**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 for further details or call 0141 2014560.**

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

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| Glasgow City Health and Social Care Partnership :Review of Glasgow Health and Social Care Partnership based Speech and Language Therapy staff for adults and older people services |

**This is a : Service Development**

**2. Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally determined).**

| **A. What does the service do?** |
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| Provision of speech and language therapy (SLT) assessment, support and intervention for adults within the remit of the Glasgow City Health and Social Care Partnership. Review of Glasgow Health and Social Care Partnership(HSCP) based SLT staff for adults and older people to include; Speech and Language(SLT) Therapies within Community Rehabilitation Multi Disciplinary Teams(MDT) services SLTs within Adult Learning Disability MDT Services SLT Mental Health Inpatient Service SLT Care Home Service SLT Forensic Service SLTs within Community Stroke MDT Services |
| **B. 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.)** |
| Service was selected for review due to address issues relating to service demand, governance structures and eligibility criteria. Within this programme of review, the need to comply to equality act 2010 was identified to ensure any findings and service changes would meet these requirements. |

**3. 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:** | **Date of Lead Reviewer Training:** |
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| Smart, Kirsty | 28/08/2018 |

**4. 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):**

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| Alison Gray (Advance Speech &Language Therapist); Catherine Dunnet (Clinical Services Manager); O'HaraE (Clinical Specialist SLT); Val Kerr (Speech and Language Therapist); Isla Hyslop (Head of OD); jackie Kerr (Head of operation GCHSCP); Kirsty Smart (Band 6 OT) |

| | **Lead Reviewer Questions** | ***Example of Evidence Required*** | **Service Evidence Provided** | **Additional Requirements** |
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| **1.** | **What equalities information is routinely collected from people using the service? Are there any barriers to collecting this data?** | ***Age, Sex, Race, Sexual Orientation, Disability, Gender Reassignment, Faith, Socio-economic status data collected on service users to. Can be used to analyse DNAs, access issues etc.*** | Variation in quantity and quality of information collated across the service identified in scoping. In addition there are various systems for recording patient information hence no consistency to support collating data. | Identified need to standardise data collection across SLT service. Actioned procuring Laptops for each member of SLT staff and progressing use of a uniformed electronic patient record system. |

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| **2.** | **Can you provide evidence of how the equalities information you collect is used and give details of any changes that have taken place as a result?** | ***A Smoke Free service reviewed service user data and realised that there was limited participation of men. Further engagement was undertaken and a gender-focused promotion designed.*** | From the limited and inconsistent data available probable inequities have been identified including differential waiting lists and varying/ restrictive service specification ie age and condition specific barriers | Undertook review in the absence of standardised data to further scope inequalities. |
| **3.** | **Have you applied any learning from research about the experience of equality groups with regard to removing potential barriers? This may be work previously carried out in the service.** | ***Cancer services used information from patient experience research and a cancer literature review to improve access and remove potential barriers from the patient pathway.*** | Action based research approach by conducting qualitative interviews with all staff members to explore barriers and solutions to support service improvement. Emerging themes identified and formed basis of review recommendations moving forward. At all stages of review have received support from organisational development Consulted review of Occupational Therapy services in this review work, taking learning from that Augmentative and Alternative Communication (AAC) legislation has driven changes in service, see the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016, Part 4: provision of communication equipment | Recommendation paper produced based on learning which includes options and solutions to address inequities through a process of learning, development & improvement |
| **4.** | **Can you give details of how you have engaged with equality groups to get a better understanding of needs?** | ***Patient satisfaction surveys with equality and diversity monitoring forms have been used to make changes to service provision.*** | No consistent approach used to gather and collate patient experience or views | Common approach need to be agreed and embedded as standard in to practice |
| **5.** | **Question 5 has been removed from the Frontline Service Form.** | | | |
| **6.** | **Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?** | ***An outpatient clinic has installed loop systems and trained staff on their use. In addition, a review of signage has been undertaken with clearer directional information now provided.*** | Services are predominantly provided in care homes, patients own home, hospice and hospital wards Staff have completed equality and diversity training and are fully aware of their responsibilities in meeting patients physical needs | If new service model requires patient to be seen in an outpatients clinical all environments will be subject to assessment of suitability |
| **7.** | **How does the service ensure the way it communicates with service users removes any potential barriers?** | ***A podiatry service has reviewed all written information and included prompts for receiving information in other languages or formats. The service has reviewed its process for booking interpreters and has briefed all staff on NHSGGC's Interpreting Protocol.*** | The service assesses all patient communication needs and provides bespoke support to ensure that each individual can communicate optimally. This includes talking mats, visuals, symbols, BSL, technology and use of interpreters. The review identified funding and resource challenges to fully supporting the timely provision of communication therapy and augmentative communication resources where required | Through GGC board wide forum work to improve the processes, access and equity in line with recent legislation, Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016, Part 4: provision of communication equipment Continue to raise to HSCP senior management the need to protect existing level of staffing resource from future reductions in order to support meeting the needs of patients, complying with |

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| | | | | EQIA and implementing the recommendations of the review |
| **8.** | **Equality groups may experience barriers when trying to access services. The Equality Act 2010 places a legal duty on Public bodies to evidence how these barriers are removed. What specifically has happened to ensure the needs of equality groups have been taken into consideration in relation to:** | | | |
| **(a)** | **Sex** | ***A sexual health hub reviewed sex disaggregated data and realised very few young men were attending clinics. They have launched a local promotion targeting young men and will be analysing data to test if successful.*** | This section must be read mindful of all equality groups. | |
| **(b)** | **Gender Reassignment** | ***An inpatient receiving ward has held briefing sessions with staff using the NHSGGC Transgender Policy. Staff are now aware of legal protection and appropriate approaches to delivering inpatient care including use of language and technical aspects of recording patient information.*** | Staff are being made aware of NHS GGC's gender reassignment policy in relation to the provision of clinical care | |
| **(c)** | **Age** | ***A urology clinic analysed their sex specific data and realised that young men represented a significant number of DNAs. Text message reminders were used to prompt attendance and appointment letters highlighted potential clinical complications of non-attendance.*** | There is evidence of a variety of service criteria related to age which limits service access or delays SLT assessment/ treatment category e.g .Elderly patients within Care Homes generally waiting significant periods to receive a limited service when compared to people aged under 65 years with physical disabilities who receive a service with minimum waiting times and a full scope of services available | Carson J. and Smart K. 2017 Review of Adult and Older peoples services in Glasgow HSCP brought to the SLT services attention of the different services provisions relating to age. A series of recommendations within the SLT Review paper will lead to an action plan which seeks to address the issues of inequitable waiting time and service range linked to age and context. |
| **(d)** | **Race** | ***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.*** | No consistent way of recording patient race across the service All staff trained in equality and diversity. All staff routinely use NHS GGC translating and interpreting services as required | Action as above to include consistent approach within data collection |
| **(e)** | **Sexual Orientation** | ***A community service reviewed its information forms and realised that it asked whether someone was single or 'married'.*** | No data routinely and consistently collected | Staff will be made aware of LGBT policy and development in order to embed in practice |

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| | | ***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.*** | | |
| **(f)** | **Disability** | ***A receptionist reported he wasn't confident when dealing with deaf people coming into the service. A review was undertaken and a loop system put in place. At the same time a review of interpreting arrangements was made using NHSGGC's Interpreting Protocol to ensure staff understood how to book BSL interpreters.*** | An initial scoping identified that access to services varied considerably depending on age and diagnostic category e.g .Elderly patients within Care Homes generally waiting significant periods to receive a limited service when compared to people aged under 65 years with physical disabilities who receive a service with minimum waiting times and a full scope of services available to them. | Carson J. and Smart K. 2017 Review of Adult and Older peoples services in Glasgow HSCP brought to the SLT services attention of the different services provisions relating to age. A series of recommendations within the SLT Review paper will lead to an action plan which seeks to address the issues of inequitable waiting time and service range linked to age and context. |
| **(g)** | **Religion and Belief** | ***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.*** | No consistent data gathering re religion and belief | Action as above around developing consistent data collection |
| **(h)** | **Pregnancy and Maternity** | ***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.*** | Not applicable ie patients seen in own environment | |
| **(i)** | **Socio - Economic Status** | ***A staff development day identified negative stereotyping of working class patients by some practitioners characterising them as taking up too much time. Training was organised for all staff on social class discrimination and understanding how the impact this can have on health.*** | Service provision regardless of socio economic status, no specific data collated currently. Some evidence of services fully engaging with hard to reach individuals but lack of consistency across service | Awareness to ensure future developments across the service will fully engage with hard to engage individuals and be consistent |
| **(j)** | **Other marginalised groups - Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers** | ***A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas.*** | Review has identified that prisoners, ex-offenders and patients with significant MH conditions in the community do not have an identified referral and service pathway for SLT because services are currently structured around contexts and conditions | Review recommendations seek to positively impact on this by reviewing service specification and building therapeutic skill, experience and capacity |

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| **9.** | **Has the service had to make any cost savings or are any planned? What steps have you taken to ensure this doesn't impact disproportionately on equalities groups?** | ***Proposed budget savings were analysed using the Equality and Human Rights Budget Fairness Tool. The analysis was recorded and kept on file and potential risk areas raised with senior managers for action.*** | Service reviewers are not aware of planned budgetry changes but are mindful in reviewing the service that in order to deliver an equitable and safe service to the population there requires to be current funding levels maintained | |
| **10.** | **What investment has been made for staff to help prevent discrimination and unfair treatment?** | ***A review of staff KSFs and PDPs showed a small take up of E-learning modules. Staff were given dedicated time to complete on line learning.*** | Staff are encouraged to comply with mandatory learnpro training | A lack of a cohesive governance structure prohibits reliable reporting of this which will be addressed in the review recommendations |

**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 (including dementia 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 support each article, 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**

All staff are trained in Suicide prevention and are aware of the supports available throughout NHSGGC

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

All staff trained in adult care and protection

**Prohibition of slavery and forced labour**

All staff encouraged to comply with manadatory Learnpo training and applicable policies

**Everyone has the right to liberty and security**

Staff aware of policies including Lone working, dignity at work and security/ threat

**Right to a fair trial**

Where required staff can provide assessment and support to clients going through the criminal justice system

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

Therapy staff engage with patients being fully compliant with confidentiality and consent policies including safe information handling training

**Right to respect for freedom of thought, conscience and religion**

Service provided takes account of religion and beliefs including adapted appointment times, dietary preferences etc in line with equality, diversity and human rights training

**Non-discrimination**

The ethos of the service is to comply with the Equalities Act 2010

**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.**