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## NHS Greater Glasgow and Clyde quality 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:

Redesign of inpatient services in West Sector of Surgery & Anaesthetics 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?

Provides Inpatient services at both the Western Infirmary and Gartnavel General Hospital. The specialities involved are general surgery, vascular, urology, breast care, colorectal and some ear nose and throat (ENT). The main focus of this EQIA is on the redesign of beds within Gartnavel General Hospital in merging ENT beds with the General Surgical beds all into one ward, i.e. ward 2C moving into ward 4A.

Referrals for ENT are predominantly from within the NHS GG&C area though some specialised cases may be accepted from outwith the board area.

The redesign of inpatient services within the west sector is to ensure that in moving further towards the 2a bed model that the availability of beds can be assured and that suitable accommodation is available for: same day admissions, progressing enhanced recovery and inpatient management for both specialty patients. The service change takes cognisance of a reduction in the number of beds required due to greater use of day surgery and same day admissions. The increased use of day surgery and same day admissions involves the majority of patients having a pre-admission check which means patients do not have to be in hospital the night before surgery unless there are other clinical or geographical reasons that necessitate this. Overall the redesign process should reduce the length of the patient journey. Currently ward 2C accommodates the ENT patients and Ward 4A is partly generally surgery and partly medical directorate patients. This specialty arrangement for ward 4a has been in place since 12 beds were made available to the medical directorate last October to support winter pressures. The purpose of the redesign is to improve the overall management of patients with the clinical agreement that surgical patients being co-located is preferable to co-location with a different directorate grouping. The accommodation provision for ENT and General Surgery patients within Ward 4A consists of 6 x 4 bedded bays with en-suite facilities and 6 single rooms that also will have ensuite facilities.

### 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 redesign represents a service and the merge of the surgical specialty patients will release savings and release available accommodation



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specialty. In merging the teams together it is not likely that there will be significant changes to the here changes do occur there will be opportunities through redeployment for suitable positions. taken.

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)

Susan McFadyen, Clinical Services Manager, Glasgow Royal 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 for Surgery, Lead Nurse for ENT, AHP Lead, Senior Charge Nurse x3, Admin Manager 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>	<p>Currently record age, sex and postcode of patients.</p> <p>At registration of patients ethnicity data will be collected. This may be dependent on the information provided in the referral. Where this information is not available then a proforma is issued to the patients for completion.</p> <p>There is a facility within the proforma for the patient to decline this information.</p>	<p>Review data capture as part of the way forward to ensure more of the protected characteristic groups are included.</p> <p>Develop plans of how this will link to the Electronic patient record and the new patient information management system(Trackcare)</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?	<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>A plan will be developed to analyse data on a regular basis to ensure the service is aware of the range of service users.</p>



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	experience of equality groups with regard to removing potential barriers? This may be work previously carried out in the service.	<i>er services used nation from patient experience research and a cancer literature review to improve access and remove potential barriers from the patient pathway.</i>	Due to the surgical specialities involved staff are more aware that hearing impairment can be an issue for many patients.	Source a copy of the Hearing Impairment Best Practice Guidelines and action plan
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>	There is no planned programme of engagement for the redesign of services since they are being relocated within the same building, but on another floor.	Develop a poster campaign for the move when the redesign process is nearer implementation. Ensure these comply with the Accessible Information Policy.
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>	Current clinical staff will be retained with the service during the redesign and therefore existing knowledge, skills and understanding of the inpatient group will be maintained. For example staff will refer patients appropriately to Smoking Cessation, Addiction teams, dieticians, Financial Inclusion Officers.  McMillan benefits staff provide information sessions to the Senior Charge Nurses meeting as required.	
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</i>	Gartnavel General hospital has access to car parking and accessible spaces opposite the front door of the hospital. There is also a drop off point adjacent to the front entrance if	The redesign has still to consider the relocation of a 24 hour treatment facility that currently exists within the ENT ward. This will



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		<p>Clearer directional information will be provided.</p> <p>the car park is too far away for those with mobility problems.</p> <p>The entrance to the building has automatic doors.</p> <p>Lifts within the building has audio announcer and tactile controls facility</p> <p>At Ward 4A the doors are heavy to open but normally these are only closed when the ward is closed to visitors and if the fire alarm sounds they will automatically close.</p> <p>The redesign will potentially see the relocation of the ENT beds from floor 2 to floor 4.</p> <p>The redesign of services will have minimal impact on therapy services.</p> <p>The pre-admission room is already on the 4<sup>th</sup> floor and will not move.</p> <p>The pre-admission team advise staff of any specific needs of patients to ensure these are planned for the patient's admission.</p> <p>Patient letters sent have already been redesigned to meet the needs of the accessible information policy. They also contain an email address as an alternative means of patient communication on any issues.</p>	require involving the Estates department and will need to ensure that it does not adversely impact on any of the equalities groups.	
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</i>	Communication will continue to be similar to the present in that patients will receive a letter and information about their admission. These all	As part of the redesign process review ward leaflets to ensure they comply with the accessible information



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		<p><i>mats. The service has reviewed its process for booking interpreters and has briefed all staff on NHSGGC's Interpreting Protocol.</i></p>	<p>conform to the Accessible Information policy and have the addition of an email address as an alternative method of communication.</p> <p>The redesign of services will not impact adversely on the use of the interpreting policy and procedures . staff will continue to book and document in the case notes the use of interpreters where required.</p>	policy.
8.	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:			
(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>Each bay within the proposed redesigned ward 4A will only accommodate same sex patients. Same day admission patients will report to the Surgical Admissions Unit (SAU) and transfer from there to theatre and then to the ward. This system eases the impact on patients being discharged in that there is no patient immediately waiting on their bed.</p>	Undertake an analysis of patient gender to understand service users and their needs



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		<p><i>patient receiving ward has briefing sessions with staff the NHSGGC</i></p>	<p>The redesign of services will not impact on staffs knowledge and experience of treating transgender patients. The fact that there will be six single rooms available means that we can ensure accommodation is provided to match expressed gender requirements.</p> <p>The pre-admission team advise staff of any specific needs of patients to ensure these are planned for the patient's admission.</p>	All staff are not familiar with the transgender policy
(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>	<p>Patients currently attend from age 12½</p> <p>All patients will be screened to identify risks of the following: Nutrition, falls and for Waterlow (pressure sores)</p> <p>If a patient has a learning disability this will have been alerted via the preadmissions team. Staff will involve the patients carers to ensure they understand the patient needs.</p> <p>Patients over 65 and or those staff and or family have concerns about will be given a cognitive assessment (known as AMT4) as appropriate.</p> <p>All staff have completed the online Dementia training.</p>	Undertake an analysis of patient age ranges to understand service users and their needs
(d)	Ethnicity	<p><i>An outpatient clinic reviewed its</i></p>	<p>The redesign of services will not</p>	Ensure patient information

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		<p>Community data capture and management was reviewed and it was noted that it was not capturing 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 the use of interpreting services to ensure this was provided for all appropriate appointments.</p>	<p>Impact adversely on the use of the interpreting policy and procedures . staff will continue to book and document in the case notes the use of interpreters where required. Current clinical staff will be retained with the service during the redesign and therefore existing knowledge, skills and understanding of the inpatient group will be maintained</p> <p>Any racist incidents that occur will continue to be recorded via the Datix system and challenged as required.</p>	<p>is available in accessible formats.</p> <p>There are some ethnicity patient details being captured in current patient information management systems. Develop plans how this can be improved as part of the implementation of Trackcare.</p>
(e)	Sexual Orientation	<p>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.</p>	<p>Current clinical staff will be retained with the service during the redesign and therefore existing knowledge, skills and understanding of the inpatient group will be maintained. Staff will continue to interact with patients and visitors irrespective of their sexual orientation.</p> <p>Any homophobic incidents that occur will continue to be recorded via the Datix system and challenged as required.</p>	<p>Ensure plans are in place regarding capture of sexual orientation as part of the new Electronic Patient Record and the new Nursing Admission and Assessment Documentation.</p>
(f)	Disability	<p>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</p>	<p>Current clinical staff will be retained with the service during the redesign and therefore existing knowledge, skills and understanding of the inpatient group will be maintained. The redesign of services will not impact adversely on the use of the interpreting policy and procedures . staff will continue to book and</p>	<p>Ensure patient information is available in Accessible formats</p> <p>Ensure staff are aware of the Text relay service.</p> <p>The existing wards have no portable Induction loop and therefore cannot be transferred to the</p>



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		<p>col to ensure staff understood how to book BSL interpreters.</p>	<p>document in the case notes the use of interpreters where required for all kinds of communication support.</p> <p>Large print information is available on request.</p> <p>As part of making sure that the wards are more dementia friendly they all have pictorial signs on toilet doors and a clock in every room.</p>	<p>redesigned service area. Review Accessible toilets and showers for wheelchair users</p>
(g)	Faith	<p>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.</p>	<p>Staff will continue to interact with patients and visitors irrespective of their faith or belief.</p> <p>Staff will continue to have access to the Faith and belief communities manual</p> <p>Chaplaincy facilities and Quiet room is available on the ground floor of the hospital.</p> <p>Chaplains will continue to provide support to patients and staff</p>	
(h)	Socio . Economic Status	<p>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.</p>	<p>The catchment area has a mixture of socio economic deprivation and areas that are deemed as more affluent.</p> <p>The location of the hospital is also in close proximity to colleges and universities and therefore sees a number of students that have minimal income at their disposal. This population are also difficult to keep track of if follow up visits are required. Staff usually manage to resolve these by linking with GP</p>	



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			registration services. A financial inclusion officer regularly visits the wards.	
(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>	Currently staff will continue to meet the needs of any of the Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers that may be admitted. The redesign processes will not impact on these.	
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>	This EQIA of the redesign of services is to ensure that there is no adverse impact on any of the equality groups. The improvements to the clinical services and the length of stay of the patient journey are the drivers of this redesign.	
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>	Recruitment of staff will continue to follow the Human Resources policies of NHS GG&C  There is mix of male and female staff as well as a variety of backgrounds and ages.	
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 will continue to have reviews of pdps and equality and diversity is once component of the job outline  Redesign of services will conform to all relevant HR policies of NHS GG&C	Maintain effective communication with staff and staff side representatives



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g that stands out as an example of good practice . for instance you are routinely collecting please use the box below to describe the activity and the benefits this has brought to the service. 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? (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>• Ensure review is undertaken of all ward leaflets to make sure they comply with the accessible information policy.</li><li>• Review data capture and develop plans for this and its regular analysis to know about service users and their needs, as part of the implementation of Trackcare</li></ul>	Mar 2013 May 2013	SCN Admin and CSM
Specific Actions . those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy		
<ul style="list-style-type: none"><li>• Develop a poster campaign for the move when the redesign process is nearer implementation. Ensure these comply with the Accessible Information Policy.</li><li>• The redesign has still to consider the relocation of a 24 hour treatment facility that currently exists within the ENT ward. This will require involving the Estates department and there is a need to ensure that it does not adversely impact on any of the equalities groups.</li><li>• Ensure all staff are familiar with the transgender policy</li><li>• Ensure staff are aware of the Text relay service.</li></ul>	Feb 2013 Dec 2012 May 2013 May 2013	CSM and LN Capital Planning SCN SCN



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redesigned service area.

- Review the accessible toilets and shower rooms for wheelchair users

March 2013

CSM

Dec 2012

CSM

Ongoing 6 Monthly Review

Please write your 6 monthly EQIA review date:

Lead Reviewer:

Name Susan McFadyen

EQIA Sign Off:

Job Title Clinical Services Manager

Signature *Susan McFadyen*

Date 18<sup>th</sup> October 2012

Quality Assurance Sign Off:

Name Alastair Low

Job Title Planning Manger

Signature

Date 8<sup>th</sup> November 2012

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