

**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:

Stem Cell Transplant Unit (Paediatric Haematology and Oncology - Schiehallion Ward), Yorkhill Hospital, Women and Children's Directorate

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).

The Stem Cell Transplant Unit for children is located within the Haematology ward at Yorkhill Hospital. The service uptake is 16-20 patients per year within the age range of 0-16 years old.

Referral to this service can come from all over Scotland (as this is the only centre in Scotland). Occasionally there can be referrals from the north of England.

The operation of the unit must comply with the Human Tissue Act and hold the appropriate satellite licence to be able to 'procure tissues and/or cells intended for human applications'. This applies to the harvesting of bone marrow at the Yorkhill site and also the third party agreements that are in place under the licence for haemopoietic stem cell (HPC-C) procurement from directed umbilical cord blood at Southern General Hospital or Princess Royal Maternity. . The Bristol bank is the main transplant co-ordinating unit within the United Kingdom. They will liaise with other countries of the world for the retrieval of bone marrow matches where necessary. Service Level Agreements (SLAs) are in place between the Unit (as the transplant centre) with the Anthony Nolan Trust, British Bone Marrow Registry (BBMR) and the Welsh Bone Marrow Donor Registry who will perform unrelated donor searches and organise the testing, collection and distribution of stem cells from the donor.

Who is the lead reviewer and where based?

Coral Brady, Unit Administration Manager based at Yorkhill hospital.

**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):**

Consultant Haematologist, Data Manager, Quality Manager, Sister, Quality Co-ordinator, Patient Experience Health Improvement Senior Cancer Programme

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
All	<ul style="list-style-type: none"> • Patients are known to the service before they actually are admitted to the unit. Patients all have their own Outreach Nurse who knows the patients individual needs. Further needs may be identified at an outpatient appointment before admission to the ward. • The unit operates multidisciplinary teleconferencing meetings with the shared care centres in other parts of Scotland • All patients are accommodated in an environment that is ‘air locked’, i.e. All rooms have both air and water filtered. This helps to ensure the environment is properly sterile to aid patients treatment. • Any behavioural issues, e.g. racism, homophobic attitudes etc of parents or patients, that may be identified or cause for concern would be highlighted at the ‘staff handover’ time to the next shift to ensure they are aware, challenge, etc. The ward also displays posters highlighting that they will not tolerate inappropriate behaviour. • There is patient information about the stem cell transplant inpatient unit as well as the standard hospital pack. There is patient information about the ward on the website. This is available in a standard format and was originally developed via clinical research and later accredited by the National Transplant Service. Patient information booklets have been designed by health professionals at Multidisciplinary meetings in partnership with patients and their families. • Play Specialists assist children to understand information relating to transplant and treatment by using toys and models. Images and pictures are also used to explain Radiography to patients. • All patients and parents are informed about the fire alarm being tested every Monday. This is extremely important for 	<ul style="list-style-type: none"> • Parents and carers could be involved in reviewing developed patient information. • A few members of staff have completed the online equality and diversity training. Others are being encouraged to also complete this. However, those already completed identified difficulties in passing.

	<p>patients/carers who are deaf.</p> <ul style="list-style-type: none"> • If a patient misses their appointment then outreach staff will phone them or visit them to find out the reasons for missing the appointment and organise a new date. • Patient feedback is collected via comments box. The comments are collated and on a monthly basis information is displayed on the notice board regarding 'You said' and as a result 'We did' feedback. • Open meetings are held between parents and social workers regarding any feedback on the service. • Each child has an outreach social worker or outreach nurse. They visit the house or nursery to get an idea of what type of 'environment' the child is living in i.e. to prevent any potential infection risks when discharged. 	
Gender	<ul style="list-style-type: none"> • Gender specific staff are allocated to patients if requested. • The majority of time patients wear their own clothing. Exceptions may be after transplant when they are in the intensive care unit. • There are no 'engaged' signs for patient rooms but there is a policy of 'if door is closed then knock before entering'. Also there are curtains in each room to give privacy to patients. • All of the rooms have en-suite facilities. • Patients are mainly accommodated in single rooms. When two bedded rooms are used these would be for same gender patients. • Gender is recorded on the hospital patient information system and on the transplant register. • Staff would seek advice and support from other internal professional colleagues for any teenager wishing to explore transgender issues. 	<ul style="list-style-type: none"> • No negative impact identified
Ethnicity	<ul style="list-style-type: none"> • Ethnicity must be recorded to get the correct 'tissue typing' and match for the recipient (from the donor). • Interpreters are booked using NHS GGC policy as required • If a patient/parent arrives unexpectedly on ward with additional 	<ul style="list-style-type: none"> • There is a shortage of donors and donor representatives from South Asian communities. The National Transplant service are trying to address this gap.

	<p>language needs i.e. from Urdu/Punjabi speaking origin then Urdu/Punjabi speaking staff on the ward are used to interpret what patients/parents are saying until interpreters are available.</p> <ul style="list-style-type: none"> • There is a systematic interpreting booking process so weekly updates are provided to parents without setbacks. • Information leaflets are available in other languages from the internet. • Staff from Urdu/Punjabi speaking origin and can relate to what cultural expectations/requirements the patients or parents may have. This is then relayed to clinical staff. • Parents or patients can have preferences regarding interpreters e.g. comfortable with gender specific interpreters 	
<p>Disability</p>	<ul style="list-style-type: none"> • There is an accessible toilet in the ward • There is a lift available for those with mobility issues. • There is a ramp for wheelchair access. • There is a hoist for lifting patients with mobility issues • There are commodes which can be used for toilets. • Chairs are available in various sizes. These include soft wipeable seats and dining seats in the ward. If there is request for some other type of seating then the ward staff can fulfil that. • The Schiehallion Ward Sign above the door entrance is in a good colour contrast of font to background. • All patients and parents are informed about the fire alarm being tested every Monday. This is extremely important for patients/carers who are deaf. • British Sign Language interpreters are booked using NHSGGC policy as required. 	<ul style="list-style-type: none"> • The ward do not have an induction loop but they could get one from outpatients if required. • Not all staff were aware of the BT text relay service • Regarding way-finding there is limited colour contrast in the corridor to the ward.
<p>Sexual Orientation</p>	<ul style="list-style-type: none"> • Staff are aware of the Civil Partnership Act and the importance of using the correct terminology when communicating with relatives. • There have never been any incidences of homophobic behaviour towards patients or staff. However staff are aware of the importance to challenge any homophobic behaviour if it 	<ul style="list-style-type: none"> • No negative impact identified

	was displayed.	
Religion and belief	<ul style="list-style-type: none"> • During admission this is recorded on case notes. • Space is provided for patients who want to pray. • Local guidance such as the faith and belief manual is accessed by staff to understand different needs. • Staff are aware of and use the chaplaincy services to give them advice on faith and spiritual care related issues. • Staff are aware of and have worked with families in situations where the religion would prefer that those who have died are released for funeral arrangements as soon as possible, e.g. Muslims • All specific dietary requirements are catered for in the ward. 	<ul style="list-style-type: none"> • No negative impact identified
Age (Children/Young People/Older People)	<ul style="list-style-type: none"> • Within the hospital there is also a teenage cancer treatment unit which provides an 'age specific' service for patients • There are transition clinics held for teenagers being transferred to adult services. • As part of the rehabilitation phase following transplant patients and relatives can access holiday homes and trips organised via charity groups. • There is a play room, play teachers and school room available on-site. • All individual rooms are equipped with a plasma TV, Freeview box and a Playstation. • There can be some inequity of input to education for children from other health boards, however staff and families overcome this by accepting minimal input until the patient is well enough to study more • During out patient clinics the children are supported to continue on with their education. • Play Specialists assist children to understand information relating to transplant and treatment by using toys and models. Images and pictures are also used to explain Radiography to patients. 	<ul style="list-style-type: none"> • No negative impact identified

Social Class/Socio-Economic Status	<ul style="list-style-type: none"> • Benefits advice is provided to all parents. • Housing requests are sent to the local council by ward staff on behalf of parents. • Staff can direct relatives that require to claim their travelling expenses • Staff or social work can also assist parents complete any application forms for benefits • 'CLIC Sargent' is the 'in house' social work which provides support for siblings of patients. There is also a nearby CLIC House which is mainly used to accommodate immediate family. This accommodation includes a bedroom with sitting and kitchen facilities. Accommodation at Ronald MacDonald can also be used where necessary. 	<ul style="list-style-type: none"> • No negative impact identified
Additional marginalisation	<ul style="list-style-type: none"> • Transport can be arranged for both patients and carers. This may be provided by the Scottish Ambulance Service or other charitable transport providers • Social work would liaise with the criminal justice system regarding any parent in prison that requires to visit their child 	<ul style="list-style-type: none"> • No negative impact identified

Actions	Date for completion	Who is responsible?(initials)
Cross Cutting Actions		
Specific Actions <ul style="list-style-type: none"> • Ensure staff are trained in the use of an Induction loop • Stay apprised of the work of the National Transplant service in relation to outreach activities to generate interest in South Asian communities to be donors. • Consider methods to engage with parents and carers in the development and reviewing of information leaflets. • When refurbishment is planned for the corridor then the choice of colours should be considered to ensure there is sufficient colour contrast between floor and walls 	Feb 2011 Ongoing Ongoing Complete June 2011	CB All All Ward Manager CB

<ul style="list-style-type: none"> • Ensure all staff are aware of and know about the BT Text relay service • Ensure all staff have completed equality and diversity training 	May 2012	CB
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Ongoing 6 Monthly Review **Please write your 6 monthly EQIA review date:**

November 2011

Lead Reviewer:	Name:	Coral Brady
Sign Off:	Job Title	Business and Administration Manager, RHSC
	Signature	
	Date:	28th April 2011

Please email copy of the completed EQIA form to Jacqueline.Russell@ggc.scot.nhs.uk

Jacqueline Russell, Corporate Inequalities Team, NHS Greater Glasgow and Clyde, Gartnavel Royal Hospital, 1053 Great Western Road, Glasgow, G12 0YN. Tel: 0141 201 4560.