

**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](mailto:CITAdminTeam@ggc.scot.nhs.uk) for further details or call 0141 2014817.

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

Glasgow City Health Partnership(CHP) North East Sector - Step Up Care Beds Greenfield Park Care Centre

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?**  
 In response to Reshaping Care for Older Peoples Strategy Glasgow CHP North East Sector have developed a Step Up Care service for patients aged 65 years and over, where current services are unable to support them in their own home due to a health crisis and may require 24 hour care, but, where an acute admission is not medically required. To achieve this service development, this pilot is being funded through the Change fund.  
 To ensure that this service is established within the Glasgow City CHP North East sector, we have invited representation from all stakeholders who will be involved, either in the running of, or referring to the service. By providing their input and expertise we will ensure that the service will maximise the patient’s recovery by providing medical and multidisciplinary rehabilitation input and agree appropriate discharge pathways. Key to achieving this aim is close co-operative working with others involved in the planning and delivery of care, support and treatment during and beyond the placement.  
 The unit has ten single rooms with on suite facilities divided into nine patient bedrooms, sitting room/dining room. The facility also has its own entrance and the unit will be set aside from the rest of the Care Centre.  
 The Step Up unit will also provide a designated team of nursing staff who will staff the unit and provide nursing care, this will include oversight from the unit nurse manager, a registered nurse, care assistant.  
 The responsibility for the provision of treatment and rehabilitation will come from the multi disciplinary North East Rehabilitation Service (NERS) and will include a Rehabilitation Nurse whose role as Care Manager along with an identified Allied Health Professional (AHP) from the Rehabilitation Team will be responsible for the co ordination of the patient care within the unit and on discharge.  
 Referral process;-  
 The patient must be over 65 years  
 A medical assessment must have been completed by a General Practitioner (GP) on the Day of referral  
 Transfer of medical care to the nominated GP for the Step Up unit  
 Medically, the patient does not require Acute admission.  
 The patient is unable to be supported at home with an increased package of care.

Patient is agreeable to admission.  
The patient's needs can be met within 5-7 days.  
The patient requires;  
24 hour care and observation  
Requires intensive rehabilitation within a supported environment.  
Multidisciplinary intervention due to change of function.

**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.)**

Provides hospital admission avoidance.  
Service Development  
Board wide Change Fund project.

**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)**

Gordon Bryan  
Janet Hayes

**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):**

Gordon Bryan  
Anne Mcdaid  
Margot Smith  
Karen Hemple  
Lee Moody  
Lynne Haughey  
Martin Yorston  
Susan Ferguson

	Lead Reviewer Questions	<i>Example of Evidence Required</i>	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?	<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>	Equality and Diversity information is collected at the time of assessment and is maintained on the patient database used by the Team. The assessment & referral forms have equalities data such as faith, ethnicity, disability and gender. Socio economic status is assessed within the unit and is used for onward treatment / referral. There are no identified issues to collect the required information The service has undertaken regular evaluation as part of the change fund process this has included information from all service users and stakeholders.	
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>	Equality data from referral forms is analysed and where there is specific gaps these are addressed by the team in regular Multi Disciplinary Team(MDT) meetings. The percentage split, male to female patients was 34% male to 66% female.. There have been 89	

			admissions and assessments for all of the admissions treatment plans and pathways are followed.	
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>	The Glasgow CHP North East Sector Rehabilitation Service (NERS) delivers its service on evidence- based practice within the different discipline specific roles. Work has been completed around ensuring treatment pathways are in place for all equality groups.	
4.	Can you give details of how you have engaged with equality groups to get a better understanding of needs?	<i>Patient satisfaction surveys have been used to make changes to service provision.</i>	Talking points evaluation is used to determine patient satisfaction/dissatisfaction and amendments to service made according to patient comments. Regular evaluation and feedback from Carers and service users using Talking points is an outcomes approach to assessment, planning & review aims to shift engagement with people who use services away from service-led approaches. The approach is consistent with policy priorities to engage people using services, personalisation and enablement and an assets approach to health. Areas of amendments	Future engagement satisfactions/ questionnaires will include an equalities monitoring form

			<p>following service user feedback have included transport to and from the unit and staff updates incorporating equalities training such as Gender based violence and adult protection.</p>	
5.	<p>Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?</p>	<p><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></p>	<p>The Unit is accessed by ramp, it is on one level. All rooms have en suite facilities with wheelchair accessible adapted toilets and shower facilities.</p> <p>There is a portable loop system within the building and there is sufficient visitor parking with separate ambulance parking.</p> <p>Public Transport is available with a bus stop at the end of the street allowing visitors to attend for those who are admitted?</p> <p>There is disabled car parking available and there is a drop off point?</p> <p>There is clear signage to the building and within the building.</p>	
6.	<p>How does the service ensure the way it communicates with service users removes any potential barriers?</p>	<p><i>A podiatry service has reviewed all written information and included prompts for receiving information in other languages or formats. The</i></p>	<p>The service uses Arial 12 formatting in written communications with clients and alters this to meet specific needs where</p>	

		<i>service has reviewed its process for booking interpreters and has briefed all staff on NHSGGC's Interpreting Protocol.</i>	appropriate in line with NHS GGC's Accessible Information Policy. Interpreters are available if and when required. A service information leaflet has been developed to assist patients and their carers to know about the service. Specific communication needs that service users may have are considered through standard assessment processes and remedial action taken as part of the delivery of care if the patient requires assistance in any aspect of communication.	
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:		Criteria for admission to Step Up unit is followed by all GPs. This is followed up by assessment both from the GP and a member of NERS to initially ensure patient can be cared for with services at home. If patient is unsafe or require intense rehabilitation they are then admitted to Step Up.	
(a)	Sex	<i>A sexual health hub reviewed sex disaggregated data and realised that very few young men were attending clinics. They have launched a local</i>	Gender-matching can be accommodated if this is highlighted as a need on referral or at assessment. The Team operates within the	

		<i>promotion targeting young men and will be testing sex-specific sessions.</i>	Step Up Unit giving the patient their own individual room which would be continuing to the patient's own environment, in their home situation; workplace or other community settings as appropriate. Staff within the Unit and the NHS GGC Rehabilitation Service have had training including the Gender Based Violence policy of NHS GGC.	
(b)	Gender Reassignment	<i>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.</i>	<ul style="list-style-type: none"> <li>• Staff are encouraged to be aware of relevant policy relating to gender; such as the NHSGG&amp;C Transgender Policy and the policy on Gender-based violence and their role there in.</li> <li>• Clinicians are sensitive to the issues that can occur for patients around gender re assignment and can signpost onward to organisations that can provide relevant supports.</li> </ul>	
(c)	Age	<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</i>	<ul style="list-style-type: none"> <li>• NERS work with adults within NHS GG&amp;C North East Glasgow.</li> <li>• Step Up works with vulnerable older people 65+ within North East Glasgow. This is directed</li> </ul>	

		<p><i>potential clinical complications of non-attendance.</i></p>	<p>by the Change Fund which is specifically for older people of 65 years and over.</p> <ul style="list-style-type: none"> <li>• The highest number of referrals to Step Up are made up by older people over 75 yrs.</li> <li>• Service users are seen in the Step Up unit and their own homes using assessment processes and clinical pathways, used by Clinicians and other staff, and may lead them to provide equipment or refer for adaptations to their properties, enabling them to live independently.</li> <li>• Referrals are made to other supporting agencies for all Adults referred to the service with specific need in relation to issues around equality and diversity; i.e. referrals made to Advocacy Services, to support people to self-determine.</li> <li>• When patients are in the Step Up Unit they have nursing care 24 hours of the day.</li> <li>• All staff have either attended or have accessed via e-learning</li> </ul>	
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			Adult Protection Training	
(d)	Race	<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>	<ul style="list-style-type: none"> <li>• Ethnicity data is collated as part of core data and contained within the Database used by the service. Eg information gathered in assessment is;</li> <li>• Ethnicity</li> <li>• Religion</li> <li>• Gender</li> <li>• Immigration Status</li> <li>• 1<sup>st</sup> Language</li> <li>• Preferred language</li> <li>• Interpreter required</li> <li>• Clinicians and Support workers in the Service are aware of how to access interpreters, if required and will adjust appointment times accordingly if this is required.</li> <li>• Clinicians and Support workers are aware of how to access leaflets for patients in other language formats if required, including Braille.</li> <li>• All staff are aware of the NHS GGC Equality and Diversity Management guidance no incidents have arisen within the unit</li> </ul>	
(e)	Sexual Orientation	<i>A community service reviewed</i>	<ul style="list-style-type: none"> <li>• Staff in the Step Up unit</li> </ul>	<ul style="list-style-type: none"> <li>• Staff are able to</li> </ul>

		<p><i>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>	<p>and NERS treat all patients and their respective carers with dignity and respect.</p> <ul style="list-style-type: none"> <li>• Staff are aware of policy and procedure in relation to Sexual Orientation, and this has been outlined in Team meetings, as well as Team Briefs within the CHP.</li> <li>• Clinicians are sensitive to the issues that can occur for patients around sexual orientation and can signpost onward to organisations that can provide relevant supports.</li> <li>• Staff have not incurred any incident in relation to sexual orientation and have appropriate training to deal with any issues.</li> </ul>	<p>identify any training needs they may have in this area through the Personal Development process.</p>
(f)	Disability	<p><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 book BSL interpreters.</i></p>	<ul style="list-style-type: none"> <li>• NERS staff attend patients in the Step Up unit, their own homes and do not run clinics or consultations within the building where they are based.</li> <li>• The Step Up Unit is wheelchair accessible via a ramp to the building and the Unit is all on the same level.</li> <li>• All doors to and from the</li> </ul>	<ul style="list-style-type: none"> <li>• . Team Development. All staff will attend Dementia training as set out by GG&amp;C</li> </ul>

			<p>Unit are adapted for wheelchair access</p> <ul style="list-style-type: none"><li>• The unit has been adapted for the visually impaired with appropriate signage and lighting.</li><li>• Patients are informed, where relevant, that they can have printed information in other formats or sent to them by other mechanisms by staff.</li><li>• Referring agents can identify what, if any special communication supports are required by individuals and this is also determined at the time of the NERS assessment.</li><li>• Staff are aware of their access to the Interpreting service or to Signers for Deaf blind patients.</li><li>• Staff in NERS have an important role in the rehabilitation process, to enable patients to have access to necessary adaptations and equipment to ensure they can be as independent as possible when they return to their own homes. This can include making referrals onto other relevant agencies as</li></ul>	
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			<p>appropriate.</p> <ul style="list-style-type: none"><li>• Patients with Mental Health issues e.g. Dementia or Learning disabilities are assessed and where appropriate are referred to Community services.</li><li>• There is a portable loop system used within the building for patients who are hard of hearing.</li><li>• Staff are trained in the Adult Support and Protection (Scotland) Act 2009 and Adults with Incapacity to help them provide support and protection to those who are vulnerable and at risk of abuse.</li><li>• Clinicians and Support workers are aware of how to access leaflets for patients in other formats if required, including Braille.</li><li>• The Unit is designed to accommodate patients with dementia, this include décor, visual colour and eg clocks. Patients are admitted for short stay. Open visiting is accommodated but there is no facility for Carers to stay overnight.</li><li>• Carers are involved within</li></ul>	
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			the unit during the day including where patients have a lack of capacity, however there is no overnight <u>accommodation</u> .	
(g)	Religion and Belief	<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>	<ul style="list-style-type: none"> <li>• Data on religion and belief is collated within the Referral form and Core data sheets within the service.</li> <li>• Service users within the Step Up unit NERS are visited in their own home the unit and environment and these visits can always be flexible around any religious needs which the patients may have.</li> <li>• Staff have ease of access within the organisation, to information and training relating to religious beliefs, festivals and events to enable this to be included within rehabilitation.</li> <li>• The facilities have an onsite chef and are able to cater for all specific diets. This includes Halal and Kosher diets.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff can identify learning needs in this area through the Personal Development process.</li> </ul>
(h)	Pregnancy and Maternity	<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</i>	<ul style="list-style-type: none"> <li>• This is not an issue for patients due to age range. Visitors wishing to breast feed will be able to do so and can also opt to use a</li> </ul>	

		<i>actively promoted in the waiting area, though mothers can opt to use the separate room if preferred.</i>	separate room if this is preferable.	
(i)	Socio – Economic Status	<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>	<ul style="list-style-type: none"> <li>• Referrals to Social Work , Benefit Agencies; Welfare organisations; Debt and poverty advice, such as Citizens Advice and Housing associations and Homeless Service, are made routinely for those with specific needs; in order to enable patients to access advice and support with finances, housing problems, debt issues etc.</li> <li>• Staff are updated in relation to welfare reform and the impact this may have on service users.</li> </ul>	
(j)	Other marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers	<i>A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas.</i>	<ul style="list-style-type: none"> <li>• Patients are referred by GP, and staff will be aware of and deal sensitively with patients from all marginalised groups.</li> <li>• The staff offer support with rehabilitative needs for all adults and older people, regardless of what their living arrangements, problems or status is. Staff are there to provide rehabilitative intervention to any patient in a</li> </ul>	

			<p>supportive and sensitive manner; whilst taking account of individual specialist requirements.</p> <ul style="list-style-type: none"> <li>• Onward referral is facilitated to various services if required eg, addictions services.</li> </ul>	
9.	<p>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?</p>	<p><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></p>	<ul style="list-style-type: none"> <li>• Internal service evaluation and review is planned to look at increasing opportunities to access services. Service has had to look at cost savings In line with board plans. However there has been no detrimental effect on service delivery.</li> </ul>	
10.	<p>What investment has been made for staff to help prevent discrimination and unfair treatment?</p>	<p><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></p>	<ul style="list-style-type: none"> <li>• All staff are made aware of equality and diversity Learnpro modules and this is discussed through their KSF, PDP and supervision sessions.</li> <li>• Staff are required to evidence through the Knowledge and Skills Framework that they are taking Equality and Diversity issues into consideration and can identify training requirements as required through the Employee Development process.</li> </ul>	

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.

The Step Up unit has had 89 people admitted and discharged since it commenced on 1<sup>st</sup> Nov 12, Regular evaluation and feedback from Carers and service users utilising a talking points approach has allowed us as a service to adopt and adapt our practice to accommodate the views of patients and ensure that the service is accessible to all, This also has allowed us to ensure that the experiences of the service users are at the forefront of developing the service rather than the service leading the direction, From the service evaluations we have remodelled the staffing within the unit and provided additional training and development for all staff.

Actions – from the additional requirements boxes completed above, please summarise the actions this service will be taking forward.

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>• Ensure staff have up to date and relevant Development plans, which reflect any learning needs in the areas of inequalities.</li> </ul>	Ongoing	G Bryan
<ul style="list-style-type: none"> <li>• Team Development: ensure that staff have access to and information about relevant training and education on Equality and Diversity issues and their potential impact on patients.</li> </ul>	Ongoing	G Bryan
<ul style="list-style-type: none"> <li>• Team Development. All staff will attend Dementia training as set out by GG&amp;C</li> <li>• Ensure future engagement satisfactions/ questionnaires will include an equalities monitoring form</li> </ul>	Ongoing	G Bryan.

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

Sept 2013 – Review of data collated making changes as required.

Lead Reviewer: Name Anne B McDaid  
EQIA Sign Off: Job Title Support and Development Lead  
Signature  
Date 17<sup>th</sup> June 2014  
Date of Training 13<sup>th</sup> June 2014

Quality Assurance Sign Off: Name  
Job Title  
Signature  
Date

**Please email a copy of the completed EQIA form to [EQIA@ggc.scot.nhs.uk](mailto: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.**