

**NHS Greater Glasgow and Clyde
Equality Impact Assessment Tool**

It is essential to follow the EQIA Guidance in completing this form

Name of Current Service/Service Development/Service Redesign:

Renfrewshire CHP District Nursing Services

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

Brief description of the above: (Please include if this is part of a Board-wide service or is locally determined).

The service is part of a range of domicillary services available to the residents of the RCHP area and it provides nursing care in the patients home/care home, and occasionally in the clinic setting, to adults over 16 years of age with a wide range of conditions, illnesses and health needs.

Who is the lead reviewer and where based?

Dorothy Duffy, Senior Nurse, Adult Services, RCHP

**Please list the staff groupings of all those involved in carrying out this EQIA
(when non-NHS staff are involved please record their organisation or reason for inclusion):**

Clinical team leader, Intensive Care Manager-Community Nursing, Senior Nurse-Adult services RCHP, Community Sister (Homelessness), Project Lead Community Nursing, Charge Nurse (Community)

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
All	<ul style="list-style-type: none"> • Service users can be visited in own home 	<ul style="list-style-type: none"> •

	<ul style="list-style-type: none"> • Working collabortively with fire service in identifying vulnurable adults • Service users routinely advised of complaints procedure. If any incidents occur they would be dealt with through IR1. • Staff have access to Scottish patient at risk re-admission information. 	
Gender	<ul style="list-style-type: none"> • Gender data is collected. • Balance of male to female differs by disease • Service users can access male or female staff if preferred • Homeless nurse involved in group work which is gender/age specific. • In relation to Transgender patients, service would attempt to meet requirements for individuals. • Staff have accessed gender based learning and education and are developing service as a result. 	<ul style="list-style-type: none"> • Gender data not analysed. • Gender based violence routine enquiry not currently used in service. • More men access homeless nurse service
Ethnicity	<ul style="list-style-type: none"> • Ethnicity data collected • Communication and language assessment undertaken on each new referral. • Referral made for support to service users from minority ethnic backgrounds • Staff are aware of the protocol for booking interpreters • Cultural assessment mainly in relation to end of life issues • All staff have accessed training on ethnicity 	<ul style="list-style-type: none"> • Data not analysed

	<p>and used this to inform service development</p> <ul style="list-style-type: none"> • Care plan would reflect needs relating to ethnic group, e.g. diet. 	
Disability	<ul style="list-style-type: none"> • Disability noted in assessment and care plan for individual patients and there is no difference in uptake by Disability. • Service can arrange modifications of patients physical environment. • Communication and language support needs assessed routinely. • Programme available for learning and education on Disability related issues and staff have accessed this. • Alternative information formats accessed from other services. • Home visits made to improve communication with deaf/hard of hearing parents • Staff can access British sign Language interpreters 	<ul style="list-style-type: none"> • Service wide data not available • Text phone not available for deaf people.
Sexual Orientation	<ul style="list-style-type: none"> • Referrals made as appropriate based on individual need. 	<ul style="list-style-type: none"> • Sexual Orientation data not collected not analysed
Religion and belief	<ul style="list-style-type: none"> • Religion and Belief Data collected • Learning and education training provided to staff particularly in relation to palliative and end of life care. • Staff can access spiritual support routinely from local religious groups/services and has information about religious backgrounds of 	<ul style="list-style-type: none"> • Data not analysed

	patients.	
Age (Children/Young People/Older People)	<ul style="list-style-type: none"> • Date of Birth routinely collected and age data analysed. • Mainly older adults based service, patients referred from 18+ • Patient specific information available for older adults with long term conditions and for carers • Frequently adapt the physical environment – equipment includes Tele-health; Home adaptations; mobility aids • Communication and language needs are assessed routinely • Learning and education includes vulnerable adults training • Two gerontology nurses in post to support people in older age in a variety of environments • Appointment times can be adjusted • Service has access to information for all age groups 	No negative impact
Social Class/ Socio-Economic Status	<ul style="list-style-type: none"> • Staff can access support services for people/carers and their families to address social financial issues. 	<ul style="list-style-type: none"> • No negative impact

<p>Additional marginalisation</p>	<ul style="list-style-type: none"> • Homeless nurse in post, Older adults have access to community mental health. Nurses promote service which can be accessed. • Communication and language service provided • Referrals made proactively across all services and disciplines. • Programme of learning and education –on-going mandatory programme. 	<ul style="list-style-type: none"> • Not everyone is registered with GP/health services- so there is a potential for inequalities (primary source of referrals).
--	--	---

<p>Actions</p>	<p>Date for completion</p>	<p>Who is responsible?(initials)</p>
<p>Cross Cutting Actions</p> <ul style="list-style-type: none"> • Opportunity to analyse data to inform service development. 		
<p>Specific Actions</p> <ul style="list-style-type: none"> • GBV enquiry to be introduced as part of assessment process. • Examine disparities in access to homeless services. • Ensure development of webpages to promote services to staff teams and patients. • Consider use of textphone or alternative forms of communication with Deaf people. 		

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

--

Lead Reviewer: Name:
 Sign Off: Job Title
 Signature

Date:

Please email copy of the completed EQIA form to irene.mackenzie@ggc.scot.nhs.uk

Irene Mackenzie, Corporate Information and Development Manager, Corporate Inequalities Team, NHS Greater Glasgow and Clyde, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ. Tel: 0141-201-4970.