Equality Impact Assessment is a legal requirement and may be used as evidence for cases referred for further investigation for 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 2014560/4967.

Name of Current Service/Service Development/Service Redesign:

| Acute Oncology Assessment Unit (AOAU), The Beatson West of Scotland Cancer Centre (BWoSCC), Regional Services Directorate |

Please tick box to indicate if this is a: 
- [X] 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 delivers unscheduled care to cancer patients requiring rapid assessment, investigation, monitoring, and interventions. Service users consist of cancer patients on or within six weeks of Systemic Anti-Cancer Therapy or radiotherapy, who develop side effects or treatment complications requiring assessment +/- treatment. It also includes patients acutely unwell when attending for day case or outpatient appointments and includes oncological emergencies. The department is an assessment unit only with no designated inpatient beds.

Facilities consist of eight beds, all in single rooms with toileting facilities.

The service is operated Monday to Friday 8am to 8pm.

The unit is for adults only.

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 Acute Oncology Assessment Unit (AOAU) is a new service which opened in October 2013. The service will continue to extend and evolve with the inclusion of a 24 Hour Cancer Treatment Helpline planned for Spring 2014. It is important that this evolution recognises and accommodates the need to address inequalities and that practices are mindful of equality legislation.

Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

| Name: Craig Broadfoot, Clinical Service Manager, Specialist Oncology Services | Date of Lead Reviewer Training: 7 December 2011 |
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):

<table>
<thead>
<tr>
<th>Lead Reviewer Questions</th>
<th>Example of Evidence Required</th>
<th>Service Evidence Provided (please use additional sheet where required)</th>
<th>Additional Requirements</th>
</tr>
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</table>
| 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. | • The service collects information on age, gender, faith and ethnicity via TrakCare.  
• TrakCare can also record requirements for interpreter and preferred language.  
• Information on compliance with data entry to these fields on TrakCare is being collated for all patients attending in the first 3 months of the unit opening (7.10.13-6.1.14) – 157 records were checked  
• The importance of ascertaining this information on all patients has been discussed with admin/reception staff across Beatson West Of Scotland Cancer Centre (BWOSCC). | There is a need to assess the extent to which equalities data is collected for service users of this unit. This may need to be undertaken in conjunction with other services based at the BWoSCC. Circulate information about the ‘Happy to Ask, Happy to Tell’ tool to staff. |
| 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 | Service user data will be reviewed to determine if there are groups where engagement is suboptimal and this will allow strategies to be developed to promote | |

Craig Broadfoot, Clinical Service Manager; Cathy Hutchison, Cancer Consultant Nurse; Marie Pollock, Advanced Nurse Practitioner; Tricia Flanigan, Advanced Nurse Practitioner.
| 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. | - Findings from the national Better Together patient experience surveys (Scotland) have been reviewed and implemented accordingly. For example, one of the issues identified was patients not knowing who was in charge of the ward. There have been initiatives implemented to ensure the nurse in charge is clearly identifiable.
- The Cancer Patient Experience pilot data (e.g. National Cancer Survivorship Initiative, local Health Needs Assessment work – patient & staff interviews by Health Improvement Lead) have been analysed and learning implemented. For example, the findings which highlighted the value of the Clinical Nurse Specialist (CNS) in holistic assessment of need / coordination of care. AOAU staff routinely liaise with CNSs as part of patient pathway to ensure equalities information is shared and the needs of improvements in engagement with these groups. This data will be analysed and discussed with AOAU staff to ensure it is representative. The data will also assist in identifying if there are any groups that are particularly highly represented and may require additional considerations to address their needs. |
the service users met.

- Macmillan Quality Environment Mark (MQEM) assessment criteria (which includes equality issues), were drawn on in the planning stages for the new unit. The Macmillan Quality Environment Mark is a detailed quality framework used for assessing whether cancer care environments meet the standards required by people living with cancer. The criteria includes:
  - welcoming and accessible to all
  - respectful of people's privacy and dignity
  - supportive to users' comfort and well-being
  - giving choice and control to people using your service
  - listening to the voice of the user.

- The Acute Oncology Assessment Unit conducts Situation, Background, Assessment and Recommendations (SBAR) 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

<table>
<thead>
<tr>
<th>Q.</th>
<th>Can you give details of how you have engaged with equality groups to get a better understanding of needs?</th>
<th>Patient satisfaction surveys with equality and diversity monitoring forms have been used to make changes to service provision.</th>
<th>The Acute Oncology Assessment Unit service was developed in conjunction with Macmillan Cancer Support who in turn routinely engage with equalities groups.</th>
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<td>Prior to the unit opening, a baseline patient experience survey was undertaken. This is due to be repeated and will be accompanied by the new GGC Equality and Diversity Monitoring</td>
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Specialist Oncology Services also regularly reviews complaint information to determine trends and learning points which are implemented across services.

By including the Equality & Diversity monitoring form in forthcoming patient experience questionnaires, the service will be able to effectively ascertain further information on the equality groups attending AOAU.

| 5. | Is your service physically accessible to everyone? Are there potential barriers that need to be addressed? | 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. | • There are a number of buses that stop within the Gartnavel site.  
• Hyndland train station is nearby (the station has a lift and a footbridge which links to the Gartnavel site.  
• The patient and visitor car park is opposite the main entrance to the BWoSCC.  
• Disabled parking and drop off point outside the hospital entrance.  
• There are automatic doors at the main entrance.  
• Wheelchairs are available within the department and at the main entrance.  
• Large font signage for the department from the main entrance.  
• Four patient lifts available to reach unit from all levels of the BWoSCC.  
• Lifts have an audio voice announcing floors and Braille buttons.  
• The reception desk in the AOAU has a lowered section. Staff are aware that this section is for use by wheelchair users but also for individuals who may have restricted height.  
• Loop system is available at the reception desk. |
|   | How does the service ensure the way it communicates with service users removes any potential barriers? | 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. | • Written information given to patients has all gone through the processes to ensure it complies with NHSGGC’s Accessible Information Policy via the Macmillan Information and Support Radiographer. Patients will have previously attended the BWOSCC for treatment so will have received information via this route too.  
  • Information has been developed, reviewed and approved in accordance with the Board’s Accessible Information Policy, i.e. format, accessible font, Plain English.  
  • Information can be accessed via the BWoSCC Website. The public can also contact the cancer centre centrally via the website which allows opportunities for comment and questions which are then directed to relevant staff/services.  
  • The unit will ensure any information requests for materials in alternative language or other formats will be met in line with the Accessible Information Policy with Macmillan Information Radiographer linking with the Quality Co-ordinator for Acute Services who will facilitate this as appropriate.  
  • Patients’ communication requirements are individually assessed and needs identified by AOAU staff upon their arrival at the unit.  
  • AOAU staff are aware of how to organise interpreters and other forms of communication support. They are also aware that the Interpreting Policy  
  • The BWoSCC website is currently being updated and a designated section will be devoted to providing information regarding the AOAU and 24 hour telephone triage service. Ensure the design of the website is accessible for people with visual impairments.  
  • Obtain a code for telephone interpreting and circulate information to staff about this service. |
is available on GGC Intranet. A hard copy is also available within the department.

- The Acute Oncology Assessment Unit conducts Situation, Background, Assessment and Recommendations (SBAR) s 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.

7. 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

A sexual health hub reviewed sex disaggregated data and realised very few young men were attending clinics. They have launched a local promotion targeting young men and will be analysing data to test if successful.

- AOAU staff are aware of the NHSGGC Gender Based Violence Policy.
- All service users are accommodated within single rooms to ensure privacy and dignity.
- Staff will try to accommodate requests for same sex health professionals. If this wasn't possible, chaperoning would be offered.
- Same sex interpreters would be booked, as required for individual patient need.
- The Information on compliance audit
for all patients attending in the first 3 months of the unit opening (7.10.13-6.1.14) identified 51.6% female patients and 48.4 male.

| (b) Gender Reassignment | An inpatient receiving ward held sessions with staff using the NHSGGC Transgender Policy. Staff are now aware of legal protection and appropriate ways to delivering inpatient care including use of language and technical aspects of recording patient information. | • As above, all service users are accommodated within single rooms to ensure privacy and dignity.  
• Transgender policy has been circulated to staff with a hard copy available within the department. Also available on GGC Intranet.  
• Staff ensure that patients are treated as their chosen gender. If this situation arose, they would ask patients how they wish to be addressed. |
|---|---|---|
| (c) Age | 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. | • Since the opening of the AOAU, the average age of patients is 54.  
• Child Protection Training and Adult Protection Training has been completed as part of NHSGGC Core training programme (all AOAU nursing staff)  
• Nursing staff have completed LearnPro module in Dementia Awareness.  
• Service users can be accompanied by carers if preferred.  
• Staff would explain treatments and procedures in an age appropriate manner.  
• Staff would escort vulnerable patients into the AOAU if required. There is a small waiting area close to the reception desk where patients waiting |
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.

- Interpreting services are available and staff are aware of how to arrange interpreters for patients. If an interpreter is used, this is documented in the case notes.
- Patients admitted from other wards/depts. within BWoSCC may already be accompanied by an interpreter.
- Interpreting policy has been circulated to staff with hard copy available within the department.
- Translated information can be accessed by staff from cancer web resources. If more specific materials are required, the unit will ensure any information requests for materials in alternative language or other formats will be met in line with Accessible Information Policy with Macmillan Information Radiographer linking with the Quality Co-ordinator for Acute Services who will facilitate this as appropriate.
- Should a racist incident occur in the AOUA, staff would challenge the behaviour and know to document this clearly via Datix.
- The Information on compliance audit for all patients attending in the first 3 months of the unit opening (7.10.13-6.1.14) identified ethnicity being recorded for 58.6% of patients. Cathy can you add any breakdown to this?
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<th>Sexual Orientation</th>
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| (e) | 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. | All patients are accommodated within single rooms.  
Demographics information on TrakCare includes options for acknowledging civil partnerships.  
AOAU staff are aware of the Civil Partnership Act.  
Tackling Homophobia policy has been circulated to staff with hard copy available within the department.  
Should a homophobic incident occur, staff would challenge the behaviour and know to document this clearly via Datix. |

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<th>Disability</th>
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| (f) | 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. | Disabled parking and drop off point outside the hospital entrance.  
Lifts have an audio voice announcing floors and Braille buttons.  
Staff are aware of how to arrange British Sign Language interpreters and other forms of communication support.  
The unit will ensure any information requests for materials in alternative language or other formats will be met in line with the Accessible Information Policy with Macmillan Information Radiographer linking with the Quality Co-ordinator for Acute Services who will facilitate this as appropriate.  
The AOAU has sufficient colour contrast between flooring and walls.  
Loop system is available at the reception desk.  
Ensure staff are aware of the text relay service for patients or relatives who are hard of hearing or deaf. |
- There is colour co-ordinated signage. Each floor of the building has a different colour scheme to assist way finding.
- All toilets are suitable for disabled access
- All areas are wheelchair accessible
- Moving and handling equipment is available to facilitate safe transfer of those with mobility difficulties.
- Service users can be accompanied by carers as preferred.
- The AOAU can accommodate patients in wheelchairs or with walking aids, as the corridors and doorways are appropriately wide.
- For patients with learning disabilities, staff could contact the Learning Disability Consultant nurse for advice if required, staff would also ask their carers for advice. Carers could also stay with the patient during their stay in the Unit.
- For patients with mental health needs, staff would liaise with the appropriate Community Psychiatric Nurse (CPN) if required.
- In certain circumstances, AOAU staff can arrange transport home for patients. The Unit had good links with the Patient Transport Service.

<p>| (g) Religion and Belief | An inpatient ward was briefed on NHSGGC’s Spiritual Care Manual and was able to provide more sensitive care for patients with | A multi-faith room known as The Sanctuary is available on level one for prayer and meditation | Facilities are available within The |</p>
<table>
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<tr>
<th>(h) Pregnancy and Maternity</th>
<th>A reception area had made a room available to breast feeding mothers and had directed any mothers to this facility. Breast feeding is now actively promoted in the waiting area, though mothers can opt to use the separate room if preferred.</th>
<th>Baby feeding and changing facilities are available in the Main Foyer, Level 1 if required.</th>
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<tr>
<td>(i) Socio – Economic Status</td>
<td>A staff development day identified negative stereotyping of working</td>
<td>AOAU staff will refer to Social Work Services (SWS) as appropriate.</td>
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</table>
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.

| (j) Other marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers | A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas. | • Service users are patients already attending the BWOSCC and including people from marginalised groups.
• GGC / Beatson policies in place and adhered to, eg for prisoners,
• The AOAU will contact Liaison Homelessness Services as required. |

| | | • The Information Centre is situated within the Main Foyer, Level 1 and provides a comprehensive advice and signposting service to other local, regional and national NHS and Voluntary Sector, including information on benefits and social care.
• Staff are aware of the process for referring patients to the MacMillan Benefits Service
• A new Glasgow City Council Holistic Needs Assessment (HNA) is being implemented in Feb 2014 where all patients diagnosed with cancer will be invited to attend for HNA and have a care plan develop to address identified needs including support or financial (referred to appropriate agencies). The Beatson is a substantial partner in this work.
• In certain circumstances, AOAU staff can arrange transport home for patients. The Unit had good links with the Patient Transport Service.
• Staff can signpost patients to the Cashier’s Office to reclaim their travelling expenses. |
The AOAU will contact the Glasgow Addiction Service as required.

| 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? | 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. | New service which had additional funding from Macmillan Cancer Support and Cancer Modernisation monies which were set against cost savings as a result of converting from an inpatient facility to a day case unit thus no impact on patients. As with all departments and services, cost savings will be taken into account going forward. However it is anticipated that this will not impact on equality groups. |

| 10. 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. | All AOAU staff have a PDP and KSF in place via which training needs are assessed and planned routinely. Nursing staff have been provided with dedicated time to complete LearnPro modules on Equality and Diversity, Adult Protection and Dementia Awareness |

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>Action</th>
<th>Date for completion</th>
<th>Who is responsible?(initials)</th>
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<tbody>
<tr>
<td>Assess which equalities data the Unit currently captures</td>
<td>March 2014</td>
<td>CB</td>
</tr>
<tr>
<td>Circulate information about the ‘Happy to Ask, Happy to Tell’ tool to staff.</td>
<td>March 2014</td>
<td>MP/PF</td>
</tr>
<tr>
<td>Review service user data to determine if there are groups where engagement is suboptimal and this will allow strategies to be developed to promote improvements in engagement with these groups.</td>
<td>September 2014</td>
<td>CB</td>
</tr>
<tr>
<td>An equality and diversity monitoring from will be included with planned patient surveys. The equality and diversity data will be reviewed to ascertain which protected characteristics are attending the Unit.</td>
<td>May 2014</td>
<td>MP/PF</td>
</tr>
<tr>
<td>Clarify if the design of the website is accessible for people with visual impairments</td>
<td>May 2014</td>
<td>CB (via Mark Mochan)</td>
</tr>
<tr>
<td>Obtain a code for telephone interpreting and circulate information to staff about his service.</td>
<td>March 2014</td>
<td>MP/PF</td>
</tr>
<tr>
<td>Ensure staff are aware of the text relay service for patients or relatives who are hard of hearing or deaf.</td>
<td>March 2014</td>
<td>MP/PF</td>
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Ongoing 6 Monthly Review please write your 6 monthly EQIA review date:

Monday 11 August 2014 (11am)

Lead Reviewer: Name: Craig Broadfoot
Job Title: Clinical Service Manager, Specialist Oncology Services
Signature: Craig Broadfoot
Date: 18 March 2014

EQIA Sign Off:
Quality Assurance Sign Off:
Name Noreen Shields
Job Title Planning and Development Manager
Signature Noreen Shields
Date 18 March 2014
Please email a copy of the completed EQIA form to eqia1@ggc.scot.nhs.uk, or send a copy to Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH. Tel: 0141-201-4560/4967. The completed EQIA will be subject to a Quality Assurance process and the results returned to the Lead Reviewer within 3 weeks of receipt.

PLEASE NOTE – YOUR EQIA WILL BE RETURNED TO YOU IN 6 MONTHS TO COMPLETE THE ATTACHED REVIEW SHEET (BELOW). IF YOUR ACTIONS CAN BE COMPLETED BEFORE THIS DATE, PLEASE COMPLETE THE ATTACHED SHEET AND RETURN AT YOUR EARLIEST CONVENIENCE TO: eqia1@ggc.scot.nhs.uk
**NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL**  
MEETING THE NEEDS OF DIVERSE COMMUNITIES  
6 MONTHLY REVIEW SHEET

**Name of Policy/Current Service/Service Development/Service Redesign:**

Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy:

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<thead>
<tr>
<th>Action</th>
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Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion:

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<th>Action</th>
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**To be Completed by**

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Please detail any new actions required since completing the original EQIA and reasons:

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Please detail any discontinued actions that were originally planned and reasons:

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Please write your next 6-month review date

Name of completing officer:

Date submitted:

Please email a copy of this EQIA review sheet to eqia1@ggc.scot.nhs.uk or send to Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospitals Site, 1055 Great Western Road, G12 0XH. Tel: 0141-201-4560/4967.