



NHS Greater Glasgow and Clyde Equality Impact Assessment For Frontline Patient Services

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:

H4U Emotional Literacy programme

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?

H4U is a health service for young people living, educated or working in North East Glasgow. One aspect of H4U is providing Emotional Literacy group-work programmes in primary and secondary schools. Schools select the pupils to attend the groups (criteria is provided however this relates to year group, maximum group numbers, to advise if may be of particular benefit to children/young people who are LAAC or young carers and for effective group dynamics to limit the number of children/young people with behavioural issues). Schools are advised that H4U is committed to equal opportunities. This service was selected for EQIA to ensure that it was best meeting the needs of participants and following good practice.

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.) Due to a major shift in service focus.

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)

Jennifer Johnstone, Health Improvement Senior, H4U Teen Health, Easterhouse Health Centre

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):

Sarah Darroch, Health Improvement Practitioner, Ann Allan, Health Improvement Practitioner, Margo Hannah, H4U Admin Assistant, John Marshall, Health Improvement Lead

	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.	H4U will collect information regarding the age, sex, home postcode, school attended and ethnicity. Primary schools will provide this information from their records (the forms that parents/carers complete for the school). In secondary pupils will provide this information. Due to the age of the participants and as this is not an open access service it is not felt appropriate to ask other equalities information. Advice regarding equalities monitoring information has been sought from NHS GG&C and NHS Health Scotland.	
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 information collected will be used to monitor the age / sex / number of children/young people from SIMD 15% most deprived who participate in the programmes and this information may be used to target which schools are offered the programme in the future.	
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.	Schools are advised that the programme may be of particular benefit to children/ young people who are LAAC or young carers as these groups, generally have poorer health outcomes.	
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.	Schools select the children they believe would most benefit from the programme from those in the selected year group.	

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.	Service has specific health improvement role. Criteria now advises that the programme may be of particular benefit to children /young people who are LAAC or young carers as these groups, generally have poorer health outcomes.	
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.	This is the responsibility of schools and local authority to ensure that their venues are physically accessible.	
7.	How does the service ensure the way it communicates with service users removes any potential barriers?	A podiatry service has reviewed all written information and included prompts for receiving information in other languages or formats. The service has reviewed its process for booking interpreters and has briefed all staff on NHSGGC's Interpreting Protocol.	H4U will liaise with schools to be aware of participants who may require support e.g. with written material. Staff will offer and provide support to all participants, promote equality and understanding and challenge any language or behaviour that is inappropriate.	
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.	H4U Emotional Literacy criteria advises that equal numbers of males and females should be selected. This criteria would not prevent H4U working with a group of one gender if school identifies this is a specific needs. This information will be recorded and monitored.	
(b)	Gender Reassignment	An inpatient receiving ward has held briefing sessions with staff using the NHSGGC Transgender Policy. Staff are now aware of legal protection and appropriate approaches to delivering inpatient care including use of language and technical aspects of recording patient information.	H4U will not discriminate against an individual based on gender/gender reassignment, will promote equality and understanding and challenge any inappropriate behaviour or language.	

(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.	H4U provides this service in schools at age groups appropriate for the programme and who can be released from their classes by the school. Materials will be age-appropriate.	
(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.	The ethnicity of the participants will be recorded for monitoring purposes. H4U are aware of and would make use of the new NHS Interpreting Service if this was required. H4U will not discriminate against an individual based on ethnicity, will promote equality and understanding and challenge any inappropriate behaviour or language.	
(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.	H4U will not discriminate against an individual based on sexual orientation, will promote equality and understanding and challenge any inappropriate behaviour or language.	

(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.	Some children may have additional support needs, schools are requested to make H4U aware so that appropriate arrangements are in place e.g. school providing support during the group, larger print information or supporting pupil with literacy difficulties for written work. H4U will not discriminate against an individual based on disability, will promote equality and understanding and challenge any inappropriate behaviour or language.	
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(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.	H4U will not discriminate against an individual based on faith, will promote equality and understanding and challenge any inappropriate behaviour or language. Course content for Emotional Literacy is not believed to pose any specific issues on the grounds of faith or belief.	
(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.	H4U will not discriminate against an individual based on socio-economic status, will promote equality and understanding and challenge any inappropriate behaviour or language. There is no charge for Emotional Literacy input or for other H4U services.	
(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.	H4U will not discriminate against marginalised groups, will promote equality and understanding and challenge any inappropriate behaviour or language.	
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.		

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 H4U staff are of varying ages. Three members of staff deliver the programme who are all female.	
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.	Staff will receive training on equality.	

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)
<p>Cross Cutting Actions – those that will bring general benefit e.g. use of plain English in written materials</p> <p>Materials are reviewed on an annual basis and H4U team aim to have information in plain English, with clear fonts and good layout. Materials are age and stage appropriate to needs of children/young people.</p>	August 2011	SD, AA, MH, JJ
<p>Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy</p> <p>Staff have all received Equality and Diversity training.</p> <p>Needs relating to a specific school / child / group of children (e.g. the need for an interpreter, or another member of the group making a racist/sexist comment) would be addressed, if or when this arose.</p>	<p>Already completed.</p> <p>As required</p>	<p>JJ</p> <p>JJ, SD, AA, M</p>

Ongoing 6 Monthly Review

Please write your 6 monthly EQIA review date:

Lead Reviewer:
EQIA Sign Off:

Name
Job Title
Signature
Date

Jennifer Johnstone, Health Improvement Senior, Monday 21st November 2011

Quality Assurance Sign Off:

Name Job
Title
Signature
Date

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.

