

**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:**

Stroke Ward, 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).**

The Stroke Ward at Inverclyde Royal Hospital has 22 beds for stroke patients and 8 Medicine for the Elderly Beds. Referrals into the Stroke Ward can come from A&E, the Medical Receiving Ward or from the Stroke Liaison Sister. Patients can be from the Greenock vicinity or one of the islands or peninsulas reached by ferry from the Greenock or Gourock area. The ward is currently situated on the 1<sup>st</sup> floor of the Larkfield Unit of the hospital and there is lift access.

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

Catrina Glenn, Clinical Service Manager, Inverclyde Royal Hospital.

**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):**

Clinical Service Manager; Stroke Liaison Nurse; Auxiliary Nurse; Staff Nurse; Occupational Therapist; Physiotherapist; Quality Co-ordinator; Equality and Diversity Assistant; 2 former clients.

## Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
<p><b>Gender</b></p>	<ul style="list-style-type: none"> <li>• Gender is recorded on the admission form.</li> <li>• Where possible, staff will try to accommodate requests for same sex staff.</li> <li>• The ward can provide pyjamas and hospital gowns (the hospital gowns are more dignified than the routine gowns as they do not open at the back).</li> <li>• The ward has 4 bedded bays which are gender specific.</li> <li>• Some single rooms are available. These have engaged signs on the door.</li> <li>• All beds have bed screens</li> <li>• All windows have blinds</li> <li>• The policy is that if a door is closed, staff knock before entering.</li> <li>• Either the nurses or doctors room can be used for private discussion with patients or their families.</li> <li>• Every 4 to 6 weeks, the therapy staff hold an evening session which gives family and carers an opportunity to ask about the patient's progress.</li> </ul>	<ul style="list-style-type: none"> <li>• Although gender is recorded it is not recorded in the patient information database.</li> <li>• Staff were unaware of NHS Greater Glasgow and Clyde's Gender Based Violence Policy.</li> <li>• Staff have not accessed equality and diversity training.</li> </ul>
<p><b>Ethnicity</b></p>	<ul style="list-style-type: none"> <li>• Staff are aware of how to book an interpreter. (Depending on the patient's condition, members of the family are sometimes used to interpret as it can be more reassuring for the patient in the acute stage of stroke).</li> <li>• Staff can contact the Chest, Heart and Stroke Association for information in other languages.</li> </ul>	<ul style="list-style-type: none"> <li>• Ethnicity data is not recorded.</li> <li>• Although staff are aware of how to book an interpreter, they had not yet received the updated poster about how to book an interpreter.</li> </ul>

## Disability

- If a patient has any disabilities this is recorded in the admission form.
  - There are disabled parking spaces outside the main entrance.
  - There is a drop off point at the main entrance.
  - There is an accessible toilet for visitors on the ground floor.
  - There is a lift available.
  - There are specific tables and chairs for stroke patients.
  - Staff can contact Visibility on behalf of patients whose sight is affected by a stroke (they provide information for people with sight loss, families and staff).
  - Staff use visual aids to help explain the patient's condition and treatment. (For example, drawing diagrams and using a model of the brain).
  - The patient information booklet contains diagrams to assist the patient's understanding.
  - For patients with Learning disabilities the staff can contact the Learning Disability Team for advice. Staff would also work closely with the family or their carers. Staff would also work with the family or carers to ascertain whether the current behaviour is related to the stroke or their learning disability.
  - Staff are aware of advocate workers.
  - Texture modified diets are available for patients with swallowing problems.
  - Modified cutlery and crockery are available for patients. (e.g. clip on plate rims)
  - Before patients are discharged, home visits are arranged to identify what mobility aids they may require.
- Disability data is not recorded in the patient information database.
  - The ward does not have portable loop system or induction loops for patients who are hard of hearing or deaf.
  - Staff were unsure if the ward's televisions have subtitles.
  - There were some issues regarding the lack of choice of radio stations available in the ward e.g. Radio 4. (If a patient has a stroke their senses and concentration levels can be affected).
  - There were some concerns about the lack of dedicated space for patient rehabilitation. Sometimes, the stairwells and corridors were used, but some patients may feel self conscious about this. However, some patients may feel that this helps them adjust to their condition.
  - There can be issues with other local authority Social Work Departments when organising mobility aids for the patient's discharge. (i.e. other councils have different ways of working).

	<ul style="list-style-type: none"> <li>The hospital has some mobility aids, but for other aids they have to contact the Social Work Department.</li> </ul>	
<b>Sexual Orientation</b>	<ul style="list-style-type: none"> <li>Staff were aware of the Civil Partnership Act.</li> <li>Staff were aware of the importance of using appropriate terminology.</li> </ul>	<ul style="list-style-type: none"> <li>No negative impact identified.</li> </ul>
<b>Religion and belief</b>	<ul style="list-style-type: none"> <li>This is recorded on the admission form.</li> <li>Staff have a general awareness of the different religions and cultures.</li> <li>Halal, Kosher and vegan meals can be provided if required.</li> <li>Staff can contact religious leaders upon request.</li> <li>If prayer facilities were required then this can be accommodated within the ward</li> <li>If a patient had any concerns about what medication contained, staff would contact the Pharmacy Department for advice.</li> </ul>	<ul style="list-style-type: none"> <li>No negative impact identified.</li> </ul>
<b>Age (Children/Young People/Older People)</b>	<ul style="list-style-type: none"> <li>Age is recorded in the admission form.</li> <li>The ward can have a variety of age groups.</li> <li>When there are a number of younger patients in the ward, staff try to group them together at meal times in the dining room. Meal times in the dining room are viewed as a vital part of social interaction and rehabilitation.</li> </ul>	<ul style="list-style-type: none"> <li>No negative impact identified.</li> </ul>
<b>Social Class/Socio-Economic Status</b>	<ul style="list-style-type: none"> <li>Staff were aware of the links between deprivation and ill health.</li> <li>Staff can signpost patients to the Benefits</li> </ul>	<ul style="list-style-type: none"> <li>No negative impact identified.</li> </ul>

	<p>Advisor at the local Social Work Departments.</p> <ul style="list-style-type: none"> <li>• The ward can provide patients with toiletries if they don't have any on admission to the ward.</li> <li>• The ward can provide pyjamas and hospital gowns on admission to the ward.</li> </ul>	
<b>Additional marginalisation</b>	<ul style="list-style-type: none"> <li>• If patients have any addictions e.g. alcohol or drugs, the staff can contact other agencies for advice.</li> <li>• When staff are conducting home visits, they take cognisance of NHS Greater Glasgow and Clyde's Lone Worker Policy e.g. Stroke Liaison Nurse, Occupational Therapist.</li> </ul>	<ul style="list-style-type: none"> <li>• There can be issues with other local authority Social Work Departments when organising mobility aids for the patient's discharge. (i.e. other councils have different ways of working).</li> </ul>

<b>Actions</b>	<b>Date for completion</b>	<b>Who is responsible?(initials)</b>
<b>Cross Cutting Actions</b>		
<p><b>Specific Actions</b></p> <ul style="list-style-type: none"> <li>• Investigate the potential for improving the recording and analysing -of equality and diversity data in electronic patient information systems.</li> <li>• Circulate copies of NHS Greater Glasgow and Clyde's Gender Based Violence Policy.</li> <li>• Circulate information regarding equality and diversity courses to staff.</li> <li>• Obtain copies of the interpreting resources i.e. posters and language cards.</li> <li>• Consider purchasing portable induction loops for the ward.</li> <li>• Check if the ward's televisions have subtitles and consider this when purchasing new</li> </ul>	<p>Ongoing</p> <p>November 09</p> <p>November 09</p> <p>November 09</p> <p>March 10</p>	<p>JMcN/Wider organisation CG</p> <p>MR</p> <p>JA</p> <p>MR</p>

<ul style="list-style-type: none"> <li>• or replacement televisions.</li> <li>• Contact the Hospital Radio Station and the Facilities Department regarding the lack of radio stations.</li> <li>• Review the availability of areas for rehabilitation.</li> <li>• As opportunities arise, review processes and discuss with other local authorities ways of improving equipment provision for the patient's discharge.</li> </ul>	March 10	WmcE
	March 10	MR
	March 10	AW/RF/CG
	Ongoing	AW/RF/CG

**Ongoing 6 Monthly Review      Please write your 6 monthly EQIA review date: April 2010**

<b>Lead Reviewer:</b>	<b>Name:</b>	<b>Catriona Glenn</b>
<b>Sign Off:</b>	<b>Job Title</b>	<b>Clinical Service Manager</b>
	<b>Signature</b>	
	<b>Date:</b>	<b>27<sup>th</sup> October, 2009</b>

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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