

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](mailto:CITAdminTeam@ggc.scot.nhs.uk) for further details or call 0141 2014560/4967

Name of Current Service/Service Development/Service Redesign:

Tissue Viability Service, Rehabilitation 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?

The Tissue Viability Service provide specialist clinical advice and support to all health care professionals on wound management and pressure ulcer prevention and management, which include the use of advanced treatment modalities. Support healthcare professionals to implement evidence based practice and implement national guidelines (e.g. QIS 2009) throughout Greater Glasgow and Clyde division; this is supported through educational programmes in tissue viability, policy development and audit of practice.

The service is heavily involved in national initiatives that deal with the preventative and curative aspects of tissue viability and maintenance. This is linked to the Pressure Area Risk Assessment Chart (Waterlow) or the Glamorgan score for paediatrics which assess the risk of a patient developing a pressure ulcer.

The NHS Greater Glasgow and Clyde Tissue Viability service covers all age groups. It is a clinical service as well as a support service for wards, staff, patients and carers, which involves providing education.

The service is available to all wards in acute services, including children services, mental health, partnerships and prison service.

The service holds a central database that is populated via the central referral system. The referral system has a free text box that can be utilised for any additional needs e.g. interpreting, although this is mainly used for clinical data, e.g. wound type, size, treatment, etc.

Tissue Viability has a service Level agreement where they will respond to a referral within 48 hours (working days) of request being made. It is essential that the tissue viability team are involved in pressure ulcers that are grade 3 and above whereby the damage to the skin is more than superficial, i.e. Penetrating several layers of skin.

The service works closely with their Falls, Dementia and Nutrition colleagues as there are key links between these areas and the vulnerability of the patients.

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 the Directorate Management Team.

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: Heather Hodgson, Lead Nurse for Tissue Viability	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):

Lead Nurse – Tissue Viability; Paediatric Tissue Viability Nurse; Peripatetic Tissue Viability Nurse; Tissue Viability Nurse; Senior Administrator – Tissue Viability 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>	The service has developed its referral system and includes a drop down electronic menu with each of the protected characteristics. This means that reviews can be carried out which include and equality and diversity analysis.	Develop an action plan for collecting equality 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>	Not applicable.	Once an action plan has been implemented, approximately 6 – 12 months later arrange for data to be analysed from an equalities perspective.

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>	To improve the service and some barriers: <ul style="list-style-type: none"> <li>• The Service are in the early stages of producing 'A Guide for Preventing Pressure Ulcers' DVD which will be available in other languages.</li> <li>• The Tissue Viability referral form has been amended to include a section for any equality information e.g. communication difficulties.</li> <li>• Previously mental health patients who were in hospital were cared for by the Community Tissue Viability Nurses, now they are cared for by the on-site Tissue Viability Nurses. This allows a quicker response.</li> </ul>	
4.	Can you give details of how you have engaged with equality groups to get a better understanding of needs?	<i>Patient satisfaction surveys with equality and diversity monitoring forms have been used to make changes to service provision.</i>	The Tissue Viability Service with support from the Patient Centred Care Team, will be capturing patient stories about their experience of the Service. This is due to commence in January 2014.	
5.	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>	The service is available in a number of locations including, hospital wards; hospital clinics; GP surgeries; health centres; residential homes, schools and the patient's own home. Therefore, the Service can be	

			provided in a location that suits the needs of the patients.	
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>Staff are aware of NHS Greater Glasgow and Clyde's Accessible Information Policy.</p> <p>Staff are aware of how to organise interpreters and other forms of communication support.</p> <p>All staff have Sensory Impairment: Good Communication Tip Cards which were developed by NHS National Education for Scotland (NES)</p>	Circulate information about the Text Relay Service for patients who are hard of hearing or deaf.
<p><b>7.</b>  <b>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:</b></p>				
(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 Tissue Viability Nurses are all female, however, if a male health professional was requested, staff could arrange a male link nurse; refer the patient back to their doctor or ask Medical Illustration to take an image instead. (Medical Illustration have male and female clinical photographers). Staff would then discuss wound care with the patient utilising the photograph.</p> <p>Staff are aware of the Adult Support and Protection Act and have made referrals so the appropriate social</p>	

			<p>work department.</p> <p>If a patient disclosed experience of gender based violence, staff will respond swiftly and confidently to offer appropriate supports.</p>	
(b)	Gender Reassignment	<p><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 language and technical aspects of recording patient information.</i></p>	<p>Staff would ask the patient how they wish to be addressed and would respect the patient's chosen identity.</p> <p>Staff are aware of NHSGG&amp;C's Transgender Policy.</p>	
©	Age	<p><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>	<p>All staff have undertaken Child Protection Training.</p> <p>Staff have undertaken Adult Protection Training.</p> <p>There is a specific paediatric tool.</p> <p>As mentioned above, the service can be provided in a variety of locations including schools, residential homes etc.</p> <p>DVDs will include a subtitled option for patients with age-related hearing loss.</p>	
(d)	Race	<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</i></p>	<p>Information about preventing pressure ulcers is available in Arabic; Chinese; Polish; Punjabi and Urdu.</p> <p>The development of the 'A Guide for</p>	

		<i>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>Preventing Pressure Ulcers' DVD will be utilising actors from different ethnic communities.</p> <p>Staff are aware of how to organise interpreters. A same sex interpreter would be requested.</p> <p>If staff encountered any racist incidents, this would be recorded in the DATIX system.</p>	
(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 Civil Partnership Act.</p> <p>If staff encountered any homophobic incidents, this would be recorded in the DATIX system.</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>As mentioned above, the service is provided in a variety of setting, which makes it easier for patients to attend the service and remove any potential barriers.</p> <p>Staff are aware of the Adults with Incapacity Act and that some patients can lack the ability to make decisions about their care and treatment.</p> <p>For patients with learning disabilities, staff would take advice from their carers.</p>	

			<p>For patients with mental health needs, staff would liaise with their Community Psychiatric Nurse (CPN). Staff are aware that patients may have chaotic lifestyles, therefore the treatment plan may not be effective or take longer.</p> <p>Staff are aware of how to organise British Sign Language interpreters and other forms of communication support.</p> <p>The Wound Assessment Chart has an image of a body and staff draw where the patients wound are. This can help aid patients understanding.</p> <p>Staff have arranged for the Dementia Nurse Consultant to devise a Dementia training session tailored to the Tissue Viability Nurses.</p>	
(g)	Religion and Belief	<p><i>An inpatient ward was briefed on NHSGGC's Spiritual Care Manual and was able to provide more sensitive care for patients with regard to storage of faith-based items (Qurans etc.) and provision for bathing. A quiet room was made available for prayer.</i></p>	<p>Staff can access the Faith and Belief Communities Manual if they have any queries.</p> <p>Staff are aware that some dressings may contain porcine elements which some faith groups will not use. In these cases, patients would be offered an alternative dressing.</p> <p>Staff are aware that Jehovah</p>	

			<p>Witnesses will refuse any form of blood products.</p> <p>Staff gave an example of a patient's family, whose religious practices were aggravating the wound. Staff clearly explained that this was having a detrimental effect on the patient's wound.</p>	
(h)	Pregnancy and Maternity	<p><i>A reception area had made a room available to breast feeding mothers and had directed any mothers to this facility. Breast feeding is now actively promoted in the waiting area, though mothers can opt to use the separate room if preferred.</i></p>	<p>Staff have to be aware if a mum is breast feeding, as some of the care/treatment can affect the baby. In these cases. Staff would offer alternative care/treatment.</p> <p>Staff would have to consider what type of dressings would be used.</p>	
(i)	Socio – Economic Status & Social Class	<p><i>A staff development day identified negative stereotyping of working class patients by some practitioners characterising them as taking up too much time. Training was organised for all staff on social class discrimination and understanding how the impact this can have on health.</i></p>	<p>Staff are aware that patients can have issues getting to hospital. Therefore, the Service will try to offer appointments in a venue that suits the patient and keeps travel to a minimum.</p> <p>If a patient is already attending a hospital appointment, the Service will try to see the patient on the same day to avoid multiple trips.</p> <p>Staff can signpost patients to Social Work if required.</p> <p>Staff gave an example of altering a patient's dressing regime to allow</p>	

			them to return to work.	
(j)	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>	<p>Staff from the Tissue Viability Service provide a service within the prisons.</p> <p>Staff are aware that some patients may have literacy issues, therefore, they will verbally explain the care/treatment.</p> <p>Staff gave an example of altering a patient's treatment to help facilitate his transfer to Erskine Hospital.</p> <p>There can be difficulties with follow up care for asylum seekers if they move elsewhere. If possible, staff will liaise with the new health authority to ensure continuity of care.</p> <p>When dealing with patients who have addictions, there can be issues with them following the treatment regime. Staff reinforce the importance of following the treatment regime.</p> <p>Staff are aware that patients may have chaotic lifestyles, therefore the treatment plan may not be effective or take longer.</p>	
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	<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</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.	

	equalities groups?	<i>areas raised with senior managers for action.</i>		
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>	<p>All staff have undertaken the on-line Introduction to Equality and Diversity course. There is a rolling training programme, however, the priority is mandatory training.</p> <p>As mentioned previously, staff have arranged for the Dementia Nurse Consultant to devise a Dementia training session tailored to the Tissue Viability Nurse.</p> <p>There are regular team meetings to discuss any issues.</p> <p>Staff can access the website <a href="http://www.equalitiesinhealth.org">www.equalitiesinhealth.org</a> for resources.</p> <p>There is a National Network of Tissue Viability Nurses which allows the sharing of good practice.</p>	The Service are considering having a 'Diversity Champion'.

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.

Team currently doing background preparatory work for the production of a patient information DVD relating to pressure ulcer prevention. This will be produced in numerous languages.

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)
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Develop an action plan for collecting equality data.

March 2014 AP, HH

Once an action plan has been implemented, approximately 6 – 12 months later arrange for data to be analysed from an equalities perspective.

March 2015, AP, HH

Circulate information about the Text Relay Service for patients who are hard of hearing or deaf.

December 2013 AR

Consider having a 'Diversity Champion'.

December 2013 AR.

Circulate the NHSGGC Gender Based Violence Plan to the team

May 2014 HH

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

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Lead Reviewer:  
EQIA Sign Off:

Name Heather Hodgson  
Job Title Lead Nurse  
Signature  
Date 9<sup>th</sup> January 2014

Quality Assurance Sign Off:

Name Alastair Low  
Job Title Planning & Development Manager  
Signature  
Date 6<sup>th</sup> February 2014

Please email a copy of the completed EQIA form to [eqia1@ggc.scot.nhs.uk](mailto: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. 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](mailto: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:

Tissue Viability Service, Rehabilitation Directorate, Acute Services

Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

		Completed	
		Date	Initials
Action:	Develop an action plan for collecting equality data.		
Status:			
Action:	Once an action plan has been implemented, approximately 6 – 12 months later arrange for data to be analysed from an equalities perspective.		
Status:			
Action:	Circulate information about the Text Relay Service for patients who are hard of hearing or deaf.		
Status:	Text relay system discussed at Team meeting 19 <sup>th</sup> December 2013 and link forwarded to all team members	December 2013	AR
Action:	Consider having a 'Diversity Champion'.	December 2013	AR
Status:	The service has identified a 'Diversity Champion' who will complete all Equality and Diversity e-learning modules and act as team resource and educator for issues relating to Equality and Diversity. Person identified is Angela Rodgers (paediatric TVN)		

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 [eqia1@ggc.scot.nhs.uk](mailto:eqia1@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.