

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:

Inpatient Renal Service Western Infirmary Dumbarton Road Level 7 East West Centre and Level 9 East, Regional Services Directorate

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

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?

Provides Care for patients requiring Acute Renal Care Chronic Renal Care Nephrology investigations. Kidney Transplantation and Renal Surgery.

The 2 renal units in Glasgow have been centralised on a single in-patient site. The new Glasgow Renal unit serves a population of around 1.6 million individuals across the West of Scotland and Forth Valley. In-patient services are located at the Western Infirmary, Glasgow, and comprise a total of 67 beds including a day-case and rapid assessment area, 'high acuity' unit, vascular access and transplant surgery.

The Renal Ward provides emergency care and planned care for renal patients. This can be for dialysis, investigation or care for surgery and biopsy.

The redesign process was to reduce waste and duplication of services by providing an increase in day case stays and reduce in-patient stays to result in greater efficiency. This change of process would therefore increase patient morale if the length of patient stay could be reduced.

A number of subgroups including a patient group informed the redesign process with a view to the suggestions being incorporated into the new South Glasgow Building plan. The Scottish Kidney Patient Federation and the Stobhill Kidney Patients Association were involved in the physical reconfiguration of Renal Services for the new South Glasgow Hospital.

All renal units have local patient groups.

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.)

The EQIA was chosen to check out the redesigned and relocated service to ensure that the service is not discriminatory in any way as its current status is like the pilot phase prior to its move to the new South Glasgow Hospital in 2015.

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)

Mrs I Brown, Lead Nurse, 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):

Lead Nurse; Senior Charge Nurse level 7; Equality & Diversity Assistant; Quality Co-ordinator

	Lead Reviewer Questions	Example of Evidence Required	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>	All patients are individually assessed on admission to the service using the current admission documentation which collects information on age, date of birth, sex, faith socio status and disability. A Mobility assessment form is completed for each patient. At the admission assessment if any Religious dietary requirements are identified these are taken into account through the hospital menu system.	Although equality data is captured manually, this information should be captured in Passweb (patient information system) or SERPA (The West of Scotland Renal System). Current computer systems are not able to capture data on sexual orientation.
2.	Can you provide	<i>A Smoke Free service</i>	The admission process allows the	

	<p>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>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>staff to develop an individual care plan and to identify any additional requirements. If any additional requirements are highlighted the staff can then organise appropriate equipment/care. For example, if there is a moving and handling issue the team is brought in and specialist equipment obtained.</p> <p>The Scottish Renal Registry is a national registry which collects and analyses data on patients who have been diagnosed with renal failure and other renal disorders in Scotland. All renal units in Scotland fully participate in the data collection of the Registry. (The data collected is epidemiology statistics and basic demography).</p> <p>Although the centralisation of the renal units was clinically driven, it also helped reduce inequalities e.g. access to services, length of stay, facilities available.</p>	
<p>3.</p>	<p>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.</p>	<p><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>	<p>The Lead Nurse has been involved in projects regarding patient transport for renal patients. The Renal Service is currently engaging with the Scottish Ambulance Service to produce criteria for renal patients.</p> <p>The Scottish Kidney Federation and the NHS Quality Improvement Scotland conducted a Scottish</p>	

			Renal Patient Experience Survey in 2009/2010. Most respondents were aged between 15–64 (82%). The median age for onset of End stage Renal Failure in Scotland is 61 years. The median age for prevalent Scottish transplant patients is 50 years.	
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>As part of the Better Together Programme, each month patients will be asked about their hospital experience and reports will be produced.</p> <p>The Community Engagement Team assisted the Renal service to gain patient views to inform the redesign process. This included Stobhill Kidney Patients Association and Scottish Kidney Patients Federation.</p> <p>The National Kidney Care conducts an annual Audit Patient Transport survey. this has assisted the work to delop improved criteria.</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>	All Healthcare workers have a responsibility to provide health improvement advice. There are leaflets and resources displayed on wards to encourage stopping smoking or healthy eating while waiting for a transplant.	
6.	Is your service physically accessible to everyone? Are there potential barriers that	<i>An outpatient clinic has installed loop systems and trained staff on their use. In addition, a review of</i>	<p>There is a drop off point outside the main entrance .</p> <p>There are disabled car parking</p>	

	need to be addressed?	<i>signage has been undertaken with clearer directional information now provided.</i>	<p>spaces located outside the main entrance.</p> <p>There are lifts available to the wards on levels 7 and 9 where renal patient services are located.</p> <p>The area has recently been refurbished so there is more room for wheelchair access than previously.</p> <p>There is clear signage which is visually friendly.</p> <p>Doors have magnetic points to keep them open.</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>There is a variety of large print information and some information provided in several different languages informing patients about renal failure and treatment options. Some of which provided by charitable Kidney association and from dialysis companies</p> <p>Staff have a process in place for organising interpreters and other forms of communication support.</p> <p>Renal Patient View is available for patients to access.(a website that aims to provide online information about your diagnosis, treatment and latest test results) .</p>	Review patient letters to ensure they comply with the Accessible Information Policy.
8.	Equality groups may experience barriers when trying to access			

	<p>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 testing sex-specific sessions.</i></p>	<p>The ward has a mixture of 4 bedded bays and single rooms. All bays are same sex accommodation.</p> <p>Staff will try to accommodate requests for same sex health professionals. If this is not possible, then chaperoning is offered as an alternative.</p> <p>Adult Protection Training is part of the statutory training course undertaken by all staff.</p>	
(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</i></p>	<p>Staff are aware of NHS Greater Glasgow and Clyde's Transgender Policy.</p> <p>To date, staff have not experienced any transgender patients accessing the service. If a transgender patient did access the service, staff would discuss their needs and develop an appropriate care plan.</p>	

		<i>information.</i>		
(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>The inpatient service accommodates ages from 16 years upwards and recognises the different needs of younger people and tries to be accommodating. (Staff may provide a single room; allow them access to their laptop; tv etc). Their parents may also be allowed to stay overnight with them.</p> <p>All staff have attended Child and Adult Protection Training.</p> <p>There is a transition group for young people transferring from Yorkhill hospital to adult services.</p> <p>The Malnutrition Universal Screening Tool (MUST) identifies if a patient has any specific dietary requirements.</p>	
(d)	Ethnicity	<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</i>	<p>Staff access the Interpreting service and are aware of the possible misinterpretation of information if family members interpret. The common language include Urdu; Cantonese and Polish.</p> <p>The Service also have bi-lingual staff for emergencies only.</p> <p>There is some patient information available in other languages.</p> <p>Staff have had to challenge racist</p>	

		<i>ensure this was provided for all appropriate appointments.</i>	behaviour in the past.	
(e)	Sexual Orientation	<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>Staff are aware of the civil partnership act and the importance of using appropriate terminology. (On admission the staff would ask about the next of kin).</p> <p>Staff would challenge any homophobic behaviour.</p>	
(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>If a patient has a disability this is recorded in the admission form and any appropriate equipment would be organised.</p> <p>There is sufficient colour contrast between the floor and walls.</p> <p>Doors have magnetic points to keep them open.</p> <p>There are accessible toilets located on each floor. The ward also has wet rooms.</p> <p>Staff are aware of how to access British Sign Language interpreters and other forms of communication support. (Some staff are access</p>	<p>Obtain access to a portable loop system.</p> <p>Circulate information about the Text Relay Service for patients who are deaf.</p>

			<p>British Sign Language Courses).</p> <p>The Malnutrition Universal Screening Tool (MUST) identifies if a patient has any specific dietary requirements.</p> <p>Staff can use pictures and diagrams to help aid the patients understanding.</p> <p>The Service has a mixture of chairs available.</p> <p>The Service has some bariatric chairs.</p> <p>Staff can accommodate carers. One example was a patient with learning disabilities and their carer was allowed to stay with them in the ward.</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>Staff have access to a Faith and Belief Communities Manual.</p> <p>There is no dedicated quiet room on the floor to facilitate private prayer. However there is a day room that can be utilised. Alternatively there is a dedicated area in the Chaplaincy Department.</p> <p>Upon request staff can contact the Chaplaincy Department on behalf of the patient.</p> <p>Halal, Kosher and vegetarian meals</p>	

			<p>are available. The Malnutrition Universal Screening Tool (MUST) identifies if a patient has any specific dietary requirements.</p> <p>Staff have an awareness of different religious festivals.</p> <p>The Dieticians can provide patients with additional advice, e.g. Muslims for during Ramadan.</p>	
(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>	<p>Staff can make referrals to the local Social Work Departments.</p> <p>Staff can signpost patients to local organisations/support groups. For example, Scottish Kidney Association; Scottish Kidney Federation who can offer support and advocacy services. These support groups also produce a quarterly magazine; current issues are distributed throughout the service.</p> <p>Some of the local charities offer patients a caravan holiday. (Kidney Support Scotland Lossiemouth and Berwick upon Tweed South East Scotland Kidney Patient Association)</p>	
(i)	Other marginalised groups – Homelessness, prisoners and ex-offenders, ex-service	<i>A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various</i>	<p>There is a protocol in place for dealing with prisoners.</p> <p>Staff have experience of contacting the Acute Homeless Liaison Service</p>	

	personnel, people with addictions, asylum seekers & refugees, travellers	<i>Health Board Areas.</i>	for advice and support. Staff can contact Glasgow Addiction Services for advice. Staff have had patients who were asylum seekers.	
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>	Yes as part of redesign and organisational requirement. Costs for each site where the services were previously located were reviewed as part of the redesign process.	
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 short listing, interview and recruitment for equality groups. Training was provided for managers in the service on equality and diversity in recruitment.</i>	There is a mix of male and female staff within the workforce although female remains predominant and there are staff from different ethnic backgrounds.	
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 (EKSF) on an annual basis and work is ongoing with Releasing Time to Care with regards to improving the way in which the team works. All staff are required to attend for equality and diversity training as part of their professional development. Staff also attend the statutory training course which covers a range	

			of topics including Equality and Diversity, Adult Protection and Child Protection Training.	
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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.

Actions – from the additional requirements boxes completed above, please summarise the actions this service will be taking forward.

	Date for completion	Who is responsible?(i initials)
<p>Cross Cutting Actions – those that will bring general benefit e.g. use of plain English in written materials</p> <p>Capture equality data on the patient information system.</p> <p>Review patient information letters to ensure that they comply with the Accessible Information Policy.</p>		
<p>Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy</p>		

