

**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](mailto:CITAdminTeam@ggc.scot.nhs.uk) for further details or call 0141 2014560.

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

Ward 45 Regional Burns Unit, Jubilee Building, Glasgow Royal Infirmary, Regional Services Directorate

Please tick box to indicate if this is a :      **Current Service** X       **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?**

Ward 45 is a West of Scotland in patient service for burns patients and is the largest available unit in Scotland. Patients can therefore be admitted from Stranraer and the Highlands and Islands. The expertise of the clinicians at Glasgow Royal Infirmary means that there can also be referrals from other Health Boards (approximately 3 per year).

The ward has 13 beds (6 single rooms, 1 x 4 bedded room and 3 High dependency beds). Patients can be anything from fairly minor to major burns but will all fall within specific burns guidelines. There may also be some patients who are undergoing reconstruction following a major burn.

The ward will have approximately 20 admissions per month equating to approximately 250 per year. The age range is 13 and above. The average length of stay is 10 days. (according to COBIS data)

The service is supported by Occupational Therapy, Physiotherapy; Dieticians, Speech and Language Therapists and Psychology services as needed. There is an Outreach Service and support groups for when the patient is discharged

There is early involvement of Social Work, Housing and Discharge co-ordinators if a patient is admitted following a house fire.

**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 to ensure there are no discriminatory practices.

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)

<b>Name:</b> Caroline Spreng, Clinical Services Manager	<b>Date of Lead Reviewer Training:</b> Not applicable, However, the Practice Development Nurse has attended the training.
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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):

Senior Charge Nurse; Practice Development Nurse; Lead Nurse; Healthcare Assistant; Student Nurse; Quality Co-ordinator and Equality and Diversity Assistant.
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	<b>Lead Reviewer Questions</b>	<b>Example of Evidence Required</b>	<b>Service Evidence Provided (please use additional sheet where required)</b>	<b>Additional Requirements</b>
1.	<b>What equalities information is routinely collected from people using the service? Are there any barriers to collecting this data?</b>	<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>Since 2003 the unit has had their own MCN database - COBIS (Care of Burn Injuries Scotland). This is a national database and contains clinical statistics. The clinical statistics are published in the Managed Clinical Network Annual Reports. The clinical data regarding the percentage of burn, patient age, CHI number and postcode are all key fields of interest and reporting and may not capture other protected characteristics.</p> <p>TrakCare was introduced into the hospital in May 2013. TrakCare and the COBIS database are not linked, therefore this creates an additional barrier to data analysis.</p>	The Unit will undertake an analysis of equality data and an action plan developed if there are any gaps in collecting data or gaps in service provision.
2.	<b>Can you provide evidence of how the equalities information you</b>	<i>A Smoke Free service reviewed service user data and realised that</i>	According to COBIS, during the 1 <sup>st</sup> January 2013 and 31 <sup>st</sup> December	Please see above.

	<p>collect is used and give details of any changes that have taken place as a result?</p>	<p><i>there was limited participation of men. Further engagement was undertaken and a gender-focused promotion designed.</i></p>	<p>2013, there were 213 adult admissions. of the admissions 72 were female and 141 were male. The average age for female patients was 50.3 and for men 43.9</p>	
<p>3.</p>	<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>There is a Managed Clinical Network (MCN) for Burns patients - Care of Burns in Scotland (COBIS).The MCN aims to ensure that patients who suffer serious burn injury in Scotland:</p> <ul style="list-style-type: none"> <li>• Are treated at an appropriate centre</li> <li>• Are transported safely and expeditiously to that centre</li> <li>• Receive a standard of care for burn patients irrespective of where they live</li> </ul> <p>In conjunction with COBIS, a Psychosocial Training Programme has been developed for all staff involved in caring for burns patients. This is to help staff support patients with some of the psychological issues that they experience. Some of these can be complex due to the severity of the burn and changes to physical appearance.</p> <p>Staff gave examples that there can be other factors that may relate so some of the protected characteristics, however, these cannot be published to protect patient confidentiality.</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>In 2013, The ward won the Chairman's award for Patient Centred Care. It can be particularly traumatic for patients and their relatives who are admitted to the ward as they often live far away from the city and can require months of clinical care. The ward was nominated by a patient for their compassionate and patient centred approach to listening and communicating effectively.</p> <p>The Unit runs a support group for patients who have been discharged home. This gives the opportunity for patients and their families to get together with other burn survivors, discuss issues which may be causing them concern, and be with others who have been through the same situations. Specialist talks and advice are available at these sessions.</p> <p>In the past the Unit has undertaken patient experience questionnaires, however, this has now been superseded by the national Better Together programme. Each month the ward asks patients about their hospital stay. The selection of patients is random and therefore may not capture all the protected characteristics.</p> <p>The ward has undertaken patient</p>	
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			<p>stories, whereby patients are given the opportunity to tell staff about their hospital experience.</p> <p>Patients were involved in the development of information leaflets.</p> <p>Patients have posted positive comments on the Patient Opinion website.</p>	
5.	<p><b>Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?</b></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 Unit is based on the 1<sup>st</sup> floor of the Jubilee Building at Glasgow Royal Infirmary.</p> <p>There is a drop off point outside the entrance.</p> <p>There are disabled car parking spaces within the multi-storey car park.</p> <p>There are automatic doors to the entrance of the Jubilee Building.</p> <p>There are lifts available to the first floor which have lift announcers and tactile buttons for people with sensory impairments.</p> <p>The signage to the ward, has sufficient colour contrast for people with visual impairments.</p>	<p>The ward has a buzzer system, which would be difficult for people who are deaf. However, staff always check who is entering the ward and could meet the person at the door if there were any issues.</p>
6.	<p><b>How does the service ensure the way it communicates with service users removes any potential</b></p>	<p><i>A podiatry service has reviewed all written information and included prompts for receiving information in</i></p>	<p>Staff are aware of NHSGGC's Accessible Information Policy. There are information leaflets available about</p>	<p>Obtain an ID code from NHSGGC Interpreting Service to be able to access</p>

	barriers?	<i>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>requesting information in other languages and formats in the Unit.</p> <p>Staff are aware of how to book interpreters and other forms of communication support.</p> <p>There are members of staff who can use British Sign Language.</p> <p>The Unit can borrow a portable loop system for patients who are hard of hearing or are deaf.</p> <p>There is wi-fi available for patients.</p>	<p>telephone interpreting.</p> <p>Circulate information to staff about the text relay service.-</p>
<p><b>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:</b></p>				
(a)	Sex	<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>There are single rooms available with en-suite facilities.</p> <p>Staff will accommodate requests for same sex health professionals.</p> <p>Staff have undertaken the Gender Based Violence on-line module. Staff are aware that some patients may experience domestic violence (including men) and have referred patients to support organisations.</p>	
(b)	Gender Reassignment	<i>An inpatient receiving ward held sessions with staff using the NHSGGC Transgender Policy. Staff</i>	Staff have read NHSGGC's Transgender Policy.	

		<b><i>are now aware of legal protection and appropriate ways to delivering inpatient care including use of language and technical aspects of recording patient information.</i></b>	Staff have undertaken the Transgender on-line module.	
(c)	Age	<b><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></b>	<p>All staff have undertaken Child and Adult Protection Training.  Very few patients are under the age of 16.  There is a nursery nurse available if required for younger patients.  Under 16's do not have to pay to access the TV channels (until 8.30pm at night).</p> <p>Any patients over the age of 65 would automatically be given an AMT4 test. This is a quick screening test to check for any cognitive impairment. However, if staff suspected that a patient under 65 had any cognitive issues then they would use this screening test.</p> <p>The ward has Dementia Champions. The ward also has signage for dementia patients and is currently awaiting dementia clocks.</p> <p>The charity Dan's Fund have donated an IPAD to the Unit to help patients pass the time. There are also books and games available for patients. A large television was also donated by a patient and is available for patients in the dayroom</p>	

			<p>The Unit also use the 'Getting to Know Me' document. Although this tool was developed for dementia patients the ward utilise it for all patients. The document seeks to provide specific personal and social information which should help staff identify what is important to patients and particularly for patients with cognitive impairment and/or communication difficulties (e.g. patients with dementia, learning disabilities etc).</p>	
(d)	Race	<p><b><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></b></p>	<p>Staff are aware of how to book interpreters for patients whose first language isn't English and would book a same sex interpreter.</p> <p>About 10% of the patients attending the Unit are from a Black and Minority Ethnic Group.</p> <p>Staff are aware that they can be cultural issues i.e. the traditional roles of men and women.</p> <p>The Unit have not encountered any racist behaviour. Any racist behaviour would be challenged and recorded in Datix.</p>	
(e)	Sexual Orientation	<p><b><i>A community service reviewed its</i></b></p>	<p>Staff are aware of the Civil Partnership</p>	

		<p><i>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>	<p>Act.</p> <p>Staff use generic phrases such as 'partner' or 'who do you live with at home'.</p> <p>The Unit have not encountered any homophobic behaviour. Any homophobic behaviour would be challenged and recorded in Datix.</p>	
(f)	<p><b>Disability</b></p>	<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 NHSGGC's Interpreting Protocol to ensure staff understood how to book BSL interpreters.</i></p>	<p>Staff are aware of how to organise British Sign Language interpreters and other forms of communication support.</p> <p>There are a mixture of chairs available (i.e. different heights, chairs with arms etc).</p> <p>There are accessible toilets available.</p> <p>The reception area has a lowered desk for people with wheelchairs.</p> <p>The Unit has a 'safety brief session' at the beginning of each shift whereby all staff are made aware if a patient has any additional needs.</p> <p>Staff can utilise images and pictures to help patients understand their condition and treatment.</p> <p>The Unit can contact the Speech and Language Therapy Department if they</p>	

			<p>need any communication aids.</p> <p>For patients with Learning disabilities; staff would utilise the 'Getting to now me' booklet. This includes information about communication needs; likes and dislikes; personal care; medication etc. Staff would also liaise with carers if required. The carer could also stay with the patient if they wished.</p> <p>For patients with mental health issues, staff can liaise with their Community Psychiatric Nurse. Staff could also arrange for a Registered Mental Health Nurse (RMN) during the patient's hospital stay.</p> <p>Before a patient is discharged, the Occupational Therapy Team may conduct a Community Assessment to ensure the patient will be able to cope, need any adjustments or equipment at home.</p>	
(g)	Religion and Belief	<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 the Faith and Belief Communities manual if they have any queries.</p> <p>The hospital chaplain regularly visits the ward, (staff feel that if patients see them on the ward they are more likely to talk to them).</p>	

			<p>Staff can signpost patients and visitors to the 'Chapel'. Alternatively, the relatives room could be used for prayer.</p> <p>Staff can arrange for the patients to attend the services which are held in the Board Room and the Chapel if they wish.</p> <p>Staff can arrange for Halal, Kosher and vegetarian meals.</p> <p>If there were any queries about medication, the staff would contact the Pharmacy for advice.</p>	
(h)	<b>Pregnancy and Maternity</b>	<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>Staff would liaise with maternity services as required.</p> <p>For new mums, it would not be suitable to have babies in the ward, therefore, staff would utilise the Outreach Service to allow them to stay at home.</p>	
(i)	<b>Socio – Economic Status &amp; Social Class</b>	<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>If a patient has been involved in a house fire, there will be multi-disciplinary team meetings with Social work, housing and discharge co-ordinators.</p> <p>Staff can signpost patients to charities and organisations such as 'Dan's Fund' and 'Changing Faces'. Dan's Fund can</p>	

			<p>sometimes assist with financial help or grants.</p> <p>Staff can refer patients to Social Work services for advice e.g. benefit entitlements.</p>	
(j)	<p><b>Other marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers &amp; refugees, travellers</b></p>	<p><b><i>A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas.</i></b></p>	<p>For patients from travelling communities, staff can refer to other Burns Units in the UK.</p> <p>There is a protocol in place for dealing with prisoners. There is also a prison Liaison Service for when patients have been discharged.</p> <p>For patients with addictions, staff would liaise with the Addictions Teams. Staff would follow withdrawal treatment guidelines. Staff would also signpost to appropriate agencies.</p> <p>If patients are homeless (at the time of trauma), then staff would liaise with the Homeless Team.</p> <p>Staff have advised that service personnel, once they were medically stable, would be transferred to the Royal Centre for Defence Medicine which is based in the Queen Elizabeth Hospital in Birmingham.</p>	
9.	<p><b>Has the service had to make any</b></p>	<p><b><i>Proposed budget savings were</i></b></p>	<p>As with all departments costs saving</p>	

	<p>cost savings or are any planned?  <b>What steps have you taken to ensure this doesn't impact disproportionately on equalities groups?</b></p>	<p><i>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></p>	<p>exercises are being implemented but it is not anticipated that these will discriminate against any of the equality groups.</p>	
10.	<p><b>What investment has been made for staff to help prevent discrimination and unfair treatment?</b></p>	<p><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>	<p>All staff have PDP's.  Staff have completed all mandatory training programmes including child and adult protection training; the on-line equality and diversity module, dementia training etc.</p>	<p>Ensure there is a rolling training programme for staff to undertake the various e-learning modules on the protected characteristics.</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.**

Given the psychological impact of burns and as part of the patient's rehabilitation programme, the staff have accompanied patients on short outings e.g. to the cinema, tea room etc to help improve their confidence and give them the opportunity to interact with others as they will have to do when they are discharged home. These outings are available to all patients regardless of their protected characteristics.

Another example of good practice is the 'Getting to Know Me' tool. This tool was originally created to provide specific personal and social information to help staff identify what is important to patients and particularly for patients with cognitive impairment and/or communication difficulties (e.g. patients with dementia, learning disabilities etc). However, Ward 45 distributes this document to all patients, and it is an easy to access guide of what the person needs for staff to be able to deliver person centred care.

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)
The Unit will undertake an analysis of equality data.	March 2014	JB
Discuss with the Estates Department, if there are any alternatives to the buzzer entry at the entrance to the ward.	October 2014	JD
Obtain an ID code from NHSGGC Interpreting Service to be able to access telephone interpreting.	April 2014	JB
Circulate information to staff about the text relay service.	April 2014	JB
Ensure there is a rolling training programme for staff to undertake the various e-learning modules on the protected characteristics.	July 2014	JB

**Ongoing 6 Monthly Review** please write your 6 monthly EQIA review date:

October 2014

**Lead Reviewer:**  
EQIA Sign Off:

**Name** Caroline Spreng  
**Job Title** Clinical Nurse Specialist  
**Signature** *Caroline Spreng*  
**Date** 25<sup>th</sup> March 2014

**Quality Assurance Sign Off:**

**Name** kath gallagher  
**Job Title** Planning and Development Manager  
**Signature**  
**Date** 23<sup>rd</sup> April 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. 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 please complete the attached sheet and return at your earliest convenience to: [eqia1@ggc.scot.nhs.uk](mailto: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:

Date submitted:

Please email a copy of this EQIA review sheet to [egia1@ggc.scot.nhs.uk](mailto: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.