

**NHS Greater Glasgow and Clyde
Equality Impact Assessment Tool For Frontline Patient Services**

It is essential to follow the EQIA Guidance in completing this form

Name of Current Service/Service Development/Service Redesign:

Allied Health Professionals (AHP), Queen Elizabeth Spinal Injuries Unit, Southern General Hospital, Rehabilitation & Assessment Directorate

Please tick box to indicate if this is a : **Current Service** **Service Development** **Service Redesign**

Brief description of the above: (Please include if this is part of a Board-wide service or is locally determined).

Spinal Injuries is a national care unit for patients from anywhere in Scotland who have endured a spinal injury. Patients can arrive at the hospital site by ambulance or helicopter. They can also be transferred from other hospitals or from abroad as the result of trauma.

Allied health professionals include: Physiotherapy, Occupational Therapy, Speech and Language Therapy, Dietetic Services, Podiatry, Orthotics, Psychology, Orthoptists, Radiography and Art Therapy. The greatest input is predominantly from Physiotherapy and Occupational Therapy.

All patients have equal access to therapy services. Therapy services commence from the patients arrival until discharge. The amount of input varies and will increase as the patients condition progresses.

There are 2 stages of respiratory input by physiotherapy in the High Dependency Unit, Edenhall or the respiratory bay in Philipshill Ward.

The length of stay of patients can be anything from several weeks to several months.

Who is the lead reviewer and where based?

Marie Owen, AHP Lead Regional, Therapies Centre, Southern General Hospital

**Please list the staff groupings of all those involved in carrying out this EQIA
(when non-NHS staff are involved please record their organisation or reason for inclusion):**

Team Lead Physiotherapy. Occupational Therapy Team Lead, Patient Representative, Equality Programme Lead(Acute), Quality Coordinator

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
<p>Gender</p>	<ul style="list-style-type: none"> • Same sex staff can be accommodated on request. Staff work with the patients to protect the privacy and dignity of the patient as much as possible. • Staff have experience of providing services to transgender patients. Staff recognise the importance of ensuring that the patient is accommodated and treated as their chosen gender • Gender is recorded and analysed nationally. 	<ul style="list-style-type: none"> • Although there is a dominance of female staff within Allied Health professionals chaperoning would be available on request.
<p>Ethnicity</p>	<ul style="list-style-type: none"> • The service accesses interpreters as and when required. • The attendance of an interpreter is recorded in the patients case notes • Translated information can be made available if requested as some specialities have access to a variety of web resources. • All patient information is reiterated verbally • Ethnicity is recorded in the nursing notes • Staff have experienced that some cultures may prefer that the extended family care for the patient rather than encouraging the patient to attend the full rehabilitation programme. 	<ul style="list-style-type: none"> • Some patient information is only available in English • Ethnicity is not analysed
<p>Disability</p>	<ul style="list-style-type: none"> • There are dedicated Disabled parking bays and a drop off point outside the entrance. • There are clear signs indicating 'display disabled badge' • There are also designated car parking spaces available for volunteer drivers • All areas of the Spinal Injuries Unit are wheelchair accessible. This also includes 	<ul style="list-style-type: none"> ▪ Staff unaware of the BT Text Direct facility ▪ The service does not have access to an Induction Loop ▪ Some specialities staff have not been on sensory impairment training ▪ The website information is out of date and there is not enough information

	<p>sufficient space to accommodate wheelchairs in the waiting areas.</p> <ul style="list-style-type: none"> • All toilets in the unit are suitable for disabled access • Some staff have attended Sensory Impairment training • All patient information is written in Plain English • Patient Information in large font can be made available on request • The service can access British Sign Language interpreters when required. • For patients with Learning Disabilities the staff work with the appropriate care agencies and social work where appropriate • If an advocate is used this is noted in the patients case notes • The staff will use visual documents and diagrams to assist learning. Sometimes diagrams are visual to explain the nature of the injury for the patient. • Carers have also used the family room where the carer is required 24 hours a day. • Way finding – there is good colour contrast in all signage. • For those with a visual impairment, staff talk through the process and patient is able to feel the equipment etc. 	<p>regarding the service on the web site</p>
Sexual Orientation	<ul style="list-style-type: none"> • Staff are aware of the correct terminology in relation to sexual orientation 	<ul style="list-style-type: none"> • No negative issues identified
Religion and belief	<ul style="list-style-type: none"> • In later stages of the rehabilitation process when life skills are being reviewed. Patients can bring in their own cooking utensils if required to suit their religious requirements. 	<ul style="list-style-type: none"> • Religion is not recorded

	<p>This would be in the step-down unit (the accommodation before patient goes home)</p> <ul style="list-style-type: none"> • Staff would access the Faith and Belief Manual from the wards if required • Accommodation for a place to pray can be provided 	
<p>Age (Children/Young People/Older People)</p>	<ul style="list-style-type: none"> • The average age group in the service is between 40 – 50 • Patients under the age of 12 would go to Yorkhill or an appropriate hospital in their health board area. • Teenage patients are able to have their parents around for support, although parents are not allowed to attend the gym to ensure the patient focuses on the rehabilitation session. • Age is recorded and analysed nationally 	<ul style="list-style-type: none"> • No negative impact identified
<p>Social Class/ Socio-Economic Status</p>	<ul style="list-style-type: none"> • Staff will assist patients in filling in forms and liaise with social work to access the appropriate support for the patient • Staff will also contact the appropriate person to assist in Financial Inclusion work and debt management. Patients' length of stay is variable depending on their injury and impacts on their income and expenditure. • The unit has a dedicated Social Worker. • Patients can access homecare packages from charities such as "Aspire" through the Margaret Blackwood Housing Association – This is a stop gap for some patients until their appropriate local authority can resolve any housing issues, e.g. home not suitable for adaptation. • Outreach clinics are available in various parts of Scotland. The OT's are the main AHP 	<ul style="list-style-type: none"> • Adaptations for patients provided by local social work services can take up to 3 months. • Complex care packages can delay discharge

	service that travel to these to reduce the amount of travel for the patient. (It would be rare for other specialities to have the need to see patients in other parts of the country)	
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<p>Additional marginalisation</p>	<ul style="list-style-type: none"> • For patients with literacy issues staff will verbally reiterate instructions and continually check that the patient understands, e.g. consent etc. • Patients from the criminal justice system have accessed the service • Where appropriate physiotherapy has been offered at Prison Services • Staff liaise with the Addictions team as and when required. • Staff have worked with patients from the Travelling Community and no issues were identified 	<ul style="list-style-type: none"> • No negative issues identified
<p>All</p>	<ul style="list-style-type: none"> • All staff have attended Equality and Diversity Training • Staff work as a team to deliver patient centred approach and have taken the time to come in early and work with the patient where the patient has requested additional support. • Staff continually reassures and repeat information to ensure patient understands. • The service delivers patient education sessions that are one to one, most of the session will be delivered through discussion • The service has visual aids to assist the patients understanding of the injury and recovery process • The unit has been awarded the Customer Excellence Award by the government. One of the key areas of this award is demonstrating that the patients' voice is heard in relation to the service provision. The unit has a variety of methods of obtaining patient feedback. 	<ul style="list-style-type: none"> • No negative issues identified

Actions	Date for completion	Who is responsible?(initials)
Cross Cutting Actions <ul style="list-style-type: none"> Web site to be updated with additional patient information to be added 	31/03/11	JH
Specific Actions <ul style="list-style-type: none"> Patient information should be made available in other languages upon request BT Text Direct Information to be made available to staff The service to investigate where they could access a portable induction loop when required AHP's to consider attending sensory impairment training To work with Social Work Services to make the transition for discharge for complex cases smoother To work with the National Team to review the processes involved for recording and analysing all equality and diversity data 	31/12/10 31/12/10 31/11/10 31/03/11 Ongoing Ongoing	JH/MR FM/JH/MR MR MR/JH Whole MDT FM/MO

Ongoing 6 Monthly Review Please write your 6 monthly EQIA review date:

4/5/11

Lead Reviewer: Name: Marie Owen
Sign Off: Job Title AHP Lead
 Signature *M. Owen*
 Date: 15/12/10

Please email copy of the completed EQIA form jacqueline. russell@ggc.scot.nhs.uk

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