

**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 2014560.

Name of Current Service/Service Development/Service Redesign:

Medical Wards 8 and 9, Glasgow Royal Infirmary, Emergency Care and medicine Directorate, Acute Services

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?

Ward 8 is a female ward with 18 beds and ward 9 has 19 beds for male patients. The average length of stay for patients in these wards is 5-6 days. Patients admitted to these wards will have gastro enterology conditions or have liver disease, or a combination of both. About 5% of patients will be referred for inpatient care from outpatient clinics and the remaining 95% will be emergency admission mainly via the Emergency Receiving Complex.

The dominant age range for admissions is people 20 -65 years old. Some exceptions to this can be young people with liver problems and some of this age group may not survive.

The wards were both upgraded two years ago and have 1 ensuite side room, One ward with beds in the style of a nightingale ward with the other side of the ward having cubicles. Accessible toilets and showers are available.

The main conditions patients have are, Crohn's Disease, Inflammatory Bowel Disease, Irritable Bowel Syndrome, Hepatitis C from substance abuse and other liver conditions.

Patients are mainly from the East End of the city but the service may admit patients from other Greater Glasgow and Clyde hospital due to bed capacity/availability. There may also be some referrals from other Health Board's may be able to undertake more specialised tests due to having a specialised team.

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.)

The Directorate aims each year to have EQIA's undertaken in each sector of the directorate and no medical wards had been EQIA'd in the past few years of the northern sector.

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)

Con Gillespie, Lead Nurse, McQuaker Building , Victoria 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; Senior Charge Nurse; Quality Co-ordinator; Equality and Diversity Assistant.

	Lead Reviewer Questions	Example of Evidence Required	Service Evidence Provided (please use additional sheet where required)	Additional Requirements
1.	What equalities information is routinely collected from people using the service? Are there any barriers to collecting this data?	<i>Age, Sex, Race, Sexual Orientation, Disability, Gender Reassignment, Faith, Socio-economic status data collected on service users to. Can be used to analyse DNAs, access issues etc.</i>	At present the following data is captured in Passweb; (date of birth; gender; next of kin; GP details; postcode). Religion and ethnicity may be documented in the nursing notes. One of the barriers to collecting this information is that the majority of patients are emergency admissions and at Accident and Emergency the priority is to stabilise the patient rather than collect equality data. Additional data may be collected later on in the patient pathway and will be noted in the nursing notes.	It is expected that the introduction of the TRAKCARE patient information system will make it easier to capture equality data.
2.	Can you provide evidence of how the equalities information you collect is used and give details of any	<i>A Smoke Free service reviewed service user data and realised that there was limited participation of men.</i>	Not applicable.	Following the introduction of TRAKCARE, ensure there is a plan to analyse equality data to know more about

	<p>changes that have taken place as a result?</p>	<p><i>Further engagement was undertaken and a gender-focused promotion designed.</i></p>		<p>service users and their needs.</p> <p>The proposed timescale for full Trakcare implementation is Summer 2013. The action plan will be implemented at this time.</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>	<ul style="list-style-type: none"> • As part of the Older People in Acute Care (OPAC) Agenda – the ward have introduced pictorial signs (this can help dementia patients or patient with learning disabilities). • The Emergency Care and Medical Services Directorate has been working with the Learning Disability Teams to help improve the care pathway for patients with learning disabilities. This has led to a protocol being developed that when a patient with learning disabilities is admitted, the appropriate Learning Disability Team is notified. As part of this work a booklet called the Hospital Information Booklet has been developed. This includes individualised information about the person with a learning disability to help staff deliver the best care possible. 	

			<ul style="list-style-type: none"> The number of patients admitted to hospital with alcohol-related problems are growing. The ward were involved in the evaluation of the Glasgow Modified Alcohol Withdrawal Scale (GMAWS). This is a tool to identify and manage patients with alcohol withdrawal symptoms. This tool has now been implemented in NHSGG&C. 	
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"> Staff regularly undertake the Better Together Senior Charge Nurse questionnaires, although these have no specific equality and diversity component they do provide an opportunity for patient feedback. The wards regularly review their complaints to identify any common themes. The majority of complaints have been informal and resolved locally. 	
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"> On admission, any patients who are smokers are offered a referral to Smoking Cessation. The staff can also provide patients with Nicotine Replacement Therapy e.g. patches and inhalators. Where appropriate, staff may conduct Alcohol Brief Interventions (ABI). This involves a conversation with the patient about their alcohol intake. 	

			<ul style="list-style-type: none"> • The Addictions Team regularly visit the ward and can provide patients with support and advice. • If appropriate, staff can arrange referrals to the Dieticians. 	
6.	<p>Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?</p>	<p><i>An outpatient clinic has installed loop systems and trained staff on their use. In addition, a review of signage has been undertaken with clearer directional information now provided.</i></p>	<p>The wards are based on the 4th floor of the Central Medical Block at Glasgow Royal Infirmary.</p> <p>There is a drop off point outside the main entrance as well as disabled parking spaces.</p> <p>The building has a ramp access.</p> <p>There are automatic doors to the entrance of the building.</p> <p>The signage is visually friendly i.e. white back ground with blue text and a suitable font size.</p> <p>There are two lifts available which can accommodate patient trolleys. There are also tactile buttons and a voice announcer.</p>	<p>There are manual doors at the entrance to the ward which can be difficult to open.</p>
7.	<p>How does the service ensure the way it communicates with service users removes any potential barriers?</p>	<p><i>A podiatry service has reviewed all written information and included prompts for receiving information in other languages or formats. The service has reviewed its process for booking interpreters and has briefed all staff on NHSGGC's Interpreting Protocol.</i></p>	<ul style="list-style-type: none"> • Staff are aware of how to book interpreters and other forms of communication support. • Staff will utilise visual aids to help patients understand their condition and treatment. 	<ul style="list-style-type: none"> • Check that all patient correspondence conforms to NHSGG&C's Accessible Information Policy. • Obtain a portable loop system for patients who are hard of hearing or are deaf. • Ensure staff are aware of the text relay service for patients who are deaf as an alternative method

				<p>of communication.</p> <ul style="list-style-type: none"> • Ensure staff are aware of how to utilise interpreting services as per policy • Develop an action plan for any that do not conform
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)	<p>Sex</p>	<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>	<ul style="list-style-type: none"> • There are separate male/female wards therefore there are separate toilet and shower facilities. • There are curtains around each bed to maintain the patient's privacy. • Staff could accommodate requests for same sex health professionals. • Staff are aware of who to contact if they have a patient who is a victim of domestic abuse/neglect. 	<p>Circulate NHSGG&C's Gender Based Violence Plan to staff for information. (This plan has been specifically targeted to Emergency Departments and Maternity Services).</p>
(b)	<p>Gender Reassignment</p>	<p><i>An inpatient receiving ward has held briefing sessions with staff using the NHSGGC Transgender Policy. Staff are</i></p>	<ul style="list-style-type: none"> • When the ward has a transgender patient, they would discuss with the patient which ward they would prefer to be admitted to (e.g. male 	<p>Circulate NHSGG&C's Transgender Policy to staff for information.</p>

		<i>now aware of legal protection and appropriate approaches to delivering inpatient care including use of language and technical aspects of recording patient information.</i>	<ul style="list-style-type: none"> • or female). • Staff are also aware of the importance of using the correct gender pronouns. 	
(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>	<ul style="list-style-type: none"> • Staff have undertaken the Child/Adult Protection Training. • Staff have accessed the on-line dementia training. Currently approximately 50% staff have completed the programme as part of a rolling programme • On the rare occasions, when a young person is admitted to the ward, staff would try to accommodate them in the single room; their parent or guardian would be able to stay with them overnight and there would be open visiting. • Staff are aware that the age of consent depends on the individual patient (i.e. if the patient can understand the procedure, the benefits and the risks). • All staff have been asked to complete the Learn Pro module on Dementia, to date approximate 80% of staff have completed the module 	
(d)	Race	<i>An outpatient clinic reviewed its ethnicity data capture and realised that it was not providing information in</i>	<ul style="list-style-type: none"> • Staff utilise the booking system for interpreters poster and language identification cards, and are aware of how to organise interpreters. In 	Circulate NHSGG&C's Interpreting Policy and Procedures to staff for information.

		<i>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>emergency situations, the ward may use bi-lingual staff.</p> <ul style="list-style-type: none"> • Some condition specific information is available in other languages. However, information would be provided in other languages upon request in line with NHS GG&C's Accessible Information Policy or sourced from voluntary organisations. • The wards have not encountered any racist behaviour. This type of behaviour would be challenged and reported in DATIX. 	Ensure staff can use telephoning interpreting services in emergency situations
(e)	Sexual Orientation	<i>A community service reviewed its information forms and realised that it asked whether someone was single or 'married'. This was amended to take civil partnerships into account. Staff were briefed on appropriate language and the risk of making assumptions about sexual orientation in service provision. Training was also provided on dealing with homophobic incidents.</i>	<ul style="list-style-type: none"> • Staff are aware of the Civil Partnership Act. • Staff are aware of the importance of using appropriate terminology. • The wards have not encountered any homophobic behaviour. This type of behaviour would be challenged and reported in DATIX. 	
(f)	Disability	<i>A receptionist reported he wasn't confident when dealing with deaf people coming into the service. A review was undertaken and a loop system put in place. At the same time a review of</i>	<ul style="list-style-type: none"> • The nurses station has a lowered reception desk to accommodate wheelchair users. • The ward would be able to accommodate a wheelchair user. • There are hoists available. • There are accessible toilets/shower 	Information is not currently available in other formats. These would be made available upon request in line with NHS GG&C's Accessible Information Policy or sourced from

		<p><i>interpreting arrangements was made using NHSGGC's Interpreting Protocol to ensure staff understood how to book BSL interpreters.</i></p>	<p>facilities available.</p> <ul style="list-style-type: none"> • There are adjustable chairs to assist patients with mobility issues • Staff are aware of how to access British Sign Language interpreters and other forms of communication support. • Staff are aware of the Adults with Incapacity Act and its implications. • For patients over 65, as part of the admission process, staff would use the cognitive assessment tool (known as AMT 4) to ascertain if there was cognitive impairment. (This may be used for younger patients if staff suspect they have a cognitive impairment.) • As part of the Older People in Acute Care (OPAC) Agenda – the ward have introduced pictorial signs (this can help dementia patients or patient with learning disabilities). • The ward utilises red mats to highlight patients who may need assistance with feeding. • The ward can contact the Occupational Therapy Department for aids and equipment (e.g. walking stick). • The ward utilises visual aids to help patients understand their condition and treatment. • For patients with mental health issues, the ward would liaise with the psychologist or Psychiatric Liaison Nurse if required. 	<p>voluntary organisations.</p> <p>Circulate NHSGG&C's Sensory Impairment Best Practice Guidelines.</p> <p>Purchase a portable loop system for the wards.</p>
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(g)	Religion and Belief	<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>	<ul style="list-style-type: none"> • The ward has access to a Faith and Belief Communities Manual. • Hospital chaplains regularly visit the ward. • Staff can contact the Chaplaincy Team for advice if required. • There is a sanctuary within the building which patients, staff and visitors can access. • Staff are aware that Jehovah Witnesses will have a form saying that they refuse any form of blood products. (There is also a section on the consent form for Jehovah Witnesses). • Suitable meals can be arranged to meet religious requirements (e.g. kosher, halal, vegetarian etc). • If a patient had any queries about the ingredients of their medication, the staff would contact the Pharmacy Department for advice. 	
(h)	Socio – Economic Status	<i>A staff development day identified negative stereotyping of working class patients by some</i>	The ward can make referrals to the Social Work Department for a benefits review if required. However may receive more specific advice (eg	

		<i>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>	McMillan Benefits)	
(i)	Other marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers	<i>A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas.</i>	<ul style="list-style-type: none"> • The ward has a protocol in place for patients who are prisoners. • Staff are aware that people from the travelling community have been admitted to the ward. However, staff are unlikely to know that the patient is from a travelling community unless they disclose this information. • For homeless patients, the ward will liaise with the Homeless Team. • As previously mentioned, for patients with addictions, the ward can refer them to the Addiction Teams. • The ward has not identified any issues for patients who are asylum seekers. 	
9.	Has the service had to make any cost savings or are any planned? What steps have you taken to ensure this doesn't impact disproportionately on equalities groups?	<i>Proposed budget savings were analysed using the Equality and Human Rights Budget Fairness Tool. The analysis was recorded and kept on file and potential risk areas raised with senior managers for action.</i>	As with all departments costs saving exercises are being implemented but it is not anticipated that these will discriminate against any of the equality groups.	
10.	What does your workforce	<i>Analysis of recruitment</i>	<ul style="list-style-type: none"> • Staff are from a variety of ages and 	

	<p>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?</p>	<p><i>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></p>	<p>backgrounds.</p> <ul style="list-style-type: none"> • The ward adheres to NHS GG&C's recruitment policies and procedures. 	
<p>11.</p>	<p>What investment has been made for staff to help prevent discrimination and unfair treatment?</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>	<ul style="list-style-type: none"> • All staff have E-KSF's and have regular PDP reviews. • Staff regularly attend study days on a variety of topics e.g. alcohol abuse. • Staff access the e-learning modules including the equality and diversity modules. • Staff utilise other resources such as the interpreting posters; the Faith and Belief Communities Manual etc. • Staff representatives attend training and share learning with other members of staff • Approximate 25% of staff have attended training. 	

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 and have used this to change the way you deliver services - 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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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"> Following the introduction of TRAKCARE, ensure there is a plan to analyse equality data. Check that all patient correspondence conforms to NHSGG&C’s Accessible Information Policy. 	<p>April 2013 February 2013</p>	<p>CG CP, CG, FM</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"> Obtain a portable loop system for patients who are hard of hearing or are deaf. Ensure staff are aware of the text relay service for patients who are deaf as an alternative method of communication. Circulate NHSGG&C’s Gender Based Violence Plan to staff for information. Circulate NHSGG&C’s Transgender Policy to staff for information. Circulate NHSGG&C’s Interpreting Policy and Procedures. Circulate NHSGG&C’s Sensory Impairment Best Practice Guidelines. Review the manual doors to the ward. Ensure staff can use telephoning interpreting services in emergency situations 	<p>April 2013 February 2013 February 2013 February 2013 February 2013 February 2013 March 2013</p>	<p>CG, SH CP, CG, FM CP, NMcl CP, NMcl CP, NMcl CP, NMcl SH, Estates CP, FM</p>

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

May 2013

**Lead Reviewer:
EQIA Sign Off:**

**Name: Con Gillespie
Job Title Lead Nurse
Signature
Date 16th November 2012**

Quality Assurance Sign Off:

**Name
Job Title
Signature
Date**

Please email a copy of the completed EQIA form to egia1@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 6-MONTH REVIEW SHEET. IF YOUR ACTIONS CAN BE COMPLETED BEFORE THIS DATE, PLEASE CONTINUE TO COMPLETE THE ATTACHED SHEET AS YOU AND RETURN AT YOUR EARLIEST CONVENIENCE TO: egia1@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:			
Action:			
Reason:			
Action:			
Reason:			

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

	To be completed by
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		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 EQIA review date:

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Name of completing officer:

Date:

Please email a copy of this EQIA review sheet to egia1@ggc.scot.nhs.uk or send to Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospitals Site, 1055 Great Western Road, G12 0XH. Tel: 0141-201-4817.