

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](mailto:CITAdminTeam@ggc.scot.nhs.uk) for further details or call 0141 2014817.

Name of Current Service/Service Development/Service Redesign:

Acute Assessment Unit (AAU), Glasgow Royal Infirmary, Emergency Care and Medical Services 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 Acute Assessment Unit (AAU) is part of the Emergency Department (ED), but operates as a separate Unit from the ED. This Unit opened in March 2011. The AAU is for patients with underlying medical conditions. Patients are referred, either by their GP, NHS 24 and other specialists.

All patients sent to the AAU will be treated by doctors from Acute Care Medicine. Following initial treatment and investigation, patients may:

- Require admission to the Acute Medicine Receiving Unit (AMRU)
- Require admission to short stay bed within the AAU.
- Be discharged with or without follow-up or back to the care of their GP.

The Unit is open 7 days per week, 24 hours per day. There are 32 bed spaces throughout the Unit that is basically divided into 3 zones. The number of through patients Monday - Friday can be 55-80 per day. At the weekend this can be 25-35 per day.

All patients are triaged soon after arrival. They will either transfer from AAU or wait in the A&E waiting room.

The length of time patients are in the AAU varies depending on the assessment process. Patients can be in the Unit up to 23 hours and many of them will be discharged home within this timescale.

The AAU uses a customised EDIS patient information system which A&E also uses. This system also links patient's information and attendances at other A&E department in the north of the city as well as minor injuries Units.

The age range of patients is 12 <sup>3</sup>/<sub>4</sub> upwards.

The range of medical conditions is across the broad spectrum of medicine, i.e. cardiology, diabetes, respiratory, stroke, gastro, general medicine or medicine for the elderly related.

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 the Directorate's Management Team.

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)

Con Gillespie; Lead Nurse; MacQuaker Building, Victoria 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):

Lead Nurse x 2; Staff Nurse x 2; Senior Charge Nurse x 2; Clinical Support Worker; Quality co-ordinator; 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>	<ul style="list-style-type: none"> <li>The Unit uses the 'EDIS' patient information system which has fields for the following; age; gender; date of birth; postcode; religion (if applicable); if an interpreter is required. The database also has an 'alert system' if the patient has any additional needs. It is anticipated that future implementation of trakcare will facilitate capturing of more data re protected characteristics.</li> <li>Time can be a barrier to collecting this information as the Unit's priority is the patient's clinical need. If more</li> </ul>	There is a need to assess effectiveness of current data capture via a study of what is currently captured

			information is obtained via the assessment process then this can be added to EDIS.	
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>	<ul style="list-style-type: none"> <li>As part of the Acute Services Review (ASR) and the redesign of emergency care and unplanned services, data around age; postcode and types of conditions was analysed. This helped prepare for engagement process prior to implementing the new unit.</li> </ul>	
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>	<ul style="list-style-type: none"> <li>Staff from the Unit were interviewed as part of NHSGGC's Inequalities, Health and the Accident &amp; Emergency Response Report (2010).</li> <li>The Acute Assessment Unit conducts Situation, Background, Assessment and Recommendations (SBAR) audits. This is a method to help health care workers standardise communication. The goal of SBAR is to ensure the use of clear and concise communication of clinical information. Thus improving patient safety and clinical outcomes.</li> </ul>	
4.	Can you give details of how you have engaged with equality groups to get a better understanding of	<i>Patient satisfaction surveys have been used to make changes to service provision.</i>	<ul style="list-style-type: none"> <li>The Unscheduled Care Collaborative (UCC) was established to redesign emergency and unplanned care services. A key element of the</li> </ul>	

	needs?		<p>project was to ensure patients and carers were engaged in the project. Staff from the Emergency Care and Medical Services Directorate were involved in awareness raising road shows which were organised by the Community Engagement Team. This included engagement with organisations such as Deaf Connections and the West of Scotland Senior's Forum as well as other Community settings.</p> <ul style="list-style-type: none"> <li>• The Emergency Care and Medical Services Directorate participate in the Better Together In-Patient Experience questionnaires and have developed an action plan.</li> <li>• The Unit regularly reviews their complaints to identify common themes. (The main issues are length of time waiting for an assessment from medical staff).</li> </ul>	
5.	If your service has a specific Health Improvement role, how have you made changes to ensure services take account of experience of inequality?	<p><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></p>	<ul style="list-style-type: none"> <li>• Once the assessment is completed, if appropriate staff may provide dietary advice to patients.</li> <li>• If appropriate, staff can inform patients about the smoking cessation service.</li> <li>• Where appropriate, staff may conduct Alcohol Brief</li> </ul>	

			Interventions (ABI). This involves a conversation with the patient about their alcohol intake.	
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>	<ul style="list-style-type: none"> <li>• There are disabled car parking spaces available.</li> <li>• There is a drop off point outside the main entrance.</li> <li>• The main entrance to the A&amp;E Department has automatic doors. Other doors to the unit are by swipe cards (staff) or intercom. Staff may escort the patients to the AAU.</li> <li>• The reception desk has a lowered section. The reception desk also has a loop system for patients who are hard of hearing or are deaf.</li> <li>• Staff were aware that a lowered reception desk was suitable for wheelchair users but also for a child/young person who wished to explain their condition for themselves.</li> </ul>	
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</i>	<ul style="list-style-type: none"> <li>• Staff are aware of NHS GG&amp;C's interpreting policies and procedures.</li> <li>• The Acute Assessment Unit conducts Situation, Background, Assessment and Recommendations (SBAR) audits. This is a method to help health care workers</li> </ul>	<ul style="list-style-type: none"> <li>• Obtain a code for telephone interpreting and access appropriate training.</li> </ul>

		<i>all staff on NHSGGC's Interpreting Protocol.</i>	<p>standardise communication. The goal of SBAR is to ensure the use of clear and concise communication of clinical information. Thus improving patient safety and clinical outcomes.</p> <ul style="list-style-type: none"> <li>Individual assessments of patients on arrival may highlight communication needs. Communication will then be tailored to the needs of the patient. If required staff will liaise with carers/relatives.</li> </ul>	
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	<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>	<ul style="list-style-type: none"> <li>The Unit has individual bays which provide privacy for patients.</li> <li>Staff may give patients two gowns to maintain their dignity e.g. walking to the toilet.</li> <li>Where possible staff will try to accommodate requests for</li> </ul>	

			<p>same sex health professionals. If this isn't possible chaperoning would be provided.</p> <ul style="list-style-type: none"> <li>• Staff are aware of NHSGG&amp;C's Gender Based Violence Plan and have attended the training.</li> </ul>	
(b)	Gender Reassignment	<p><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></p>	<ul style="list-style-type: none"> <li>• Staff would treat patients as their chosen gender. They would ask the patient how they wish to be addressed. This would be identified at triage.</li> <li>• Staff are aware of policy and implementation of policy, need to ensure staff are aware of accessing policy when required</li> </ul>	
(c)	Age	<p><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>	<ul style="list-style-type: none"> <li>• The Unit treats patients from 12 3/4 upwards in accordance with ability to give consent</li> <li>• All staff have attended child protection training.</li> <li>• There is a children's play area.</li> <li>• There are baby changing facilities.</li> <li>• The Unit use a paediatric pain assessment tool (this uses smiley faces to gauge the patient's pain).</li> <li>• The Unit can accommodate parents and carers.</li> <li>• Staff would explain conditions and treatments in an age appropriate manner.</li> <li>• Staff may use visual aids to</li> </ul>	

			<p>explain condition and treatments to patients e.g. textbooks; pictures; drawings, x-rays etc.</p> <ul style="list-style-type: none"> <li>• Vulnerable patients would be escorted from the reception area to the Acute Assessment Unit following triage. There is a smaller waiting area in the Unit which the nursing staff can supervise as it is next to the nursing station.</li> <li>• If an elderly patient is being discharged, staff can contact Cordia (homecare support) to ensure there is an appropriate package of care in place.</li> </ul>	
(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>	<ul style="list-style-type: none"> <li>• Staff are aware of how to organise interpreters. If an interpreter is used this is documented in the case notes.</li> <li>• Staff would request same sex interpreters.</li> <li>• The Unit has not encountered any racist incidents in the Unit. Any incidents would be recorded in datix.</li> <li>• Ethnicity can be captured on EDIS system</li> </ul>	<ul style="list-style-type: none"> <li>• Review the availability of information in other languages.</li> </ul>
(e)	Sexual Orientation	<p><i>A community service reviewed its information forms and realised that it asked whether someone was single</i></p>	<ul style="list-style-type: none"> <li>• Staff are aware of the Civil Partnership Act.</li> <li>• Staff are aware of the importance of using appropriate</li> </ul>	

		<p><i>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>terminology.</p> <ul style="list-style-type: none"> <li>• There have been no homophobic incidents. Any incidents would be recorded in the datix system.</li> <li>• Anticipated this can be captured on future trakcare system</li> </ul>	
(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 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>	<ul style="list-style-type: none"> <li>• Vulnerable patients or patients with additional needs would be escorted from the reception area to the Acute Assessment Unit following triage. There is a smaller waiting area in the Unit which the nursing staff can supervise as it is next to the nursing station.</li> <li>• There are accessible toilets available.</li> <li>• The Unit has sufficient colour contrast between floors and walls.</li> <li>• The Unit can accommodate patients who have a wheelchair – the corridors are wide; the size of the doors are wider and the consultation rooms are large enough.</li> <li>• Staff are aware of how to organise British Sign Language interpreters and other forms of communication support.</li> <li>• Staff may use visual aids to explain condition and treatments to patients e.g.</li> </ul>	<ul style="list-style-type: none"> <li>• Review signage.</li> <li>• Circulate information about text relay service for patients who are deaf.</li> </ul>

			<p>textbooks; pictures; drawings, x-rays etc.</p> <ul style="list-style-type: none"> <li>• For patients with mental health issues, the Unit can contact the Community Psychiatric Nurse Service for advice or guidance.</li> <li>• For patients with learning disabilities, if appropriate, staff may liaise with the carer.</li> <li>• Can be captured with facility to populate as required</li> </ul>	
(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>	<ul style="list-style-type: none"> <li>• At reception, patients are asked if they wish to disclose their religion.</li> <li>• Staff would discuss with the patient their religious requirements.</li> <li>• Staff can access NHSGG&amp;C's Faith and Belief Communities Manual on the intranet.</li> <li>• If a patient wished to pray, the relative's room could be used.</li> <li>• The Chaplaincy Team regularly visit the Unit.</li> <li>• If a patient has any concerns about the ingredients of medication, staff can refer to the British National Formulary (BNF) handbook.</li> <li>• Halal, kosher and vegetarian food can be arranged for those in the unit requiring a meal.</li> <li>• Data can currently be captured, study identified in actions to ensure this is being achieved consistently</li> </ul>	

(h)	Socio – Economic Status	<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>	<ul style="list-style-type: none"> <li>• The Unit may refer patients to the Social Work Department.</li> <li>• Staff can signpost patients to the Cashier's Office to reclaim their travelling expenses if appropriate.</li> <li>• In some circumstances, the Unit can arrange transportation home for the patient.</li> </ul>	
(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>	<ul style="list-style-type: none"> <li>• There are processes in place to accommodate prisoners.</li> <li>• The Unit will contact the Acute Homeless Liaison Service if required.</li> <li>• The Unit will contact the Glasgow Addiction Service if required.</li> <li>• The Unit may refer patients to the Social Work Department.</li> </ul>	
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>	<ul style="list-style-type: none"> <li>• As with all departments costs saving exercises are being implemented but it is not anticipated that these will discriminate against any of the equality groups.</li> </ul>	
10.	What does your workforce look like in terms of representation from equality groups	<i>Analysis of recruitment shows a drop off between shortlisting, interview and recruitment for equality</i>	<ul style="list-style-type: none"> <li>• The Unit adheres to NHS GG&amp;C's recruitment policies and procedures.</li> <li>• The Unit has a mixture of male</li> </ul>	

	e.g. do you have a workforce that reflects the characteristics of those who will use your service?	<i>groups. Training was provided for managers in the service on equality and diversity in recruitment.</i>	and female staff.	
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>	<ul style="list-style-type: none"> <li>• All staff have regular PDP and KSF updates where any training needs are identified.</li> <li>• Staff have attended violence and aggression training. (check this)</li> <li>• Staff have attended child and adult protection training and gender based violence training.</li> <li>• Some staff have undertaken equality and diversity training.</li> </ul>	<ul style="list-style-type: none"> <li>• Circulate information to staff about the on-line equality and diversity module.</li> </ul>

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.

There have been pressures on other hospitals in NHS GG&C which has meant that some patients have been referred to the Unit that are outwith the local catchment of Glasgow Royal Infirmary. Staff were mindful of the difficulties this created for patients and their families. Staff emphasised that without good communication this would have been a very stressful time for the patient and their family.

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)
	Cross Cutting Actions – those that will bring general benefit e.g. use of plain English in written materials	

<ul style="list-style-type: none"> <li>• Review Signage</li> <li>• Circulate information to staff about the on-line equality and diversity module.</li> </ul>	March 12 March 12	CG / AB CG / AB
<p>Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy</p> <ul style="list-style-type: none"> <li>• Data analysis study to assess current capture of protected characteristics</li> <li>• Review the availability of information in other languages.</li> <li>• Obtain a code to access telephone interpreting</li> <li>• Circulate information about the text-relay service.</li> </ul>	April 12 March 12 March 12 February 12	CG DN / AB AB CG/ AB

Ongoing 6 Monthly Review

Please write your 6 monthly EQIA review date:

August 2012.

Lead Reviewer:  
EQIA Sign Off:

Name Con Gillespie  
Job Title Lead Nurse  
Signature  
Date 22/02/2012

Quality Assurance Sign Off:

Name  
Job Title  
Signature  
Date

**Please email a copy of the completed EQIA form to [EQIA1@ggc.scot.nhs.uk](mailto:EQIA1@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.**