating and drinking, etc.  The Scottish Renal Registry collects and analyses data on patients who have been diagnosed with renal failure and other renal disorders. All Scottish renal units fully participate in this data collection and is published yearly.  Information is collected twice yearly and patients are given letters explaining why information is gathered and what it is used for at the time data is collected. (what information?) | Develop an action plan for collecting equality data.. |
| **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.*** | Staff have arranged for dialysis leaflets to be made available in English, Bengali and Urdu. | Once an action plan has been implemented, approximately 6 – 12 months later arrange for data to be analysed from an equalities perspective |
| **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.*** | Staff are very aware of patients requirements as patients visit unit 3 times per week and adapt patient care accordingly, i.e beds are available for cardiac, frail, disabled patients rather than treatment chairs.. For patient comfort we have cushions and special mattresses. For patients with mobility issues we have hoists with scales attached.  The Unit regularly reviews their complaints and there have been no formal complaints for over 6 years.  Any suggestions or comments are welcomed by the patients and their families. |  |
| **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.*** | The Stobhill Kidney Patients Association provides help and support for patients, their families and carers.  A Renal Patient experience Survey conducted twice a year. |  |
| **5.** | **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.*** | There are car parking spaces available outside the building dedicated to blue badge holders.  There is a drop off point outside the building.  The dialysis unit is located on the first floor of the centre block.  Entrance is via the automatic doors – there are stairs and a ramp for people with mobility issues.  There are 2 lifts available as soon as you enter the building (being revamped at present).  There is adequate signage to the ward.  Only intercom access to unit is at ward 25. which is via surgical block entrance.    Wards 12 and 13 have no door entry system and is therefore easier for patients to access the unit this way.  There is a dedicated reception desk in ward 25 and is manned Monday –Friday by ward clerkess from 8am - 1pm. Thereafter the door is manned by nursing staff. | Ward 25 has an intercom access, which can make it difficult for patients with hearing impairments to access the ward, needs reviewed within Action Plan. |
| **6.** | **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.*** | Patients attend unit 3 times / week and are aware that unit is open Monday – Saturday.  Exceptions being the 25th December and 1st of January. For those dates patients are given letters with the change of dialysis days, dialysis times are not altered  Interpreters and other forms of communication support are booked when required and are booked in advance of the appointment.  When a new patient is referred to the service, staff discuss patient needs and identified needs are documented in nursing notes and risk assessed. E.g. if a patient has any communication issues.  Renal patient view is a computer system that patients can register with, receive a password which then allows the patient to go online and check their blood results.  Staff can arrange for information to be made available in other languages or formats upon request. | Ensure staff have access to telephone interpreting for emergency situations and for calling patients at home if required.  Does the Unit have access to a portable loop system for patients with hearing impairments? |
| **7.** | **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 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.*** | The majority of staff are female but chaperoning would be arranged if there was a need to provide same sex staff for male patients  Although patients do not require to undress for treatment each dialysis station has screens and the windows have blinds to maintain the patients privacy.  Although staff have illustrated that they were not aware of Gender Based Violence Plan they would seek advice and support from both senior staff and via staffnet if required. | Circulate information to staff about NHSGGC’s Gender Based Violence Plan and training. |
| **(b)** | **Gender Reassignment** | ***An inpatient receiving ward held sessions with staff using the NHSGGC Transgender Policy. Staff are now aware of legal protection and appropriate ways to delivering inpatient care including use of language and technical aspects of recording patient information.*** | Staff were aware of the transgender policy but to date had not required to use it. | Staff to update their knowledge of transgender issues. |
| **(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.*** | Patients are from 16years upwards.  Younger patients are treated at Yorkhill Hospital adolescent clinics until they are deemed old enough to transfer to adult services. All patients are assessed for suitability before they transfer to adult services e.g. some patients may be small in stature and not be able to use adult machines until older or emotionally ready to transfer.  There are transition clinics to assist adolescents to make the change from paediatric services to adult services.  If applicable carers would also be involved in the assessment and transition.  Staff have all undertaken both Child and Adult protection training. |  |
| **(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.*** | Leaflets regarding Dialysis options / treatments are available in English, Bengali and Urdu. Staff can arrange for leaflets in other languages upon request.  Interpreters are booked when patients require this service and are booked in advance of the appointment.  Staff would challenge any racist behaviour and this would be recorded in the Datix System. |  |
| **(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.*** | Staff would not make assumptions about patients relationships and would use appropriate terminology.  Staff would challenge any homophobic behaviour and this would be recorded in the Datix System. |  |
| **(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.*** | Staff are aware of how to organise British Sign Language interpreters and other forms of communication support.  The Unit can accommodate wheelchair users.  Chairs are available at entrance to ward for patients to use whilst unit is being prepared for treatment, this is also the drop off/pickup point for transport  The waiting area has numerous chairs and adequate space for wheelchairs users.  Accessible toilets are available.  Staff are working through the e-learning module regarding dementia.  Staff will devote more time as required to patients who have additional needs e.g a learning disability to get them through the different stages of dialysis process. |  |
| **(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.*** | Staff ask patients what their religion is and record this in their nursing notes , trakcare and SERPR  Chaplaincy Services are available when requested although chaplains visit the unit twice weekly.  Dialysis sessions are altered to fit in with religious festivals e.g. EID  Staff can access the Faith and Belief Communties manual on staff net if they require advice/ support.  Staff liaise daily with the catering department and/ or the dietician to accommodate any specific dietary needs e.g. Halal, Kosher or vegetarian meals.  The Chaplincy department is located on the floor below the renal department and staff will ask them for support as required.  There is a quiet room located outside ward 25.  Patients can conduct their prayers at their bedside if they so wish.  Patients can discuss with the staff if they wish to sit facing Mecca when they are dialysing.  Patients have special dispensation at Ramadan but those who wish to fast will liaise with staff to ensure that adjustments being made will not impact on their health.  Staff discuss at daily safety brief any patients who do not wish to receive blood transfusions e.g. Jehovah witnesses. |  |
| **(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.*** | Although this is very rare to have pregnant patients/ breastfeeding patients or staff there are facilities for staff and carers and patients to do so in clinics maternity unit or quiet room. |  |
| **(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.*** | Staff are aware that patients who are claiming specific benefits will be able to reclaim travelling expenses. Staff will direct such patients to the appropriate area for reimbursement.  Examples are: staff sign and date an attendance card for a month for patient reimbursement of travelling expenses.  This will apply to very few patients as the majority of patients will be claiming disability living allowance that includes a travel component.  Some of the information leaflets include advice about benefits or signposting to support agencies.  Staff will also refer the patient to social work services for advice and support. |  |
| **(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.*** | Prisoners using the service have been accommodated along with their warden in a private room to prevent embarrassment to the individual prisoner and other patients.  Asylum seekers have used the service and staff are aware that there can be legal issues regarding the patients status/ leave to remain.  Travelling communities have also used the service although none currently. There have been no difficulties encountered.  As part of the assessment process if an addiction is identified then staff will sign post the individual to the appropriate support. Staff will be flexible to ensure that the addiction does not complicate the life saving process of haemodialysis. |  |
| **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.*** | Cost savings are a routine process in today’s service delivery. However there are focussing on things like reducing unnecessary wastage, reviewing skill mix, changing suppliers. Therefore these are not likely to adversely impact on patient care. |  |
| **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.** | All staff have completed the learn pro modules in equality and diversity as well as the statutory induction training.  Staff are sent reminders when they are due to update this module  Health Care support workers have all completed their Niche training which is a course specific to this staff group.  Numerous nurses have completed the Cleanliness Champion course with further staff being nominated.  There are regular Senior Charge Nurse Meetings that allow sharing of practice / ideas and raising queries or concerns and these are passed on to staff via daily staff safety brief meetings.  All staff have eKSF’s and have regular PDP reviews.  There is always an open door to the Senior charge nurse/ charge nurse for staff and patients. |  |

**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.**

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| We have previously trained patients in self care which enables patients to set up their dialysis machines This self care programme encompasses training so that patient’s can attend more to their individual needs. This programme can have a huge impact on their lifestyle and the whole patient experience as they have more autonomy and independence.  3 monthly newsletter which will included results from the patient experience audit, patients transplanted etc. |

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| 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)** |
| **All staff to update themselves with civil partnership and recording information.**  Develop an action plan for collecting equality data.  Once an action plan has been implemented, approximately 6 – 12 months later arrange for data to be analysed from an equalities perspective.  Review intercom access to Ward 25  Contact NHSGGC Interpreting Services for a code to access telephone interpreting.  Clarify if the unit has a portable loop system for patients with hearing impairments.  Circulate information to staff about NHSGGC’s Gender Based Violence Plan and training.  **All staff to up date their knowledge on Gender re-assignment** | |  |  |

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

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| 10/09/2014 |

**Lead Reviewer: Name Margaret McLucas**

**EQIA Sign Off: Job Title CSM**

**Signature Margaret Mclucas**

**Date 10/03/2014**

**Quality Assurance Sign Off: Name**

**Job Title**

**Signature**

**Date**

**Please email a copy of the completed EQIA form to** [eqia1@ggc.scot.nhs.uk](mailto: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: 0141-201-4560/4967. 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 TO COMPLETE THE ATTACHED REVIEW SHEET (BELOW). IF YOUR ACTIONS CAN BE COMPLETED BEFORE THIS DATE, PLEASE COMPLETE THE ATTACHED SHEET AND RETURN AT YOUR EARLIEST CONVENIENCE TO:** [**eqia1@ggc.scot.nhs.uk**](mailto: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:**

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**Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy**

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|  | | **Completed** | |
| **Date** | **Initials** |
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**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**

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|  | | **To be Completed by** | |
| **Date** | **Initials** |
| **Action:** |  |  |  |
| **Reason:** |  |  |  |
| **Action:** |  |  |  |
| **Reason:** |  |  |  |

**Please detail any new actions required since completing the original EQIA and reasons:**

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|  | | **To be completed by** | |
| **Date** | **Initials** |
| **Action:** |  |  |  |
| **Reason:** |  |  |  |
| **Action:** |  |  |  |
| **Reason:** |  |  |  |

**Please detail any discontinued actions that were originally planned and reasons:**

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| **Action:** |  |
| **Reason:** |  |
| **Action:** |  |
| **Reason:** |  |

**Please write your next 6-month review date**

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**Name of completing officer:**

**Date submitted:**

**Please email a copy of this EQIA review sheet to** [**eqia1@ggc.scot.nhs.uk**](mailto:eqia1@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: 0141-201-4560/4967.**