



**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**

Medical Receiving (Ward J North) Inverclyde Royal Hospital

**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 J North at the Inverclyde Royal Hospital is a medical receiving ward, providing initial patients' stabilisation, clinical investigations and treatment for patients admitted as an emergency. Patients either go home from this ward or are transferred to another ward. The ward also has a monitoring bay where patients undergo assessment. The ward has a high turnover of patients.

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

Con Gillespie, Lead Nurse, Emergency Care & Medical Services Directorate, Victoria 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, Charge Nurse, Staff Nurse, Auxiliary Nurse, Inequalities Facilitator, Quality Co-ordinator

## Impact Assessment – Equality Categories

Equality Category	Positive Impact	Negative Impact
<p><b>Gender</b></p>	<ul style="list-style-type: none"> <li>• Gender data is recorded in the patient information system.</li> <li>• Four bedded bays are gender specific.</li> <li>• Older patients often ask for same sex member of staff. Staff would try to accommodate these requests but this depends on the staff rota. If staff were unable to accommodate these requests chaperoning would be provided</li> <li>• Staff are aware that sometimes they have to sensitively ask if a patient is comfortable with them as their nurse.</li> <li>• Rooms have 'do not disturb' signs or signs that direct visitors to see nurse before entering room.</li> <li>• Staff were aware that patients could be in the transition phase of gender reassignment. Staff would discuss with patient their specific needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Gender data is not analysed.</li> <li>• Members of staff were not aware of NHS Greater Glasgow and Clyde's Gender Based Violence Plan.</li> <li>• Member of staff have not attended Equality &amp; Diversity training.</li> </ul>
<p><b>Ethnicity</b></p>	<ul style="list-style-type: none"> <li>• Admission form on the patient information system, records ethnicity.</li> <li>• Staff are aware that cultural sensitivities can apply in relation to dress, customs, foods etc.</li> <li>• If discriminatory behaviour was suspected staff would speak to patient first to ascertain the issue and then challenge behaviour if necessary.</li> <li>• Staff were aware that some patients whose first language is not English may revert to their mother tongue (e.g. Gaelic ) following a stroke or other medical conditions.</li> </ul>	<ul style="list-style-type: none"> <li>• Ethnicity data is not analysed.</li> <li>• Staff have not received the new interpreting resources on how to book interpreters etc,</li> <li>• No translated patient information available.</li> <li>• Staff have not attended Equality &amp; Diversity training.</li> </ul>

<b>Disability</b>	<ul style="list-style-type: none"> <li>• Ward can be accessed by lift.</li> <li>• Lift has audible announcements for floor level, Braille buttons that are lit for the floor requested. The button light goes out on arrival at appropriate floor.</li> <li>• Staff record any disabilities in the admission profile.</li> <li>• If a patient or a visitor arrives with a wheelchair, staff would check if there was sufficient space available between beds.</li> <li>• There are a variety of heights and styles of chairs available.</li> <li>• Within the ward the staff have created signs with recognised symbols to highlight where toilets etc are within the ward.</li> <li>• Staff have a communication board available to aid communication when necessary.</li> <li>• Signage has good colour contrast but may be too small for some levels of vision.</li> <li>• On admission all patients are asked for a medical history and any additional needs. If a patient has mental health condition or learning disabilities then staff would seek advice from the Community Psychiatric Nurse or Learning Disability Nurse</li> <li>• If an advocate kept speaking on behalf of a patient staff would ensure that the patient is included in the conversation and asked their wishes, needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Height of signage not always appropriate.</li> <li>• Toilet facilities have limited space for wheelchair users.</li> <li>• Wards doors are not automatic and could be heavy for some patient groups to open.</li> <li>• There is no induction loop available for patients.</li> <li>• Patient information is not available in alternative formats</li> <li>• Staff were unaware of what to do if a patient or visitor had a guide dog.</li> <li>• Staff have not attended Equality &amp; Diversity training.</li> </ul>
<b>Sexual Orientation</b>	<ul style="list-style-type: none"> <li>• Staff were aware of the Civil Partnership Act and that partners have the same rights as partners in a heterosexual relationship.</li> </ul>	<ul style="list-style-type: none"> <li>• Sexual orientation data is not recorded or analysed.</li> <li>• Staff have not attended Equality &amp; Diversity training.</li> </ul>

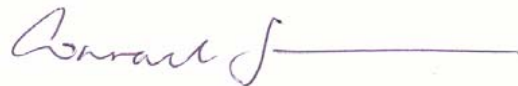
<p><b>Religion and belief</b></p>	<ul style="list-style-type: none"> <li>• Religion is recorded in admission form.</li> <li>• The day room can be utilised for prayers</li> <li>• Staff can request vegan, Halal or Kosher meals for patients who require them. The Catering Department provide additional support by delivering these specific meals individually.</li> <li>• Staff were aware that articles of faith belonging to patient require respect and dealing with sensitively if they have to be moved.</li> <li>• A Pharmacy representative for the ward can provide advice on medication if requested.</li> <li>• Staff can access the chaplaincy team for support for patients.</li> </ul>	<ul style="list-style-type: none"> <li>• Data on religion is not analysed.</li> <li>• Ward staff have no access to a Religions &amp; Cultures Manual or Multi-faith resource.</li> <li>• Staff have not attended Equality &amp; Diversity training.</li> </ul>
<p><b>Age (Children/Young People/Older People)</b></p>	<ul style="list-style-type: none"> <li>• Facilities are available within the ward to keep patients children entertained e.g. story books, colouring books, computer console.</li> <li>• Following assessment for going home patient transport can be arranged for next day if medical criteria are met.</li> <li>• Young people admitted to the ward are assessed on an individual bases. If younger staff on duty then they would ensure they take time to converse with patients as this often resolves any issues.</li> <li>• Age is recorded in the patient information system.</li> </ul>	<ul style="list-style-type: none"> <li>• Age data is not analysed</li> <li>• Staff have not attended Equality &amp; Diversity training.</li> </ul>
<p><b>Social Class/ Socio-Economic Status</b></p>	<ul style="list-style-type: none"> <li>• Due to the hospital serving local islands discharge arrangements can be complex to arrange patient transport. This can involve patient transport going over on a ferry with patient and returning late. Discharge co-ordinators can assist the process to make sure patient goes home the next day at the latest after being advised of being able to go home.</li> </ul>	<ul style="list-style-type: none"> <li>• No Negative issues identified</li> </ul>

	<ul style="list-style-type: none"> <li>• Staff can refer patients to social work for advice regarding finance, benefits or other issues.</li> <li>• Forms are available at ward level to complete for claiming back travel expenses.</li> </ul>	
<b>Additional marginalisation</b>	<ul style="list-style-type: none"> <li>• Where possible, prisoners would be accommodated in a single room.</li> <li>• Staff can access the Community Drug team for support and advice regarding patients with drug issues. Staff also aware that the behaviour of such patients can be variable.</li> <li>• Staff were aware that there were particular times of the year that travelling communities could be staying in the Greenock area and no issues encountered for the accessing the service..</li> <li>• Staff would liaise with each other if they became aware that a patient had literacy difficulties to ensure information was explained rather than having to be read.</li> </ul>	<ul style="list-style-type: none"> <li>• Relatives from place like Rothesay have nowhere to go if detained at hospital due to patients' conditions. Last ferry is 8.30pm</li> </ul>

### Actions to address negative impacts

	<b>Date for completion</b>	<b>Who is responsible?(initials)</b>
<b>Cross Cutting Actions</b>		
<b>Specific Actions</b> <ul style="list-style-type: none"> <li>• Review patient information available in the wards and the need for translated or alternative formats like large print, audio and easy read.</li> <li>• Review and develop mechanisms to record and analyse Equality &amp; Diversity data.</li> <li>• Ensure members of staff are made aware of NHS Greater Glasgow and Clyde's Gender</li> </ul>	<p>March 10</p> <p>March 10</p>	<p>DH, SCN (ward J North) liaise with SH CG (ECMS action)</p>

<p>Based Violence Plan.</p> <ul style="list-style-type: none"> <li>• Ensure members of staff attend Equality &amp; Diversity training.</li> <li>• Access interpreting resources.</li> <li>• As signage is reviewed consider whether it is at an appropriate height for all service users.</li> <li>• Review toilet facilities considering people who use wheelchairs.</li> <li>• Review ward's doors for accessibility issues.</li> <li>• Invest in a portable loop system for ward.</li> <li>• Ensure staff are aware of NHS Greater Glasgow and Clyde's Assistance Dog Guidance</li> <li>• Ensure members of staff have access to reference material for different religions, e.g. Religions &amp; Cultures Manual and multi-faith resource.</li> <li>• Review the needs of relatives or carers from the islands e.g. overnight accommodation.</li> </ul>	March 10	DH, SCN
	Dec 09	FM
	March 10	SCN
	March 10	DH, SCN
	March 10	DH,SCN
	March 10	DH,SCN
	March 10	DH discuss with SH
	March 10	DH discuss with SH
	Feb 10	CG to send to DH
	March 10	DH

**Ongoing 6 Monthly Review****Please write your 6 monthly EQIA review date:**22<sup>nd</sup> June 2010**Lead Reviewer: Name: Con Gillespie****Sign Off: Job Title: LN Clinical Improvement & Development****Signature:**

**Date: 22/02/10**

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

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