

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 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 2014817.

Name of Current Service/Service Development/Service Redesign:

Acute Receiving Wards, Yorkhill Hospital, Women and Children's 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 acute receiving wards are 4A (Medical) and 4B (Surgical). These wards work independently of each other.

Each Ward has 24 beds comprising of bays and 8 single ensuite rooms. The bays have access to toilet and bathing facilities across the corridor. There are accessible toilets available.

The average length of stay in 2-4 days with surgical patients in 4B being slightly longer and approximately 5-6 days.

The age range is form 0 – 16 years.

The patient pathway to both wards is predominantly via Accident and Emergency, however there may be some consultant referrals for Cystic Fibrosis in to ward 4A and equally there may be some complex surgical patients that are admitted to ward 4B. The complex surgery patients may be from anywhere in Scotland. The specialities include gastroenterology, Dermatology, burns, diabetes, cystic fibrosis and asthma.

The majority of patient will be in the wards and then go home form these wards.

Infectious disease patients or child protection related cases can affect the cubicle capacity within these wards, which can be difficult if an adolescent is then admitted then there sometimes can be limited options to be able to provide a single room for privacy.

The wards operate at approximately 65% occupancy

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.)

Management Selected these ward for the EQIA since they are receiving wards and to ensure there are no gaps in the service provision.

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: Maureen Taylor, Lead Nurse, Critical Care Yorkhill	Date of Lead Reviewer Training: Not undertaken
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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; Burns Clinical Nurse Specialist; Cystic Fibrosis Clinical Nurse Specialist; Paediatric Dietitian; Senior Staff Nurse (Ward 4B); Senior Charge Nurse (Ward 4A); Equality & Diversity Assistant; Quality Co-ordinator.
Medical staff were invited but did not attend.

	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>	Age, gender and postcode are recorded in the hospital information system. Any other information is recorded in the admission documentation.	For the implementation of Trakcare, develop plans of how equality data can be captured ie age, gender, postcode, ethnicity, religion any interpreting requirements/preferred language.
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>	As part of the Accident Prevention Strategy, the postcodes of patients admitted to the ward with burns were analysed. By analysing the postcodes, the staff can then target the awareness campaign to priority areas. (Staff will visit local communities, shopping centres, adverts on TV and Radio to provide information on first aid, burns, scalds etc). This analysis was undertaken primarily to focus on where to target the awareness campaign. However more sessions were undertaken in more socially deprived areas than other areas within the city.	

3.	<p>Have you applied any learning from research about the experience of equality groups with regard to removing potential barriers? This may be work previously carried out in the service.</p>	<p><i>Cancer services used information from patient experience research and a cancer literature review to improve access and remove potential barriers from the patient pathway.</i></p>	<p>A validated Paediatric Nutrition screening tool was developed for children (PYMS), as screening patients for risk of nutritional problems on admission to hospital to help improve outcomes and reduce the length of hospital stay. This tool is used for all who may be undernourished irrespective of any particular protected characteristics.</p>	
4.	<p>Can you give details of how you have engaged with equality groups to get a better understanding of needs?</p>	<p><i>Patient satisfaction surveys with equality and diversity monitoring forms have been used to make changes to service provision.</i></p>	<p>The service distributes 'How Are We Doing Questionnaires' to patients and their families. The results of these questionnaires are then displayed on the notice board on the basis of 'you said, we did'. The uptake of these questionnaires has not been as great as anticipated and no equality data is captured on them. The forms are audited on a quarterly basis to look for common themes. The main themes so far have been around parent facilities and play service redesign.</p>	
5.	<p>If your service has a specific Health Improvement role, how have you made changes to ensure services take account of experience of inequality?</p>	<p><i>A parenting service includes referral options to smoking cessation clinics. The service provides crèche facilities and advice on employability and income maximisation.</i></p>	<p>The service has an interactive asthma educational programme for patients, which includes information about managing their condition.</p> <p>Each speciality will have a Clinical Nurse Specialists who can provide further information about managing conditions and treatments, as well as signposting to other agencies.</p> <p>The service can refer patients to the</p>	

			<p>Active Children Eat Smart (ACES) programme for overweight children and sign post children and families to this service.</p> <p>The service can also make referrals to the Dietetic Service.</p>	
6.	<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>Patients are predominantly admitted via Accident and Emergency. The wards are located on the 4th floor of Yorkhill Hospital. There are drop off points outside the main entrance to the hospital. The entrances are either level with the ground floor or have a ramp. Disabled parking is available. There are lifts available, (2 of the lifts have a voice announcer and they all have tactile buttons for people who may have visual impairments). There is sufficient signage to the wards. There is also a staffed reception desk in the main foyer to direct patients to the ward. There is a controlled entrance to the wards to protect the patients. The wards are wheelchair accessible.</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 NHS GGC's</i></p>	<p>Staff are aware of how to organise interpreters and other forms of communication support.</p> <p>The service also has access to telephone interpreting.</p>	<p>Portable loop system not available in ward area.</p>

		<i>Interpreting Protocol.</i>	<p>Yorkhill Hospital has a FILES Group who quality assure patient information to ensure it is suitable for children and young people. The correspondence complies with NHS Grater Glasgow and Clyde's accessible Information Policy</p> <p>Information is provided in an age appropriate format.</p> <p>Staff would provide information in other formats upon request.</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 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.</i></p>	<p>The wards have not had any requests for same sex health professionals. However, if this was requested staff would try to accommodate this. However, the staff have requested a same sex clinical photographer when required.</p> <p>There are some single rooms available, and there are curtains around the beds for privacy.</p>	

(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>	The wards have not encountered any transgender patients or parents. Patients are acutely ill in the receiving wards and the priority is to stabilise and treat clinically. Staff indicated at the EQIA that patients who wanted to know more about transgender usually raised this in a one to one setting eg at outpatient clinics rather than ward setting.	
(c)	Age	<i>A urology clinic analysed their sex specific data and realised that young men represented a significant number of DNAs. Text message reminders were used to prompt attendance and appointment letters highlighted potential clinical complications of non-attendance.</i>	<p>All staff have attended child protection training.</p> <p>Staff are aware that the age of consent depends on the individual patient (i.e. if the patient can understand the procedure, the benefits and the risks).</p> <p>There are some teachers available depending on the patient's local authority (mainly Glasgow). For other patients, their local authority may provide school work for the child to do while in hospital. These children will be supervised by the local teachers. This service is managed directly by the Education Service rather than the NHS.</p> <p>The service can access Play Assistants who are responsible for providing and encouraging basic and developmental play with age appropriate toys and activities for children of different ages.</p> <p>Staff can refer patients to the Hospital</p>	

			<p>Play Specialists who prepare children and their families for treatments and coping with illness and investigations. The Hospital Play Specialists also provide specialized therapeutic support such as play preparation for a test or procedures; distraction therapy for coping with pain and distress and post-procedural play.</p> <p>Information is provided in an age appropriate format. (For example, drawings, pictures to help aid understanding).</p> <p>Parents or guardians can stay overnight with the child. (There are showering facilities available for the parent on the 3rd and 5th floor).</p> <p>There is a Young People's Service (12 – 18 year olds) which has a range of games, DVDs, books, arts & crafts, and other activities. There is an area (Zone 12+) for teenagers who want some peace and quiet.</p> <p>There is also a Youth Club on a Wednesday evening and a medi-cinema.</p> <p>There are baby changing facilities available.</p>	
(d)	Race	<i>An outpatient clinic reviewed its ethnicity data capture and realised that it was not providing</i>	Staff are aware of how to organise interpreters and staff will arrange same sex interpreters. (The most common	

		<i>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>languages at present are Mandarin, Polish, Punjabi).</p> <p>Some of the specialities have information available in other language.</p> <p>Staff have had requests for information in other languages and this has been provided.</p> <p>The wards have not had any racist incidents but if they occurred then these would be challenged and reported through datix.</p>	
(e)	Sexual Orientation	<i>A community service reviewed its information forms and realised that it asked whether someone was single or 'married'. This was amended to take civil partnerships into account. Staff were briefed on appropriate language and the risk of making assumptions about sexual orientation in service provision. Training was also provided on dealing with homophobic incidents.</i>	<p>Staff do not make any assumptions about family relationships and have had patients with same sex partners as parents/carers.</p> <p>Staff are aware of the importance of using appropriate terminology.</p> <p>No homophobic incidents have occurred to date but if they occurred then these would be challenged and reported through datix.</p>	
(f)	Disability	<i>A receptionist reported he wasn't confident when dealing with deaf people coming into the service. A review was undertaken and a loop system put in place. At the same time a review of interpreting arrangements was made using NHSGGC's Interpreting Protocol to</i>	<p>There is sufficient colour contrast between the floors and walls for people with visual impairments.</p> <p>The wards have a lowered reception desk.</p> <p>There are accessible toilets available.</p>	Will circulate information to staff regarding text relay service.

		<p><i>ensure staff understood how to book BSL interpreters.</i></p>	<p>Staff can organise British Sign Language Interpreters and other forms of communication support.</p> <p>There are a variety of chairs available.</p> <p>There are hoists available.</p> <p>Visual aids are available to aid understanding.</p> <p>For patients with learning disabilities, staff would staff liaise with the parents regarding their needs.</p> <p>Information would be provided in other formats upon request to comply with NHS Greater Glasgow and Clyde's Accessible Information Policy.</p> <p>Parents and guardians can stay overnight with the patient.</p> <p>For children with autism, staff would try to accommodate them in the single rooms as noise can cause them distress.</p> <p>Staff can refer patients to other specialist services e.g. Speech and Language Therapy, Clinical Psychologists etc.</p>	
(g)	<p>Religion and Belief</p>	<p><i>An inpatient ward was briefed on NHSGGC's Spiritual Care Manual and was able to provide more</i></p>	<p>Staff can contact the Hospital Chaplaincy team on behalf of the family and can direct to patients and families if</p>	

		<p><i>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>requested to the chaplaincy centre where there are quiet rooms and prayer facilities.</p> <p>Staff can access the Faith and Belief Communities Manual.</p> <p>Hospital chaplains regularly visit the ward.</p> <p>Halal, kosher and vegetarian meals are available.</p> <p>If there are any queries regarding the ingredients of medication, the staff would contact the Pharmacy Department for advice.</p>	
(h)	Pregnancy and Maternity	<p><i>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.</i></p>	<p>Not applicable.</p>	
(i)	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 staff can signpost patients and their families to the Family Support Service who can provide emotional and practical support and information to the families attending Yorkhill Hospital.</p> <p>Staff can signpost patients and their families to the Cashier's office to reclaim their travelling expenses (if applicable).</p>	

			Staff can refer patients to Social Work if required.	
(j)	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>	<p>The staff can liaise with Social Work as and when required.</p> <p>If a patient is in the criminal justice system, staff would liaise with the appropriate agencies.</p> <p>An example given was of a patient from a travelling community, whereby the staff phoned the parent the week before the appointment to remind them. This worked well.</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 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>	As with all departments cost saving exercises are being implemented but it is not anticipated that these will discriminate against any of the equality groups.	
10.	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>	<p>All staff have personal development plans.</p> <p>Staff access the on-line training modules. Staff have access to a variety of resources such as the interpreting resources, the Faith and Belief Communities Manual.</p>	

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.

Example of good practice:

How well are we doing questionnaires are audited 3 monthly and the results are discussed at Leading Better Care Steering group. The uptake of these questionnaires has not been as great as anticipated and no equality data is captured on them however we are trying to encourage parents, children, and families to complete them. The main themes so far are as follows:

- Parents are not happy about the parent facilities. We are not able to do much about the facilities on this site but this information has been used in the planning of the new children's hospital.
- The play service was redesigned and the children and parents were not happy with the redesign and the service has been redesigned again taking their comments onboard.

We have also recently introduced 'What Matters to me'. Each child is encouraged to complete a poster about What Matters to them while they are in hospital and this is displayed above the bed for all healthcare professionals to read prior to any interaction with the child. The children can write what matters to them or draw pictures. Common themes are I want my mummy to stay, I don't like needles, and I would like to sleep longer in the morning.

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		
For the implementation of Trakcare, develop plans of how equality data can be captured.	March/April 2013	MT/LR
Clarify if the patient correspondence complies with NHS Greater Glasgow and Clyde's Accessible Information Policy.	June 2013	MT
Ensure staff are aware about NHS Greater Glasgow and Clyde's Accessible Information Policy.	March 2013	MT
Specific Actions – those that will specifically support protected characteristics e.g. hold		

<p>staff briefing sessions on the Transgender Policy</p> <p>Circulate information about the text relay service to staff.</p> <p>Ensure staff are aware and have access to Accessible Information Policy.</p>		
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Ongoing 6 Monthly Review please write your 6 monthly EQIA review date:

June 2013

Lead Reviewer: Name Maureen Taylor
EQIA Sign Off: Job Title Lead Nurse
Signature M Taylor
Date 14th January 2013

Quality Assurance Sign Off: Name
Job Title
Signature
Date

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. 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:

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

		Completed	
		Date	Initials
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

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

		To be Completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

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

		To be completed by	
		Date	Initials
Action:			
Reason:			

Action:			
Reason:			

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

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

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Name of completing officer: M Taylor

Date submitted: 21st February 2013

Please email a copy of this EQIA review sheet to egia1@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: 0141-201-4817.