

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:

Ward 49, Plastic Surgery, Glasgow Royal Infirmary, Regional Services 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?

Ward 49 admits surgery patients Monday – Friday and is also an assessment area for trauma patients. The patient pathway will either be:

- admit to this ward and go for day surgery, return from theatre to Ward 49 and go home from there
- admit at ward 49, go to theatre and transfer to either wards 45, 47, 48 for an overnight stay.

The ward cares for patient receiving Plastic surgery procedures and can specialise in Breast, hand, Head and Neck surgery. Some dental patients who can have complex issues that could not tolerate local anaesthetic will attend the ward for treatment under a general anaesthetic. The ward may also admit surgical patients who have other complex medical need e.g. awaiting transplants. The number of patients going to theatre can range from 10-46 per day depending on the complexities of surgery required.

There are 18 trolley spaces dispersed over 4 four bedded bays and two single rooms all with ensuite facilities.

There is also a room for local anaesthetic patients.

Referrals come from the West of Scotland and can be elective, trauma and some clinics

The age range is for patients 13 and above. Within the elderly population there is a dominance of skin cancer.

The department has a range of staff levels and skill mix. Some HCSW staff have been trained to have an 'extended role' which means they can over see the running of the local anaesthetic room.

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.

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)

Jackie Dunlop, Acting Lead Nurse, Plastic Services, Glasgow Royal 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):

Health Care Support Worker x 2; Staff Nurse; Ward Clerk; Senior Charge Nurse; Acting lead Nurse; Equality Diversity Assistant, Quality Co-ordinator

	Lead Reviewer Questions	<i>Example of Evidence Required</i>	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>	<ul style="list-style-type: none"> The ward currently uses the Passweb information system as well as clinical portal; IDLS This patient record will record age, postcode, sex, disability/mobility needs, lifestyle and any appointed welfare guardians/power of attorney.(Incremental Discharge Letter System); and will be introducing the Electronic Patient Record (EPR). At present the following data is captured in Passweb; (date of birth; gender; next of kin; GP details; postcode). Religion and ethnicity may be recorded in the nursing case notes. As the ward has 4 bedded bays, the staff are concerned about patient's confidentiality when asking about equality data. There is currently a review of admission documentation. The ward 	The ward has a plan in place to capture equality data to coincide with the introduction of the Electronic Patient Record and the new admission documentation. The manual capture will change to electronic flowing full implementation of EPR. Once the area transfers to EPR all previous documents will be scanned and held on the clinical portal/ EPR. The system will not collect lesbian, gay, bi-sexual or transvestite data, this will be highlighted to the appropriate staff to source funding to undertake this.

			has agreed to be an early implementer site of the revised documentation.	
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>	Not applicable.	
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.		<p>The Plastic Surgery and Burns Unit are taking part in the following Healthcare improvement Scotland programmes:</p> <ol style="list-style-type: none"> 1. The Scottish Patient Safety Programme - 2. Clinical Quality Indicators (CQI) - CQI's are evidenced based indicators that support the measurement of the quality, safety and reliability of care. (The three CQI's include: Food, Fluid and Nutrition; Falls and Pressure Area Care). 3. Better Together Patient Experience Programme. (see below) 4. Releasing Time to Care - Releasing Time to Care (RTC) focuses on improving ward processes and environments to help staff spend more time on patient care, thereby improving safety and efficiency. 5. Improving Nutritional Care – This focuses on improving nutritional care for adults at risk of malnutrition. <ul style="list-style-type: none"> • The ward conducts Situation, Background, Assessment and Recommendations (SBAR) audits. This is a method to help health care 	

			<p>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. As a result to this the staff have developed a safety brief to highlight additional needs or key information e.g. if a patient has swallowing difficulties; communication difficulties etc.</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 patients with learning disabilities). 	
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. • 3 Nutritional Questionnaire are used to provide patient feedback, staff opinion and observation of the meal times • The ward also incorporates learning from questionnaires conducted by other specialities (e.g. The Breast Reconstruction Service; Head and Neck Service etc. 	The ward are looking at implementing patient stories as another method of capturing patient feedback.
5.	If your service has a	<i>A service for teenage mothers</i>	<ul style="list-style-type: none"> • Staff will signpost patients to Smoking 	

	specific Health Improvement role, how have you made changes to ensure services take account of experience of inequality?	<i>includes referral options to smoking cessation clinics. The clinics are able to provide crèche facilities and advice on employability or income maximisation.</i>	<p>Cessation services and Addiction Services.</p> <ul style="list-style-type: none"> Staff can also refer patients to the appropriate specialist nurses for advice/support if required. (For example, the Head and Neck Nurse Specialists; the Breast Reconstruction Clinical Nurse Specialists; and the Skin Cancer Nurse Specialists. Linkage to these specialists will include referral to McMillan benefit service where appropriate. 	
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>	<ul style="list-style-type: none"> The ward is based on the 2nd floor of the Jubilee Building. There is a drop off point outside the entrance to the building. There are disabled car parking spaces available on the ground floor of the multi- storey car park. There are automatic doors to the entrance of the building. There are lifts available which have lift announcers and tactile buttons for people with visual impairments. There is a lowered reception desk for patients who have a wheelchair. 	<p>There is a buzzer system to enter the ward – amend the instructions on how to use the buzzer system..</p> <p>The signage to the ward should be reviewed (when you come through the doors, the sign to the ward is actually behind you).</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</i>	<ul style="list-style-type: none"> The staff are aware of NHSGG&C's Accessible Information Policy. (The patient's posters are displayed in the ward (i.e. if you need this information in another format please ask a member of staff). Staff are aware of NHSGG&C's Interpreting Policy and Procedures. 	<ul style="list-style-type: none"> There can be issues with arranging interpreters at short notice (e.g. for trauma patients), therefore, the unit should consider using telephone interpreting. Staff also said that there

		<i>Protocol.</i>	<p>(Staff are aware that even though patients may have conversational English this may not be sufficient to give consent). All referral to the service are scanned for communication needs to ensure appropriate support is booked in advance.</p> <ul style="list-style-type: none"> • Patient information has a minimum font size of 12. 	<p>was a shortage of mandarin interpreters and that there could be issues in getting female interpreters. The supply of interrupters was highlighted with NHS interrupting bank service (Telephone interpreting may help resolve these issues).</p> <ul style="list-style-type: none"> • Consider obtaining a portable loop system. • Circulate information to staff about the text relay for patients who may be deaf or hard of hearing.
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	<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</i>	<p>The 4 bedded bays are same sex bays. Staff will try to accommodate requests for same sex health professionals. All bays have curtains and all windows have curtains to maintain patient's</p>	<p>Circulate information to staff about NHSGG&C's Gender Based Violence Policy.</p>

		<i>targeting young men and will be testing sex-specific sessions.</i>	privacy.	
(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>	Staff would ask patients how they wished to be addressed and where they would like to be accommodated.	Circulate information to staff about NHSGG&C's transgender policy.
I	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"> • All staff have attended child protection training and adult protection training. • For patients under 16, staff would try to accommodate them in a single room. If this wasn't possible they would try to put them in a bay with patients closer to their own age. Parents or guardians could stay with the patient. There would also be open visiting for parents or guardians. • 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). • Children under 16 do not have to pay to access the bedside TV and radio until 9pm. • 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). • For patients over 65, as part of the admission process, staff would use 	

			<p>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.)</p> <ul style="list-style-type: none"> • Some members of staff are undertaking the Dementia Champions Programme. 	
(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"> • 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 case notes. All referrals to the service are scanned for communication needs to ensure appropriate support is booked in advance. • Staff will request same sex interpreters for patients. • The staff are aware of NHSGG&C's Accessible Information Policy. (The patient's posters are displayed in the ward (i.e. if you need this information in another format please ask a member of staff). To date there have been no requests for information in other formats. • The ward has information about the changes to the Scottish Ambulance Service's Patient Transport Service in 9 different languages. • Staff would try to diffuse any racist incidents and these would be 	

			<p>recorded in the DATIX system. Staff attended Violence and aggression training where they learned de-escalation techniques and able to understand and intersect to situations. Staff are provided with local managerial support, employee counselling and Occupational Health if appropriate</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>	<ul style="list-style-type: none"> • Staff are aware of the importance of using appropriate terminology e.g. partner rather than husband and wife. • The revised nursing admission documentation will take cognisance of the Civil Partnership Act. • Staff would try to diffuse any homophobic incidents and these would be recorded in the DATIX system. . Staff attended Violence and aggression training where they learned de-escalation techniques and able to understand and intersect to situations. Staff are provided with local managerial support, employee counselling and Occupational Health if appropriate • 	
(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</i></p>	<ul style="list-style-type: none"> • Staff are aware of how to organise British Sign Language Interpreters and other forms of communication support. (This would be documented in the case notes). All referrals to the service are scanned for communication needs to ensure 	<p>In the multi-storey car park, patients with a blue badge still have to pay for parking. (The ward cannot do anything with this as APCOA has a contract with NHSGG&C).</p>

made using NHSGGC's Interpreting Protocol to ensure staff understood how to book BSL interpreters.

appropriate support is booked in advance.

- The staff are aware of NHSGG&C's Accessible Information Policy. (The patient's posters are displayed in the ward (i.e. if you need this information in another format please ask a member of staff). To date there have been no requests for information in other formats.
- A member of staff knows some basic British sign language e.g. my name is, how are you etc).
- The ward also have a poster with the British Sign Language alphabet.
- The ward has 4 accessible toilets.
- There are wheelchairs available to transfer patients.
- There are a variety of types of chairs available for patients.
- The ward has pictorial signs and use visual aids to help patients understand their condition and treatment e.g. pain tool).
- For patients with communication issues the staff can contact the Speech and Language therapists for communication aids.
- Staff are aware of the Adults with Incapacity Act.
- Staff can accommodate carers.
- Staff have encountered patients who have brought an advocate with them and this can be accommodated.
- The ward has arranged for patients with learning disabilities to visit the

			ward beforehand to reassure them as appropriate although not all may wish this.	
(g)	Faith	<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. • The ward displays posters about the Chaplaincy service. • Hospital chaplains regularly visit the ward. • For patients who wish to pray, the relatives room could be utilised. • 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 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>	<ul style="list-style-type: none"> • Staff will signpost patients to the cashier's office. • Staff have been asked to complete Health Savings Account (HSA) forms (patients in this insurance scheme can claim out of pocket expenses). • Staff will signpost patients to Social Work Services. • Staff will signpost patients to other agencies such as McMillan Benefits Service. The staff have recently 	Patients have to pay in the multi-story car park which is expensive ((The ward cannot do anything with this as APCOA has a contract with NHSGG&C).

			received a briefing session from McMillan to help understand some of the issues patients may face.	
(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 process in place for dealing with prisoners. • There were no issues identified with patients who are asylum seekers or patients from the travelling communities. Staff are well aware that some asylum seekers may be referred to the service due to injuries received in their country of origin. • For patients with addictions, staff will signpost them to the Addictions Team for advice and support as appropriate. 	
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 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>	Staff are from a variety of ages and backgrounds. The ward adheres to NHS GG&C's recruitment policies and procedures	
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>	<ul style="list-style-type: none"> • All staff have KSF's and PDP's. • All staff have undertaken the Acute Services Statutory and Mandatory Training which includes a session on equality and diversity. 	

			<ul style="list-style-type: none"> • Staff have also undertaken the on-line equality and diversity module. • All staff have undertaken child and adult protection training. • Some staff are undertaking the Dementia Champion's Training. 	
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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.

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"> • Ensure that there are systems in place to capture equality data (e.g. gender, any disabilities; ethnicity). Plans for implementation of EPR include the transfer of all data 		
<p>Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing</p>		

<p>sessions on the Transgender Policy</p> <ul style="list-style-type: none"> • Review instructions on how to use the buzzer system at the door entrance • Implement patient stories • Review signage to the ward entrance • Contact the Interpreting Service for a code for telephone interpreting. • Consider purchasing a portable loop for patients who are hard of hearing or deaf. • Circulate information about the text relay service. • Circulate information about NHSGG&C's Gender Based Violence Policy • Circulate information about NHSGG&C's Transgender Policy. 	<p>Immediate Nov' 12 Immediate Immediate Nov' 12 Immediate Immediate Immediate Immediate</p>	<p>HP NS HP HP HP HP HP HP HP</p>
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Ongoing 6 Monthly Review Please write your 6 monthly EQIA review date:

February 2013

Lead Reviewer: Name
EQIA Sign Off: Job Title
 Signature
 Date

Quality Assurance Sign Off: Name
 Job Title
 Signature
 Date

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.