

**NHS Greater Glasgow and Clyde  
Equality Impact Assessment Tool For Frontline Patient Services**



**It is essential to follow the EQIA Guidance in completing this form**

**Name of Current Service/Service Development/Service Redesign:**

Ward B6, Beatson West of Scotland Cancer Centre, Regional Services Directorate, Acute Services Division

**Please tick box to indicate if this is a:** Current Service  Service Development  Service Redesign

**Brief description of the above: (Please include if this is part of a Board-wide service or is locally determined).**

Ward B6 is a 19 bed 5 day inpatient ward within the Beatson West of Scotland Cancer Centre. The primary function of the ward is to deliver chemotherapy and supportive therapies to patients on a short stay basis (24 – 72hrs). Treatment is prescribed and delivered for a wide range of tumour sites. Pathways of care have been developed for all chemotherapy regimes and the unit adheres to the Health department Letter (HDL) regulations. The facilities within the ward are a mixture of single, two-bed and four-bed rooms allowing flexibility and which assists in accommodating mixed gender patients

**Who is the lead reviewer and where based?**

Rosemary Twohig, Clinical Service Manager, Beatson West of Scotland Cancer Centre

**Please list the staff groupings of all those involved in carrying out this EQIA  
(when non-NHS staff are involved please record their organisation or reason for inclusion):**

Clinical Service Manager, Administration Manager, Staff Nurse, Lead Nurse, Senior Charge Nurse, Equality Programme Lead(Acute), Patient Experience Cancer Project Lead

## Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
<p><b>ALL</b></p>	<ul style="list-style-type: none"> <li>• All patient information is produced in plain English.</li> <li>• Information is given at the appropriate stages in the patient journey.</li> <li>• Staff use diagrams where appropriate to explain cancer and treatment.</li> <li>• Examples of PICC lines and Hickman lines are used to explain procedures to patients.</li> <li>• In case of a fire alarm all patients would be informed individually of the situation with additional assistance given to those who require it.</li> <li>• Patient confidentiality is maintained as measures are in place to ensure that no personal information is displayed on the notice boards above the bed or on the ward.</li> <li>• Patient privacy and dignity protected as all rooms have en suite facilities and all rooms have integrated shutters on windows and doors.</li> <li>• A quiet room is available for privacy to discuss sensitive information with patients, carers or relatives.</li> <li>• A volunteer transport system is in place and running well.</li> <li>• Most staff have attended Equality and Diversity training.</li> <li>• The team regularly get feedback from patients through questionnaires and this is discussed at team meetings.</li> </ul>	<ul style="list-style-type: none"> <li>• Patients travelling by bus from the Great Western Road Entrance can sometimes be unaware how to access the Beatson building easily</li> </ul>

Equality Category	Existing Good Practice	Remaining Negative Impact
<b>Gender</b>	<ul style="list-style-type: none"> <li>• Requests for same sex staff can be accommodated if requested.</li> <li>• Patients are asked how they would like to be addressed and are usually on first name terms due to their frequent inpatient stays for treatment.</li> <li>• The ward facilities allow for single rooms to be offered to patients should they prefer this.</li> <li>• The practices outlined above ensure transgender people are treated appropriately.</li> </ul>	<ul style="list-style-type: none"> <li>• There is collection of but no analysis undertaken of gender data unless for specific audit</li> <li>• Gender Based Violence has not been an issue for the ward to date. The team would benefit from information to raise awareness of Gender Based Violence. A discussion of the potential impact of Gender Based Violence on the service took place during the equalities impact assessment meeting.</li> <li>• Staff do not have access to the Transgender Policy which was approved in May 2010</li> </ul>
<b>Ethnicity</b>	<ul style="list-style-type: none"> <li>• Translated information is available online and the team have experience of using translated resources for patients.</li> <li>• Ethnicity is recorded.</li> <li>• Staff are aware of how to book an interpreter and try to plan ahead in the patient journey to ensure that an interpreter is present when information needs to be relayed to the patient.</li> </ul>	<ul style="list-style-type: none"> <li>• Ethnic data is not always analysed.</li> </ul>
<b>Disability</b>	<ul style="list-style-type: none"> <li>• Chairs are available in different heights and with and without arms.</li> <li>• If required additional resources can be accessed from occupational therapy.</li> <li>• Bariatric beds, chairs, and lifting equipment is available.</li> <li>• Accessible toilets are available.</li> <li>• Patient transport is available</li> <li>• Disabled parking and drop off point outside the entrance.</li> <li>• There are designated car parking spaces available for volunteer drivers</li> </ul>	<ul style="list-style-type: none"> <li>• There is no analysis of disability data undertaken</li> </ul>

Equality Category	Existing Good Practice	Remaining Negative Impact
<b>(Disability continued)</b>	<ul style="list-style-type: none"> <li>• Areas are wheelchair accessible. There are suitable spaces to accommodate wheelchairs in the waiting area.</li> <li>• The lift has an audio voice which announces the floor and Braille buttons.</li> <li>• The service can access British Sign Language interpreters when required.</li> <li>• Staff are aware of BT text direct for contacting deaf patients</li> <li>• Loop systems available at reception desk. Personal loop systems are accessible when required</li> <li>• Voice amplifiers and induction loops are available on the ward</li> <li>• Each floor level is colour coded and this is reflected in the signage.</li> <li>• A way finding audio tape produced by the Institute for the Blind is available</li> <li>• The website is visually friendly and has information about the service.</li> <li>• Patient information is available in alternative formats</li> <li>• Staff will communicate with patients with learning disabilities in a manner that they can understand, liaising with carers or relatives to ascertain appropriate ways to communicate and provide support.</li> <li>• Staff can communicate with carers where appropriate.</li> </ul>	

<b>Equality Category</b>	<b>Existing Good Practice</b>	<b>Remaining Negative Impact</b>
<b>(Disability continued)</b>	<ul style="list-style-type: none"> <li>• The team encourage the patient to bring a carer or family member with them to their first appointment as a lot of information about the treatment procedure and potential side effects is provided. Patient experiences indicate that patients value having a trusted person with them for support, and to help recall information at a later date.</li> </ul>	
<b>Sexual Orientation</b>	<ul style="list-style-type: none"> <li>• Staff are aware of the Civil Partnership Act and the correct terminology to use.</li> <li>• Staff have experience of supporting patients in same sex relationships. The team recognised that their ability to establish a good rapport with their patients allowed them to support partners appropriately.</li> </ul>	<ul style="list-style-type: none"> <li>• Sexual orientation is not recorded</li> </ul>
<b>Religion and belief</b>	<ul style="list-style-type: none"> <li>• Staff have access Chaplaincy services for patients and are aware of the current procedure.</li> <li>• Staff are confident in asking patients what their specific requirements are.</li> <li>• Staff can adjust treatment times to accommodate some religious festivals although this depends on the stage of the treatment and the capacity to cover fluctuations in service throughput, e.g. for large numbers of requests.</li> <li>• Religion is recorded as part of the Nutritional screening tool.</li> <li>• Menu cards have options for different dietary requirements. Staff can also contact the kitchen to seek advice if required</li> <li>• The team can access a resource which advises them on the protocols for religion and death.</li> <li>• Staff are aware that some religions would not allow blood transfusions.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff do not have access to a Faith and Belief Communities Manual</li> </ul>

Equality Category	Existing Good Practice	Remaining Negative Impact
<p><b>Age (Children/Young People/Older People)</b></p>	<ul style="list-style-type: none"> <li>• Older patients may require more assistance and therefore often have to wait longer for patient transport.</li> <li>• Staff have encountered patients with Dementia and are aware of the challenges and the support they can require..</li> <li>• Consent can be an issue for people with Dementia and if staff suspect this then they would raise this with the medical team.</li> <li>• The team treat everyone as an individual and would ask or assess what the patients needs are and provide support as appropriate.</li> <li>• Children sometimes attend the ward as visitors; the ward has an open visiting time policy, so children can be in the ward for some time. Children's resources such as games, DVD's, play station and toys are available. The nursing team can encourage children to use the resources to allow the medical team to discuss sensitive information with the patients and adult family members.</li> <li>• Resources are available to families to help explain cancer to children and to help them understand what their family member is going through.</li> <li>• The Dial a bus service is available to take patients to the Beatson from the front gate to Gartnavel General.</li> </ul>	<ul style="list-style-type: none"> <li>• There is no analysis of age data undertaken although information is recorded and used for service audit purposes as necessary</li> </ul>
<p><b>Social Class/Socio-Economic Status</b></p>	<ul style="list-style-type: none"> <li>• Staff try to ask all individuals what their needs are and to give information on benefits to all patients regardless of their social background.</li> <li>• Patients on some income support/benefits can claim their travelling expenses.</li> <li>• Macmillan Benefits Service is on site and can be</li> </ul>	<ul style="list-style-type: none"> <li>• No negative impact identified.</li> </ul>

	<p>accessed by all patients</p> <ul style="list-style-type: none"> <li>• Staff refer people to the Maggie's Centre for additional information and support.</li> </ul>	
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Equality Category	Existing Good Practice	Remaining Negative Impact
<p><b>Additional marginalisation</b></p>	<ul style="list-style-type: none"> <li>• Staff have delivered services to patients in the criminal justice system. Staff try to accommodate the patient in the side room for privacy.</li> <li>• Staff are also aware of ensuring that visiting rights are appropriate and have been involved with other agencies in advance planning to ensure that the appropriate security measures are in place.</li> <li>• Staff are aware that some patients may be recovering from an addiction and try to provide support whilst they are receiving treatment on the ward.</li> <li>• The team monitor 'do not attend' (DNAs) and refer cases with repeated DNAs to the medical team for further consideration.</li> <li>• Staff support patients not to smoke when they are in the ward, patients are offered smoking patches and are discouraged from taking equipment out of the ward. This approach has been successful in reducing the number of people who smoke when accessing their service.</li> </ul>	<ul style="list-style-type: none"> <li>• No negative impact identified</li> </ul>

Actions	Date for completion	Who is responsible?(initials)
<p><b>Cross Cutting Actions</b></p> <ul style="list-style-type: none"> <li>Equalities data recording and analysis to be collected and reviewed to impact on service delivery.</li> <li>All staff to attend Equality and Diversity Training.</li> <li>Signage from the entrance of the Gartnavel Hospital site to the Beatson West of Scotland Cancer Centre to be checked.</li> </ul>	<p>Some data is collected and used for service purposes</p> <p>Training programme implemented Nov 10</p> <p>All correct signs in place</p>	<p>Organisational/Corporate resource issue to allow full equality data collection and analysis Heads of Service</p> <p>RT CSM</p>
<p><b>Specific Actions</b></p> <ul style="list-style-type: none"> <li>Transgender Policy to be circulated.</li> <li>Gender based Violence Plan to be circulated.</li> <li>Faith and Belief Manual to be made available when completed.</li> </ul>	<p>Circulated</p> <p>Circulated</p> <p>Awaited</p>	<p>N Dar</p>

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

30<sup>th</sup> April 2011

**Lead Reviewer:      Name: R Twohig**  
**Sign Off:            Job Title: Clinical Service Manager**

**Signature**  
**Date: 20<sup>th</sup> January 2011**

Please email copy of the completed EQIA form to [irene.mackenzie@ggc.scot.nhs.uk](mailto:irene.mackenzie@ggc.scot.nhs.uk)  
Irene Mackenzie, Corporate Information and Development Manager, Corporate Inequalities Team, NHS Greater Glasgow and Clyde,  
Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ. Tel: 0141-201-4970.