

**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 referred cases regarding 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 2014817.

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

Coronary Care Unit, Southern General Hospital, Emergency Care and Medical Services Directorate.

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 Coronary Care Unit is a specialised unit where patients with suspected heart conditions are looked after by expertly trained staff. Tests such as cardiographs, tracings of the heart rhythm and blood tests will be carried out.

The unit also conducts Cardioversions and implanting pacemakers. These are conducted in the pacing room which is adjacent to the coronary care unit. (In other sites patients have to go to theatre).

The unit also has Medical High Dependency beds.

The unit is located on the first floor of the Medical Building and has 6 beds and a single room.

**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.)**

No recent EQIA assessment of SGH ECMS service or acute Cardiology service.

**Who is the lead reviewer and where are they based? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)**

Liz Thomson, Lead Nurse, Cardiology

**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 x2; Senior Charge Nurse; Nurse Practitioner; Consultant; Quality Co-ordinator; Equality and Diversity Assistant

	<b>Lead Reviewer Questions</b>	<b>Example of Evidence Required</b>	<b>Service Evidence Provided (please use additional sheet where required)</b>	<b>Additional Requirements</b>
1.	<b>What equalities information is routinely collected from people using the service? Are there any barriers to collecting this data?</b>	<b><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></b>	Age and gender are routinely collected in the patient information system. Disability data is captured in the nursing documentation.  As patients can be emergency admissions the priority is to stabilise the patient.	Analyse data available to know more about the patients.
2.	<b>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?</b>	<b><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></b>	Not applicable.	Analyse data available to know more about the patients.
3.	<b>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.</b>	<b><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></b>	Staff were aware that heart attacks were more common amongst Asian patients.	

4.	<p><b>Can you give details of how you have engaged with equality groups to get a better understanding of needs?</b></p>	<p><b><i>Patient satisfaction surveys have been used to make changes to service provision.</i></b></p>	<p>The Emergency Care and Medical Services Directorate has developed an action plan based on the results from the national Better Together in-patient survey. As part of this action plan the unit are asking patients about their hospital experience. Monthly reports are produced.</p>	
5.	<p><b>If your service has a specific Health Improvement role, how have you made changes to ensure services take account of experience of inequality?</b></p>	<p><b><i>A service for teenage mothers includes referral options to smoking cessation clinics. The clinics are able to provide crèche facilities and advice on employability or income maximisation.</i></b></p>	<p>The unit refers patients to Cardiac Rehabilitation.</p> <p>The patient information system has a 'trigger' to ask patients if they are smokers. If they are smokers, staff ask if they want to give up smoking, if the answer is yes they will refer the patient to Smoking Cessation. If the patient, responds no, they are given leaflets about giving up smoking.</p>	
6.	<p><b>Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?</b></p>	<p><b><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></b></p>	<p>There are disabled parking spaces located outside the main entrance to the Medical Block.</p> <p>There are ramps at the entrances to the Medical Block and automatic doors.</p> <p>The unit is located on the first floor and there are lifts available. The lift has a 'voice</p>	<p>Doors to the unit are manual doors.</p> <p>The initial signage at the ground floor level points to the right but there is no signage to indicate which stairwell to use.</p> <p>The signage at the 1<sup>st</sup> floor level opposite the</p>

			announcer'	stairwell needs updated.
7.	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 how to access interpreters and other forms of communication support as and when required.</p> <p>Upon request, information can be provided in other languages and other formats. The British Heart Foundation is the main source. The MCN is trying to ensure that all other patient information is standardised across NHS Greater Glasgow and Clyde.</p>	
8.	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 that very few young men were attending clinics. They have launched a local</i>	This is a mixed sex ward (Coronary Care Units are exempt from the Mixed Sex Accommodation Policy). However, screens are used to	Staff were unaware of the Gender Based Violence Policy.

		<b><i>promotion targeting young men and will be testing sex-specific sessions.</i></b>	<p>provide privacy for patients. (The patient questionnaires ask about privacy, and in June 2011, 100% of patients responded that there privacy was maintained).</p> <p>Where possible, staff will try to accommodate requests for same sex health professionals.</p> <p>Each patient is individually assessed for their needs. This includes medical needs, communication, mobility and any disabilities.</p>	
(b)	<b>Gender Reassignment</b>	<b><i>An inpatient receiving ward has held briefing sessions with staff using the NHSGGC Transgender Policy. Staff are now aware of legal protection and appropriate approaches to delivering inpatient care including use of language and technical aspects of recording patient information.</i></b>	<p>This question would not be routinely asked, however, it would be noted in the medical history.</p> <p>Each patient is individually assessed for their needs. This includes medical needs, communication, mobility and any disabilities.</p>	Circulate copies of NHS Greater Glasgow and Clyde's Transgender Policy for information.
©	<b>Age</b>	<b><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</i></b>	<p>Patients aged 14 and over can be admitted to the unit.</p> <p>All staff have attended Child Protection Training.</p> <p>The ward can refer patients to</p>	

		<b><i>and appointment letters highlighted potential clinical complications of non-attendance.</i></b>	<p>the Occupational Therapy Department.</p> <p>Each patient is individually assessed for their needs. This includes medical needs, communication, mobility and any disabilities.</p>	
<b>(d)</b>	<b>Ethnicity</b>	<b><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></b>	<p>Staff are aware of how to organise interpreters. The languages requested have included: Urdu, Punjabi; Mandarin; Russian; Polish and Latvian).</p> <p>The unit has bi-lingual staff.</p> <p>Information is available in other languages upon request. The British Heart Foundation has a selection of publications in other languages.</p> <p>Each patient is individually assessed for their needs. This includes medical needs, communication, mobility and any disabilities.</p>	<p>Obtain copies of the Red Cross Emergency Multi-lingual Phrasebook.</p> <p>Investigate the possibility of accessing telephone interpreting.</p>
<b>(e)</b>	<b>Sexual Orientation</b>	<b><i>A community service reviewed its information forms and realised that it asked whether someone was</i></b>	<p>Staff are aware of the Civil Partnership Act.</p> <p>Documentation refers to next of</p>	

		<p><b><i>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></b></p>	<p>kin rather than husband, wife etc.</p> <p>Each patient is individually assessed for their needs. This includes medical needs, communication, mobility and any disabilities.</p>	
(f)	Disability	<p><b><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></b></p>	<p>Each patient is individually assessed for their needs. This includes medical needs, communication, mobility and any disabilities.</p> <p>Staff are aware of how to book other forms of communication support as and when required.</p> <p>Information is available in other formats upon request. The British Heart Foundation have a number of resources in large print; DVD's with subtitles as well as podcasts.</p> <p>The unit has an accessible toilet.</p> <p>The unit can accommodate a wheelchair user.</p> <p>The ward has a mixture of chairs available.</p>	Obtain a portable loop system.

			<p>A hoist is also available.</p> <p>Mobility aids can be provided.</p> <p>There are models of hearts to help aid patients understanding of their condition and treatment.</p> <p>For patients with learning disabilities, staff would assess their individual needs. If appropriate, they would liaise with their carer.</p> <p>There is colour contrast between the floors and walls in the access corridors to the unit.</p> <p>Signage has sufficient colour contrast between the background and the font. Some are navy backgrounds with white font and others have a white background with a navy font.</p> <p>Staff are learning from the on-going Dementia project within the Directorate.</p>	
(g)	Faith	<b><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</i></b>	<p>Staff have copies of the Religion and Belief Manual.</p> <p>Halal, Kosher and vegetarian meals can be provided upon request.</p>	<p>Obtain copies of the updated Faith and Belief Manual.</p> <p>Staff were unsure what suitable snacks were</p>

		<p><b><i>faith-based items (Qurans etc.) and provision for bathing. A quiet room was made available for prayer.</i></b></p>	<p>The Chaplaincy Team visit the unit on a regular basis.</p> <p>A quiet room is available for prayer.</p> <p>If patients have any queries about the ingredients of medication, staff can contact the Pharmacy Department for advice.</p> <p>Each patient is individually assessed for their needs. This includes medical needs, communication, mobility and any disabilities.</p>	<p>available for patients.</p>
(h)	<p><b>Socio – Economic Status</b></p>	<p><b><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></b></p>	<p>Each patient is individually assessed for their needs. This includes medical needs, communication, mobility and any disabilities.</p> <p>Staff can signpost patients to the Social Work Department.</p> <p>Staff can signpost patients to the cash office if they need to reclaim their travelling expenses.</p>	<p>There has been no analysis of patient postcodes within the catchment area for this service</p>

(i)	<p><b>Other marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers &amp; refugees, travellers</b></p>	<p><b><i>A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas.</i></b></p>	<p>Each patient is individually assessed for their needs. This includes medical needs, communication, mobility and any disabilities.</p> <p>The unit can refer patients to other services if required e.g. The Addictions Team and the Homeless Team.</p> <p>The unit has an information folder about asylum seekers. This includes support agencies.</p> <p>Staff are aware that some patients may have literacy issues.</p>	
9.	<p><b>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?</b></p>	<p><b><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 areas raised with senior managers for action.</i></b></p>	<p>Not applicable.</p>	
10.	<p><b>What does your workforce look like in terms of representation from equality groups e.g. do you have a workforce that reflects the characteristics of those who will use your service?</b></p>	<p><b><i>Analysis of recruitment shows a drop off between shortlisting, interview and recruitment for equality groups. Training was provided for managers in the service on equality and diversity in recruitment.</i></b></p>	<p>The unit adheres to NHS Greater Glasgow and Clyde's Recruitment's Policy and Procedures.</p> <p>Several members of staff are from other ethnic groups.</p>	

11.	<b>What investment has been made for staff to help prevent discrimination and unfair treatment?</b>	<b><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></b>	50% of staff have accessed the e-learning Equality and Diversity module.  Equality and Diversity is included in staff KSF's and their individual PDP's.	
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**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.**

**Actions – from the additional requirements boxes completed above, please summarise the actions this service will be taking forward.**

	<b>Date for completion</b>	<b>Who is responsible?(i initials)</b>
<p><b>Cross Cutting Actions – those that will bring general benefit e.g. use of plain English in written materials</b></p> <p>Review signage to the ward. Signage regarding two visitors to a bed now in different languages.</p> <p>Instigate a review of patient postcodes in relation to the service</p>	<p>Feb 12 Completed sept 11</p> <p>Feb 12</p>	<p>MB, LT</p> <p>CG, FM</p>

<b>Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy</b>		
Analyse data available to know more about the patients e.g. ensure ethnicity is captured for analysis with other data.	Feb 12	CG, LT
Review the doors to the unit (these are manual doors).	Feb 12	MB, LT
Obtain the Gender Based Violence (GBV) policy and cascade to staff.	Feb 12	CG
Obtain a portable loop system.	Feb 12	LT (FM)
Obtain copies of the Red Cross Emergency Multi-lingual Phrasebook.	Feb 12 <i>completed sept 11</i>	MB (NMcl)
Investigate the possibility of accessing telephone interpreting.	Feb 12	LT (CG)
Obtain copies of the updated Faith and Belief Manual.	Feb 12 <i>completed sept 11</i>	MB (NMcl)
Contact the Catering Department to find out what snacks are available for patients.	Feb 12 <i>completed sept 11</i>	MB (CG)

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

03<sup>rd</sup> February 2012

**Lead Reviewer:**  
**EQIA Sign Off:**

<b>Name</b>	Liz Thomson
<b>Job Title</b>	Lead Nurse
<b>Signature</b>	
<b>Date</b>	10/10/2011

**Quality Assurance Sign Off:**

<b>Name</b>	
<b>Job Title</b>	
<b>Signature</b>	
<b>Date</b>	

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

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