

Equality Impact Assessment Tool for Frontline Patient Services

1. Name of Current Service/Service Development/Service Redesign:

Proposed transfer of paediatric inpatient and day case services from Ward 15, Royal Alexandra Hospital, to the new Royal Hospital for Children

This is a: **Service Development**

2. Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally determined).

A. What does the service do?

The Royal Alexandra Hospital in Paisley has a children's ward (Ward 15) which currently treats children up to the age of 16 with a new diagnosis, and some children older than 16 who have already been in their care, requiring hospital care in the Clyde area for a range of conditions.

The children's ward includes:

- overnight beds
- a day case area for planned surgery and investigations
- a 24-hour short stay medical assessment area for assessing and treating emergency cases.

Emergency cases are either referred to the ward via the Emergency Department, having been brought there by ambulance or by their parents (known as self-referral) or sent directly by their GP.

NHS Greater Glasgow and Clyde proposes to transfer children's emergency assessment and treatment, and all planned inpatient and day case care from Royal Alexandra Hospital in Paisley to the Royal Hospital for Children in Govan, seven miles away. Under the proposal, children who would have attended the Royal Alexandra Hospital Emergency Department by ambulance will be taken directly to the Royal Hospital for Children, or if they were sent by directly by their GP, they will be asked to go to the Royal Hospital for Children. Parents can still bring children to the Royal Alexandra Hospital Emergency Department and they will be seen, treated at the Royal Alexandra Hospital if appropriate, or transferred to the Royal Hospital for Children.

B. 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.)

Scottish Government guidance states that in accordance with equalities legislation, a Board is responsible for ensuring that any potentially adverse impact of the proposed service change on different equality groups has been taken into account by undertaking an equality impact assessment.

3. 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:	Date of Lead Reviewer Training:
Jen Rodgers	

4. 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):

Alastair Low and Jackie Erdman, Corporate Inequalities, NHS GGC

Tricia Friel – Lead Nurse, Women and Children’s Directorate, NHS GGC

Rachel Killick and Niall McGrogan, Patient Experience and Public Involvement, NHS GGC

Joe Ferrie, Engage Renfrewshire

Dagmar Kerr, Action for Sick Children Scotland

Sandra, Parent and Kids Need Our Ward campaigner

Neil Ferguson, Head of Planning, South and Women and Children’s Services, NHS GGC

Kimberley Hutchison, Your Voice Inverclyde

Lead Reviewer Questions

Service Evidence Provided

Additional Requirements

<p>1. What equalities information is routinely collected from people using the service? Are there any barriers to collecting this data?</p>	<p>Ward 15 and the Royal Hospital for Children routinely collect the same information from people, including age, sex, and disability. Service provision is the same across both sites, underpinned by NHS GGC policy.</p>	
<p>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?</p>	<p>Ward 15 and the Royal Hospital for Children routinely collect and use the same information from people, including age, sex, and disability. Service provision is the same across both sites, underpinned by NHS GGC policy. Consultation materials have been checked by the Quality Team to ensure compliance with NHS Greater Glasgow and Clyde's Accessible Information Policy. If alternative formats are required, these will be provided. Drop ins, public events, working relationships with the third sector and word of mouth are all being used during consultation to ensure that for those whom written communication is not accessible, there is an alternative means of feeding back what the impact of the proposal may be for them. During pre consultation engagement, it was identified that engaging with young people was particularly difficult – additional efforts will be made during the consultation phase to ensure the opportunity to respond to the consultation is offered to young people.</p>	<p>Ensure Ward 15 staff are made aware of the availability of the Patient Experience Public Involvement Manager, should any young people wish to respond to the consultation.</p> <p>Due to the size of Ward 15, there are usually not many young people in the ward at one time. Rachel will approach the Royal Hospital for Children to speak to young people about their experiences of hospital care.</p>
<p>3. Have you applied any learning from research about the</p>	<p>Prior to the build of the new Royal Hospital for Children, engagement with young people was</p>	

<p>experience of equality groups with regard to removing potential barriers? This may be work previously carried out in the service.</p>	<p>undertaken with regard to what they would want to see in a new children's hospital, particularly with regards to age appropriacy. This was taken into account when the new hospital was built.</p>	
<p>4. Can you give details of how you have engaged with equality groups to get a better understanding of needs?</p>	<p>Prior to the build of the new Royal Hospital for Children, engagement with young people was undertaken with regard to what they would want to see in a new children's hospital. This was taken into account in the new hospital, for example in the design of Zone 12 and play rooms. During pre consultation engagement, parents of children who may use Ward 15 responded to the proposal and any impact there may be on them. These conversations fed in to subsequent consultation materials and Board papers.</p>	
<p>5. Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?</p>	<p>The Royal Hospital for Children has rooms with track hoists, and disability compliant en suite facilities in many rooms. Ward 15 does not currently have these facilities.</p> <p>There is no loop system installed in Ward 15. There are loop systems in the Royal Hospital for Children, however they are not operational currently.</p> <p>Ward 15 and the Royal Hospital for Children do not have automatic doors.</p>	<p>Ensure loop system at Royal Hospital for Children operational.</p> <p>Investigate the possibility of having automatic doors installed.</p>

6.	How does the service ensure the way it communicates with service users removes any potential barriers?	Interpreting support, the Clear to All policy and Accessible Information policy apply to Ward 15, the Royal Hospital for Children and all NHS services.	
7.			
(a)	Sex	It is anticipated that there would be little differential impact on sex if the proposal were to go ahead. Because there are more single rooms in the Royal Hospital for Children, it may be that males and females feel more comfortable with the additional privacy this brings when staying overnight.	
(b)	Gender Reassignment	It is anticipated that there would be little differential impact on gender reassignment if the proposal were to go ahead. The NHS Greater Glasgow and Clyde transgender policy applies across both sites and all NHS Greater Glasgow and Clyde services.	
(c)	Age	If the proposal were to go ahead, children of the same age would be seen. Age appropriate environments are present in wards in both hospitals, including a recently refurbished room for teenagers in Ward 15, however this is in a district general hospital compared to an entire hospital being created specifically with age appropriate environments in mind.	

(d)	Race	NHSGGC has a robust set of policies looking at things like provision of interpreting support and culturally appropriate care, which would apply equally to both sites.	
(e)	Sexual Orientation	NHSGGC has a robust set of policies to ensure people of all sexual orientations are treated fairly and equitably, which would apply equally to both sites.	
(f)	Disability	<p>The new Royal Hospital for Children was built to ensure it is fully compliant with the Disability Discrimination Act, including fully accessible Changing Places toilets, accessible toilets in ensuite rooms on wards, disabled car parking spaces, track hoists in rooms. However, doors are not all automatic, and the installed hearing loop system does not work currently.</p> <p>There has been some feedback that the lighting in the atrium of the Royal Hospital for Children may be too bright for autistic children.</p> <p>There has been some feedback that it may be difficult for parents in large vehicles to park near to the Royal Hospital for Children.</p> <p>Ward 15 does not have hearing loops, accessible toilets on the ward or track hoists.</p>	<p>Ensure parents and children are aware of the quiet, less brightly lit area in outpatients in the Royal Hospital for Children – investigate the development of a leaflet for families.</p> <p>Look at car parking arrangements for large vehicles.</p> <p>Ensure the loop system is operational.</p>

(g) Religion and Belief	Both sites have a sanctuary close to the ward, and chaplaincy support.	
(h) Pregnancy and Maternity	Little differential impact, although there are more breastfeeding facilities at the Royal Hospital for Children.	
(i) Socio - Economic Status	For those with further to travel to the Royal Hospital for Children, there may be a negative impact on travel, childcare and living costs. The Royal Hospital for Children has a financial support and inclusion service on site.	<p>A transport analysis has been carried out. This indicates that overall, parents would not have significantly longer travelling times to the Royal Hospital for Children.</p> <p>For parents close to the Royal Alexandra Hospital, journey times would be longer to the Royal Hospital for Children. The Royal Hospital for Children would still be more accessible to that population than for many parents in other areas of NHS Greater Glasgow and Clyde, who have been travelling to the Royal Hospital for Children since it opened.</p> <p>Further promotion of the financial inclusion service could alleviate some of the negative impacts of increased costs for some parents.</p>

(j)	Other marginalised groups	It is possible that carers may see a differential impact on them, if the proposal goes ahead.	Engage with Renfrewshire and Inverclyde Carers Centres
8.	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?	The proposal to transfer Ward 15 to the new Royal Hospital for Children is clinically led, however we have also carried out a financial appraisal of the proposal. The transfer of the ward would generate savings of around £840,000. This document is designed to ensure potential impact on equalities groups is considered as part of this process and that any negative effects are mitigated.	
9.	What investment has been made for staff to help prevent discrimination and unfair treatment?	All staff across NHSGGC are required to undertake equality and diversity training on learnpro and as part of three year core and mandatory training. NHSGGC has a wide range of programmes on preventing discrimination and unfair treatment which are outlined in the 2016-20 Equality Scheme www.equality.scot.nhs.uk	

10. In addition to understanding and responding to our legal responsibilities under the Equality Act (2010), services have a duty to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care (including dementia care) may be considered higher risk in terms of potential human rights breach due to removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

Please give evidence of how you support each article, explaining relevance and any mitigating evidence if there's a perceived risk of breach. If articles are not relevant please return as not applicable and give a brief explanation why this is the case.

Right to Life

It is anticipated that there would be no differential impact on the right to life if the proposal were to go ahead

Everyone has the right to be free from torture, inhumane or degrading treatment or punishment

It is anticipated that there would be no differential impact on the right to be free from torture, inhumane or degrading treatment or punishment if the proposal were to go ahead

Prohibition of slavery and forced labour

It is anticipated that there would be no differential impact on the right to prohibition of slavery and forced labour if the proposal

were to go ahead

Everyone has the right to liberty and security

It is anticipated that there would be no differential impact on the right to liberty and security if the proposal were to go ahead

Right to a fair trial

It is anticipated that there would be no differential impact on the right to a fair trial if the proposal were to go ahead

Right to respect for private and family life, home and correspondence

It is anticipated that there would be no differential impact on the right to respect for private and family life, home and correspondence if the proposal were to go ahead. Some patients who live very close to Ward 15 may receive fewer visitors to the ward as it is further to the Royal Hospital for Children.

Right to respect for freedom of thought, conscience and religion

It is anticipated that there would be no differential impact on freedom of thought, conscience and religion if the proposal were to go ahead

Non-discrimination

It is anticipated that there may be differential impacts for some parents in relation to socio-economic inequality. These would be mitigated through the financial support and inclusion service. Some parents would have reduced costs and travel times, meaning there may be a positive impact for some parents in relation to socio-economic inequality. Some parents would have increased costs and travelled times, meaning there may be a negative impact for some parents in relation to socio-economic inequality.

In addition to the above and given the focus on the health and wellbeing of children and young people, this Equality and Diversity Impact Assessment has also taken account of the relevant articles contained in the European Convention of the Rights of the Child - mainly Articles 24 (health and health service), 25 (review of treatment), though also taking account of Articles 2 (non-discrimination), 3 (best interests of the child), 12 (respect the views of the child) and article 23 (children with a disability). With regard to Articles 24 and 25 the consistency and quality of health care is uniform across all of NHS Greater Glasgow and Clyde. However, given the investment in the wider hospital setting, this move is being proposed by NHS Greater Glasgow and Clyde because they currently believe that a move to the Royal Hospital for Children is believed to deliver added value in terms of the health service provided and available to patients.

Considerations relating to legally protected characteristics as defined in the Articles (and potential for discrimination) have been captured within the main body of this Equality and Diversity Impact Assessment.

11. 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.

- A review of use of transport to access the Royal Alexandra Hospital and Royal Hospital for Children has been carried out to profile the current service user and visitor population.
- A programme of engagement with patients, parents and the public has been carried out to find out their experience and views on the proposal.
- A review of the Rights of the Child has been undertaken to assess their particular needs in relation to the EQIA.