

**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 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 for further details or call 0141 2014817.

Name of Current Service/Service Development/Service Redesign:

Vascular Service at Western Infirmary, Surgery and 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?

The Vascular Service includes in and outpatients and has been centralised. It is now based at the Western Infirmary instead of providing services at the Southern General Hospital, Victoria Infirmary, Gartnavel Hospital and Royal Alexandra Hospital. The service is provided in Level 9 of the hospital in a 46 bedded unit comprising of 4 bedded bays and 7 single rooms.
Peripheral Vascular Disease is a progressive disease that mainly affects arteries of lower limbs.

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.)

Due to the redesign of services to create a centralised service and the potential to move the centralised system in 4 years' time to the new South Glasgow Hospital.

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)

Fiona Smyth, Lead Nurse, Western 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, Admission Sister, Senior Charge Nurse for Church Street Outpatients, Vascular Liaison Sister, Allied Health Professional Lead, Senior Charge Nurse Level 9, Equality & Diversity Advisor, Quality Co-ordinator

	Lead Reviewer Questions	<i>Example of Evidence Required</i>	Service Evidence Provided (please use additional sheet where required)	Additional Requirements
1.	<p>What equalities information is routinely collected from people using the service? Are there any barriers to collecting this data?</p>	<p><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>	<p>Data is collected on the Pass web patient information system on age, gender and post code.</p> <p>Some disability information may be recorded due to its need for organising patient transport.</p>	<p>There is no analysis of data regularly undertaken. Ethnicity is not regularly captured although staff are aware that they rarely have patients from a Black Minority Ethnic background.</p>
2.	<p>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?</p>	<p><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>	<p>The service adheres to SIGN guidelines on 'Diagnosis and Management of Peripheral Arteries Disease' and 'Management of Chronic Venous Leg Ulcers'.</p> <p>The occupational therapists conform to collecting data to meet the criteria devised by the Scottish Occupational Therapy Amputee Group (SOTAG), and the physiotherapists collect data to conform to Scottish Physiotherapy Amputee Research Group (SPARG).</p> <p>SPARG data is analysed at Strathclyde University. The 10 year report (2002) on that data gathering has identified that the mean age of amputees was 69 years and male. The female ratio is 37% to 63% males and has not changed over the years. The report concludes that the data can be used to;</p> <ul style="list-style-type: none"> • Examine trends 	<p>Although the SPARG data is anonymised it does record sex, and date of birth along with amputee information that therefore covers the amount of disability and a huge amount of clinical data. It does not capture ethnicity. Will raise with chair of SPARG to see if this can be changed</p> <p>Although the detail of SOTAG data was not available it is assumed that since it adopted criteria from SPARG that it will equally not capture ethnicity.</p>

			<ul style="list-style-type: none"> • As a basis for benchmarking and audit • To develop research • To inform clinician, managers and planners 	
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>Every patient has cognitive screening for suitability of limb fitting.</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 have been used to make changes to service provision.</i></p>	<p>All patients are asked to complete a discharge questionnaire. Comments are very positive.</p> <p>Throughput of patients through the ward indicates that males are more prone to vascular disease. (The SPARG data echoes this)</p> <p>The Outpatient nurse conducts audits although they are not specific to vascular services.</p> <p>Complaints are analysed for common themes. Complaints are mainly to do with falls. Analysis of falls can only be by gender as it is not easy to analyse information recorded on the Datix computer system. As a result, staff have developed a wheelchair poster to try and ensure patient safety on transfer to or from the wheelchair. This poster is displayed in every patient room and at main entrance</p>	<p>The poster may require to be updated to meet the Accessible Information Policy guidelines.</p>

			to ward for visitors to see.	
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>	All patients at pre-operative assessment are asked if they would like to stop smoking.	More input from the Smoking Cessation team is required to support patients and staff regarding patient reluctance to give up smoking.
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 clearer directional information now provided.</i>	<p>The ward areas on the 9th floor are accessed by lifts.</p> <p>Patients attending the gym are in another building and access the area via a lift.</p> <p>There is colour contrast between walls and floors.</p> <p>The outpatient department has an induction loop at reception desk and a portable one for use in a clinic room.</p>	<p>Due to reconfiguration of many wards and departments in Western Infirmary many signs are temporary and on laminated sheets.</p> <p>There is no portable induction loop at ward level or for the gym area.</p> <p>Doors from lift area to wards also too heavy to operate by wheelchair users.</p>
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 or formats. The service has reviewed its process for booking interpreters and has briefed all staff on NHSGGC's Interpreting Protocol.</i>	<p>Patient information is available for major procedures and in audio format.</p> <p>Secretary's book the interpreting service when required. The service is aware of the new flow charts and change of interpreting process introduced on 1st October 2011.</p> <p>The service has language identification cards available if required.</p>	Review to be undertaken of patient information to check it meets the needs of the Accessible Information Policy. This is to also include patient letters.

			<p>The ward has access to a Learning Disabilities resource folder and the Learning Disability team if they need advice or guidance.</p> <p>Allied Health Professionals (e.g. Physiotherapists) will work with carers in the gym area to support the patient.</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 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>All patient ward bays are single sex. These bays have ensuite facilities.</p> <p>All staff have Adult Protection training and if an individual patient assessment identified issues then these would be addressed.</p> <p>If same sex physiotherapists were unavailable, they would explain processes outside the curtained bay or use a family member to be present.</p> <p>Admission area is screened to give some privacy.</p>	

			A relative's room is available to discuss sensitive issues. It can sometimes be used overnight by relatives if required.	
(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>	<p>If a referral identifies a transgender patient for admission then the pre-assessment process will discuss admission to the ward and the ward would provide a single room if required following discussion. The Senior Charge Nurse has attended a 1 day transgender training session.</p> <p>All staff have access to the transgender policy.</p>	
(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>The service predominantly serves older patients due to the nature of the disease.</p> <p>On arrival all patients are screened for nutrition, risk of falls, pressure sores and for cognitive impairment. Occupational therapists can assist ward staff if required with the cognitive impairment screening.</p> <p>Some patients may have carers present at the admission screening and others may have had an advocate.</p> <p>All patients have an initial assessment on arrival. If younger patients have specific needs these will be discussed at this stage and this may result in them having some of their own electronic equipment in</p>	Outpatients may not know until patient arrives that they need a carer or advocate present.

			the ward for their own use. Any criteria regarding do's/don'ts of operation of equipment will be discussed as part of this arrangement.	
(d)	Ethnicity	<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>	<p>On arrival an initial assessment is undertaken. This includes identifying any special needs of the individual, i.e. interpreting, faith, dietary needs etc. This would be recorded in the nursing documentation.</p> <p>The ward has language identification cards. They are aware of the Interpreting Policy and the revised interpreting process commenced on 1st October 2011.</p> <p>If a patient arrives at outpatients and interpreting needs have not been identified they may use a family member but book a trained interpreter for next appointment. In an emergency staff have utilised medical staff that speak the language of the patient.</p> <p>All interpreting issues and the agency/family member/doctor used are documented in the patient case notes.</p> <p>There are very few black minority ethnic patients who have accessed the service. Therefore there is no translated patient information</p>	Analyse interpreting data to establish the needs for patient information in other languages.

			<p>available.</p> <p>There have been no racist incidents recorded.</p> <p>Staff have completed the e learning. Equality and Diversity course and found this interesting but difficult to pass.</p>	
(e)	Sexual Orientation	<p><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>	<p>Case sheets and nursing documentation covers single, married, divorced and partner for next of kin to ensure that it meets the needs of the Civil Partnership Act.</p> <p>Staff are aware of the need to use appropriate terminology.</p> <p>There have been no homophobic attitudes encountered.</p> <p>Staff have completed the e learning. Equality and Diversity course and found this difficult to pass.</p>	
(f)	Disability	<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>The Ward is accessible and all toilets are accessible.</p> <p>Chairs have moveable arms to make sure they meet the needs of a wide range of patients.</p> <p>Accessible toilet areas are alarmed via the nurse call system.</p> <p>All patients are trained regarding safe transfer from wheelchair/seat to bed.</p>	<p>There is no loop available at ward level or in the gym area.</p> <p>Outpatients have some clinics that are very narrow and some examination couches that are static.</p> <p>Toilet doors open out the way but are too heavy for patients in wheelchairs to operate. Doors from lift area to wards also too heavy to operate by wheelchair users.</p> <p>Transport of patients can be a problem.</p>

			<p>Hoists are available at ward level and at Outpatients as required.</p> <p>The Murray Foundation – a charity that supports amputees attend the ward weekly. They can provide advice, support and counselling if required.</p> <p>On arrival an initial assessment is undertaken. This includes identifying any special needs of the individual, i.e. interpreting, faith, dietary needs etc. This would be recorded in the nursing documentation.</p> <p>Staff know and are aware of the Interpreting Policy and how to contact British Sign Language Interpreters or other forms of communication support.</p> <p>Patient information is available in audio format.</p> <p>Some information is available in Braille e.g. info about MRSA.</p> <p>There is some bariatric equipment available via the Moving and Handling team when required. The staff alert them prior to the patients arrival in the ward.</p> <p>Some shower areas have 'flat bed showers' which are easier to access</p>	<p>Sometimes Scottish Ambulance Service (SAS) cannot provide a two man ambulance when required i.e. patient due a home visit SAS booked for 2 man ambulance as there are steps at entrance to patients home and with the patients newly compromised mobility this is the only option. At last minute SAS can indicate that they are over their quota and cannot provide transport. There can be other transport issues for patients that are from areas outwith our own Health Board area.</p> <p>Review to be undertaken of patient information to check it meets the needs of the Accessible Information Policy. This is to also include patient letters.</p>
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			<p>by the patients.</p> <p>All staff have Adult Protection training and if an individual patient assessment identified issues then these would be addressed.</p> <p>Community liaison service can be involved with patients who have complex wounds following surgery.</p>	
(g)	Faith	<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>On arrival an initial assessment is undertaken. This includes identifying any special needs of the individual, i.e. interpreting, faith, dietary needs etc. This would be recorded in the nursing documentation.</p> <p>Chaplains visit the wards regularly.</p> <p>Staff are aware of menu options for different faiths and this also relates to the nutritional assessment processes.</p> <p>Staff review the Faith and Belief Manual as required but especially if death is imminent. The specific guidelines for the caring of the dying initiates further dialogue on religious matters if applicable.</p> <p>Staff would check with Pharmacy if there was a query regarding the ingredients of medications.</p>	
(h)	Socio – Economic Status	<p><i>A staff development day</i></p>	<p>Review parking arrangements to</p>	

		<p><i>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>ensure no parking charges displayed? Check</p> <p>Staff will signpost patients to Social Work if benefits advice is required. Financial inclusion officer visits the therapy gym each week to assist patients in completing benefit forms, gives advice, also does post d/c follow up visits.</p> <p>On occasions Occupational Therapy have had to request Environmental cleans with the Housing Department to ensure the patient's home is fit for the patients discharge.</p> <p>On occasions staff phoned the Citizens Advice Bureau to request they assist a patient with the completion of benefits forms.</p>	
(i)	<p>Other marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers</p>	<p><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>	<p>On occasions staff phoned the Citizens Advice Bureau to request they assist a patient with the completion of benefits forms.</p> <p>Ward staff liaise with the Homeless team; Asylum Seekers Team and Addictions Teams as required.</p> <p>Prisoners can be accompanied by security. Further guidance is being developed by the Health and Safety Dept to improve on current systems. When available this will be implemented.</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>	The bed model reduction being recommended impacts on the length of stay of a patient. This is to ensure patients go home earlier if stable. This model is to improve on costs but also is anticipated may be the model used for the new South Glasgow Hospital. It is anticipated that a consultation process will commence soon to gain patient views etc...	
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>	Nursing staff is often seen as a female profession. The Ward staff is one of the few teams to have a higher number of male nurses than many other wards. This is therefore very helpful since 63% of patients are male. All recruitment complies with NHS GG&C's recruitment policy.	
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 have completed the e learning. Equality and Diversity course and found this interesting but difficult to pass. There is two day training for all AHP staff on an Equality and Diversity component. All ward students complete an exit survey to address any issues.	

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.

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<p>Actions – from the additional requirements boxes completed above, please summarise the actions this service will be taking forward.</p>	<p>Date for completion</p>	<p>Who is responsible?(initials)</p>
<p>Cross Cutting Actions – those that will bring general benefit e.g. use of plain English in written materials</p> <p>Review patient information to ensure it is up to date and accessible to all patient groups. Review data collection to ensure ethnicity is captured and analysis of data can be undertaken for planning service change.</p>	<p>March 2012 Jan 2012</p>	<p>FS/CN FS/CN</p>
<p>Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy</p> <p>Work with the Facilities Directorate to resolve the issues regarding heavy doors at ward level and toilets. Work with the Smoking Cessation Service to assist patients to stop smoking.</p> <p>Work with Facilities Directorate to ensure permanent way finding signs are installed and that these are in an accessible format and style.</p> <p>Analyse interpreting data to establish in what languages patient information would be required.</p> <p>Purchase loop systems for ward and gym areas.</p> <p>Ensure Outpatient clinics are not held in areas with static couches. Secure a programme of investment into adjustable height examination couches.</p> <p>Raise SAS issues with General Manager responsible for co-ordinating patient transport problems with SAS</p>	<p>Dec 2011 Jan 2012</p> <p>March 2012</p> <p>March 2012</p> <p>March 2012</p> <p>Ongoing –Able to ensure that patients have access to height adjustable beds</p> <p>March 2012</p>	<p>TM TM/FS</p> <p>TM/FS</p> <p>TMcS/TM</p> <p>FS/TM</p> <p>AK</p> <p>CN/FS</p>

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

June 2012

Lead Reviewer: Name Fiona Smyth
EQIA Sign Off: Job Title Lead Nurse Surgery North
Signature
Date 2/12/11

Quality Assurance Sign Off: Name: Sofi Taylor
Job Title: Health Improvement Lead (Equality and Diversity)

Signature: Sofi Taylor
Date: 30th Jan 2012

Please email a copy of the completed EQIA form to 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