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:
Dermatology Inpatient Service, Ward 52, Southern General Hospital, 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 service provides inpatient care for a variety of treatments, e.g. topical, infusions, skin surgery and wound dressings. The inpatient service in Ward 52 is for NHS Greater Glasgow and Clyde, Forth Valley, Argyll and Bute and some of the islands.

The ward has a total of 14 beds that includes 3 single rooms and 4 bays that allow flexibility of accommodation for same sex or infection control issues. Each room or bay has its own ensuite facilities.

The average length of stay is 12 days and referrals will come via the outpatient clinics in any of the hospitals served.

The age range of patients is 14 years and older.

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 Directorate Management Team. Identified that EQIA would be of valuable that following realignment of services, ward 52 is now only in-patient Dermatology facility in NHSGG&C

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, 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; (Acting) Lead Nurse; Staff Nurse; Quality Co-ordinator and Equality and Diversity Assistant.
| 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? | 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.  
Age, gender and postcode are recorded in HIS (patient information database). Religion and disabilities are recorded in the admission form.  
In the past, staff have experienced difficulties in asking patients about equalities data as they don't see the relevance to their hospital admission.  
The ward monitors the gender of patients and their average length of stay. | Improve on the capture of other equalities data including ethnicity. This may include improving staff awareness for the need and rationale for data collection |
| 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? | 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. | 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. | Cancer services used information from patient experience research and a cancer literature review to improve access and remove potential barriers from the patient pathway. | The Emergency Care and Medical Services Directorate have been working with Alzheimer Scotland to ensure areas are dementia friendly. |
4. Can you give details of how you have engaged with equality groups to get a better understanding of needs?

| Patient satisfaction surveys have been used to make changes to service provision. |

| On discharge, each patient is asked to participate in the Better Together Senior Charge Nurse Questionnaire. No issues equality and diversity issues have been identified via comments section in Patient Experience questionnaire (Note that specific equality and diversity questions are currently not include in National Programme). |

5. If your service has a specific Health Improvement role, how have you made changes to ensure services take account of experience of inequality?

| 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. |

<p>| Patients within Ward 52, have chronic conditions, therefore staff will teach them how to manage/cope with their condition. To help patients there is a Dermatology Liaison Nurse who can visit patients at home as well as a Nurse Education Clinic. Home visits may give additional time to discuss any sensitive issues (eg disability, poverty) On admission, any patients who are smokers are offered a referral to Smoking Cessation. |</p>
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<td><strong>6.</strong></td>
<td>Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?</td>
<td>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.</td>
<td>There are disabled car parking spaces located outside the building. There is a drop off point outside the building. There are lowered kerbs. There are automatic doors at the entrance to the building. The signage has a suitable font size and has sufficient colour contrast. The corridors are wide enough to accommodate wheelchair/scooters.</td>
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<tr>
<td><strong>7.</strong></td>
<td>How does the service ensure the way it communicates with service users removes any potential barriers?</td>
<td>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.</td>
<td>All patients have an initial assessment that will augment any needs identified in the referral form. Staff will then address any needs. Staff are aware of the Accessible Information Policy. Staff are aware of and know how to organise interpreters and other forms of communication support. Staff are aware of how to use the text relay service. Staff usually telephone patients to arrange admission, but if the patient has additional needs, staff will use their preferred method of contact (eg letter).</td>
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</table>
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 | 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. | As part of the admission process, all patients are assessed to identify any additional needs (eg sexual orientation).

The ward has single sex bays.

Staff will try to accommodate requests for same sex health professionals or provide chaperoning if required.

There is a rolling training programme to ensure that all staff undertake Gender Based Violence Training. The training trajectory for face to face training is focused on priority areas (ie ED and AMR). ELearning module is available and accessible to staff. |

<p>| (b) Gender Reassignment | An inpatient receiving ward has held briefing sessions with staff using the NHSGGC | As part of the admission process, all patients are assessed to identify any additional needs. |</p>
<table>
<thead>
<tr>
<th>Transgender Policy. Staff are aware of legal protection and appropriate approaches to delivering inpatient care including use of language and technical aspects of recording patient information.</th>
<th>Staff are aware of NHS Greater Glasgow and Clyde’s Transgender Policy. If a transgender patient was admitted specific needs would be met. Staff identified limited experience caring for transgender patients to date. Staff would have a discussion with the patient to identify their needs/preferences.</th>
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<tr>
<td>(c) Age</td>
<td>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.</td>
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<td>(d) Ethnicity</td>
<td>On admission, the Malnutrition Screening Tool (MUST) is completed. This identifies patients who are at risk of malnutrition.</td>
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<td>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.</td>
<td>As part of the admission process, all patients are assessed to identify any additional needs (eg languages). Staff are aware of and know how to organise interpreters although it is rare that face to face interpreters are required for in-patients. There is some translated information available from the British Association of Dermatologists. Referral form would identify language needs if patients may ask for translated information, staff are aware of actions required. Staff are aware of the Accessible Information Policy. No racist incidents have been encountered. Any racist incidents would be reported in Datix.</td>
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<tr>
<td>Investigate the possibility of telephone interpreting.</td>
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<td>(e) Sexual Orientation</td>
<td>A community service reviewed its information forms and realised that it asked whether someone was single or 'married'. This was amended</td>
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<td>As part of the admission process, all patients are assessed to identify any additional needs.</td>
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<tr>
<td>Check if the documentation takes cognisance of civil partnerships.</td>
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<tr>
<td>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.</td>
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<tr>
<td>Staff are aware of the importance of using appropriate terminology e.g. partner rather than husband and wife.</td>
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<tr>
<td>No homophobic incidents have been encountered. Any homophobic incidents would be reported in Datix.</td>
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<tr>
<th>(f) Disability</th>
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<tr>
<td>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.</td>
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<tr>
<td>As part of the admission process, all patients are assessed to identify any additional needs.</td>
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<tr>
<td>If patients have any disabilities this is documented in the admission form.</td>
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<tr>
<td>Staff are aware of and know how to organise British Sign Language interpreters and other forms of communication support.</td>
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<tr>
<td>Staff are aware of how to use text relay.</td>
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<tr>
<td>There is sufficient colour contrast between the floors and walls, as well as between the door frames and doors.</td>
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<tr>
<td>The corridors are wide enough to accommodate wheelchair/scooters.</td>
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<tr>
<td>All the rooms have ensuite facilities</td>
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<tr>
<td>The ward does not have access to a portable loop system.</td>
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<tr>
<td>Obtain a copy of the contact Care Plan for patients with learning disabilities.</td>
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<tr>
<td>Information is not available in other formats, but this would be arranged upon request to comply with the Accessible Information Policy.</td>
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<tr>
<td>(g) Faith</td>
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</table>
Chaplaincy staff regularly visit the ward.

If a patient required to pray, then a room would be made available.

If there were any queries regarding the ingredients of medication, staff would contact the Pharmacy Department for advice.

Patients receive topical solutions twice a day, but timing can be flexible to accommodate prayer.

<table>
<thead>
<tr>
<th>Socioeconomic Status</th>
<th>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.</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Staff can advise patients on how to reclaim their travelling expenses. This also includes patients from the Highlands and Islands.</td>
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<td></td>
<td>The ward can make referrals to the Social Work Department for a benefits review if required.</td>
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<td></td>
<td>On occasions, staff have liaised with the Discharge Co-ordinator for help getting a patient home who did not have any money.</td>
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<td>Prescriptions are free.</td>
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<td></td>
<td>The ward has offered flexible admission dates to accommodate patients who work away e.g. off-shore.</td>
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<tr>
<td><strong>Other marginalised groups</strong></td>
<td>Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers &amp; refugees, travellers</td>
</tr>
<tr>
<td><strong>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?</strong></td>
<td><strong>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.</strong></td>
</tr>
<tr>
<td><strong>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?</strong></td>
<td><strong>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.</strong></td>
</tr>
</tbody>
</table>
11. What investment has been made for staff to help prevent discrimination and unfair treatment?

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.

The ward has a rolling training programme which identifies who is next to attend the following training:
- Dementia Awareness Training
- Child Protection Training
- Gender Based Violence
- Equality and Diversity Training.

The ward also has access to the following resources:
- Interpreting posters and language id cards
- Faith and Belief Manuals
- Transgender policy etc.

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.

<table>
<thead>
<tr>
<th>Cross Cutting Actions</th>
<th>Date for completion</th>
<th>Who is responsible?</th>
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<tbody>
<tr>
<td>Improve on data capture and undertake thereafter periodic analysis of data to understand patient groups using the service include training as appropriate.</td>
<td>Sept 2012</td>
<td>CG</td>
</tr>
<tr>
<td>Support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy</td>
<td>Sept 2012</td>
<td>CG</td>
</tr>
<tr>
<td>Investigate the possibility of telephone interpreting and clarify if the ward has an analogue phone line.</td>
<td>July 2012</td>
<td>DR</td>
</tr>
<tr>
<td>Check if the documentation takes cognisance of civil partnerships.</td>
<td>June 2012</td>
<td>CG</td>
</tr>
<tr>
<td>Obtain a portable loop system.</td>
<td>June 2012</td>
<td>DR</td>
</tr>
<tr>
<td>Obtain a copy of the contact care plan for patients with learning disabilities.</td>
<td>June 2012</td>
<td>CG</td>
</tr>
<tr>
<td>Check that patient letters have a suitable font size and style.</td>
<td>June 2012</td>
<td>DR</td>
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</table>

**Ongoing 6 Monthly Review**

Please write your 6 monthly EQIA review date:

11th December 2012

**Lead Reviewer:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Con Gillespie</th>
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<tr>
<td>Job Title</td>
<td>Lead Nurse</td>
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**EQIA Sign Off:**

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<td>Job Title</td>
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<td>Date</td>
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**Quality Assurance Sign Off:**

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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.