

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 62, Glasgow Royal Infirmary

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 62 is a 30 bedded Colorectal ward serving the East End of Glasgow and beyond. Patients' length of stay varies from 24 hours to weeks and in some cases months. Conditions treated include: Bowel Cancer; Inflammatory Bowel Conditions; Ulcerative Colitis and Crohn's Disease. Many of our patients have colostomies and ileostomies.

Who is the lead reviewer and where based?

Fran McKenzie, Ward 62, Glasgow Royal Infirmary.

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):

Lead Nurse General Surgery Glasgow Royal Infirmary/Stobhill Hospital, Ward Manager, Deputy Ward Manager, Ward Secretary, Clinical Nurse Specialist Stoma Care, Staff Nurse, Breast Care Nurse, Clinical Effectiveness Sister, Administration Manager, Equality Programme Lead Acute, Senior Equality & Diversity Adviser.

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
Gender	<ul style="list-style-type: none"> • The ward cares for both males and females. The ward is composed of 6 bedded bays and single rooms which are not gender fixed and can be changed if necessary, for example if more female beds than male beds are required the bays can be changed to meet patient's needs. No bays accommodate mixed gender patients. • Staff in the ward are predominately female. To date this has not presented any problems. It tends to be female patients who will ask for same gender staff. Male patients do not tend to have a problem with female practitioners. If there are any specific requests for same gender practitioners' staff will always try to accommodate the patients request when possible. • There have been no requests from minority ethnic patients for same gender practitioners. However, staff are aware of the possible cultural implications relating to gender within certain minority ethnic groups. • Staff try to ensure the dignity of patients by making sure gowns are as well fitting as possible. Patients are encouraged to change into their own gowns/pyjamas as soon as possible. • Staff make sure other patients in the ward are protected from the patients who are not concerned about their own modesty. • There are do not disturb signs available in the ward. • Transgender patients are allocated single rooms. 	<ul style="list-style-type: none"> • Although the bays are same gender bays other patients of the opposite gender using the corridor can walk past all areas. • The ward cannot always offer choice of male health care staff. • On occasion nursing staff in the wards have had to deal with inappropriate remarks and sexual behaviour from male patients. They have also had to deal with patients who have bullied and harassed staff. • Gowns are not available in a range of sizes and accommodating obese or very thin patients can sometimes be difficult. • Some patients appear less concerned about their modesty than others these days. • There are not enough do not disturb signs available at present. On occasions people ignore these signs and they enter the area regardless. • Pre admission assessment of transgender patients is carried out by the Consultant. Nursing staff are not involved in the patient's care until the patient is

	<ul style="list-style-type: none"> • At present gender monitoring information can be extracted from the ward admissions book. 	<p>admitted to the ward.</p> <ul style="list-style-type: none"> • No electronic gender monitoring takes place at present.
<p>Ethnicity</p>	<ul style="list-style-type: none"> • Staff are aware of how to book interpreters through the Glasgow Translation Interpreting service. Staff are also aware of the NHS Greater Glasgow and Clyde Interpreting policy. In an emergency, bilingual hospital staff have been approached to interpret. • Information regarding Stoma Care is available in other languages. • Staff are aware of the different dietary requirements of their patients. • Staff are happy for patients to have food brought in by family as long as the food does not require to be heated. Food can not be reheated for patients in ward areas. • There can be issues relating to the numbers of visitors at the patient's bed side. • When required we endeavour to be flexible when visitors request to visit out with visiting hours. • Staff are aware of the important part carers play in delivering day to day care in some minority ethnic families. • Staff are happy for family and carers to be involved in the patient's care when possible. • Some staff are aware of cultural issues relating to different communities. • Some staff have attended equality training. Some staff are currently awaiting a place for the Equality and Diversity Training. 	<ul style="list-style-type: none"> • In an emergency, sometimes members of the family are used as interpreters. However, this is documented in the case notes. • Ethnicity is not recorded. • At present, Information about the Ward is only available in English. • Staff cannot reheat food brought in by family members as this is against hospital infection control policy. • There is a limit to how many visitors a patient can have at the one time due to lack of space and infection control policy. • Not all staff are aware of the Religions and Cultures manual. • Not all staff have attended Equality and Diversity Training.

Disability	<ul style="list-style-type: none"> • Disability can be recorded. • The chairs in the ward have arms that can move up and down and are able to be moved to aid patients' mobility. • Staff can access audio and Braille information for patients. • Staff can access a sign language interpreter when required. • There is disabled parking available in the basement. • A lift is available directly from basement to the ward area. • There is a 15 minute drop off facility available at the Accident and Emergency area. • Guide dogs are welcome in ward 62. • Evening Visitor Transport Service is available for people who wish to visit a relative in hospital and who have a disability. 	<ul style="list-style-type: none"> • There are no disabled toilets in Ward 62. The ward toilets can be used if the disabled patients can self transfer. However, there are disabled toilets in Ward 61 which is on the same floor. The current design of the building does not accommodate the installation of a disabled toilet due to building restrictions. • Signage is not consistent as it changes from colour coded floors to numbered zones. • The drop off point is quite a distance from the ward.
Sexual Orientation	<ul style="list-style-type: none"> • Care offered on an individual basis. 	<ul style="list-style-type: none"> • Sexual Orientation is not recorded however, can be recorded in the case records if pertinent to the patients care.
Religion and belief	<ul style="list-style-type: none"> • Religion is recorded on hospital documentation. • At present Christian Ministers and Priests visit patients. Hospital chaplains regularly visit the ward. • Patients can attend religious services i.e. the hospital has a Church service and a Mass once a week. • Halal and Kosher meals can be provided upon request. 	<ul style="list-style-type: none"> • Staff not aware of how to contact other religious leaders.
Age (Children/Young People/Older People)	<ul style="list-style-type: none"> • A wide range of ages use the service from 13 years and over. • Where possible staff would try to provide younger patients with a single room. • Parents are welcome to stay with their child. • The ward has a list of Bed and Breakfast accommodation close to the hospital. 	<ul style="list-style-type: none"> • No known negative impact

	<ul style="list-style-type: none"> • The ward has links with Yorkhill Hospital to help meet the needs of younger patients. • There are Televisions and phones available for patients, (Patient Line) (Hospidia) are also available for patients. • Evening Visitor Transport Service is available for people who wish to visit a relative in hospital and who are over 60. 	
<p>Social Class/ Socio-Economic Status</p>	<ul style="list-style-type: none"> • Travelling expenses can be claimed from the cashier's office in the main hospital. • Evening Visitor Transport Service is available for people who wish to visit a relative in hospital and who are in receipt of benefits. 	<ul style="list-style-type: none"> • Patients cannot be reimbursed for hospital parking. (£1 an hour)

<p>Additional marginalisation</p>	<ul style="list-style-type: none"> • Obese patients are assessed and provision is made for their needs prior to admission. Chairs, beds hoists and other equipment is made available for the patient's admission. However, difficulties can arise if it is an emergency admission. • Prisoners can be accommodated. Prisoners are handcuffed to guards 24 hours a day and are accompanied to the shower and toilet areas at all times. These Patients are offered single rooms when possible. Staff can contact hospital security guards at anytime if concerned. • If patients are homeless the ward staff can liaise with the Social Work department, Community Health Teams and the Discharge Liaison Nurses. • For patients with drug addictions the ward staff can contact the Addictions Team for advice/support. • There is a no smoking policy in effect in the hospital and grounds. Patients who smoke have to leave the building to do so. 	<ul style="list-style-type: none"> • Other patients can be anxious and intimidated by prisoners sharing the same ward. • Other patients can feel anxious and intimidated by patients with drug addictions. • Some patients who smoke leave the ward at inappropriate times e.g. during ward rounds/medication rounds and fail to tell staff where they are going.
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Actions	Date for completion	Who is responsible?(initials)
<p>Cross Cutting Actions</p> <ul style="list-style-type: none"> • Need for patient information in different languages and formats. • Explore methods of monitoring ethnicity, disability and gender data of all patients. • Hospital Gown sizes do not always respect patients' dignity. 	<p>3 months On-going 1 week</p>	<p>Staff nurse x2 IC IC</p>
<p>Specific Actions</p> <ul style="list-style-type: none"> • Develop support mechanisms for staff dealing with unacceptable gender related behaviour- This will link to the Gender Based Violence action plan. • • Explore the possibility of sourcing patient gowns in a range of sizes. • • Source adequate numbers of do not disturb signs for the ward • • Circulate new interpreting policy and numbers to all ward staff when available. • • Circulate the religion and culture manual to all ward staff • • Explore the possibility of developing ward information for patients in different languages and formats. • • Develop protocols for caring for transgender patients. Will circulate transgender policy and other related information to all ward staff. • • Organise transgender training for staff. • • Develop a staff and patient safety protocol when dealing with prisoners. • • Spiritual care policy to be shared with all staff and ensure staff aware of how to contact other faith leaders for patients. • • If ward 62 is to undergo any refurbishment the issue relating to the lack of a disabled 	<p>1 year 1 week 2 weeks Not yet available 3 months 3 months 6 months 1 year 6 months 3 months on-going</p>	<p>IC IC IC to ask EP IC AC Staff nurse AC AC IC AC IC</p>

<p>toilet should be addressed.</p> <ul style="list-style-type: none"> • • Explore the possibility of emphasising at admission breaches of safety to patient regarding leaving ward area for smoking. • • Explore with Facilities the possibility of standardising signage. 	<p>3 months</p> <p>3 months</p> <p>.</p>	<p>Staff nurse</p> <p>IC</p>
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Ongoing 6 Monthly Review Please write your 6 monthly EQIA review date:

1st. February 2010

Lead Reviewer: Name: F McKenzie
 Sign Off: Job Title CNS Stoma Care
 Signature F D Mckenzie
 Date: 30/07/2009

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.