

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:

Dietetic Service, Yorkhill Hospital, Women & Children's Directorate, NHSGGC

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 Dietetic Department works with children (from birth to teenagers) and their families, who have a condition where nutrition and special diets can be used as treatment and/or support medical care. The Dept takes referrals from a wide range of clinical specialities, (approximately 15 specialist areas), as well as from general paediatric medicine/ surgery, and community paediatrics. The Dietitians generally work as part of multi disciplinary teams within the speciality area and will also liaise with community colleagues (health, education, social work) to support ongoing care following discharge.

The service has an integrated acute and community service and care is delivered in the hospital (in-patients and out-patients), child development centres, special needs schools and if required at home or nurseries. As Yorkhill Hospital is a tertiary and national referral centre, the dietitians will also participate in shared care clinics in local District General Hospitals organised through the Managed Clinical Networks.

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.)

Selected by W & C Directorate

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)

Anne Maclean, Head of Dietetics, Yorkhill Hospital

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):

Dietitians, Dietetic Assistant, Admin Staff
Dietetic representative from each of the 4 clinical teams, plus Head of Dept (5)
One Dietetic Assistant
One Admin Staff

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Lead Reviewer Questions	<i>Example of Evidence Required</i>	Service Evidence Provided (please use additional sheet where required)	Additional Requirements
<p>1. What equalities information is routinely collected from people using the service? Are there any barriers to collecting this data?</p>	<p><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></p>	<p>The service can access patient demographic information from HISS, this includes, age, gender and postcode.</p> <p>The Diabetes Service collects data on ethnicity, sex and age on their Magistral Data Base.</p> <p>Data on number of children with complex medical needs requiring home enteral feeding, is available on the Dietetic Dept Home Enteral Feeding Data base.</p>	<p>Data on ethnicity, religion and disability is not routinely collect on HISS.</p> <p>Analyse data from the interpreting booking requests.</p>
<p>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?</p>	<p><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></p>	<p>Attendance data from Dietetic clinics is used to analyse pattern of DNA's based on clinic location. This has allowed us to restructure our clinic sessions and patients are now given the choice of location, i.e. Hospital or community, to help improve attendance & efficiency of the service.</p> <p>In the Diabetes service the Carstairs index is measured and compared with annual HbA1c results (measure of blood glucose control) to assess if social deprivation contributes to overall diabetes control and the team will then prioritise education to these families.</p> <p>The Specialist Obesity Clinic is also analysing data on socio-economic group and will use to inform development of the service</p>	

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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>	<p>Research has shown that breast feeding can reduce the impact of social inequality as well as having clinical benefits; Dietitians support and encourage mums to breast feed if clinically appropriate.</p> <p>A validated Paediatric Nutrition screening tool was developed for children (PYMS), as screening patients for risk of nutritional problems on admission to hospital to help improve outcomes and reduce the length of hospital stay.</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>	<p>Several of the specialist areas - Gastroenterology, metabolic, diabetes, have carried out patient satisfaction surveys/feedback questionnaires.</p> <p>From the survey of patients attending the gastroenterology clinics, a transition clinic for teenagers with Inflammatory Bowel Disease will be set up.</p> <p>The Diabetes service have organised the group teaching sessions by age and teaching methods are age appropriate.</p> <p>Several of the Specialist Areas are linked to Managed Clinical Networks which have patient/carer representation.</p>	<p>Encourage other specialist areas to undertake similar surveys</p> <p>Review the training materials produced by the Managed Clinical Network (MCN) for Children with Exceptional Healthcare Needs (CEN)- emotional impact of enteral feeding on families & communicating with children with CEN</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</i>	The Dietetic Dept has contributed to the development of the Active Children eat Smart (ACES) programme for overweight children and sign post children and families to this service.	

		<i>employability or income maximisation.</i>	<p>Dietitians will refer to the Infant Feeding Advisors if mothers need support/advice with breast feeding.</p> <p>Review of ACES programme showed that teenagers need additional support and input from psychology services.</p>	
6.	Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?	<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>Patients attending general Dietetic clinics are offered a choice of clinic location, i.e. Hospital or local community clinic to suit their needs.</p> <p>Several of the clinical specialities we work in (gastroenterology, metabolic cystic fibrosis) are part of West of Scotland Managed Clinic networks. The aim of the networks is to ensure equity in the level and access to care. As part of this the dietitians attend out reach clinics in the local District General Hospitals.</p> <p>Car parking is available at all locations with direct access by ramp to all the buildings.</p>	
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>All patient literature is reviewed by the FILES committee as part of the quality assurance process.</p> <p>All Dietetic and Admin staff are aware of the NHSGGC Interpreting Service and how to book interpreters</p> <p>Leaflets on Infant feeding can be downloaded from the Scottish Government in several different languages.</p> <p>Dietetic Led Coeliac Clinic have developed</p>	<p>Review out-patient clinic letters NHSGGC Accessible Information Policy to ensure meet the recommendations.</p> <p>Review the training materials produced by the Managed Clinical Network (MCN) for Children with Exceptional Healthcare Needs (CEN)-communicating with children with CEN</p>

			<p>patient information leaflets for parents and children on the clinic and what to expect when they attend</p> <p>The Feeding clinic also has a patient information leaflet and a leaflet is under development for the general out-patient clinic,</p> <p>If communication problems are identified in the referral letter, then systems will be adapted to support communication.</p> <p>Email may be used to communicate with parents but needs to comply with the NHSGGC Email Policy</p> <p>Information is available in large print on request</p>	
8.	<p>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:</p>			
(a)	Sex	<p><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</i></p>	<p>The Dietetic staff is all female but if requested a chaperone could be provided.</p> <p>All staff have attended child protection training and staff are aware of gender based violence and how to seek advice and support</p>	

		<i>testing sex-specific sessions.</i>		
(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>		Promote staff awareness of the NHS GGC 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>	<p>We work with children from birth through to adolescence, and dietitians are aware of the appropriate communication skills to use for different age groups. Also age appropriate literature has been developed for healthy eating and also in several specialist areas, e.g. Phenylketonuria clinic, gastroenterology.</p> <p>There are also transition clinics in many of the specialist services and the MCNs to ensure a smooth transition from the paediatric setting to adult clinics, e.g diabetes, gastroenterology, renal, cystic fibrosis.</p> <p>The Dietetic Dept contribute to the Directorate Catering Group to ensure the menus are meeting the needs of the different age groups.</p> <p>A Specialist Obesity clinic is being developed for children who do not meet the criteria for the Active Children Eat Smart (ACES) programme, i.e. less than 5 years, children with learning disability.</p> <p>The Dietitians contribute to the family support days organised through the Managed Clinical</p>	Review transition arrangements for young people with Phenylketonuria

			<p>Networks, e.g. metabolic, gastroenterology. These offer the children and parent an opportunity to meet children and young people of similar age and to enable them to improve their self management skills.</p> <p>All staff have attended Child Protection Training.</p>	
(d)	Ethnicity	<p><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></p>	<p>Staff are aware of how to book interpreters and is used appropriately.</p> <p>Appointment times can be flexible to accommodate longer sessions if interpreting service is required</p> <p>A copy of the language prompt is available in the out-patient clinic.</p> <p>Leaflets on Introduction of weaning foods (Fun First Foods) can be downloaded from the Scottish Government in polish and chinese. Alternative formats such as Braille, large print or audio are available by contacting NHS Health Scotland.</p> <p>The Dept will organise translation of education material into other languages if requested, e.g peanut free dietary information translated into mandarin. Added here because of mandarin component instead of disability.</p>	<p>We will audit the number of interpreters and the languages and use this information to review our patient literature</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</i></p>	<p>Staff are aware of not making assumptions about family relationships.</p> <p>Staff are aware that adolescents have an awareness of sexual orientation. They will</p>	

		<i>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>	manage this in a sensitive manner and seek further support or advice if appropriate	
(f)	Disability	<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>Dietitians will visit at home or review at special needs school if required.</p> <p>Wheel chair weighing scales are available in out-patient clinics and special needs schools.</p> <p>Patient literature and educational leaflets have been developed specifically for adults with learning difficulties attending the Adult Phenylketonuria clinic</p> <p>If the child or parent has learning difficulties the dietitian will modify information to suit educational level. e.g. instructions on feeding regimens.</p> <p>Leaflets on Introduction of weaning foods (Fun First Foods) are available in alternative formats such as Braille, large print or audio are available by contacting NHS Health Scotland.</p> <p>The Diabetes Service has educational material available in DVD format</p> <p>The clinic rooms at are all accessible for wheelchair and push chair access and lifts are available. In Yorkhill Hospital one of the lifts has an announcer facility. Clinic rooms have mixture of chair sizes.</p>	<p>Review the training materials produced by the Managed Clinical Network (MCN) for Children with Exceptional Healthcare Needs (CEN)- emotional impact of enteral feeding on families & communicating with children with CEN</p>

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(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 staff are aware of the dietary restrictions of different faiths and will adapt dietary education/treatment plans accordingly.</p> <p>Children with Cystic Fibrosis need to take a pork based enzyme replacement (Creon) and the dietitians have liaised with local religious leaders.</p> <p>The Dietetic Dept contributes to the Directorate Catering Group to ensure the main menus and special diets meet the needs of different religious groups.</p> <p>At Yorkhill Hospital, staff can signpost patients and their families to the Chaplaincy Department.</p>	<p>Make staff aware of the Faith & Beliefs Communities manual.</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>Dietitians work as part of Multi disciplinary teams within the hospital and liaise closely with community staff, e.g. health visitors, social workers, school staff. This helps to reduce the number of appointments, to support patients to attend appts and to prevent patients being lost to follow up from the Dietetic Service. Dietitians will also visit families at home, educate schools & nurseries.</p> <p>Parents attending the general Dietetic clinics are offered appointments at a local Child Development Centre instead of travelling to Yorkhill.</p> <p>A local DNA policy for out-patient clinics was developed from the NHSGGC DNA Policy, to reduce the risk of vulnerable children and families slipping through the net</p> <p>A Weight Faltering Pathway developed and implemented and training provided to Health Visitors. This has helped to improve the level of service to some categories of children with growth faltering by providing support in the home by health visitors, rather than attending multiple hospital appointments.</p> <p>Sponsorship is provided for families to attend conferences and workshops on dietary management of Phenylketonuria.</p> <p>The metabolic service has also organised workshops in local area so families do not have to travel to Glasgow.</p> <p>Staffa are aware how to obtain travel expenses</p>	
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			<p>for those entitled to it. At Yorkhill Hospital the staff can also sign post families to the Family Support Service.. The Dietitians will write letters of support for the Disability Living Allowance (DLA) if requested.</p> <p>The Dietitians will also work with disadvantaged/vulnerable families to work with other agencies. i.e. Parent And Child Together Team (PACT) team. The PACT team are made up of social workers, nursery nurses, family support and money advisors. They provide an intensive service to children and families who are dealing with a multiplicity of health and social problems.</p>	
(i)	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>	<p>As above</p> <p>The dept works closely with the psychology and social work services as part of MDT in all the clinical specialities to support parents and or children with mental health problems. e.g a dietitian works in the Dept of Child & Family Psychiatry with children with eating disorders There is psychology input to the Feeding Clinic.</p>	
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>	As with all services in NHSGGC there will be financial pressures, but services will be prioritised based on clinical needs	
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	<i>Analysis of recruitment shows a drop off between shortlisting, interview and recruitment for equality groups. Training was provided for managers in the</i>	Recruitment complies with the NHSGGC Recruitment Policy and procedures.	

	those who will use your service?	<i>service on equality and diversity in recruitment.</i>		
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 staff complete Knowledge and Skills Framework (KSF) on an annual basis.	Staff to complete the Equality and Diversity module on Learn Pro or by attendance at the NHSGGC Core Training Session

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 key strengths of the Dietetic service is that we have an integrated acute and community Dietetic service, work as part of multi disciplinary teams and also work closely with community colleagues (health visitors, community children's nurses, education and social work services). This ensures good communication between all the health professionals involved in the child's care in the hospital and to ensure there is ongoing support and care in the community.

In our general out-patient clinic we have introduced a choice for parents for clinic location or time, which has reduced waiting times and DNAs. Our Dept DNA policy monitors attendance at clinics by families who have been identified as vulnerable or at risk and we will inform the referrer and appropriate health and social work staff if concerns arise or they do not attend the appointment.

Many of the specialist areas are actively engaging with patient support groups through the Managed Clinical Networks to make sure that patients and families needs are being met and we are aware of other agencies that might be able to help. The development of the MCNS will also help to ensure that patients across the West of Scotland will have equitable access to the same standard of care and delivered locally if appropriate.

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</p> <p>Review out-patient letters to ensure they comply with the Accessible Information Policy.</p> <p>The capture of equality and diversity data will improve with the roll out across NHSGGC of a new information management system (Trackcare). In the interim period the dept will identify any clinical groups/specialities where the capture of equality and diversity data is a priority.</p> <p>Analyse the data from the interpreting booking requests</p> <p>Review availability of patient literature to support families where English is not the first language</p> <p>All staff to complete the Equality and Diversity modules on Learn Pro or by attending the NHSGGC Core Training Day</p>	<p>March 2012 June 2012</p> <p>June 2012</p> <p>June 2012</p> <p>June 2012</p>	<p>SS/JM</p> <p>Team Leads (BC, EB, JM)</p> <p>SS</p> <p>Team leads (EB, BC, JM)</p> <p>All/ KSF Reviewers</p>
<p>Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy</p> <p>Inform all the staff of the MCN for Children with Exceptional health care needs training materials and review at a Dept Clinical Update Session</p> <p>Encourage other specialist areas to undertake patient feedback surveys</p> <p>Circulate copies of the transgender policy to staff.</p> <p>Audit the number of interpreters and the languages and use this information to review our patient literature</p> <p>Review transition arrangements for young people with Phenylketonuria</p> <p>Make staff aware of the Faith & Beliefs Communities manual</p>	<p>March 2012</p> <p>Ongoing</p> <p>Jan 2012</p> <p>Interim -April 2012, Full - October 2012</p> <p>October 2012</p> <p>June 2012</p>	<p>AM/KR</p> <p>All</p> <p>AM</p> <p>SS</p> <p>SA/BC</p> <p>AM</p>

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

June 2012

Lead Reviewer:
EQIA Sign Off:

Name Anne MacLean
Job Title Head of Dietetics
Signature
Date 26/01/12

Quality Assurance Sign Off:

Name Flora Muir
Job Title Quality Co-ordinator
Signature *Flora Muir*
Date 26/01/12

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