

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.

Name of Current Service/Service Development/Service Redesign:

Anticipatory Care Planning Project, Palliative Care, 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?**

The Anticipatory Care Planning (ACP) Project is a service consisting of a small group of staff who as part of their remit, provide information to the public within the Acute Hospital Setting about 'Dying Matters'. The main aim of which is to heighten public awareness and promote communication involving the issues of death, dying & bereavement. The events are to encourage people to start to think about having conversations with loved ones, and use a 'roadshow' format. The document that is utilised for this is the 'My Thinking Ahead and Making Plans'. This document has 6 main sections:

- Important things to me just now
- Planning ahead
- Looking after me well
- My concerns
- Other important things
- Things I want to know more about

If people have a completed document then this means that if they are admitted to hospital staff should know about this document and the patient's wishes. Patient's wishes can cover topics like Do Not Attempt Cardiopulmonary Resuscitation (DNACPR); A Living Will; Power of Attorney etc. A completed document potentially has a positive impact on the individual and on hospital staff as the patient can document their wishes/preferences. The document promotes shared decision making and person-centred care.

This project is in partnership with local hospices and the NHS GG&C Health Improvement Team.

This project is funded through the 'Change Fund' and takes cognisance of Living and Dying Well, NHS Scotland (2008); Shaping Bereavement Care CEL 9 (2011); Dying Matters; and 'Good Life; Good Death; Good Grief.

As part of the project, staff have information stands within hospital foyers and hospices to raise awareness of Anticipatory Care Planning (ACP).

**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.)**

To ensure that this project takes cognisance of the protected characteristics.

**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> Gillian Sherwood	<b>Date of Lead Reviewer Training:</b>
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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):**

Palliative Care Lead Nurse; Anticipatory Care Planning Nurse x 2; Quality Co-ordinator; Equality and Diversity Assistant.
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	<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>	<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>	The Anticipatory Care Planning (ACP) project utilises a 'roadshow format' to raise aware of Anticipatory Care Plans. People chose to approach the information stand rather than staff approaching them as 'discussion about death' can be a taboo subject for many people.  As this interaction takes place in public areas, to protect patient's confidentiality it would be inappropriate to collect	

			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?	<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 promotion designed.</i>	Not applicable.	
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.	<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>	<p>This project takes cognisance of the following: Better Health, Better Care (SGHD 2007); Living and Dying Well, NHS Scotland (2008); Spiritual Care (HDL 2002); Spiritual Care (CEL2008); Spiritual Care Matters (2009); Healthcare Quality Strategy for NHS Scotland (2010); Shaping Bereavement Care (CEL 9 2011).</p> <p>The work of the project is resonant to the work of the American-Taiwanese artist Candy Chang. She explored the links between public places and personal stories. She promotes people to think about there secrets, wishes and hopes. She actively promotes the use of the 'Before I die' wall.</p>	
4.	Can you give details of how you have engaged with equality groups to get a better understanding of needs?	<i>Patient satisfaction surveys with equality and diversity monitoring forms have been used to make changes to service provision.</i>	To raise aware of Anticipatory Care Plans, the staff have engaged with a variety of groups such as senior pensioner forums; Parkinson's Disease groups; Motor Neurone Disease; Respiratory Groups. Staff also have links with various Carers Groups and utilise links with local Hospices.	

			<p>Staff are well aware of the diverse population that frequent hospital services and these roadshows are an ideal opportunity to engage with different groups. These groups are open to people from all protected characteristics.</p>	
5.	<p><b>Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?</b></p>	<p><b><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></b></p>	<p>As mentioned above, this project takes the format of a 'roadshow'. As part of this roadshow, the information stand is located near main entrances at the hospitals to provide an ideal opportunity to engage with the public and raise awareness of the ACP. Usually the information stands are based on the ground floor and are accessible to wheelchair users.</p>	
6.	<p><b>How does the service ensure the way it communicates with service users removes any potential barriers?</b></p>	<p><b><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></b></p>	<p>As this is a roadshow event, staff utilise 'pop-up' display stands to raise awareness of ACP. There are visual aids including a DVD, with subtitles, with large projected images and text including phrases about death etc.</p> <p>Staff are aware that people may have communication difficulties and will utilise interpreters, if they interpreter is with them. (As this is a roadshow event it would be difficult to predict the need for interpreters and other forms of</p>	<p>Staff will contact the Facilities Department for a portable loop which they can take to the 'roadshow'.</p>

			<p>communication support).</p> <p>Thinking Ahead and Making Plans document – could utilise interpreters to translate the document if the patient writes in another language. (The Thinking Ahead and Making Plans needs to be in English so that staff can see what the patient’s wishes are).</p> <p>The Thinking Ahead and Making Plans Document is in Arial 14 to comply with NHSGGC’s Accessible Information Policy. This document could be made available in a larger print upon request.</p> <p>For people with literacy issues, staff could help people complete the Thinking Ahead and Making Plans document.</p> <p>Staff distribute contact cards if people want more information. This includes a telephone number and email address for people who may have communication difficulties.</p>		
<p><b>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:</b></p>					
(a)	Sex	<i>A sexual health hub reviewed sex disaggregated data and realised very few young men were attending</i>	As this is roadshow event, there is open access to all. Staff are not aware of any gender divisions in accessing		

		<i>clinics. They have launched a local promotion targeting young men and will be analysing data to test if successful.</i>	the information stand.		
(b)	<b>Gender Reassignment</b>	<i>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.</i>	Staff are aware that there may be transgender people accessing the information stand and would respect the person's chosen identity.		
(c)	<b>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>	As this is roadshow event, there is open access to all. Staff are aware that Anticipatory Care Planning can affect all age groups.  The Thinking Ahead and Making Plans Document is in Arial 14 to comply with NHSGGC's Accessible Information Policy. This document could be made available in a larger print upon request.		
(d)	<b>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</i>	As this is roadshow event, there is open access to all.  Staff are unable to predict the need for interpreters. However, staff would utilise interpreters if they were present with the person.  There has been discussion about having the Thinking Ahead and Making Plans Document available in other languages. However, this document	Explore a variety of methods to communicate with people whose first language isn't English about ACP. Seek advice from the Widening Access Project at the Prince and Princess of Wales Hospice.	

		<b>appointments.</b>	<p>would be utilised by hospital staff to see the patient's wishes, therefore, the responses would have to be in English to allow staff to provide the appropriate care. Although, if the patient has written their preferences in another language, staff would utilise translation services.</p> <p>If the hospital has a Patient Information Centres, staff could access telephone interpreting via the Centre. As these are roadshow events, staff may not always have access to a telephone.</p>	
(e)	<b>Sexual Orientation</b>	<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></b>	<p>As this is roadshow event, there is open access to all.</p> <p>The Thinking Ahead and Making Plans document provides an opportunity for the person to identify who their next of kin is, and what is important to them.</p>	
(f)	<b>Disability</b>	<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 ensure staff understood how to</i></b>	<p>As this is roadshow event, there is open access to all.</p> <p>The Thinking Ahead and Making Plans document has been adapted for Respiratory Conditions, Parkinson's and Motor Neuron Disease.</p> <p>The Thinking Ahead and Making Plans</p>	

		<p><i>book BSL interpreters.</i></p>	<p>document provides an opportunity for discussion between patients and their carers.</p> <p>As this is a roadshow event, staff are unable to predict the need for BSL interpreters and other forms of communication support. However, staff would utilise interpreters if they were present with the person.</p> <p>Staff gave an example of an interaction with a person who was in the early stages of dementia and this information stand was thought provoking and pertinent to them and their family.</p> <p>At the roadshow events, staff always identify quiet areas nearby for privacy and seating when required.</p>	
(g)	<p><b>Religion and Belief</b></p>	<p><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></p>	<p>As this is roadshow event, there is open access to all.</p> <p>Staff aware of NHSGGC's Faith and Belief Communities manual.</p> <p>The Thinking Ahead and Making Plans document gives people the opportunity to document their wishes/preferences, which can include their religious beliefs. Some people might be more devout than others.</p> <p>Staff can signpost people to</p>	

			NHSGG&C's Chaplaincy teams who can offer spiritual and pastoral care to people of all faiths and to those who have no religious beliefs.	
(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>	As this is roadshow event, there is open access to all.  At the roadshow events, staff always identify quiet areas nearby for privacy and seating when required.	
(i)	<b>Socio – Economic Status &amp; Social Class</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 can have on health.</i>	As this is roadshow event, there is open access to all.  For people with literacy issues staff can explain the booklet.  ACP can raise concerns about costs of funerals etc. However, staff can signpost to a variety of agencies e.g. Social Work.	
(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>	As this is roadshow event, there is open access 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</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</i>	At present, this educational programme is funded by the Change Fund (Scottish Government), if this funding is withdrawn, alternative funding arrangements would have to be sought.	

	groups?	<i>areas raised with senior managers for action.</i>		
10.	What investment has been made for staff to help prevent discrimination and unfair treatment?	<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 staff who are part of this educational programme all have KSF's and PDP's and have attended all mandatory and statutory training. Staff have undertaken the on-line introduction to equality and diversity training.	Staff will undertake the on-line equality and diversity modules.

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)
<ul style="list-style-type: none"> <li>Staff will contact the Facilities Department for a portable loop which they can take to the 'roadshow'.</li> </ul>	Ongoing / 6mths	EO'D
<ul style="list-style-type: none"> <li>Explore a variety of methods to communicate with people whose first language isn't English about ACP. Seek advice from the Widening Access Project at the Prince and Princess of Wales Hospice.</li> </ul>	Ongoing / 6mths	AS

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

01.11.14

**Lead Reviewer:**

**EQIA Sign Off:**

**Name**    Gillian Sherwood  
**Job Title**    Lead Nurse Palliative Care  
**Signature**  
**Date**    April 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. 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 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
<b>Action:</b>			

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 [egia1@ggc.scot.nhs.uk](mailto:egia1@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.