

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:

Proposed redesign of Orthopaedic services in South Glasgow to one site in South Glasgow. Patients having routine and emergency Orthopaedic in-patient procedures will be cared for at the Southern General site as opposed to being currently cared for on both the Victoria Infirmary and Southern General Hospital. (Orthopaedics being related to e.g. broken bones, replacement joints – hips or knees, etc)

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 Orthopaedic in-patient service provides surgical and non surgical care for orthopaedic emergencies and for elective surgery. Referrals are from GP's, Accident and Emergency and Hospital Consultants. The Department treats a wide range of age groups but mainly from age 16 upwards.

A single site model will support the concentration of valuable resources to benefit patient care and discharge, such as nursing, physiotherapy and Occupational Therapy. A single site model allows the separation of elective and trauma activity and should reduce the number of patients undergoing elective surgery having their surgery cancelled by emergency admissions. There is also a proven benefit of a reduction in hospital acquired infections with the geographical separation of elective and emergency patients.

The local provision of out-patient and fracture clinics will remain unchanged, as will the continuation of day cases at the New Victoria Hospital. Post discharge therapies will also be available at the Victoria ACH for those who are within its vicinity.

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.)

It was felt appropriate that an EQIA should be undertaken at this time to ensure that there would be equitable access for all groups following the redesign of the department and the proposed savings involved.

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)

Ruth McIntyre, Clinical Service Manager for Orthopaedics South Glasgow and based at both the New Victoria Hospital and the Southern General Hospital.

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):

Jacque Campbell, General Manager, Ruth McIntyre, CSM, Diane Wink, Lead Nurse, Dominic Meek, Orthopaedic Consultant, Morag Busby, SCN Wards 4&8, VIC Margaret Kerr/Mary Morrison, OP/Pre-assessment, Drummond Mansbridge, Aslam Mohammed Orthopaedic Consultants, David Smith, Waiting list administrator

	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>	Sex, age and postcode data is recorded in the patient information database. DNA (do not attend) data is provided via monthly reports. Some ethnicity data has been captured but potentially appears not to be for every attendee in the reference period.(April 2010 –March 2011)	<ul style="list-style-type: none"> Improve data recording to ensure future planning has full data set available for analysis in relation to the protected characteristics
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>	Sex and age data not routinely analysed. DNA data analyses in terms of global numbers, not against protected characteristics. For this EQIA data has been extracted to correspond with the clinical data set that was used as part of the redesign proposal.(April 2010 –March 2011)	<ul style="list-style-type: none"> There is no other available data to analyse and evaluate against the other protected characteristics. Review analysis of data for ethnicity since the Victoria Infirmary's catchment area has the largest Black Minority Ethnic population in Scotland In addition Govanhill is also a diverse and transient community and is currently playing host to the highest concentration of Eastern European Roma migrants seen in

			<p>This identifies: 51.6% Females and 48.4% males</p> <p>Ethnicity data identifies: 69.2% White 1.2% Asian 0.2% African Caribbean or black 0.1% other ethnic group 0.1% mixed background 29.2% unknown/not provided</p> <p>The age range as follows: 0.9% Under 15 3.4% 15-19 8.8% 20-29 8.8% 30-39 12.5% 40-49 14.1% 50-59 13.5% 60-69 17.5% 70-79 20.5% 80+</p>	Scotland2. (Glasgow Centre For Population Health). This has implications for interpreting services. However, all staff are aware of how to organise interpreters
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.	<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>	Staff at the Victoria Infirmary already have experience of serving Black Minority Ethnic and Eastern European communities. Knowledge to date will transfer with staff to the proposed unit, e.g. the need for interpreters to aid communication	
4.	Can you give details of how you	<i>Patient satisfaction surveys have</i>	Patient satisfaction surveys	<ul style="list-style-type: none"> • Future surveys could include

	<p>have engaged with equality groups to get a better understanding of needs?</p>	<p><i>been used to make changes to service provision.</i></p>	<p>carried out to ascertain the patient's experience of stay. There are no equalities related questions within the selection currently being used. These surveys are conducted weekly.</p>	<p>equalities monitoring forms to be able to analyse for any potential impacts against protected characteristics.</p> <ul style="list-style-type: none"> • Engagement plan required for working with other directorates • Engagement plan required for working with the communities within the catchment area of the Victoria Infirmary, e.g. ethnicity, faith, disability and carer groups. • Ensure there is a post code analysis available to assist the above process of engagement • Ensure that all engagement plans take cognisance of the following: <ul style="list-style-type: none"> ○ Scottish Government Health Department guidance on informing, engaging and consulting people in developing health and community care services (CEL 4 (2010)). ○ National Standards for Community Engagement (Scottish Executive, 2005)
<p>5.</p>	<p>If your service has a specific Health Improvement role, how have you made changes to ensure services take account of experience of inequality?</p>	<p><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></p>	<p>Current clinical staff will be retained with the service during the redesign and therefore existing knowledge, skills and understanding of the inpatient group will be maintained.</p>	

			All patients undergo an admission assessment which identifies any specific needs. For example staff will refer patients appropriately to Smoking Cessation, Addiction teams as 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"> • There is access to the proposed Orthopaedic areas by lift in addition to stairs. These have tactile controls and lift announcer facilities. • There is disabled parking outside the building and a drop off point. • There is a ramp for wheelchair users into the building. 	<ul style="list-style-type: none"> • Checks are required to ascertain if the toilet and shower facilities in the proposed location are accessible for wheelchairs and being able to turn a wheelchair within them.
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>	<ul style="list-style-type: none"> • There are picture booklets which can be used as a visual aid to back up verbal information. • There is a loop system in the department and posters are displayed showing that this is available. This would transfer to the proposed area. • Some staff have accessed Deaf Awareness Training. • Staff are aware of and know how to access a 	<ul style="list-style-type: none"> • Review patient letters for elective patients for compliance with the Accessible Information policy. • Ensure these letters include alternative means of communication ,e.g. a dedicated email address for patients to use • Ensure all community engagement information complies with the Accessible Information policy. • If proposal is accepted then a clear communication plan will be required to inform patients, relatives, carers and staff. The

			<p>sign language interpreter and other forms of communication support</p> <ul style="list-style-type: none"> • In patient information is available in larger print. • There is some patient information available in audio format. 	<p>plans and any information associated with them must conform to the Accessible information Policy</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>			<ul style="list-style-type: none"> • Ensure DNA data is reviewed for all protected characteristics
(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"> • Gender data is recorded in patient record • The gender mix is 51.6% Females and 48.4% males • Staff try to accommodate choice of health professional when possible. If this isn't possible, chaperoning would be provided. • When interpreters are required, staff can request a same sex interpreter if necessary. • Staff are aware of the Gender Based Violence 	<ul style="list-style-type: none"> • Check that each bay of the proposed area has ensuite facilities to prevent males passing female bays etc to reach toilet and bathing facilities. This check will also be required regarding any single room accommodation.

			<p>policy and would access the staff intranet for more information</p> <ul style="list-style-type: none"> • Each bay of proposed ward would only accommodate same sex patients • When requested staff can provide an area for breast feeding. 	
(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>	<ul style="list-style-type: none"> • Ward staff would be alerted by pre-operative assessment staff of any needs of the patient. The availability of single rooms would assist meeting patient's needs. 	<ul style="list-style-type: none"> • All staff need to be aware of the transgender policy
(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 make every effort to provide flexible appointment times when these are required e.g. outside school hours • There are baby changing facilities available. • Staff can access patient information specifically for children and some staff have undergone Child Protection training • Patients are encouraged to bring relatives to accompany them to their appointment. 	<ul style="list-style-type: none"> • Check data analysis for any dominance in age range of patients and ensure a plan is put in place accordingly • Review the above for any implications on the Scottish Ambulance Service. • Check if staff will conduct mental tests on patients as appropriate for signs of dementia • Check if staff been on dementia awareness training • Ensure proposed facilities recognise the needs of both the elderly population and the younger age range.

			<ul style="list-style-type: none"> • Age is recorded in the patient record • The age mix is; <ul style="list-style-type: none"> 0.9% Under 15 3.4% 15-19 8.8% 20-29 8.8% 30-39 12.5% 40-49 14.1% 50-59 13.5% 60-69 17.5% 70-79 20.5% 80+ • Staff complete adult protection training as part of their mandatory training 	<ul style="list-style-type: none"> • Ensure the engagement plan reaches the wide range of age groups
(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"> • Information about admission is available in Chinese; Polish Punjabi, Urdu and Arabic. • Staff are aware of NHS Greater Glasgow & Clyde's interpreting policy and procedures and how to book an interpreter. • Some staff are bilingual and can be used to interpret in emergency situations. • Ethnicity data identifies: <ul style="list-style-type: none"> 69.2% White 1.2% Asian 0.2% African Caribbean or black 0.1% other ethnic group 0.1% mixed background 	<ul style="list-style-type: none"> • Requirement to promote access to interpreting policy to staff and the availability/use of telephone interpreting for emergency situations • Specific orthopaedic patient information is not available in other formats. • Ensure communication plan includes communicating the changes with the relevant Black Minority Ethnic Communities • Ensure practices are reviewed to improve the capture of ethnicity data.

			<p>29.2% unknown/not provided</p> <ul style="list-style-type: none"> Any racist incidents would be challenged and recorded in the Datix system 	
(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 Civil Partnership Act and the issues regarding consent Staff are aware of the importance of using appropriate terminology Any homophobic incidents would be challenged and recorded in the Datix system 	<ul style="list-style-type: none"> Ensure communication plan includes communicating the changes with the relevant communities, e.g. Lesbian Gay communities
(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>	<ul style="list-style-type: none"> Information about admission is available in Braille, DVD Sign language There is disabled parking outside the building and a drop off point. There is a ramp for wheelchair users into the rear entrance of the building on the upper ground floor. Access to the proposed Orthopaedic department is wheelchair accessible. There are a variety of illustrated leaflets which can be used as a visual aid 	<ul style="list-style-type: none"> Checks are required to ascertain if the toilet and shower facilities in the proposed location are accessible for wheelchairs and being able to turn a wheelchair within them. Review signage for way finding in the proposed building and on the campus There is no disability data available for the reference period but ensure disability groups are part of the engagement plan. Equally carers groups should be part of the engagement plan as the age range of patients potentially suggest that some patients could be carers.

			<p>to back up verbal information when discussing Orthopaedic conditions.</p> <ul style="list-style-type: none">• There is a mixture of different types of chairs (arms and height).• A hoist can be accessed when required• Staff are aware of the importance of guide dogs being allowed in the department• Staff are aware of and know how to access a sign language interpreter.• Ward staff would be alerted by pre-operative assessment staff of any needs of the patient. The availability of single rooms would assist meeting patient's needs.• There is a loop system in the department and posters are displayed showing that this is available. This would transfer to the proposed area.• Staff can link with the Learning disability team for advice and support when required. Staff would also utilise carers to ascertain information	
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			about patient needs as required	
(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 department has access to a Faith and Belief Communities Manual. • Some staff have attended Religion and Belief Training. • Staff can direct patients to the Chaplaincy Department if they wish space for prayer or quiet contemplation. • Staff request Chaplains to visit patients as and when required • Staff are aware of religious festivals and how this can impact on the patient's treatment e.g. medication during Ramadan • Staff would know how to access advice on the contents of medication if asked by the patient • The provision of Halal, Kosher and Vegetarian meals already exists in all the wards so this can continue to be available. 	<ul style="list-style-type: none"> • There is no faith data available for the reference period but faith groups should be part of the engagement plan.
(h)	Socio – Economic Status	<i>A staff development day identified negative stereotyping of working</i>	<ul style="list-style-type: none"> • Travelling expenses can be reimbursed at the 	<ul style="list-style-type: none"> • Further travel will be required for visitors from some of the

		<i>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>cashier's office</p> <ul style="list-style-type: none"> The department can contact the Social Work Department as and when required for advice and support for any patient. 	<p>catchment areas closer to the Victoria Infirmary. Investigate if there is a transport needs analysis of the area. This will require to be considered as part of the overall engagement plan.</p> <ul style="list-style-type: none"> Undertake an analysis of the potential additional travel involved for the patients in the reference period to influence the engagement plan
(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 department can contact the Social Work Department as and when required. Staff are aware of NHS Greater Glasgow and Clyde's alcohol and drug policy and can signpost patients to the Addiction's Liaison Service. For patients in the criminal justice system, staff are aware that all correspondence should be sent to the Prison. The prison service carries out a risk assessment of the department. Staff are aware of ex-service personnel policies 	
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	<i>Proposed budget savings were analysed using the Equality and Human Rights Budget Fairness Tool. The analysis was recorded</i>	<ul style="list-style-type: none"> This EQIA of the redesign of services is to ensure that there is no adverse impact on any of the 	

	disproportionately on equalities groups?	<i>and kept on file and potential risk areas raised with senior managers for action.</i>	<p>equality groups.</p> <ul style="list-style-type: none"> • The proposed service changes are seen as an improvement to the patient pathway, i.e. reduction of cancellations of elective patients. • There will be cost savings from the staff levels but these will not have any effect on equality groups, i.e. potentially the merging of the two hospital site departments may mean there will be more staff than required for the service. Those not required will be redeployed to other services. 	
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>	<ul style="list-style-type: none"> • There is a wide age range in staff members. • There are male and female staff in the workforce as well as from a variety of backgrounds. 	
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 a KSF and PDP review yearly or more frequent if required. • Staff have undertaken on line Disability Awareness to help prevent discrimination. • Staff have accessed the on-line equality and diversity training course. 	<ul style="list-style-type: none"> • Review and promote courses staff may be interested in

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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.	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"> • Training Programme for Orthopaedics to be updated across South Glasgow • Improve data recording to ensure future planning has full data set available for analysis in relation to the protected characteristics • Future surveys to include equalities monitoring forms to be able to analyse any potential impacts against protected characteristics. • Engagement plan required for working with other directorates • Engagement plan required for working with the communities within the catchment area of the Victoria Infirmary, e.g. ethnicity, faith, disability, carer groups and Lesbian/Gay communities. • Ensure there is a post code analysis available to assist the above process of engagement • If proposal is accepted then a clear communication plan will be required to inform patients, relatives, carers and staff. The plans and any information associated with them must conform to the Accessible information Policy • Ensure that all engagement plans take cognisance of the following: <ul style="list-style-type: none"> ○ Scottish Government Health Department guidance on informing, engaging and consulting people in developing health and community care services (CEL 4 (2010)). 	August 2012	D.W.

<ul style="list-style-type: none"> ○ National Standards for Community Engagement (Scottish Executive, 2005) ● Ensure all community engagement information complies with the Accessible Information policy. ● Ensure the engagement plan reaches the wide range of age groups 		
<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"> ● Checks are required to ascertain if the toilet and shower facilities in the proposed location are accessible for wheelchairs and being able to turn a wheelchair within them. ● Check that each bay of the proposed are has ensuite facilities to prevent males passing female bays etc to reach toilet and bathing facilities. This check will also be required regarding any single room accommodation. ● All staff need to be aware of the transgender policy ● Check data analysis for any dominance in age range of patients and ensure a plan is put in place accordingly ● Review the above for any implications on the Scottish Ambulance Service. ● Check if staff will conduct mental tests on patients as appropriate for signs of dementia ● Requirement to promote access to interpreting policy to staff and the availability/use of telephone interpreting for emergency situations ● Ensure orthopaedic patient information is available in other formats, ● Review patient letters for elective patients for compliance with the Accessible Information policy. ● Ensure these letters include alternative means of communication, e.g. a dedicated email address for patients to use ● Review signage for way finding in the proposed building and on the campus to ensure it complies with the Signage Policy ● Investigate if there is a transport needs analysis of the area and develop and action plan accordingly. This will require to be considered as part of the overall engagement plan. ● Check if staff will conduct mental tests on patients as appropriate for signs of dementia ● Check if staff been on dementia awareness training ● Ensure proposed facilities recognise the needs of both the elderly population and the younger age range. ● Undertake an analysis of the potential additional travel involved for the patients in the reference period needs to influence the engagement plan 		

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

November 2012

**Lead Reviewer:
EQIA Sign Off:**

Name Jacquie Campbell
Job Title General Manager
Signature
Date 10/5/12

Quality Assurance Sign Off:

Name Alastair Low
Job Title Planning and Development Manager
Signature
Date 05/02/2013

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.