

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 for further details or call 0141 2014817.

Name of Current Service/Service Development/Service Redesign:

DISCHARGE LOUNGE VICTORIA INFIRMARY, GLASGOW ROYAL INFIRMARY & WESTERN INFIRMARY Rehabilitation & Assessment Directorate

Please tick box to indicate if this is a : Current Service x 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 Discharge Lounge provides a staffed waiting area for patients within Victoria, GRI & WIG who are deemed medically fit to be discharged and require to wait on transport (predominantly Scottish Ambulance Patient Transport Service), discharge medication or anything else pertaining to their discharge. This promotes efficient use of beds within the wards. The majority of patients will only wait in the discharge lounges for a maximum of 2 hours.

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.)

The Discharge Lounge service was selected as a non ward area within the RAD directorate which provides a cross directorate 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)

Patricia McGinley
Discharge Team Lead
NHSGGC – South
Room 35

Management Building
 SGH
 0141 201 1313
 Margaret O'Rourke
 Discharge Team Lead
 NHSGG&C-North
 Administration Building
 Western Infirmary
 0141 211 2941

Please list the staff involved in carrying out this EOIA
 (where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):

Nursing Staff x 7, 2 x Discharge team Lead & Discharge Manager

	Lead Reviewer Questions	<i>Example of Evidence Required</i>	Service Evidence Provided (please use additional sheet where required)	Additional Requirements
1.	What equalities information is routinely collected from people using the service? Are there any barriers to collecting this data?	<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>	Age & Postcode collected as essential criteria for service. No barriers to collection.	
2.	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?	<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>	Age, address and mobility provide Scottish Ambulance Service with information to plan the journey. This data is collected in adherence to confidentiality policy	
3.	Have you applied any learning from research about the experience of equality groups with regard to removing potential barriers? This	<i>Cancer services used information from patient experience research and a cancer literature review to improve access and remove</i>	N/A	

	may be work previously carried out in the service.	<i>potential barriers from the patient pathway.</i>		
4.	Can you give details of how you have engaged with equality groups to get a better understanding of needs?	<i>Patient satisfaction surveys have been used to make changes to service provision.</i>	N/A	
5.	If your service has a specific Health Improvement role, how have you made changes to ensure services take account of experience of inequality?	<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>	Any health improvement information for the Patient will already have been provided by the Ward.	
6.	Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?	<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>	Toilet and Discharge Lounge area suitably adapted for disability.	Unable to accept patient to the service who require to be hoisted due to space constraints for using hoists and storage of hoists within the lounge. Environment not suitable for confused or agitated patients. Both of the above categories of patient are kept at ward level which is more conducive to their needs. Continue to monitor patient transport issues and ensure these are escalated to the Scottish Ambulance Service on a monthly basis...
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>	Discharge Leaflet is given to every patient and states that If there is a discharge lounge on site you will be moved to this area early in the morning of discharge.	There are no accessible formats of the Discharge leaflet.
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 promotion targeting young men and will be testing sex-specific sessions.</i>	Discharge Lounge Procedure non discriminatory . 1 to 1 conversations can be conducted away from other patients.	
(b)	Gender Reassignment	<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>	Information on individual patient needs will be identified during handover of information from ward to discharge lounge where appropriate to do so.	
(c)	Age	<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 and appointment letters highlighted potential clinical complications of non-attendance.</i>	Discharge Lounge Procedure non discriminatory	Confused patients regardless of age are kept at ward level which is more conducive to their needs.
(d)	Ethnicity	<i>An outpatient clinic reviewed its ethnicity data capture and realised</i>	Discharge Lounge Procedure non discriminatory	There are no accessible formats of the Discharge leaflet.

		<i>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>		
(e)	Sexual Orientation	<i>A community service reviewed its information forms and realised that it asked whether someone was 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>	Information on individual patient needs will be identified during handover of information from ward to discharge lounge where appropriate to do so.	
(f)	Disability	<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>	Toilet and Discharge Lounge area suitably adapted for disability. Information on individual patient needs will be identified during handover of information from ward to discharge lounge where appropriate to do so i.e. communication support.	Unable to accept patient to the service who require to be hoisted due to space constraints for using hoists and storage of hoists within the lounge. Environment not suitable for confused or agitated patients. Both of the above categories of patient are kept at ward level which is more conducive to their needs. There are no accessible formats of the Discharge leaflet. Explore whether every lounge has an induction loop available for use.
(g)	Faith	<i>An inpatient ward was briefed on NHSGGC's Spiritual Care Manual</i>	Information on individual patient needs will be identified	

		<i>and was able to provide more sensitive care for patients with regard to storage of faith-based items (Qurans etc.) and provision for bathing. A quiet room was made available for prayer.</i>	during handover of information from ward to discharge lounge where appropriate to do so. If required staff would access staffnet for the faith and belief communities manual for information.	
(h)	Socio – Economic Status	<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>	Reimbursement of travelling expenses are not required by the discharge lounge service as this will either be dealt with by the ward or not applicable due to Patient Transport service.	
(i)	Other marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers	<i>A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas.</i>	Discharge Lounge Procedure non discriminatory	
9.	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?	<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>	No	
10.	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?	<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>	Yes	
11.	What investment has been made for staff to help prevent discrimination	<i>A review of staff KSFs and PDPs showed a small take up of E-</i>		Ensure equality and diversity training is undertaken by staff when appropriate

	and unfair treatment?	<i>learning modules. Staff were given dedicated time to complete on line learning.</i>		and included in their eksf & pdps
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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.	Date for completion	Who is responsible?(initials)
Cross Cutting Actions – those that will bring general benefit e.g. use of plain English in written materials		

<p>Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ensure equality and diversity training is undertaken by staff when appropriate and included in their eksf pdps <input type="checkbox"/> Ensure patient information is available in other formats upon request. <input type="checkbox"/> Continue to monitor patient transport issues and ensure these are escalated to the Scottish Ambulance Service on a monthly basis... <p>Explore whether every lounge has an induction loop available for use</p>	<p>July 2012</p> <p>March 2012 Ongoing</p> <p>July 2012</p>	<p>PMcG/MO'R</p> <p>PMcG/MO'R PMcG/MO'R</p> <p>PMcG/MO'R</p>

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

Lead Reviewer:
EQIA Sign Off:

Name Dot Jardine
Job Title Discharge Manager GG&C

Signature 
Date January 20th 2012

Quality Assurance Sign Off:
Job Title

Name

Signature

Date

Please email a copy of the completed EQIA form to 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.

