

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 2014817.

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

Healthcare Chaplaincy / Spiritual Care Service (Rehabilitation and Assessment 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?**

Healthcare Chaplaincy provides, or as appropriate facilitates, a service of spiritual and religious care to patients, carers and staff, according to the GG&C Spiritual Care Policy. In addition Scottish Government Health Department Letter (2002) 76 defines spiritual care: spiritual care is offered and usually given “in a one-to-one relationship, is person centred and makes no assumptions about personal conviction or life orientation.”

Healthcare Chaplaincy provides spiritual care for patients, service users, relatives, carers, visitors and staff which is sensitive and appropriate to their spiritual, religious, emotional and cultural needs. This may involve listening, providing support, sharing in joy, comforting in sadness and where appropriate offering religious support. Whilst most work is with patients, the work of staff support is significant and usually arises from ongoing relationships of trust with a chaplain. Staff are often carrying challenging personal and professional concerns which they need support for.

Healthcare Chaplaincy is an NHS funded service. Anyone can ask to speak to a chaplain, regardless of beliefs or faith. NHS Chaplains can arrange for appropriate religious care from faith or belief community representatives if required.

Each hospital site has a Chaplaincy Team, either based on the site or available to it. Healthcare Chaplains and chaplaincy volunteers visit wards and units regularly. A Healthcare Chaplain is always available, including outside working hours if it is an emergency. A member of ward staff can arrange to have the on-call chaplain paged.

**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.)**

Chaplaincy is located within RAD and Directorate Management Group instructed that the Chaplaincy Service be included in the range of RAD services undergoing EQIA this year. This is the first time there has been an EQIA since various forms of service redesign.

**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)**

<b>Name:</b> Blair Robertson (Head of Chaplaincy and Spiritual Care)	<b>Date of Lead Reviewer Training:</b> 10 September 2012
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**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):**

Head of Chaplaincy/Spiritual Care; lead for Yorkhill/Glasgow Royal Infirmary Service; Healthcare Chaplain (Leverndale).

	<b>Lead Reviewer Questions</b>	<b>Example of Evidence Required</b>	<b>Service Evidence Provided (please use additional sheet where required)</b>	<b>Additional Requirements</b>
1.	<b>What equalities information is routinely collected from people using the service? Are there any barriers to collecting this data?</b>	<b><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></b>	No information is recorded. In most circumstances where a chaplain is working with a patient / carer / staff member it would not be appropriate to record information. For the purposes of this EQIA evidence was gathered from all chaplains (16 members of staff) which demonstrates that chaplains are delivering a service to persons from	

			<p>a range of protected characteristic groups. In addition, periodic activity recording is undertaken in one quarter of the year, across the whole team, and this demonstrates that the service engages with the diversity of the population. For example in the first quarter of 2012 70% of spiritual care work was with patients, 8% with visitors, 14% with patients and visitors together and 8% with staff; 83.3% of spiritual care work is explicitly 'non-religious.'</p> <p>Under the Data Protection Act there is clear guidance on when and where patient details can be shared with others. Out with this, patient consent is required therefore information is shared on a need to know basis. The main detail will be the name of the patient, carer or member of staff who has been referred to the service.</p>	
2.	<p><b>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?</b></p>	<p><b><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</i></b></p>	<p>Not applicable due to the Data Protection Act. Because of this chaplains were asked to gather evidence to demonstrate the inclusive nature of the service.</p>	

		<p><i>promotion designed.</i></p> <p><b><i>Cancer services used information from patient experience research and a cancer literature review to improve access and remove potential barriers from the patient pathway.</i></b></p>	<p>Following an incident regarding the Kirpan (One of the 5 Articles of Faith for the Sikh Community), the Chaplaincy Service, in conjunction with the Sikh Community, introduced Guidelines for Caring for the Sikh Patient. This was to raise staff awareness of the 5 Articles of Faith.</p> <p>Due to the demographics of NHS Greater Glasgow and Clyde the Chaplaincy Service regards knowledge of the diversity of faith &amp; belief groups as important. The Service created the Faith and Belief Communities Manual which is a reference guide for staff about the needs, in a healthcare context, of patients from faith and belief groups. This includes information about 12 different faiths and beliefs. It is available in all wards and on staffnet.</p> <p>The Chaplaincy Service includes reference to the needs of faith and belief groups in all training it delivers to multi-disciplinary groups of staff.</p>	
3.	<p><b>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.</b></p>			

			<p>Evaluation of such training is always undertaken to ascertain effectiveness.</p> <p>The activity recording in one quarter of each year, and six-monthly audits of out-of-hours call outs, provide evidence of the comprehensive nature of the service, training needs for staff and service improvements.</p>	
4.	<p><b>Can you give details of how you have engaged with equality groups to get a better understanding of needs?</b></p>	<p><b><i>Patient satisfaction surveys with equality and diversity monitoring forms have been used to make changes to service provision.</i></b></p>	<p>The national development of spiritual care included engagement with a wide range of patient / client groups, faith groups and the Humanist Society.</p> <p>Each of the 12 faith and belief communities were involved in creating the Faith and Belief Communities Manual.</p> <p>Faith and Belief communities were involved in the design / creation of the sanctuary / spiritual care facilities in the new Stobhill and Victoria Hospitals. The work has ongoing relevance for the building of the New South Glasgow Hospital.</p>	

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 parenting service includes referral options to smoking cessation clinics. The service provides crèche facilities and advice on employability and income maximisation.</i>	Not applicable	
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>	The Service has conducted an audit of all sanctuaries, quiet rooms, chapels in preparation for this equality and diversity impact assessment. All the Chaplaincy facilities are accessible for wheelchair users. There are lifts available where appropriate.	A review is required of the times when chaplains engage with groups of patients / service users to ensure that induction loop facilities are available.
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>	<p>The main method of communication for the Service is verbal.</p> <p>If there is a need for an interpreter or other forms of communication support this would be arranged by the ward using appropriate GG&amp;C Policies and Procedures.</p> <p>In a one to one interaction a loop system can be borrowed from the ward.</p> <p>The ward staff can contact the Chaplaincy Team on behalf of the patient.</p>	It has been identified that there is no information about the chaplaincy service available in languages other than English. To comply with NHS Greater Glasgow and Clyde's Accessible Information Policy, any requests for information in other formats would be met.

8.	<p><b>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:</b></p>		<p>Evidence was gathered from all chaplains of engagement with a range of equality groups during the last year.</p> <p>In training for staff about the service it is always emphasised that it is available to everyone and that spiritual care is person-centered. It is recognised that sometimes ward staff hesitate to make referrals to the service as they are unsure if it is appropriate; this will be addressed within ongoing staff training that is delivered by the service. This will include typical 'triggers' for making a referral (e.g. bereavement, loneliness etc.)</p>	<p>Review of content of staff training, particularly induction training.</p>
(a)	<b>Sex</b>	<p><i>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.</i></p>	<p>The Chaplaincy Service is able to address requests for same sex chaplains, if required. The staff complement is approximately 60% male and 40% female.</p>	<p>Steps will be taken to ensure the team is aware of NHS Greater Glasgow and Clyde's Gender Based Violence Plan.</p>
(b)	<b>Gender Reassignment</b>	<p><i>An inpatient receiving ward has held briefing sessions with staff using the NHSGGC Transgender Policy. Staff are now aware of legal</i></p>	<p>Transgender patients would be asked how they wish to be addressed.</p>	<p>Steps will be taken to ensure Chaplaincy Staff are aware of NHS Greater Glasgow and</p>

		<b><i>protection and appropriate approaches to delivering inpatient care including use of language and technical aspects of recording patient information.</i></b>	In the evidence gathered for the EQIA there was an example provided of a Chaplain providing a 'listening ear' and appropriate support for the needs of a transgender patient.	Clyde's Transgender Policy.
I	Age	<b><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></b>	The Service is available to all age groups and there is a specialist paediatric chaplain at Royal Hospital for Sick Children.	Child Protection Training and Adult Protection Training will be addressed through PDPs.
(d)	Race	<b><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></b>	If an interpreter is required then this would be arranged by ward staff.  In the evidence gathered for the EQIA there was an example of a Chinese family who requested a Chaplain after a relative had died. As well as addressing their questions and concerns about death, the Chaplain suggested the family contact a Chinese organisation in Glasgow for additional support.	Any requests for information in other languages or formats would be met.

			If Chaplaincy Staff encountered any racist incidents then these would be reported in Datix.	
(e)	<b>Sexual Orientation</b>	<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>	<p>The Chaplaincy Team is aware of the importance of using appropriate terminology and not making assumptions about relationships.</p> <p>The Chaplaincy Team has provided information about Civil Partnership Ceremonies to patients and facilitated the Registrar coming to the ward to conduct the ceremony..</p> <p>Chaplains have conducted 'blessing ceremonies' for same sex couples.</p> <p>If the Chaplaincy Team encountered any homophobic incidents then these would be recorded in Datix.</p>	
(f)	<b>Disability</b>	<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>	<p>If a British Sign Language interpreter or other forms of communication support were required this would be addressed at ward level to comply with NHSGG&amp;C Interpreting procedures.</p> <p>Some Chaplaincy Staff have</p>	It has been identified that there is no information about the chaplaincy service available in other formats. To comply with NHS Greater Glasgow and Clyde's Accessible Information Policy, any

		<b><i>ensure staff understood how to book BSL interpreters.</i></b>	<p>undertaken Dementia Training. Learning is always shared with colleagues, for example at monthly in-service training and education for the service.</p> <p>There are Chaplains who work specifically in Mental Health Services.</p>	<p>requests for information in other formats would be met.</p> <p>A review is required of the times when chaplains engage with groups of patients / service users to ensure that induction loop facilities are available.</p>
<b>(g)</b>	<b>Religion and Belief</b>	<b><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></b>	<p>The Service conducted an audit of all sanctuaries, quiet rooms, chapels in preparation for this equality and diversity impact assessment. This demonstrated that appropriate literature is available on all sites for a range of faith or belief groups. (For example, the Torah; the Qur'an; Bhagavad Gita; Holy Bible).</p> <p>The Chaplaincy staff comprises of NHS appointed generic chaplains; a Roman catholic priest is available to all sites; a Muslim Iman works part-time in the service.</p> <p>Chaplains will facilitate religious care for patients from their own faith / belief community representative</p>	<p>The audit of all sanctuaries, quiet rooms, chapels identified gaps in the provision of Q'uibla indicators and ablutions facilities. Q'uibla indicators to be created where required. Estates to be contacted regarding ablution facilities. Ongoing monitoring of resources required, and standardisation of what is available across all sites. There is no Sanctuary facility at Leverdale Hospital.</p>

			<p>when appropriate.</p> <p>Most hospital sites have a quiet / prayer room or similar facility.</p> <p>As mentioned earlier, the Service produced the Faith and Belief Communities Manual as a reference guide for staff.</p> <p>The Chaplaincy Team regularly visit the wards so that they can engage with those who have spiritual needs, as well as responding to referrals.</p>	
(h)	<b>Pregnancy and Maternity</b>	<i>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.</i>	<p>The Service works closely with the Women and Children's Directorate, especially the maternity unit e.g. blessing and naming ceremonies and bereavement support at times of neo-natal loss...</p>	
(i)	<b>Socio – Economic Status</b>	<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</i>	<p>Spiritual care delivered by chaplains is always person centered and staff are experienced in communicating with and supporting persons from all social backgrounds.</p> <p>Chaplains would empower patients to agree to a referral to appropriate</p>	

		<i>can have on health.</i>	support services which may include financial / benefits advice.	
(j)	<b>Other marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers &amp; refugees, travellers</b>	<i>A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas.</i>	The Chaplaincy Service is available to all.	
9.	<b>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?</b>	<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>	In the past the chaplaincy service was a mix of NHS employed staff and 'contracted in' staff. A service redesign in recent years has made some savings and by bringing service provision entirely 'in-house' has ensured all staff are trained in equality and diversity and accountable for their practice.  As with all departments costs saving exercises are being implemented but it is not anticipated that these will discriminate against any of the equality groups.	
10.	<b>What investment has been made for staff to help prevent discrimination and unfair treatment?</b>	<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>	The service has an ongoing programme of training and education in which the person-centered approach to spiritual care is fostered. The service has explicit	Staff will be required to undertake e-learning in the next round of PDPs so that attitudes are underpinned by

			values of being non-judgemental and non-discriminatory.	knowledge.
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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.

<b>Actions – from the additional requirements boxes completed above, please summarise the actions this service will be taking forward.</b>	<b>Date for completion</b>	<b>Who is responsible?(initials)</b>
<b>Cross Cutting Actions – those that will bring general benefit e.g. use of plain English in written materials</b>  Production of information on the service in languages other than English and availability of Q'uibla indicator Standardisation of resources in sanctuaries / quiet rooms Review of training delivered by chaplaincy staff. Contact facilities about ablutions. Lack of sanctuary facilities at Leverndale Hospital: to be raised within Directorate.	June 2013  April 2013 April 2013 March 2013 April 2013	BR  BR & sector leads BR & sector leads Appropriate sectpr lead BR
<b>Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy</b>  Training for chaplaincy staff (including PDPs) to include Equality & Diversity e-modules, Gender Based	June 2013	BR & sector leads

Violence, Transgender Policy, Child and Adult Protection.		
A review is required of the times when chaplains engage with groups of patients / service users to ensure that induction loop facilities are available.	June 2013	BR & sector leads

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

June 2013
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<b>Lead Reviewer:</b>	<b>Name</b>	Blair Robertson
<b>EQIA Sign Off:</b>	<b>Job Title</b>	Head of Chaplaincy & Spiritual Care
	<b>Signature</b>	
	<b>Date</b>	19 <sup>th</sup> December 2012

<b>Quality Assurance Sign Off:</b>	<b>Name</b>
	<b>Job Title</b>
	<b>Signature</b>
	<b>Date</b>

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. 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**

		Completed	
		Date	Initials
<b>Action:</b>			
<b>Status:</b>			
<b>Action:</b>			
<b>Status:</b>			
<b>Action:</b>			
<b>Status:</b>			
<b>Action:</b>			
<b>Status:</b>			

**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
<b>Action:</b>			
<b>Reason:</b>			
<b>Action:</b>			
<b>Reason:</b>			

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 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: 0141-201-4817.