

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](mailto:CITAdminTeam@ggc.scot.nhs.uk) for further details or call 0141 2014817.

Name of Current Service/Service Development/Service Redesign:

Dementia Ward, Cathkin View, Mansionhouse Unit, Rehabilitation and Assessment 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?**

Cathkin View is a ward for rehabilitation and assessment of patients with Dementia who will have come into a ward in another part of the hospital as a result of some other illness or injury (from Victoria Infirmary or Mansionhouse Unit). The ward assesses the degree of dementia/delirium and ascertains what the patient is able to do/be aware of for themselves and what is required for the future either at home in the community or if they will need long term care to keep them and others safe.

The ward also provides end of life care to existing patients rather than transfer them to another ward.

Patients are generally 65 and above but the ward will provide care for younger patients with early onset dementia.

The length of stay ranges from 1 to 2 weeks for assessment with the full multidisciplinary team. Depending on the outcome they may continue to be in the ward for a longer period if there are legal issue to be addressed like Guardianship, Adults with incapacity, etc for continuing powers to be put in place.

The ward is newly refurbished for dementia patients (opened January 2013) and has been relocated into this setting from another ward within the Mansionhouse Unit. The ward can accommodate 24 patients and comprises of 4 single rooms and 2 bays of 4beds and 4 bays of 3 beds. All rooms have ensuite toilets and the 2 bays of 4 beds have ensuite bathroom facilities. All these ensuite facilities are wheelchair accessible and each patient area has bed screens for privacy as required. The ward also has:

- A living room with a fireplace TV and mixture of chairs and sofas.
- A quiet room/relatives room that can be utilised by patients or relatives wishing some 'time out' from the patient /bedside.
- An interview room that can be utilised by lawyers that need to discuss guardianship, power of attorney etc.
- An activities room that can be utilised by the activities co-ordinator for groups or one to one sessions.

- An Activities Co-ordinator who will arrange a variety of activities depending on patient needs, e.g. skittles, dominoes, music, films, bingo, arts and crafts, etc They will also co-ordinate the number of volunteers that add to patient care, e.g. Therapet, befriending etc.
- A dining room for patients.

All nursing staff have opted to work within the unit as opposed to working in any of the rehabilitation and assessment wards.

**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 check if there are any gaps in provision for this new service

**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)**

S Kyle, Lead Nurse, Mansionhouse Unit

**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, Senior Charge Nurse, Staff Nurse x2, Activities Co-ordinator, Quality Co-ordinator

	<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.	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>	<ul style="list-style-type: none"> <li>• The TrakCare patient information system has recently been implemented at the Mansionhouse Unit. This allows the recording of age, gender, ethnicity; religion; any interpreting requirements; preferred language etc.</li> <li>• Disability can be recorded in TrakCare but is presently recorded in the nursing notes/admission assessment documentation.</li> <li>• Until the implementation of TrakCare in December 2012 then only age gender and postcode would have been captured.</li> <li>• Staff can populate the Trak Care system to ensure it is updated with</li> </ul>	<ul style="list-style-type: none"> <li>• When further electronic patient records are developed explore the linkage of data to ensure protected characteristics information automatically populates Trakcare</li> </ul>

			<p>any additional appropriate information gained.</p> <ul style="list-style-type: none"> <li>Barriers to capturing data are the patient's condition and therefore relatives/carers are utilised. There may be further barriers if the relative has a learning disability or English is not the first language. Staff in these circumstances would ensure they involve other relative/carers.</li> </ul>	
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>	<ul style="list-style-type: none"> <li>Since March 2012 there have been 3 monthly reports undertaken in relation to support from the Dementia Fund. The consultants audit the length of stay, type of diagnosis, where patient discharged to, how much antipsychotic drugs have been utilised etc</li> </ul>	<ul style="list-style-type: none"> <li>No analysis of data has taken place and equally not all fields may yet be fully populated in TrakCare. There is a need to develop plans for an annual review of data to know more about the patient group utilising the service from an equalities perspective, e.g. ages, ethnicity, postcode areas, additional disabilities etc.</li> </ul>
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.		<ul style="list-style-type: none"> <li>The Senior Charge Nurse is a Dementia Champion and has implemented learning from the Iris Murdoch Centre – a centre of excellence at Stirling university, e.g. room adaptations that are more dementia friendly and homely, i.e. Colours on walls are not the traditional magnolia colour often used in hospitals.</li> <li>Ensuring that the ward has a living</li> </ul>	

			<p>room with sofas and chairs, fireplace and TV. This makes the daily routine more natural for the patient that once up, washed and dressed they can go to this area as if at home.</p> <ul style="list-style-type: none"> <li>• Other learning was to recognise the bays by colour rather than room number, e.g. it is easier for patients to be able to go back of their own freewill to the blue room if that is where they should be.</li> <li>• Again as best practice the use of coloured plates for meals has been adopted to assist patients to recognize foods.</li> </ul>	
4.	Can you give details of how you have engaged with equality groups to get a better understanding of needs?	<i>Patient satisfaction surveys have been used to make changes to service provision.</i>	<ul style="list-style-type: none"> <li>• Staff regularly undertake carers experience questionnaires. The results from these have timeous action taken to ensure the patient experience is always improving if that is what is required. The themes to date have had no specific equality and diversity component. They have been more associated with staff type issues and the provision of rehabilitation.</li> </ul>	The questionnaires have an equalities monitoring sheet but to date these have not collectively been analysed to give an indication of demographics of carers.
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>	<ul style="list-style-type: none"> <li>• Staff will signpost patients to Smoking Cessation Service as required, for example a patient with dementia that is desperate for a cigarette but would be a danger to themselves and others can be issued with an electronic cigarette.</li> <li>• Staff will ensure that patients have a support worker for a year following</li> </ul>	

			<p>diagnosis.</p> <ul style="list-style-type: none"> <li>• Staff will refer to Psychiatric services for any specialised help to improve health.</li> <li>• Staff will request the input of Addiction Services to ensure that the dementia patient is supported from this specialised team.</li> <li>• Staff can signpost patients to support agencies/charities such as Alzheimer’s Scotland, Age UK.</li> <li>• Any of the above will be provided if support is required to aid the individual persons needs.</li> </ul>	
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>	<ul style="list-style-type: none"> <li>• The ward is based on the 4<sup>th</sup> floor of the Mansionhouse Unit.</li> <li>• There is a drop off point outside the entrance to the building.</li> <li>• There are disabled car parking spaces available adjacent to the front of the building.</li> <li>• There are automatic doors to the entrance of the building.</li> <li>• There are lifts available which have tactile buttons for people with visual impairment. (There are stairs opposite the lifts for those who prefer this alternative).</li> <li>• Signage has good colour contrast with a navy font on white background to direct relatives to the ward.</li> <li>• In the refurbishment of the ward doors that are not needed for patient use are ‘hidden’ within the painting of the area. The patients will only be able to</li> </ul>	<ul style="list-style-type: none"> <li>• Signage is on order for use within the ward that will have good colour contrast that is appropriate for Dementia patients – as per guidance from Stirling University’s centre of excellence.</li> <li>• It is unknown if this kind of ward will be replicated when the New South Glasgow Hospital is opened. With an ageing population and more people being diagnosed with Dementia then potentially more facilities like this will be required.</li> </ul>

			<p>recognise/see outlined doorways of areas that are important to them.</p> <ul style="list-style-type: none"> <li>• All toilets and showers are wheelchair accessible.</li> <li>• The ward also has a wet room for easier access and use.</li> </ul>	
7.	How does the service ensure the way it communicates with service users removes any potential barriers?	<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 NHSGGC's Interpreting Protocol.</i></p>	<ul style="list-style-type: none"> <li>• The staff are aware of NHSGG&amp;C's Interpreting Policy.</li> <li>• Alternative methods of communication have been used, e.g. consultants emailing family or patient following discharge.</li> <li>• Staff will explore the best method of communicating with patients as there can be those with dementia that also have Dysphasia or Aphasia.</li> <li>• Staff utilise /involve Speech and Language Therapists/Occupational Therapists to get the best communication processes in place, e.g. the use of a light writer – a machine that speaks out what is typed, a folder that the patient can use to point to their needs, etc.</li> <li>• Advocates may also be used to communicate on behalf of the patient. The Moffat project provides a liaison service between the advocacy agency and the relatives.</li> <li>• Patient/relatives information is available in the ward for relatives etc and this comes from a variety of agencies.</li> <li>• Staff utilise the 'This is me' booklet by Alzheimer's Scotland to ensure that communication is appropriate to the</li> </ul>	<ul style="list-style-type: none"> <li>• Although staff are aware of the interpreting policy, through discussion at the EQIA it became apparent that they also rely on family members. Staff are to reconsider the involvement of interpreters as they had not considered the possibility of relatives withholding information from their relative or not translating intimate information.</li> <li>• The ward does not have a portable loop system</li> <li>• Circulate information to staff about the text relay for relatives/carers who may be deaf or hard of hearing.</li> <li>• Explore what information is available in other languages and large print, etc.</li> </ul>

			need of the individual. If a patient does not have a copy then staff will ask the relatives/carer to complete on.	
8.	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	<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>	<ul style="list-style-type: none"> <li>• A bay is always of same sex patients and staff ensure that if there is a bay across the corridor from it that it is also of the same sex.</li> <li>• Staff would check the patients 'This is me' booklet to see if the patient has any preferences about same sex health professionals.</li> <li>• Staff will try to accommodate requests for same sex health professionals as requested.</li> <li>• All individual bed spaces have curtains and all windows have curtains to maintain patient's privacy.</li> <li>• Staff are aware of NHSGG&amp;C's Gender Based Violence Policy.</li> <li>• Staff know and are aware that patients with dementia may have perceptions that violence may have occurred and</li> </ul>	

			that sometimes these may be inaccurate and other times they can be true. They therefore contact Social Work to conduct sensitive enquiries	
(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>	•	• Ensure staff are made aware of the NHSGG&C's transgender policy.
©	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>	<ul style="list-style-type: none"> <li>• Staff have attended the mandatory adult protection training. There is a training programme for all staff which means it is easy to identify when new members are due to complete training.</li> <li>• Parents are responsible for looking after and supervising their children when visiting relatives within the ward.</li> <li>• The ward has a Dementia Champion</li> <li>• There are 2 staff undertaking post-graduate training in dementia.</li> <li>• Other members of staff are undertaking the Dementia e-learning model.</li> <li>• All staff undertake NHS Education Scotland's training on Care for people with Dementia in Acute Care Setting.</li> <li>• Staff have all been checked for convictions via Disclosure Scotland in relation to Prevention of Vulnerable Groups (PVG).</li> </ul>	

(d)	Ethnicity	<p><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>	<ul style="list-style-type: none"> <li>• Staff are aware of NHS Greater Glasgow and Clyde's Interpreting Policy and how to organise interpreters. If an interpreter is present then this would be recorded in the nursing notes.</li> <li>• Staff will request same sex interpreters for patients.</li> <li>• Staff would try to diffuse any racist incidents. However this is difficult as the age group combined with Dementia means that you could challenge today and the same thing happen tomorrow. However any racist incidents between relatives/carers and staff would be challenged and recorded in the DATIX system.</li> </ul>	<ul style="list-style-type: none"> <li>• Although staff are aware of the interpreting policy, through discussion at the EQIA it became apparent that they also rely on family members. Staff are to reconsider the involvement of interpreters as they had not considered the possibility of relatives withholding information from their relative or not translating intimate information.</li> </ul>
(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>	<ul style="list-style-type: none"> <li>• Staff are aware of the importance of using appropriate terminology e.g. partner rather than husband and wife.</li> <li>• Staff would try to diffuse any homophobic incidents and these would be recorded in the DATIX system.</li> </ul>	
(f)	Disability	<p><i>A receptionist reported he wasn't confident when dealing with deaf people coming into the service.</i></p>	<ul style="list-style-type: none"> <li>• Staff are aware of how to organise British Sign Language Interpreters and other forms of communication</li> </ul>	<ul style="list-style-type: none"> <li>• The ward does not have a portable loop system</li> <li>• Circulate information to</li> </ul>

		<p><i>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>support. (This would be documented in the nursing notes).</p> <ul style="list-style-type: none"> <li>• There are a variety of types of chairs available for patients. There are also sofas within the lounge and corridors to encourage a homely feeling.</li> <li>• The ward has pictorial signs that are more like 3D.</li> <li>• They also have visual aids to help patients understanding e.g. pain tool.</li> <li>• For patients with communication issues the staff can contact the Speech and Language therapists for communication aids.</li> <li>• Staff are aware of the Adults with Incapacity Act.</li> <li>• Staff can accommodate carers being involved in assisting in patient care when appropriate, e.g. encouraging patient to eat.</li> <li>• Staff have encountered patients who have brought an advocate with them and this can be accommodated.</li> <li>• Many patients being older means they can have other disabilities. Staff will utilise the involvement of relatives/carers when they offer their support for aspects of care.</li> <li>• The ward uses 'This is me' documentation that was developed by Alzheimer's Scotland. Through this they will know if there are any communication or deafness issues and will plan care according to individual needs.</li> <li>• Ward staff can access the leaning</li> </ul>	<p>staff about the text relay for relatives/carers who may be deaf or hard of hearing.</p>
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			<p>disability team for advice and support if required.</p> <ul style="list-style-type: none"> <li>• Occupational Therapy staff may request additional aids for daily living from the EQUIP store for use in the ward or for use when the patient goes home.</li> <li>• All bathrooms are fully accessible including wheelchair users.</li> <li>• In some care settings dementia patients can be moved to another bay/ room due to disruptive behaviours, however staff in this ward try to ensure that this does not happen with dementia patients as this can cause disorientation and disruption.</li> <li>• The ward conducts Situation, Background, Assessment and Recommendations (SBAR) audits. This is 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.</li> <li>• Staff can request adapted cutlery/plats from Occupational Therapy for those who require this to assist their eating.</li> <li>• A red coloured mat at a patients setting indicates that the patient requires assistance with feeding.</li> </ul>	
(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-</i></p>	<ul style="list-style-type: none"> <li>• The ward has access to a Faith and Belief Communities Manual.</li> <li>• The ward displays posters about the Chaplaincy service.</li> <li>• Hospital chaplains regularly visit the</li> </ul>	

		<p><i>based items (Qurans etc.) and provision for bathing. A quiet room was made available for prayer.</i></p>	<p>ward.</p> <ul style="list-style-type: none"> <li>• Staff discuss with the patient at the admission stage any religion and belief issues and if the patient would like to see a chaplain. This is documented in the patients nursing notes.</li> <li>• For patients who wish to pray, the relative's room can be utilised.</li> <li>• Within the building there can be times of worship organised and staff will ensure that patients can attend this if they wish.</li> <li>• Suitable meals can be arranged to meet religious requirements (e.g. kosher, halal, vegetarian etc).</li> <li>• If a patient has any queries about the ingredients of their medication, the staff would contact the Pharmacy Department for advice.</li> <li>• If a patient is nearing the end of life staff will ensure that they have asked the relatives if they require any spiritual support. Staff have a range of contact numbers for a wide variety of faith groups as well as being able to ask the chaplain for any further contacts.</li> </ul>	
(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>	<ul style="list-style-type: none"> <li>• Breast feeding facilities can be provided in the quiet room if requested by relatives.</li> </ul>	

(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>	<ul style="list-style-type: none"> <li>• Staff will signpost relatives to the Moffat Project who will signpost them accordingly for financial advice, e.g. Social Work Services, Money Matters</li> <li>• Staff can liaise with Social Work – who are based within the hospital - regarding the patient's pension, the paying of household bills etc.</li> <li>• Staff can sign post relatives to a laundry service for the patients clothing. This is important for patients who may have been transferred from a nursing home or patients whose relatives do not live locally.</li> <li>• Staff are aware that there is an evening visitors transport service that can assist those who encounter difficulty in getting to the hospital ie picks visitor up from home and returns them home following the visit.</li> </ul>	
(i)	Other marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers	<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>	<ul style="list-style-type: none"> <li>• For patients with addictions, staff will involve the Addictions Team for advice and support as appropriate and for continued support following discharge.</li> <li>• Staff have experience of working sensitively with homeless patients and ex-offenders.</li> </ul>	
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	<p><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</i></p>	<ul style="list-style-type: none"> <li>• As with all departments costs saving exercises are being implemented but it is not anticipated that these will discriminate against any of the equality groups, as much of this has been the rationalisation of</li> </ul>	

	equalities groups?	<i>managers for action.</i>	supplies/sundries.	
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>	<ul style="list-style-type: none"> <li>• All staff have KSF's and PDP's.</li> <li>• All staff have undertaken the Acute Services Statutory and Mandatory Training which includes a session on equality and diversity.</li> <li>• There is a training programme for all staff which means it is easy to identify when new members are due to complete specific modules.</li> <li>• Staff have also undertaken the on-line equality and diversity module.</li> <li>• All staff have undertaken adult protection training.</li> <li>• Some staff are undertaking the Dementia on-line Training.</li> <li>• All staff undertake NHS Education Scotland's training on Care for people with Dementia in Acute Care Setting</li> <li>• There is also a resource manual available on the ward entitled Caring for people with Dementia in an Acute Setting.</li> <li>• The ward has a Faith and Belief Communities Manual available for support as required.</li> </ul>	

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.

The Ward is the first time that there has been something specific created for patients with Dementia. Since the staff have 'opted' to work in this unit they are very focussed towards the needs of dementia patients. There are clocks in every room that indicate it is day or night - sun for day and moon and stars for night. Every room is a different colour to make it easier for patients to find their way as if they know it is the blue room they need to go to then that is all they need to look for.

The doorways of all non patient rooms are camouflaged into the colour of the walls to minimise risk to patients. The use of 'uplighting' is better for Dementia patients so the ward has specific lamps to provide this.

Patients are encouraged at meal times to eat round a table however staff respect the wishes of those who prefer to sit on their own. The use of sofa's both within the living room and the corridors provide a homely feel to the area. The ones in the corridor will eventually be developed as places of interest.

The communal spaces are crucial to try and create a normal pattern to the day and lifestyle.

Actions – from the additional requirements boxes completed above, please summarise the actions this service will be taking forward.

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)
<p>Cross Cutting Actions – those that will bring general benefit e.g. use of plain English in written materials</p> <ul style="list-style-type: none"> <li>• When further electronic patient records are developed explore the linkage of data to ensure protected characteristics information automatically populates Trakcare</li> <li>• Ensure all fields of TrakCare are fully populated and develop plans to undertake an analysis of data captured on an annual basis to know more about the patient group utilising the service from an equalities perspective, e.g. ages, ethnicity, postcode areas, additional disabilities etc</li> <li>• Ensure future surveys analyse the ethnic monitoring sheet to give an indication of demographics of carers.</li> <li>• Ensure signage is installed as per guidance from Stirling University's centre of excellence.</li> <li>• Explore with management the plans for future provision of such a ward in the New South Glasgow Hospital.</li> </ul>		<p>LN/CSM SCN SCN LN/SCN CSM/LN/SCN</p>
<p>Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy</p> <ul style="list-style-type: none"> <li>• Ensure staff review processes in relation to the involvement of interpreters.</li> <li>• Purchase a portable loop system for the ward</li> <li>• Circulate information to staff about the text relay for relatives/carers who may be deaf or hard of hearing.</li> <li>• Explore what information is available in other languages and large print, etc.</li> <li>• Ensure staff are made aware of the NHS GG&amp;C's transgender policy.</li> </ul>		<p>SCN LN/SCN SCN SCN SCN</p>

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Ongoing 6 Monthly Review

Please write your 6 monthly EQIA review date:

September 2013

Lead Reviewer:

EQIA Sign Off:

Name Stewart Kyle

Job Title LEAD NURSE

Signature Stewart Kyle

Date 8<sup>th</sup> March, 2013

Quality Assurance Sign Off:

Name

Job Title

Signature

Date

**Please email a copy of the completed EQIA form to [EQIA@ggc.scot.nhs.uk](mailto: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.**