



NHS Greater Glasgow and Clyde
Equality Impact Assessment Tool for Frontline Patient Services

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for 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 or arrange to meet with a member of the equality and Human Rights Team to discuss the process. Please contact CITAdminTeam@ggc.scot.nhs.uk for further details or call 0141 2014560.

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

Macmillan Information and NHS Bereavement Support Service, Glasgow Royal Infirmary

Please tick box to indicate if this is a : Current Service Service Development Service Redesign New Service

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? Please give as much information as you can, remembering that this document will be published and should uphold transparency.

People access the Glasgow Royal Infirmary (GRI) for emergency care, diagnostic investigations, outpatient clinics, day case procedures, elective and non elective hospital admissions. At present within the GRI there is no systematic approach to offering patients, families and carers accessible information and support to anyone affected by Cancer or other Long Term Conditions (LTC) and Bereavement.

The cancer landscape is changing, with more people than ever before are living with and beyond a cancer diagnosis including life changing LTC. The issues which are important to people affected by cancer and LTC are much wider than the clinical management of the disease. The emotional, spiritual, social and practical impact of a cancer or LTC diagnosis can have a huge impact not only on the person with a cancer diagnosis, but on their family, carers and friends.

The GRI will establish and further develop an effective Macmillan Information and NHS Bereavement Support Service (MINBSS) This service will be designed using the Scottish Government Shaping Bereavement Care Guidance and NHS Greater Glasgow and Clyde Bereavement Policy. Bereavement care should not be seen as add on but should be embedded in person centred care.

The Service will be accessible to a range of people from different backgrounds, with different conditions and at different stages in their care pathway (from pre-diagnosis to end of life). The MINBSS aims to improve co-ordination of support, and access to good quality person centered Bereavement support at the right time thereby improving patient, family, carer and staff experience reducing health inequalities.

In addition to offering information and support, the service seeks to develop a much neglected area of bereavement support around time of death. The MINBSS will provide a focussed point of contact and liaison to relatives in very early stages post bereavement. Staff will also support the care of relatives and staff regarding information about registering a death and avoid unnecessary delays in obtaining advice, paperwork and documents.

To ensure the service meets users' needs, we will embed key drivers from the Healthcare Quality Strategy: recognising and meeting the needs of bereaved people as individuals; addressing areas of risk in the physical, mental, emotional and spiritual health of bereaved people; and drawing on the most recent research into effective support and care for those who have been bereaved.

The MINBS Service will ensure those affected by Cancer /Long Term Conditions have access to high quality accessible information and bereavement support at and around the time of death. The Service will offer a person centred approach to ensure there is a balance of social and therapeutic support which will help towards reducing the social isolation and loneliness associated with bereavement. People will also have onward referral opportunities to specialist services such as Palliative Care, Financial Inclusion and Carers' Support and other Health Improvement Services. These aspects will, compliment and build on the care and support routinely offered to patient, relatives, carers and friends at ward level.

The aim of the service is to ensure those affected by cancer / long term conditions in Glasgow Royal Infirmary have access to quality information services and bereavement support throughout their Cancer/LTC experience especially around the time of death.

This new service will:

- Develop and improve access and signposting to information, support and bereavement services
- Offer a 1:1 emotional and practical service for those affected by cancer/LTCs, in and around the time of death
- Build a partnership with Macmillan and third sector organisation (including other health information providers) to help transform the healthcare system in and around the time of death which will reduce health inequalities
- Develop a sustainable Service, which will include a volunteering programme, using NHS Greater Glasgow and Clyde and Macmillan Volunteer Policy and standards to fulfil training and development for volunteer roles
- Establish meaningful service outcomes
- Collect meaningful data
- Establish a space within the area where bereaved relatives can collect personal belongings in a respectful and dignified manner
- Evaluate the service

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.)

This is a new service. We want to ensure that from concept to design and through to implementation, the service is accessible to all and pro-actively works to mainstream measures that take account of the diverse range of user needs. Through this EQIA we will evidence systems that will work to remove discrimination, promote equity of service and foster good relations.

This EQIA has taken cognisance of the findings in the NHS Greater Glasgow and Clyde's Shaping Bereavement Care Action Plan EQIA 2013

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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)

Name: Anne Todd	Date of Lead Reviewer Training: 2015
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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):

<p>Anne Todd MINBSS, Alastair Low Equalities Manager, Ann Frances Fisher Acting Chief Nurse, Anne MacDonald Chaplain Sally Hughes MINSS Project Manager, Brenda Jackson Project Manager, Ann Docherty Acting Associate Chief Nurse, John Stuart Acting Director North Sector Lesley Symons Patient Representative, Claire Alexander Macmillan, Nici Hill-Lyons Macmillan, Jen Angus Patient Experience Manager</p>
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	Lead Reviewer Questions	Example of Evidence Required	Service Evidence Provided (please use additional sheet where required)	Additional Requirements
1.	<p>What equalities information is routinely collected from people using the service? Are there any barriers to collecting this data?</p>	<p><i>Example of Evidence Required: 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></p>	<p>All Equality data is routinely gathered by the MINBSS. Including postcode. The reason for gathering equalities date is explained to patients, carers and families and staff completing data forms. How the service will use the data will also be explained. In addition the patients consent will be recorded.</p>	

			<p>Staff can assist service users to complete the forms in a confidential space within the service.</p> <p>The data collection form is also available in large print.</p> <p>Patients can be supported by interpreting services when accessing the service to completed the documentation.</p> <p>The service will use the information to ensure the service is open and accessible by all.</p> <p>Data will be used to identify any gaps in service provision or for quality improvement purposes.</p> <p>It will be stored under strict data protection regulations complying with NHSGGC policies.</p>	
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			General Data Protection Regulations Asset Forms have been completed to comply with NHSGGC and National Data Protection Policies.	
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? You should explain here how data is used to meet the General Duty of removing discrimination, promoting equality of opportunity and supporting good relations between protected characteristic groups.	<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>	At the time of assessment the service has not undertaken analysis of service user data as this is a new service and will officially launch in October 2018. Once the service provision is in place, structured analysis will be undertaken quarterly using the NHSGGC Equality and Diversity tool to identify and implement measures necessary to remove any barriers to accessing the MINSS.	
3.	Have you applied any learning from research about the experience of equality groups with regard to	<i>Example of Evidence Required: Cancer services used research from a literature review to understand</i>	An understanding of barriers experienced by protected characteristics	

	<p>removing potential barriers? This may be work previously carried out in the service. You should explain here how this learning has been used to meet the General Duty of removing discrimination, promoting equality of opportunity and supporting good relations between protected characteristic groups.</p>	<p><i>differential uptakes in service by protected characteristic groups. One aspect related to specialist language used in patient information that created barriers and a review was undertaken to ensure plain language was used throughout. This section provides evidence the lead reviewer has used tested methodologies in designing services that are inclusive of the needs of protected characteristic groups.</i></p>	<p>underpins the approach to service design. The service lead has a history of working in the equality and diversity field with specific experience of engaging with disabled service users, BME groups and faith groups. She has liaised with NHSGGC's Equality and Human Rights Team to ensure an effective checking mechanism is in place. This has been considered against each Protected Characteristic and reflected in this EQIA. It also takes into account an understanding of the financial impact of life-limiting conditions and the sometimes hidden costs of end of life stages. The service has also learned from other services and the experiences of protected characteristic groups – for instance work carried out with BME</p>	
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			<p>groups in The Prince and Princess of Wales Hospice Minority Ethnic Project (ME) which developed culturally sensitive Hospice services to help address the palliative care needs of the minority ethnic population</p>	
4.	<p>Can you give details of how you have engaged with equality groups to get a better understanding of needs? You should explain here how engagement has contributed to meeting the General Duty of removing discrimination, promoting equality of opportunity and supporting good relations between protected characteristic groups.</p>	<p><i>Patient satisfaction surveys with equality and diversity monitoring forms have been used to make changes to service provision. Engagement with protected characteristic groups was co-ordinated via local advocacy agencies and a series of Q&A meetings held. Outcomes were fed back into the planning process and resulting inclusions arranged.</i></p>	<p>The service has developed two action plans to drive the development and implementation of the service, One of the action plans is to address patient and service users needs.</p> <p>This is divided into three tiers:</p> <ul style="list-style-type: none"> • Community engagement with people living with LTC and Cancer or Bereavement • Acute engagement with similar groups including Managed Clinical Network 	

			<p>patient Groups and cancer specific and LTC groups</p> <ul style="list-style-type: none">• Lastly specific seldom heard communities such as Minority Ethnic Communities. Events will be planned in Places of worship which will have language support and will also be culturally sensitive to individual needs• These venues include the Glasgow Central Mosque• The Hindu Mandir• The Sikh Gurdwara• Additional venues identified by BME groups will also offer engagement opportunities <p>The MINSS Manager,</p>	
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			<p>Macmillan Engagement Manager and NHSGGC Patient Engagement Manager will work in partnership to feedback service users ideas for service improvement and they will also ensure the service users are kept well informed of service developments.</p> <p>There will be a service user representation on the MINBSS steering group. Our representative as a service user, has an excellent understanding of NHSGGC and also the wide range of services available to Glasgow's population</p> <p>Macmillan and NHSGGC will keep the communities informed by consultation and newsletters.</p> <p>All three members of staff will be accessible to any</p>	
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			<p>service user requesting additional information.</p> <p>The service, will recorded patient stories and case studies as a way of ensuring quality Improvement measures.</p> <p>Support mechanisms are in place to enable service users to feedback personal experiences of using NHSGGC services directly to our Patient Experience Team. The Patient Engagement Manager will be running drop in sessions within the centre to help record patient stories or feedback in relation to personal experience of care received in the GRI</p>	
5.	<p>Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?</p>	<p><i>Example of Evidence Required: Are doorways to the service automated or are you required to pull or push doors? What would be the impact of this on physically disabled patient or service user? Are there lifts to</i></p>	<p>The service has been designed specifically to meet the needs of service users.</p> <p>The Centre is DDA</p>	

		<p><i>service areas situated above ground floor level? How do disabled service users access these areas or what alternative arrangements are made. Are there ramps in addition to steps?</i> <i>You should explain here how reasonable adjustment has been used to meet the General Duty of removing discrimination, promoting equality of opportunity and supporting good relations between protected characteristic groups.</i></p>	<p>compliant and is wheelchair accessible</p> <p>The doors are wide enough to allow wheelchair users to manouver easily in and out the centre.</p> <p>There is linoleum in place instead of carpet to aid wheel chair users and this also to meet infection control needs.</p> <p>There is always one member of staff in the centre at all times to also offer assistance if required.</p> <p>It offers accessible car parking at the entrance of the building where the service is situated.</p> <p>There is a ramp for easy access and an accessible toilet next to the centre</p> <p>There are a range of chairs with and without arms to</p>	
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			<p>aid mobility</p> <p>The signage to the centre is DDA compliant and also complies with NHSGGC Signage Policy.</p> <p>The service leaflet complies with NHSGGC AIP and has a map of how to access the service from three entrances to the main GRI</p>	
6.	<p>How does the service ensure the way it communicates with service users removes any potential barriers?</p>	<p>Example of Evidence Required: Does the service comply with the NHSGGC Clear to All policy or LA equivalent? Are members of staff aware of them? Are staff aware of how to use telephone interpreting? This section provides evidence the Lead Reviewer understands the legal duty to communicate effectively with service users who require communication support in order to receive equitable access to service provision.</p>	<p>There is access to NHSGGC Interpreting services and telephone interpreting including foreign language, British Sign Language (BSL) and Deafblind Communicators</p> <p>There is a portable loop and access to a BSL chrome book if required for communication support.</p> <p>Staff have had sensory impairment training and have also completed the Sensory Impairment Learn-</p>	

			<p>Pro modules. In addition they are aware of the NHSGGC Sensory Impairment Best Practice Guidelines.</p> <p>One member of the team has completed level one BSL training. Other members of the team will have the opportunity to access BSL training as part of PDP</p> <p>In addition to using interpreting services members of the team speak some French, Spanish, German, Hindi Urdu, Bengali, and Punjabi.</p> <p>The staff will only use this to welcome patients to the service to help reduce the isolation faced when English is not the service users' first language.</p> <p>The literature available in the MINSS is accessible</p>	
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			<p>and available in different formats including easy read and Braille can also be requested.</p> <p>Staff are aware of how to access Information in different languages.</p>	
<p>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 identified and removed. It should be a proactive process – if someone complains about being treated unfairly because of a protected characteristic it's already too late. What specifically has happened to ensure the needs of equality groups have been taken into account when considering discrimination, equality of opportunity and good relations in relation to:</p>				
(a)	Sex	<p><i>Example of Evidence Required: Does the service collect sex disaggregated data? Are there differences in service uptake between men and women? Can you explain why this would be the case or do you have to consider additional actions in regard to this? Can service users ask to be seen by either male or female members of staff where intimate care is delivered? Is there privacy for service users to disclose sensitive</i></p>	<p>The service has no data at present to provide specific information in relation to access.</p> <p>The service will ensure information and bereavement care and support is provided on an equitable basis.</p> <p>Any sex specific issues will be addressed on an individual</p>	

		<p><i>information? Are staff confident in asking questions relating to domestic abuse or other forms of gender based violence if disclosed or suspected? This section provides evidence the Lead Reviewer understands gender sensitivity in the way services are designed and delivered. This may be quite subtle but needs to be considered in all aspects of service design and delivery.</i></p>	<p>basis.</p> <p>It is expected that a focus on advice regarding the financial impact of long term conditions and sources of support will help women who disproportionately experience the financial burden of care giving.</p>	
(b)	<p>Gender Reassignment</p>	<p><i>Example of Evidence Required: Are you confident in how to store service user information relating to people who have or are currently reassigning their gender? Are members of staff familiar with the NHSGGC Gender Reassignment Policy or LA equivalent? Have you had experience of working with service users who have reassigned or were in the process of reassigning their gender? Can you give details of what worked well and what was challenging? Explain how you ensure you treat people who are reassigning or who have reassigned their gender in a manner that upholds their legal rights. Do</i></p>	<p>Staff have undertaken learn pro training and are also aware of the NHSGGC Transgender Policy. Any Gender Reassignment specific issues will be addressed on an individual basis.</p> <p>Any information given to staff in respect of the gender identity of carers or patients will not be passed to a third party without the expressed consent of the individual seeking support. Staff are aware that to do this would be a breach of legislation.</p>	

		<p><i>you know how to support service users or staff who are victims of transphobic hate crime? This section provides evidence the Lead Reviewer understands both the significant levels of discrimination experienced due to gender reassignment and the enhanced legal protection afforded to people with the protected characteristic of Gender Reassignment.</i></p>		
(c)	Age	<p><i>Example of Evidence Required: Does your service operate any age cut-offs? Can you objectively justify why you have these? Are there differences in attendance by age and can you explain why this would be the case? Explain how you ensure people of all ages are treated with dignity and respect. What reasonable adjustments do you make to ensure this happens? If you have service user literature/posters etc. are there images of people of all ages contained in them? This section provides evidence the Lead Reviewer understands and considers the multiple identities older people have (other than age)</i></p>	<p>The service is primarily for Adults .However, there is a seamless referral pathway to the children’s bereavement Service in the Hospital for Sick Children</p> <ul style="list-style-type: none"> • The Children’s Bereavement Service provides a range of support to people affected by the death of a child, children who have been bereaved and support/training for staff within the Women and Children’s Directorate. 	

		<p><i>and takes a person-centred approach to care provision. While age-based segregation in service is now rare, where it occurs evidence needs to clearly show objective justification for this to happen.</i></p>	<ul style="list-style-type: none"> • The Butterfly Project is funded by the 'Big Lottery' and aims to support children and young people, aged between 2 and 18, who are facing challenging times in coping with loss and bereavement. The Service covers three hospices and their surrounding communities:- <ul style="list-style-type: none"> • The Prince & Princess of Wales, Glasgow • St Vincent's, Johnstone • Ardgowan, Greenock <p>There is literature available in the service that is specifically written for children.</p> <p>Information and support offered to older people or</p>	
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			<p>people with age related cognitive impairments will be assessed and a person centred approach used to provide appropriate support</p> <p>The team work in partnership with the Dementia Service and can also access the NHSGGC Volunteering service to offer patients additional support.</p> <p>Any age specific issues will be addressed on an individual basis.</p>	
(d)	Race	<p><i>Example of Evidence Required: Do you routinely capture patient/service user data on race and how do you use this? How do you ensure that service user information is available in a range of languages other than English? Explain your process for booking interpreters and any other types of communication supports. Do you know how to support service users</i></p>	<p>The staff have had cultural awareness training and also deliver person centred inequalities sensitive practice. The team are aware of how to book interpreters and how to use telephone interpreting.</p> <p>They also know not to use members of the family or children to interpret for the</p>	

		<p><i>or members of staff who have been victims of race-related hate incident? Are there any other reasons why your service would have higher or lower use by black and minority ethnic patients/ service users? Has the service promoted itself to black and minority ethnic communities? This section provides evidence the Lead Reviewer understands the requirement to communicate effectively with people who do not have English as a first language. It also seeks to evidence how services understand and support victims of race-related crime.</i></p>	<p>patient. Language cards are used to establish what language and dialect the patient may require including preferred gender of the interpreter if possible.</p> <p>There is a speaker phone to facilitate telephone interpreting in the quiet room within the centre</p> <p>The service will incorporate the learning from The Prince and Princess of Wales Hospice Minority Ethnic Project (ME) which developed culturally sensitive Hospice services to help address the palliative care needs of the minority ethnic population.</p> <p>The MINBSS Manager was involved in the design of the Hospice Culturally Sensitive Service and is aware of cultural considerations required to support different communities within NHSGGC</p>	
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			Any Race specific issues will be addressed on an individual basis.	
(e)	Sexual Orientation	<p><i>Example of Evidence Required: Do you capture sexual orientation data from service users/patients and do members of staff understand why you do this? Are there any specific reasons why this service would have higher or lower use by lesbian, gay and bisexual people? Are members of staff confident and comfortable discussing issues relating to sexual orientation? Is the service welcoming - is inclusive literature on display? Do you know how to support service users/patients and staff who have been victims of homophobic hate incidents? Has this service promoted itself to the LGB community? Has the service developed any resources specifically for the LGB community? How to you prevent staff assuming heterosexuality of service user/patient? This section provides evidence the Lead</i></p>	<p>Staff have completed Learn pro training and will apply learning to ensure there is no discrimination.</p> <p>Through this learning, staff are aware that assumptions can be made about the sexual orientation of service users (particularly older service users) and ensure these assumptions are not made when working with people.</p> <p>Staff are also aware of how to report any Homophobia/discrimination through Datix system and if need be support people to use Police Scotland's third party reporting service.</p> <p>Documentation uses inclusive language and needs are met on individual basis.</p>	

		<i>Reviewer understands the integral nature of sexual orientation and someone's identity. It seeks to show that services understand and respond to specific health-related concerns for LGB people and that services are delivered in a way that understand LGB sexual orientations are equally considered alongside heterosexuality.</i>		
(f)	Disability	<i>Example of Evidence Required: What reasonable adjustments have been made to the physical environment in which the service is delivered? Are loop systems available for people with hearing impairments and if so, do staff know how to operate them? Are there automated doors, ramps, lifts with audio prompts, clear signage etc? How does the service respond to the needs of people with learning disabilities - can you explain any adjustments you make to ensure equity of treatment? Are staff aware of the appropriate communication support policies and how are these communicated to them? What support is available for Deaf people - can you explain how you use BSL</i>	<p>There is DDA compliance embedded in the design and service delivery. It is a new build and centre.</p> <p>It is fully accessible including parking, access to an accessible toilet, communication aids and interpreters for BSL and DeafBlind Guide Communicators</p> <p>Seating has been designed with mobility in mind and there is plenty of room for a wheel chair user to manoeuvre the centre unaided. However, there is always a member of staff</p>	

		<p><i>interpreting support? Is service user/patient information available in accessible formats and can you explain the process you'd go through to provide this? Is patient data on disability captured in notes and how is this used? This section provides evidence the Lead Reviewer understands the additional barriers experienced by disabled people and has taken appropriate action to empower disabled people to independently access services wherever possible</i></p>	<p>available to assist people if required.</p> <p>The signage is DDA and NHSGGC Signage Policy compliant. Assistance dogs are welcome. The staff are aware of the NHSGGC Assistance Dog Policy.</p> <p>The team can contact the NHSGGC Learning Disability team if required and also Mental Health Teams</p> <p>Any Disability specific issues will be addressed on an individual basis and support to report experience of hate-related incidents can be given.</p>	
(g)	<p>Religion and Belief</p>	<p><i>Example of Evidence Required: Have staff been made familiar with the NHSGGC Faith and Belief manual or LA equivalent? Do members of staff routinely collect data on an individual's religion and belief and how is this used? Do members of staff know how to</i></p>	<p>Staff are working in partnership with Spiritual Care colleagues and are also aware of the NHSGGC Bereavement and Spiritual Care Policies. In addition Staff have access to the NHSGGC Faith and</p>	

		<p><i>respond to a hate incident relating to a person's religion and belief? If the service provides meals, is there provision for specific dietary requirements? Is there particular sensitivity required in this service to someone's religion and belief or non-belief? This section provides evidence the Lead Reviewer understands potential barriers for people with particular faiths and beliefs or non-belief and should explain how staff make reasonable adjustments for people and avoid making assumptions etc.</i></p>	<p>Communities Manual.</p> <p>The Team have developed a quick reference Faith and Belief and culturally sensitive tool for all ward staff to help meet the needs of different religious groups.</p> <p>This has been based on the most frequently seen Religions groups who attend the GRI: Christian, Islam, Jewish, Hindu, Sikh and Buddhist faith groups.</p> <p>Training including visits to Glasgow's diverse communities' places of worship have been arranged.</p> <p>This will ensure staff are aware of different cultural and religious requirements and considerations of the population they offer support.</p> <p>Staff are aware of and can access the NHSGGC Faith</p>	
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			<p>and Beliefs Communities Manual</p> <p>Any Faith specific issues will be addressed on an individual basis and disclosed experience of hate incidents can be given support to report.</p>	
(h)	Pregnancy and Maternity	<p><i>Example of Evidence Required: Do waiting areas promote positive about breast programmes signage and are private breast feeding areas available if requested? Are crèche facilities available? Can parents access the service with prams/buggies etc. This section provides evidence the Lead Reviewer understands potential barriers experienced due to pregnancy and maternity and explains what steps have been taken to remove these</i></p>	<p>The centre has a room where nursing mothers can breast feed in private if requested. However, nursing mothers using the service can breastfeed their babies in the centre</p> <p>The service can offer families signposting to organisations who support with the loss of a still birth or neonatal death.</p> <p>Any Pregnancy and Maternity specific issues will be addressed on an individual basis.</p>	

(i)	Socio – Economic Status & Social Class	<p><i>Example of Evidence Required: Is there a risk that patients/service users will have to make a financial choice between attending your service or meeting other financial commitments? How do you support access in light of this? Are members of staff trained to enquire about money worries and what support is there to refer patients/service users into financial advice services? Does the service offer out of pocket expenses to some service users? Do you collect data to help you identify service uptake by postcode areas? How do staff avoid making assumptions about people due to perceived social class? This section provides evidence the Lead Reviewer understands the additional burden of poverty and the barriers often created by social class and the steps taken to reduce this for patients/service users.</i></p>	<p>People living in North and East Glasgow form the majority of hospital service users in GRI. Residents from these areas experience some of the poorest health outcomes in Scotland, and there is a stark difference between life expectancies in the more affluent areas in comparison to areas of high deprivation. These differences were reported extensively in the DPH Report 2015-17</p> <p>Staff are working in partnership with organisations to address issues such as financial inclusion ,money matters, housing, heating food banks access and benefits agencies including Macmillan Benefits Supporting the Improving the Cancer Journey .</p> <p>We also have access to Additions teams for support We are working in partnership</p>	
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			<p>with the NHS GGC Support and Information Service based in the GRI</p> <p>Any Socio – Economic Status & Social Class specific issues will be addressed on an individual basis.</p>	
(j)	<p>Other marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers</p>	<p><i>Example of Evidence Required: This section should explain how your service responds to people who may have complex needs or experience barriers but may not specifically be covered by the Equality Act 2010. For instance experience of homelessness can have a significant impact on health and wellbeing.</i></p>	<p>The service has access to support teams and can work in partnership with The Homeless and Additions teams.</p> <p>The service would also work with the Asylum Seekers and Refugees teams as required including housing teams as required.</p> <p>Any other marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers specific issues will be addressed on an individual basis</p>	

8.	<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>Example of Evidence Required: Each area of cost saving has been carefully considered against protected characteristic group. This section provides evidence the Lead Reviewer understands planned savings can impact on some service user/patient groups and that steps have been taken to ensure this does not mean some protected characteristic groups are worse off than others as a result.</i></p>	<p>NO</p> <p>This is a Macmillan funded Service and purpose built centre within the medical block of the Glasgow Royal Infirmary.</p> <p>There are three members of staff who deliver the service and are also funded by Macmillan.</p> <p>The service is open and accessible to all.</p>	
9.	<p>What investment has been made for staff to help prevent discrimination and unfair treatment?</p>	<p><i>Example of Evidence Required: How are members of staff supported to complete online equality training modules? Do you keep a record of training undertaken and what does this show for the service/team? Are there some specific areas the team require additional learning and education input for? Are personal development plans regularly</i></p>	<p>Staff have undertaken all the 14 E-learning Equality and Diversity training modules</p> <p>There will be additional equalities and culturally sensitive awareness training offered in house. The staff planned visits to different communities to better understand important</p>	

		<p><i>monitored and do these include actions for equality and diversity learning? This section provides evidence the Lead Reviewer understands the requirement to equip members of staff with the skills to tackle experience of discrimination and inequality.</i></p>	<p>considerations when delivering care</p> <p>The MINBSS Manager has previously been an Equality and Diversity trainer and can ensure the team provide an inequalities sensitive approach for all</p>	
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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.

This is the first service of this design in NHSGGC and in any another Health Board in Scotland. NHSGGC, North Sector is committed to making a difference for people living with cancer or a long term condition throughout the diverse population including areas of high deprivation and inequalities it serves. They will do this by ensuring people have access to information and support at the right time. Including referral onto appropriate expert services to offer a person centred approach to care.

Within Glasgow Royal Infirmary, there are approximately 1,400 inpatient deaths per year (25-30 per week). The Macmillan Information and NHS bereavement Service will also offer support to patient, families, carers and staff experiencing complex issues such as poverty through bereavement and grief. The new service will develop a consistent practice across wards and a consistent application of local and national Bereavement Care Standards. Improving early support in relation to information provision and support with cancer and other long term conditions and co-ordination of care around time of death and

bereavement .This should lead to an improved experience for patients, relatives, carers, families and staff.

Support provided by the team and partnership working with multidisciplinary groups will ensure the service offered is individualised with a focus on an inequalities sensitive delivery model including ensuring spiritual, cultural and religious requirements are met providing a service that is open and accessible to all.

11. In addition to understanding and responding to our legal responsibilities under the Equality Act (2010), services have a duty to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care may be considered higher risk in terms of potential human rights breach due to removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

Please give evidence of how you have considered human rights, explaining relevance and any mitigating evidence if there's a perceived risk of breach. If articles are not relevant please return as not applicable and give a brief explanation why this is the case.

Right to Life

- Applicable to all – rights will be an advisory issue – making sure HR Agenda is adhered to and GGC policies take this into

account. Reassurance to patients that their rights to die in a positive way will be upheld and they will be fully involved in decision making. – PANEL principles (Participation, Accountability, Non-Discrimination, Empowerment, and Legality). SHRC website. Applies to all articles listed.

Everyone has the right to be free from torture, inhumane or degrading treatment or punishment

Advice and support – raising concerns and escalating where required.

Prohibition of slavery and forced labour

Not applicable

Everyone has the right to liberty and security

Care planning with Palliative care takes this into account. The patients' wishes are used to design specific person centred care to ensure the patient's wishes are met in relation to end of life care. Patients will be supported to die at home if this is what the patient has requested. There are multidisciplinary team meetings to ensure the best possible care and provision is arranged to support patients, carers and staff. The MINBSS will take the views of the patient accessing the service into account and will facilitate meetings with palliative care team.

Right to a fair trial

N/A

Right to respect for private and family life, home and correspondence

The team work closely with family to facilitate best negotiated outcomes agreed to support care .Taking all parties wishes into account.

Right to respect for freedom of thought, conscience and religion

The service helps the facilitating role with the Spiritual Care Team. There is a huge importance that Faith and Belief can play ensuring a good death for patients and subsequently good grief for family, carers and friends.

Non-discrimination

As per EQIA evidence returned above.

12. 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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Lead Reviewer Name: Anne Todd

Date: 20.8.18

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)

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

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Lead Reviewer:

EQIA Sign Off:

**Name
Job Title
Signature
Date**

Quality Assurance Sign Off:

**Name
Job Title
Signature
Date**

Please email a copy of the completed EQIA form to CITAdminTeam@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:

CITAdminTeam@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
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

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
Action:			
Reason:			
Action:			
Reason:			

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 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.