

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:

General Medicine and Respiratory, Ward 10, Victoria Infirmary, Emergency Care & Medical Services 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).

Ward 10 is an adult male general medicine and respiratory ward providing a wide variety of services for diagnosis and management of general medicine and all general types of Respiratory diseases including lung related complications e.g. patients with lung cancer.

The average length of stay is seven days. The ward works closely with the discharge team as some respiratory patients are disabled by their condition e.g. on constant oxygen and require support services to assist them at home. Equally respiratory patients can be near end of life and the ward is accustomed to dealing with end of life situations.

Who is the lead reviewer and where based?

Con Gillespie, Lead Nurse, ECMS based in Mansion House Unit

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):

Student Nurse; Auxiliary Nurse; Staff Nurse; Senior Charge Nurse; Dietetic Assistant; Physiotherapist; Occupational Therapist; Pharmacist; Respiratory Clinical Nurse Specialist; Dietician; Doctor; Senior Speech Language Therapist; Lead Nurse; Inequalities Facilitator; Quality Co-ordinator.

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
<p>All</p>	<ul style="list-style-type: none"> • Each patient is individually assessed on arrival at the ward. This will include identifying any communication, mobility, dietary, or religious needs, etc. and these will be built into the patients care plan. • A new transfer sheet has been introduced to come with a patient who transfers from another part of the hospital. This sheet in theory should explain all patient needs but completion of this sheet was variable, however it is now improving. • The staff operate a specific checklist for patients being discharged home. This process includes the organising of home help; ambulance/transport; follow up appointments, etc that the patient may require. • The Occupational Therapist can arrange/install any adaptations or aids in a patient’s home to meet their needs for when they go home 	<ul style="list-style-type: none"> • No staff have been on Equality and Diversity Training.
<p>Gender</p>	<ul style="list-style-type: none"> • Gender data is recorded in the patient information system. • The Ward has some single room facilities. This can be used for patients or for the overspill from the female ward. • Staff can accommodate requests for same sex staff. The medical staff may not always be able to provide a same sex staff member but would be chaperoned by nursing staff. • Bed screens are available at each bedside. • Although staff were not aware of the Gender Based Violence Policy, they were aware of the need to seek 	<ul style="list-style-type: none"> • No negative impact identified.

	<p>advice from senior colleagues if they were concerned about domestic violence.</p>	
Ethnicity	<ul style="list-style-type: none"> • The ward had received the interpreting resources to assist with the booking process for interpreters. If an interpreter is involved in patient care this would be recorded in the nursing notes. If language was difficult to identify, staff may involve relatives to assist or clarify. • Any language needs would be recorded in the nursing notes. • Lung information is available in other languages. • Any discrimination would be challenged and handled sensitively. 	<ul style="list-style-type: none"> • Ethnicity data is not recorded. • Medical assessment information on patient does not include language needs. • Discharge Team may have to visit patients at home at short notice, i.e. an emergency and may have difficulty in accessing interpreting support in the timescale involved
Disability	<ul style="list-style-type: none"> • Disability is recorded in the special needs section of the unified notes (HIS patient information management system only records admission information). • An accessible toilet is located within the ward. • The TV in the day room has subtitle facilities. • The Speech and Language Therapist would assist with learning disabled patients. They also have good links with the Learning Disability Team (LDT) for support. Often the LDT will alert them when one of their patients is being admitted to hospital. • Assistive dogs are welcome. • Visitors to the ward who require disabled car parking spaces can access these at the entrance to the building. • The ward had received the interpreting resources to assist with the booking process for communication support (e.g. British Sign Language). Any communication support would be recorded in the nursing notes. • The ward can access some visual aids to assist 	<ul style="list-style-type: none"> • The doors to the ward are not automatic. These would be difficult to open by a wheelchair user as these are fire doors and are therefore heavy. • There is no induction loop available. • There is no information available in larger print or an audio format. • The Day Room is shared with Ward 6 across the corridor and does not have a mixture of different chair types; e.g. different heights and chairs with or without arms.

	<p>communication.</p> <ul style="list-style-type: none"> • The ward has links to Mental Health Team for support as required. 	
Sexual Orientation	<ul style="list-style-type: none"> • Staff are aware of the need to challenge any homophobic attitudes that become apparent. Single rooms are generally utilised on a clinical priority needs basis however, if a one is available then sometimes this can be utilised for a patient who may potentially be discriminated against by others in the ward. • Staff were aware of the Civil Partnership Act and the need to ask appropriate questions e.g. Is this your partner rather than wife or husband? 	<ul style="list-style-type: none"> • No negative impact identified.
Religion and belief	<ul style="list-style-type: none"> • Religion can be recorded in the unified notes. • Patients and relatives can access the Quiet Room in the Chaplaincy Department. This area has ablution facilities available. • Staff access the Religions and Cultures Manual for guidance and advice if they are unsure of what to do. • In-patients can receive Halal, Kosher and vegetarian meals. • The Pharmacy Representative can provide advice regarding contents of medication and find an alternative if required. • The Discharge Team staff is guided by the patient on where to go and what to do when visiting patients in their own home. 	<ul style="list-style-type: none"> • No negative impact identified.
Age (Children/Young People/Older People)	<ul style="list-style-type: none"> • Age is recorded in the patient information management system • The Ward has links to Care of the Elderly for any older patients that may require further rehabilitation. • Different texture of diets are also available for patients 	<ul style="list-style-type: none"> • No negative impact identified.

	<p>who may have swallowing or chewing difficulties.</p> <ul style="list-style-type: none"> Respiratory patients who require a home visit by the Discharge Team are often very breathless and therefore will receive a visit late morning to allow them plenty time to get up, etc. 	
Social Class/Socio-Economic Status	<ul style="list-style-type: none"> The Cashier's Office can reimburse travel expenses. Staff can signpost patients to other agencies for benefits advice. Staff can provide carers with advice regarding respite. Staff can also advise on other services to help patients in their own home e.g. handyman; optician; shopping service. 	<ul style="list-style-type: none"> Patients who have follow up out-patient appointments may not get to these if patient transport cancels. (Patient transport required as patients are on oxygen 24 hours per day).
Additional marginalisation	<ul style="list-style-type: none"> If patient consents then staff can refer relevant patients to other support services such as Alcohol Liaison Service, Smoking Cessation, Weight Management. Staff shared that members of the travelling community who have long term respiratory problems don't travel as much but will stay with others in a commune area. 	<ul style="list-style-type: none"> No negative impact identified.

Actions	Date for completion	Who is responsible?(initials)
<p>Cross Cutting Actions:</p> <ul style="list-style-type: none"> Ensure a plan is developed for all staff to attend Equality and Diversity Training 	September10	CG, SH
<p>Specific Actions:</p> <ul style="list-style-type: none"> Review and implement the collection and monitoring of equality and diversity data Modify the medical assessment paperwork to include language needs. Explore the frequency of short notice requests for interpreters. 	September 10 September 10 September10	CG KH Linda McCarron, CG

<ul style="list-style-type: none"> • Consider in conjunction with the facilities department the options for the ward doors to be automatic or at least more accessible for wheelchair users and disabled people. This would need to include ascertaining patient views • Consider purchasing an induction loop for the ward • Review the provision of patient information to ensure it is accessible to all • Review the availability of chairs within the day room, e.g. is there a mixture of heights and styles of chairs available to accommodate different patient needs • Enter dialogue with the Scottish Ambulance Service regarding patient transport issues 	September10	KH Mgt Arnott, Anice Gillespie, SH
	September10	
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	September10	Mgt Arnott, KH

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

10th November 2010

Lead Reviewer: Name: Con Gillespie

Sign Off: Job Title: LN Clinical Improvement & Development, Emergency Care & Medical Services Directorate
Signature:

Date: 

15/08/10

Please email copy of the completed EQIA form to 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.