

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 cases referred for further investigation for 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 2014560/4967

Name of Current Service/Service Development/Service Redesign:

Queen Elizabeth Spinal Injuries Unit, Southern General Hospital, Regional Services Directorate

Please tick box to indicate if this is a : Current Service X 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 Queen Elizabeth Spinal Injuries Unit is a national service that provides inpatient, out patient and rehabilitation care for patients with spinal injuries.

The Unit consists of 48 beds which are grouped into three areas: Edenhall Ward (twelve beds) provides high dependency facilities. Philipshill Ward (thirty six beds) provides spinal rehabilitation facilities. Within this ward there are four dedicated Respiratory Care beds which provides facilities for patients requiring long term ventilator support

The Unit provides a rehabilitation service that inpatients undergo; this includes facilities for both occupational therapy, physiotherapy; and a swimming pool for hydro therapy. The Unit also offers out patients facilities both locally and within outreach clinics. These outreach clinics are in Aberdeen, Inverness, Dumfries Royal, Borders General Hospital, Arbroath and Edinburgh.

Patients can be transferred to the unit from anywhere in Scotland and even the north of England.

The age is 12 and above.

Patients can be in the unit for several weeks to approximately one year depending on what type of injury they have encountered and how severe this is. The severity of injury for many patients is life changing.

The multi-disciplinary team consists of medical, nursing, physiotherapy, occupational therapy, psychology, liaison and IT (through Momentum). The team also have access to speech and language therapy and dietetics and social work.

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.)

An EQIA was undertaken in the pilot stage of EQIA tools in 2007. Therefore it was not published. This EQIA has utilised the notes and actions from the pilot tool and all information recorded has been updated on to this tool.

Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Name: Michele Paterson	Date of Lead Reviewer Training:
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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):

Original group, Clinical Services Manager/lead nurse, clinical psychologist, education sister, respiratory care sister, a patient, physiotherapy . The updating process has been conducted by the lead nurse and quality department.

	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>	<p>A patient information system was in existence in 2007 but in December 2012 this was replaced by Trak Care. Trak Care allows for the recording of, age, gender, ethnicity, religion, any interpreting requirements; preferred language, etc.</p> <p>This system is much easier to collect equality data.</p> <p>2014 equalities information audit of Nursing Admission Documentation showed compliance with the following on admission:</p> <p>Age = 100% Ethnicity = 25% Religion = 75% Marital Status = 25%</p>	Develop an action plan to improve compliance with documentation standards to include capture of equalities data.

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>	An audit of the demographics of the spinal cord population resulted in introducing a further outreach clinic in Huntly to avoid excess travel.	
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>	<p>The team have periodically visited other spinal injury units within the UK as required to understand how they deliver services.</p> <p>The Step down Unit opened in 2009. This is a half way house for patients to prepare them to live independently before they are discharged. The Step Down Unit can also be used during the day for patients and their families e.g. patients to prepare a meal as part of their rehabilitation. This also provides them with the opportunity to spend quality time with their families outwith the ward environment.</p> <p>The Unit works closely with the Scottish Centre for Innovation in Spinal Cord Injury (SCISCI).</p> <p>2013 published research papers include:</p> <ul style="list-style-type: none"> • “Changes in muscle strength in key low limb muscles following robot assisted gait training” • “Adjustment and coping in ventilator dependant patients following a traumatic spinal cord injury” • “Changes in Pulmonary Function 	

			measures following a passive abdominal functional electrical stimulation training programme”.	
4.	Can you give details of how you have engaged with equality groups to get a better understanding of needs?	<i>Patient satisfaction surveys with equality and diversity monitoring forms have been used to make changes to service provision.</i>	<p>Surveys have been carried out every two years for the last 12 years as part of the evidence the unit has needed for their Customer Excellence Award (formerly Chartermark.) Surveys are issued to all patients irrespective of age, gender, disability, ethnicity, etc The results of these surveys have been displayed in the main foyer for all to see ‘How are we doing?’</p> <p>The Unit has participated in the Acute Division’s Patient Experience Stories Library whereby a patient is given the opportunity to speak about their hospital stay. An action plan is then developed and implemented.</p> <p>The Unit previously undertook the Better Together in-patient questionnaires. There were no equality issues identified.</p> <p>The Unit is now working with the Person Centred Care Team which involves monthly ‘themed conversations’ with real time feedback. An action plan is then developed and any issues taken forward. One of the issues raised was the nurse call system. Some patients cannot press the buzzer due to the nature of their</p>	Include an equalities monitoring form on all future surveys.

			<p>injury. In the past, the Unit could purchase buzzers that the patient could press using their head. Unfortunately, these are no longer available and the Unit is researching a replacement company. As an interim, other voice activated communication devices are being utilised.</p>	
5.	<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 national spinal injuries unit is a purpose built building that is accessible to all.</p> <p>There is a drop off point at the entrance and accessible car parking spaces adjacent to the entrance.</p> <p>Signage to the Unit has been updated following feedback from patients and visitors.</p> <p>There are lowered kerbs and ramp access.</p> <p>The main entrance has automatic doors. Other important doorways throughout the unit also have automatic doors.</p> <p>All areas of the Spinal Injuries Unit are wheelchair accessible. This also includes sufficient space to accommodate wheelchairs in the waiting areas as well as wider doors.</p> <p>There is a Research Facility on the</p>	

			mezzanine floor, however, a lift is available.	
6.	How does the service ensure the way it communicates with service users removes any potential barriers?	<i>A podiatry service has reviewed all written information and included prompts for receiving information in other languages or formats. The service has reviewed its process for booking interpreters and has briefed all staff on NHSGGC's Interpreting Protocol.</i>	<p>The staff are aware of NHS GG&C interpreting policy and procedure and utilise this to book interpreters as required.</p> <p>To help aid communication for patients who must stay flat in the early stages of their recovery, there are adapted mirrors to allow them to read.</p> <p>Staff are aware of the NHSGGC's Accessible information policy and have utilised the services of the Quality Co-ordinator to ensure that patient information is compliant with the policy. The Quality Co-ordinator can also facilitate the translation of patient information as required.</p> <p>The Unit has access to a portable loop system for patient who are hard of hearing or are deaf.</p> <p>There are staff members who can use British Sign Language.</p> <p>The Liaison Nurses have a dedicated email address and telephone numbers for patients to contact them once they have been discharged.</p> <p>The Unit has their own external website.</p>	<p>The website needs updated.</p> <p>Circulate information about the text relay service for patients who are deaf.</p>

			The unit has wi-fi for patients.	
7.	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 very few young men were attending clinics. They have launched a local promotion targeting young men and will be analysing data to test if successful.</i>	<p>The unit has more male patients than female patients as men are generally known to be greater 'risk takers' and therefore are more likely to encounter trauma. In 2013 69% admissions to the Unit were male with 31% female</p> <p>There is single sex accommodation and some mixed sex bays within the inpatient facility in Philipshill but patients are asked their preference.</p> <p>Privacy is maintained by use of bed screens and having separate male and female showers.</p> <p>Staff will try to accommodate requests for same sex health professionals as an alternative chaperoning can be provided.</p> <p>Staff are aware of how to escalate domestic violence issues.</p>	Circulate information about the Gender Based Violence Plan to staff for information.
(b)	Gender Reassignment	<i>An inpatient receiving ward held sessions with staff using the NHSGGC Transgender Policy. Staff are now aware of legal protection and appropriate ways to delivering inpatient care including use of</i>	<p>Staff are aware of NHSGGC's transgender policy.</p> <p>The Unit has had transgender patients and utilised NHSGGC's Policy. Staff were aware of the importance of</p>	

		<i>language and technical aspects of recording patient information.</i>	respecting the patients chosen gender.	
(c)	Age	<i>A urology clinic analysed their sex specific data and realised that young men represented a significant number of DNAs. Text message reminders were used to prompt attendance and appointment letters highlighted potential clinical complications of non-attendance.</i>	<p>In 2013, 60% of patients were over the age of 60.</p> <p>Patients are aged 12 and above.</p> <p>Staff will provide advice and support to other hospitals that may accommodate children and there are close links with Yorkhill hospital.</p> <p>Parents can stay with their child.</p> <p>Staff can access teacher/play assistants if required.</p> <p>All staff have undertaken child protection training and adult protection training.</p>	
(d)	Race	<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>Interpreters are booked for clinical rounds, therapy sessions, goal planning meetings and case conference sessions. Over the last few years there has been requests for Romanian, Spanish, Farsi, Polish and Russian interpreters.</p> <p>Patient information can be translated as required, (patients are discharged with a huge amount of information to guide them through their life). This will be translated as required ready for the discharge date.</p>	

			Any racist behaviour would be challenged and recorded in datix.	
(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>	<p>Staff are aware of the importance of using appropriate terminology e.g. staff use terms such as 'partner' or 'who do you live at home with'.</p> <p>No homophobic instances have been reported in datix, however staff are aware that if any instances occurred then the behaviours would require to be challenged before recording in datix.</p>	
(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 interpreting arrangements was made using NHSGGC's Interpreting Protocol to ensure staff understood how to book BSL interpreters.</i>	<p>The Unit was purpose built to accommodate patients with spinal injuries.</p> <p>There are accessible toilets and accessible showers.</p> <p>There are lowered reception desks.</p> <p>Staff are aware of how to organise British sign language interpreters and other forms of communication support as required.</p> <p>Staff would provide information in other formats upon request.</p> <p>The staff will use visual documents and diagrams to assist learning. Sometimes diagrams are visual to explain the nature of the injury for the patient</p>	

			<p>All patients over 65 are given an AMT4-score to ascertain if there are any cognitive issues. (This is part of the Nursing Assessment Documentation).</p> <p>62 nurses have undertaken Dementia Training.</p> <p>2 Senior Charge Nurses are Dementia Champions who can give advice and support.</p> <p>The Service can access Clinical Psychology Services. This provides counselling to those who require extra support in coming to terms with the effects of their injuries.</p> <p>For patients with mental health issues, staff would liaise with the Psychiatrist.</p> <p>For patients with learning disabilities, staff would liaise with the carers and could contact the Learning Disability Nurse for advice and support. The staff would also utilise the 'Getting to Know Me' resource. The carers can also stay with the patient if they wish.</p> <p>All patients have a named nurse who is responsible for co-ordinating the patient's care with the other team members and update the patient's care plan to ensure continuity</p>	
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			<p>As part of the rehabilitation programme, each patient has an Occupational Therapist. They provide advice and support about</p> <ul style="list-style-type: none">• Home visit, home alterations and equipment advice• Wheelchairs and cushions• Activities of daily living• Work• Recreation <p>As part of the rehabilitation programme, each patient is assigned a Physiotherapist. The physiotherapist is responsible for teaching appropriate exercises to promote and maintain muscle function and tone, posture and balance, and joint function. They can also teach patients how to select a wheelchair and to become mobile in it. This includes transfers from bed/wheelchair/car and vice versa.</p> <p>The staff can signpost patient to Spinal Injuries Scotland which is a charity offering advice, support, and information to spinal cord injured people, their families, friends and carers as well as health and social professionals. Services include:</p> <ul style="list-style-type: none">• A telephone helpline providing support and help to new and long-term injured.• Information tailored to an individual's enquiries.• Legal advisory service.	
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			<ul style="list-style-type: none"> • Welfare rights advisory service. • Area representatives. <p>Momentum continue to visit the ward and can give advice to patients who wish to update their IT skills.</p> <p>Recent additions to the unit have been a 'step down unit' which is a half way house for patients to prepare them to live on their own before they are discharged.</p>	
(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>	<p>Chaplains regularly visit the ward. Chaplaincy staff will participate in the patient education sessions and relatives day to highlight their service.</p> <p>Ward staff can contact the patients own faith group if requested.</p> <p>Appropriate food is available as required, e.g. Halal, Kosher and Vegetarian.</p> <p>A Faith and Belief Communities manual is available as a reference guide for staff.</p> <p>Staff would make a room available if a patient or their family wished to pray.</p>	
(h)	Pregnancy and Maternity	<i>A reception area had made a room available to breast feeding mothers</i>	Staff would liaise with maternity colleagues as and when required. Or	

		<i>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>	Spinal Injuries staff could advise/liaise with colleagues in the maternity unit.	
(i)	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>	<p>Staff automatically refer patients to Social Work on admission to the Unit Social Work can provide advice or information on a range of issues including:</p> <ul style="list-style-type: none"> • Financial or Benefit enquiries. • Employment matters. • Domestic arrangements including home adaptations • Providing information on the range of Social Care Services available in the community. <p>Staff can signpost patients to a number of support organisations / charities for financial advice. E.g. Money Matters or citizens advice</p> <p>Patients are given information about employment and education. Occupational therapists can signpost patients to the Access to work scheme. Access to Work is a scheme run by Jobcentre Plus. The scheme provides advice and practical support to disabled people and employers to help overcome work related obstacles resulting from a disability.</p>	
(j)	Other marginalised groups – Homelessness, prisoners and ex-	<i>A health visiting service adopted a hand-held patient record for</i>	If a patient is homeless, there may be discharge issues. However, staff could	

	<p>offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers</p>	<p><i>travellers to allow continuation of services across various Health Board Areas.</i></p>	<p>liaise with the Homelessness Team and Social Work to find suitable accommodation.</p> <p>For patients with addictions, staff would liaise with the Addictions Team. Patients admitted with a known alcohol addiction follow the Glasgow Modified Alcohol Withdrawal Scale. For patients with drug addictions staff work collaboratively with the Addictions Team to manage their withdrawal.</p> <p>For patients from travelling communities, there can be issues with follow up. However, staff can refer them to the outpatient clinics (there are several outpatient clinics throughout Scotland).</p> <p>For patients in the criminal justice system, there is a protocol in place. There may be issues with discharge planning, however, staff would liaise with prison staff. Staff can visit patients in prison if required.</p> <p>For patients who are Asylum seekers, medical staff may have to liaise with the UK Borders Agency if there are any issues regarding status.</p>	
<p>9.</p>	<p>Has the service had to make any cost savings or are any planned? What steps have you taken to ensure this doesn't impact</p>	<p><i>Proposed budget savings were analysed using the Equality and Human Rights Budget Fairness Tool. The analysis was recorded</i></p>	<p>As with all departments and services, cost savings will be taken into account going forward. However it is anticipated that this will not impact on</p>	

	disproportionately on equalities groups?	<i>and kept on file and potential risk areas raised with senior managers for action.</i>	any equality groups.	
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>	85% of staff have had their annual KSF review. 50% of staff have completed their mandatory and statutory training which includes an equality and diversity module. 25% of staff have completed the equality and diversity module.	Introduce a rolling training programme to ensure all staff complete the mandatory and statutory training as well as the on-line equality and diversity modules.

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.

As patients can be in the Unit for quite some time, the Unit has the following:

- When a patient is first admitted, their relatives can stay overnight in the Step Down Unit.
- For the benefit of relatives visiting the Unit a list of local accommodation is available from the nursing staff. The list covers a variety of types of accommodation and prices.
- The Unit holds a number of social events in the Unit for patients and their relatives. These events include quizzes, entertainment such as singers. This includes a ‘Burns Night’; an ‘Italian Night’; St Patrick’s Night’ and ‘St Andrew’s Night’. Planning is underway to celebrate the Commonwealth Games. Furthermore, Spinal Injuries Scotland are in the process of developing monthly events with the Unit.
- Therapist regularly visits the Unit.
- Twice a year, the Unit has ‘community challenges’. This involves the patients being given several tasks in the local community such as getting a bus; going to a cash machine; visiting a café etc. The feedback from these events has been very positive.
- As part of the rehabilitation programme, patients are encouraged to use ‘day passes’ to visit shopping centres, cinema trips; visit to their

own home in preparation for their discharge.

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)
Develop an action plan to improve compliance with documentation standards to include capture of equalities data.	March 2015	Helena Richmond
Include an equalities monitoring form on all future surveys.	September 2014	Michele Paterson and Helena Richmond
Update the website.	March 2015	Michele Paterson in conjunction with Momentum
Circulate information about the text relay service for patients who are deaf.	April 2014	Michele Paterson
Circulate information about the Gender Based Violence Plan to staff for information.	April 2014	Michele Paterson

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

1st September 2014

**Lead Reviewer:
EQIA Sign Off:**

**Name
Job Title
Signature
Date**

Quality Assurance Sign Off:

**Name
Job Title
Signature
Date**

Please email a copy of the completed EQIA form to eqia1@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: 0141-201-4560/4967. 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 REVIEW SHEET (BELOW). IF YOUR ACTIONS CAN BE COMPLETED BEFORE THIS DATE, PLEASE COMPLETE THE ATTACHED SHEET AND RETURN AT YOUR EARLIEST CONVENIENCE TO: eqia1@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:			

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

		To be completed by	
		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 review date

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Name of completing officer:

Date submitted:

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: 0141-201-4560/4967.