

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 for further details or call 0141 2014817.

Name of Current Service/Service Development/Service Redesign:

Mortuary Services, New South Glasgow Hospital, Diagnostics 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 Mortuary Service involves the receipt, storage and subsequent release of the deceased's body. Facilities are available for relatives to view the deceased. Post mortem examinations are carried out in certain cases.

Mortuary Services will be moving to the new Laboratory Building at the Southern General Hospital in 2012. The Glasgow city mortuary will also be transferring to this new facility and all post mortems for NHS Greater Glasgow Clyde and fiscal cases will be conducted there.

This new Southern General facility will be able to store 300 bodies. However, there will be storage facilities at Glasgow Royal Infirmary; Western Infirmary; Victoria Infirmary; Gartnavel General Hospital, Vale of Leven Hospital, Royal Alexandra Hospital and Inverclyde Royal Hospital.

Families will be able to view the deceased at the mortuary, however, this will be by appointment only. The areas which the public will have access to will be located on the ground floor of the new laboratory building. (Members of the public will be escorted at all times). There will be three separate entrances; one for paediatric cases; one for adult cases and one for the fiscal cases. A variety of viewing rooms will be available, some of which are larger than others to be able to accommodate different needs.

If corneal donation has been requested then this will be performed at the mortuary.

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 EQIA was selected to ensure the new service is not discriminatory.

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)

Bruce Barnett; Assistant General Manager; Diagnostics Directorate, Western Infirmary.

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):

Assistant General Manager; Acting Mortuary Manager; Lead Clinical Co-ordinator; Quality Co-ordinator and Equality and Diversity Assistant.

	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>	Gender and date of birth are recorded in the Pathology Database (Telepath).	Work is underway to commission a new software system to accommodate the needs of the service.
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.	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>	Staff from Mortuary Services have liaised with representatives from local Mosques regarding the releasing of bodies out of hours. (It has been agreed that bodies will not be released between midnight and 8am). All funeral directors must arrange a time to collect the body.	

			<p>The service redesign process has taken cognisance of the Liverpool Care Pathway (this is for palliative care patients).</p> <p>As part of the plans for the new hospital a Bereavement Pathway Group was established. The group included representation from mortuary staff. The outcome from the group was to establish a bereavement pathway and to ensure physical routes for transfer of the deceased patient prevent distress to relatives or other patients. This latterly included interim measures for the time frame between the opening of the labs building and the opening of the new hospital, when a new underground tunnel will be used.</p> <p>As part of the redesign process, there was engagement with SANDS (Stillbirth and neonatal death charity).</p> <p>As part of the redesign process, the service has engaged with local funeral directors.</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 have been used to make changes to service provision.</i>	As part of the engagement process for the new South Glasgow Hospital the Community Engagement Team programme held a series of design workshops. The aim of these workshops was	Mortuary Services are developing a questionnaire for staff and funeral directors to help improve the service.

to specify in more detail the views, hopes and aspirations of patients, families and carers in relation to the physical environment, facilities and amenities of the new hospital.

As part of the planning for the new South Glasgow Hospital, a Community Engagement Advisory Group (CEAG) was established. The group's remit was to provide support and guidance to the new adult hospital project team to ensure the needs of patients, carers and the wider hospital community inform planning for the new adult hospital. In addition to this a Better Access to Health group was established to support engagement on physical access issues around the New South Glasgow Hospitals Project. The full schedule of workshops involved over 175 patients, family members and carers. These were aged between 8 and 83 years; had recent experience of using the areas and facilities under discussion; represented a number of the ethnic communities within NHS Greater Glasgow and Clyde; represented people with mobility, sensory and learning difficulties and finally, came from Greater Glasgow, Inverclyde, Renfrewshire, Lanarkshire, Ayrshire, East and West Dunbartonshire, East Renfrewshire

			<p>and Argyll. Some of the key themes identified were Mortuary and viewing facilities to ensure that consideration is given to meeting the needs of families and carers by providing appropriate access to a reassuring environment that balances the need to protect the privacy and dignity of the deceased with the emotional and support needs of their loved ones. It is recognised that families should be offered privacy and dignity, with appropriate facilities able to accommodate a number of families including large families, with different needs.</p> <p>These engagement processes have influenced the design and appearance of public, family and relatives rooms as well as quiet rooms.</p> <p>The charity SANDS was also involved in the decoration of family rooms.</p>	
5.	If your service has a specific Health Improvement role, how have you made changes to ensure services take account of experience of inequality?	<i>A service for teenage mothers includes referral options to smoking cessation clinics. The clinics are able to provide crèche facilities and advice on employability or income maximisation.</i>	Not applicable.	
6.	Is your service physically accessible to everyone? Are there potential barriers	<i>An outpatient clinic has installed loop systems and trained staff on their use. In addition, a review of</i>	Mortuary Services will be based on the ground floor and the basement floor of the new building.	There are no designated car parking spaces outside the mortuary (except disabled

	that need to be addressed?	<i>signage has been undertaken with clearer directional information now provided.</i>	<p>However, the public will only have access to the ground floor.</p> <p>There will be some disabled parking spaces outside the laboratory building.</p> <p>As this is a new building, there will be a ramp at the entrance of the new building; there will be automatic doors at the entrance. There will be sufficient space to accommodate wheelchair users.</p>	parking spaces). However, it is anticipated that alternative arrangements could be made when required.
7.	How does the service ensure the way it communicates with service users removes any potential barriers?	<i>A podiatry service has reviewed all written information and included prompts for receiving information in other languages or formats. The service has reviewed its process for booking interpreters and has briefed all staff on NHSGGC's Interpreting Protocol.</i>	<p>Signage for the new laboratory building will be large enough and have sufficient colour contrast for people with visual impairments.</p> <p>All funeral directors must telephone to make an appointment to collect the deceased.</p> <p>Mortuary staff will phone or visit wards if required to provide advice and guidance.</p>	Mortuary Staff need copies of the booking system for interpreters
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	<i>A sexual health hub reviewed sex disaggregated data and realised that very few young men were attending clinics. They have launched a local promotion targeting young men and will be testing sex-specific sessions.</i>	Mortuary staff always respect the deceased and their bereaved relatives.	
(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>	Mortuary staff always respect the deceased and their bereaved relatives.	Ensure mortuary staff are aware of NHSGG&C's Transgender Policy.
(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 potential clinical complications of non-attendance.</i>	Date of birth is recorded in the Pathology Database (Telepath). There will be separate entrances for adult services, children services and fiscal cases. There will also be separate waiting areas for paediatrics; adults and fiscal cases. Non-viable foetuses are sensitively handled and are sent to a specific crematorium.	
(d)	Ethnicity	<i>An outpatient clinic reviewed its ethnicity data capture and realised that it was not providing</i>	Mortuary staff are aware of different cultural needs of the deceased.	

		<p><i>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></p>	<p>Mortuary staff can provide advice to families about the necessary forms required for repatriation.</p> <p>Mortuary staff would challenge any racist behaviour.</p> <p>Mortuary staff have been working with the Lead Clinical Co-ordinator to ensure there are robust protocols in place for the early release of bodies. (Clinical co-ordinators are on duty in hospital from 7pm to 7am. This protocol was created to ensure they are aware of the circumstances when a body cannot be released). When a body is infected or it is a bariatric patient.</p>	
(e)	Sexual Orientation	<p><i>A community service reviewed its information forms and realised that it asked whether someone was single or 'married'. This was amended to take civil partnerships into account. Staff were briefed on appropriate language and the risk of making assumptions about sexual orientation in service provision. Training was also provided on dealing with homophobic incidents.</i></p>	<p>Mortuary Staff are aware of the importance of using appropriate terminology when dealing with the deceased and their relatives.</p> <p>Mortuary staff would challenge any homophobic behaviour.</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</i></p>	<p>The new laboratories building will have the following:</p> <ul style="list-style-type: none"> • Disabled car parking spaces 	<p>The service needs to check if the reception desk has a loop system.</p>

		<p><i>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>	<p>located outside the building.</p> <ul style="list-style-type: none"> • Ramp Access • Automatic Doors • Lifts will be available (however, the service is located on the ground floor). • There will be accessible toilets. • All corridors will be wheelchair accessible. • Relatives who come to view a body will be escorted at all times by a member of staff to a waiting area adjacent to the viewing room. • Signage will be visually friendly • There will be colour contrast between the floors; walls etc (for people with visual impairments). • The waiting areas will have a variety of chairs, styles and sizes. 	<p>Mortuary staff need to be aware of how to access other forms of communication support (e.g. a family member coming to view a body may have communication needs).</p>
(g)	Faith	<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>All mortuary staff have access to NHSGG&C's Faith and Belief Communities Manual which includes information about the different faith groups in Glasgow.</p> <p>Mortuary Services have strong ties with the Central Mosque and have engaged with them regarding releasing a body out of hours protocol (agreement that bodies will not be released between midnight and 8am .</p>	

			<p>Mortuary Services staff can contact the Chaplaincy Department for advice and support.</p> <p>Staff will ensure that quiet rooms have appropriate articles of faith available as and when required and ensure no particular faith is dominant.</p> <p>The new facility will have a multi-faith room available.</p> <p>Mortuary staff would not remove any items from the deceased e.g. articles of faith.</p> <p>If a post mortem was required, mortuary staff would respect the belief's of the patient's faith.</p>	
(h)	Socio – Economic Status	<p><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></p>	<p>Mortuary Services staff can signpost families to Funeral Directors to establish costs of a funeral..</p> <p>NHSGG&C's Information and Support for Relatives and Friends booklet has information on Paying for the Funeral; Help to Pay for the Funeral; information about benefits and information about Money Advice Scotland.</p>	
(i)	Other marginalised groups – Homelessness, prisoners and ex-offenders, ex-	<p><i>A health visiting service adopted a hand-held patient record for travellers to allow continuation of</i></p>	<p>NHSGG&C has a Procedure for what to do when an asylum seeker dies in hospital which includes</p>	

	service personnel, people with addictions, asylum seekers & refugees, travellers	<i>services across various Health Board Areas.</i>	contact details for the relevant organisations. If a homeless person dies in hospital and there are no relatives the mortuary staff and facilities staff will organise the funeral.	
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?	<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>		
10.	What does your workforce look like in terms of representation from equality groups e.g. do you have a workforce that reflects the characteristics of those who will use your service?	<i>Analysis of recruitment shows a drop off between shortlisting, interview and recruitment for equality groups. Training was provided for managers in the service on equality and diversity in recruitment.</i>	The Services adhere to NHS GG&C's recruitments policy and procedures.	
11.	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>	All mortuary staff have personal development plans. There will be an induction programme when the staff move to the new facility.	

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.

Mortuary staff have developed a sensitive system for the sensitive disposal of non-viable foetuses. These are sent to a specific crematorium at a specific time. The practice was developed at the Southern General Hospital and had been adapted and adopted nationally.

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)
<p>Cross Cutting Actions – those that will bring general benefit e.g. use of plain English in written materials Ensure that the new software encompasses any equalities data that would be useful for analysis purposes.</p> <p>Mortuary staff to obtain feedback from staff and funeral directors regarding their service.</p>	<p>Future date for new software not yet defined</p> <p>31st December 2012</p>	<p>BB</p> <p>WS</p>
<p>Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy</p> <p>Review car parking spaces available for relatives. This may be more feasible once the new hospital is built but review for interim measures.</p> <p>Ensure staff receive copies of the interpreting booking system poster.</p> <p>Ensure staff are aware of NHSGG&C’s transgender policy.</p> <p>Check if new reception desk will have an induction loop. (if no induction loop, a portable loop system will be made available for visitors to the mortuary)</p>	<p>30th June 2012</p> <p>23rd December 2011</p> <p>15th December 2011</p> <p>31st January 2012</p>	<p>BB</p> <p>BB</p> <p>BB</p> <p>BB</p>

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

30th June 2012

Lead Reviewer: Name: Bruce Barnett
EQIA Sign Off: Job Title: Assistant General Manager, Diagnostics
Signature: *Bruce Barnett*
Date: 29th December 2011

Quality Assurance Sign Off: Name
Job Title
Signature
Date

Please email a copy of the completed EQIA form to 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.