

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:

Lomond Ward, Vale of Leven 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?

Lomond Ward is a medical ward which treats a variety of conditions such as acute coronary syndrome chest infections and urinary tract infections. The majority of patients are elderly and many have co-morbidities. Patients are referred from Royal Alexandra Hospital.

The ward has 27 beds which consists of 4 bedded bays and 3 single rooms (1 en-suite).

There is input from physiotherapists; occupational therapists, speech and language therapists and dieticians.

The length of stay is variable (from a few days to months).

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. It was felt that it would be useful to carry out EQIA following changes to Clyde acute medical services.

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; Student Nurse; Nursing Assistant; Staff Nurse; Ward Clerkess; Team Lead – Occupational Therapy; Senior Charge Nurse; Senior House Officer; 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>	The Trakcare patient information system has recently been implemented at the Vale of Leven. This allows the recording of age, gender, ethnicity; religion; any interpreting requirements; preferred language etc.	As this is a new system, no analysis of this data has taken place. This can be reviewed in 6 months' time after introduction of Trakcare. This development phase will provide potential to gather more equality data.
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>	Any review of services, any data collection requires to be analysed along with clinical data.	
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>	After attending the Adults with Incapacity Act training – the Senior Charge Nurse cascaded this information to the ward staff to raise awareness and to help staff identify any patients with a	

			<p>capacity issue.</p> <p>In addition there is an action plan based on an ombudsman case with commitment to increase number of staff to receive AWI training.</p> <p>The homophobic campaign has helped raised staff awareness of this issue.</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>Each month the ward conducts Better Together Senior Charge Nurse Questionnaires as part of the national Better Together Programme. To date the survey results have not raised any equality and diversity issues.</p> <p>It was noted that there is little current diversity groups identified in the local geographical community but the team strongly expressed a positive approach to sensitively recognising the needs to any diverse groups that join the demographic population.</p>	
5.	If your service has a specific Health Improvement role, how have you made changes to ensure services take account of	<i>A service for teenage mothers includes referral options to smoking cessation clinics. The clinics are able to provide</i>	The staff can seek advice and support from the Addictions Team, as well as refer patients.	

	<p>experience of inequality?</p>	<p><i>crèche facilities and advice on employability or income maximisation.</i></p>	<p>These are undertaken when it is identified that a patient needs help.</p> <p>Patients who are smokers are offered nicotine patches during their hospital stay. If a patient wished to give up smoking, a referral can be made to the Smoking Cessation Team. Staff proactively encourage patients to be referred.</p> <p>The staff can contact the Dieticians for advice and support, as well as refer patients.</p> <p>For patients with diabetes, the staff can contact the Diabetic Liaison Service for advice and support.</p>	
<p>6.</p>	<p>Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?</p>	<p><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>	<p>The ward is located on the 2nd floor of the Maternity Building.</p> <p>There is a drop off point outside the entrance.</p> <p>There are disabled car parking spaces outside the main entrance.</p> <p>The entrance to the building</p>	<p>The bays are limited in size and impacts on the allocation of patient rooms (e.g. if a patient has a wheelchair or a mobility aids they would need to be placed in a larger room).In addition, the toilets are located at opposite ends of the ward which can make access difficult especially for</p>

			<p>has a lowered kerb to allow easier access for wheelchair users.</p> <p>There are automatic doors at the main entrance.</p> <p>There is a lift available.</p> <p>The signage is visually friendly (i.e. blue background with white font and a suitable font size).</p>	<p>people with mobility issues.</p>
7.	<p>How does the service ensure the way it communicates with service users removes any potential barriers?</p>	<p><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>	<p>The staff are aware of and know how to use the interpreting policy and procedures.</p> <p>The ward has an information board which has information about who the senior charge nurse and their contact details; Infection Control; Scottish Patient Safety Programme (SPSP) and Clinical Quality Indicators (CQI's).</p> <p>The ward provides patients and families with a range of written information covering topics such as falls; bereavement; bed rails; infection control etc. Information is not available in other formats, but would be</p>	<p>The ward does not have access to a portable loop system for patients who are deaf or hard of hearing.</p>

			<p>arranged upon request. To comply with AIP.</p> <p>Staff actively encourage patients and their relatives to meet with members of the Multi-Disciplinary Team (MDT).</p> <p>The ward has a phone which is suitable for patients who have a hearing aid.</p> <p>The staff gave examples of how good communication is paramount to ensure patient issues/concerns are resolved quickly.</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 testing sex-specific</i></p>	<p>The ward has 4 bedded bays which are single sex.</p> <p>There are separate toilets/shower facilities for male and females.</p>	<p>There can be dignity issues for patients who require a commode. (In the 4 bedded bays, there are curtains available, but there isn't much privacy).</p>

		<i>sessions.</i>	<p>Where possible, staff will try to accommodate requests for same sex health professionals.</p> <p>A Day Room is available if staff need to speak with patients in private (this facility is underutilised and therefore generally accessible for this purpose)</p>	ECMS training trajectory focuses on ED/AMR areas as priority for face to face GBV training. Staff in Lomond Ward to be encouraged to proactively access on line training.
(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>	If any transgender patients were admitted to the ward, the staff would adhere to NHSGG&C's Transgender Policy.	
©	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 vast majority of patients who are admitted to the ward are elderly. On occasions, teenagers have been admitted to the ward and they have been placed in single rooms to make them more comfortable.</p> <p>The ward is involved in the Older People in Acute Care (OPAC) Review. (This is a self assessment framework for NHSGG&C to establish their performance in relation to the care they provide for</p>	

			<p>older people).</p> <p>NHSGG&C has recently appointed a Dementia Nurse Consultant who can be contacted for advice and support.</p> <p>The ward has nominated a Dementia Champion as part of the Dementia Champions Programme.</p> <p>All nursing staff require to complete Learn Pro Dementia Module by September 2012 – the content of the module focuses on practical aspects to looking after vulnerable adults such as elderly patients.</p> <p>On admission, the Malnutrition Screening Tool (MUST) is completed. This identifies patients who are at risk of malnutrition). The ward also has protected meal times.</p> <p>If required, mobility aids can be provided.</p> <p>Some staff have attended training regarding the Adults with Incapacity Act.</p>	
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			<p>If required, the Occupational Therapy Department will conduct a home visit with the patient to ensure that their home is suitable for them before being discharged (e.g. The patient may require mobility aids/equipment etc) following assessment..</p> <p>The staff can make referrals to the Social Work Department if required.</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>According to census date, the catchment area for the Vale of Leven Hospital has a very small minority ethnic community. However, staff are aware of how to organise interpreters for patients whose first language isn't English.</p> <p>Upon request, information could be provided in alternative languages.</p> <p>Racist behaviour would not be tolerated. Any incidents involving staff or patients would be reported in the DATIX system and be addressed.</p>	
(e)	Sexual Orientation	<p><i>A community service reviewed its information forms and realised that it asked whether</i></p>	<p>Staff are aware of the importance of using appropriate terminology (eg</p>	

		<p><i>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>	<p>partner rather than husband and wife).</p> <p>The staff would challenge any Homophobic behaviour. Any incidents involving staff or patients would be reported in the DATIX system and would be addressed</p>	
(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 NMSGC's Interpreting Protocol to ensure staff understood how to book BSL interpreters.</i></p>	<p>There are accessible toilets and shower facilities.</p> <p>There are hoists available to transfer patients.</p> <p>The ward would be able to accommodate a wheelchair (some of the furniture may need to be moved).</p> <p>There are a variety of types of chairs available for patients.</p> <p>Information is available in a larger font size for people with visual impairments. Some information is available in an easy to read format. Both of these are to ensure compliance with AIP.</p> <p>Staff are aware of the Adults with Incapacity Act.</p> <p>At the EQIA, staff gave an illustration of difficult</p>	<p>Access to two of the showers, is difficult as there is a ramp into the shower.</p> <p>There are no accessible toilets for visitors. The nearest toilets are in the main building.</p> <p>Entry to the ward may be difficult for a wheelchair user as the doors are manual.</p>

			<p>situations, and as a result, they would liaise, if appropriate, with the Mental Health Welfare Commission.</p> <p>NHSGG&C has recently appointed a Dementia Nurse Consultant who can be contacted for advice and support.</p> <p>The ward has nominated a Dementia Champion as part of the Dementia Champions Programme.</p> <p>If patients, have any swallowing difficulties, staff would liaise with the Dieticians or Speech and Language Therapist.</p> <p>The staff can make referrals to the Occupational Therapy Department if required.</p> <p>The ward can also contact the local Visual Impairment Teams.</p> <p>If a patient has learning disabilities, the ward would liaise with their support worker and would accommodate carers. The ward could also contact the Learning Disabilities Team for advice.</p>	
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			<p>The staff can make referrals to the Social Work Department if required.</p> <p>Staff can arrange patient transport to take the patient home (if they meet the Scottish Ambulance Service criteria).</p> <p>The staff aware of and know how to use the interpreting policies and procedures for British Sign Language and other forms of communication support.</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 can access information about different faith groups via the Faith and Belief Communities Manual.</p> <p>The ward can contact the Chaplaincy Team, if the patient wishes.</p> <p>The ward can accommodate visits from faith leaders.</p> <p>The staff have an awareness of the different religious festivals.</p> <p>A prayer room is available.</p> <p>Staff are aware of the dietary needs of the different faith</p>	

			<p>communities and know that catering can provide as required.</p> <p>If there were any queries regarding the contents of medication, the ward would contact Pharmacy for advice.</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>The ward can make referrals to the Social Work Department if required for benefit advice or any other personal issues.</p> <p>Staff are aware that some patients may have literacy issues and are committed to providing good communication in all formats.</p>	
(i)	Other marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers	<p><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>	<p>For homeless patients, the ward will liaise with the Homeless Team although historically there has been minimal need for this service.</p> <p>For patients with addictions, referrals are made to the Addictions Team for advice and support if patient requires.</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	<p><i>Proposed budget savings were analysed using the Equality and Human Rights Budget Fairness Tool. The analysis was</i></p>	<p>As with all departments costs saving exercises are being implemented but it is not anticipated that these will</p>	

	impact disproportionately on equalities groups?	<i>recorded and kept on file and potential risk areas raised with senior managers for action.</i>	discriminate against any of the equality groups as to date they have concentrated on improving efficiency of ward stock control.	
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 shortlisting, interview and recruitment for equality groups. Training was provided for managers in the service on equality and diversity in recruitment.</i>	The Unit adheres to NHS GG&C's recruitment policies and procedures. The workforce profile includes a variety of age groups and 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 have regular PDP and KSF updates where any training needs are identified, as equality and diversity is a core element of PDP review.	

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.

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>Investigate and explore the recording of equality data to ensure it is systematically being recorded and can be analysed to plan for services.</p>	August 2012	CG
<p>Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy</p> <p>Ensure the ward has access to a portable loop system for patients who are hard of hearing or deaf.</p> <p>Review accommodation available on site for appropriateness for care of the elderly and sometimes confused patients to eliminate space issues, ramps to showers, wheelchair access etc.</p> <p>Proactively encourage staff to access eLearning module on equality and diversity areas (eg GBV)</p>	<p>August 2012</p> <p>August 2012</p> <p>August 2012</p>	<p>SCN, CSM</p> <p>SCN, CSM</p> <p>SCN, CG</p>

Ongoing 6 Monthly Review

Please write your 6 monthly EQIA review date:

October 2012

Lead Reviewer: Name C Gillespie
EQIA Sign Off: Job Title Lead Nurse ECMS
Signature
Date

Quality Assurance Sign Off: Name
Job Title
Signature
Date

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.