

**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:

Obesity Pathway Operating Theatres, Glasgow Royal Infirmary, Surgery & Anaesthetics Directorate, NHS Greater Glasgow and Clyde

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).

According to the Scottish Health Survey Report 2010 it is estimated that 26.8% of men aged between 16-64 and 25.4% of women in 2009 were classed as obese: Patients are classed as obese when they have a Body Mass Index (BMI) of 30 and over where co-morbidity is present (for example – heart disease or diabetes) or a BMI greater than 35 with no co-morbidity.

The Obesity Pathway evolved from a working group whose aim was to ensure everything for obese patients would be in place for their arrival at theatre. This seamless process commences from the arrival of the theatre list 7 days in advance of the patients surgery. The pathway has been developed to meet the particular needs of obese patients throughout their theatre journey. Patients aged 12 to 93 years have used the service. The pathway includes protocols regarding all relevant equipment being available and details items in specific theatres.

This service is based at Glasgow Royal Infirmary

Who is the lead reviewer and where based?

Janet Cheaitou, Theatre Manager, 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):**

Staff Nurse; Anaesthetic Sister Education Practice Development; Theatre sister, Recovery Sister; Specialist Sedation Practitioner; Theatre Manager; Quality Co-Ordinator; Equality and Diversity Advisor.

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
All	<ul style="list-style-type: none"> • Equality data in relation to Age, Gender, Disability, Religion and Ethnicity can be extracted from the nursing notes. • The patient's privacy and dignity is maintained at all times in all areas of theatre Staff reassure patients about this, e.g. those from different cultures. • Most staff have participated in Equality and Diversity online training. • Staff ensure patients are transferred to appropriate equipment such as electronically operated beds prior to surgery to prevent unnecessary transfer later in the patients' pathway. • Staff have worked closely with Bariatric Equipment Manufacturers to develop guidelines and information for all staff in relation to operating beds, theatre tables and other specialised equipment. • Ward Staff have access to bariatric weighing equipment for patients up to 50 stones. This means they can provide theatres with relevant information to assist in the planning of anaesthesia before the patient arrives at the theatre. • Prior to surgery patients are informed of the type of questions they will be asked after surgery. For example questions in relation to pain management. This is of paramount importance and especially if the patient's first language is not English. • Staff ensure all patients have given consent 	<ul style="list-style-type: none"> • Different sized gowns are difficult to source. Only small numbers of extra large gowns are available. • Electronically operated beds are difficult to source.

	<p>for surgery.</p> <ul style="list-style-type: none"> • There are internal audit mechanisms to check that the Obesity pathway is used. This is regularly reviewed to reflect any changes required. 	
Gender	<ul style="list-style-type: none"> • Staff can accommodate requests for same gender health professionals. • Staff are aware of the importance of using the appropriate gender pronoun when addressing transgender patients. 	<ul style="list-style-type: none"> • No negative impact identified.
Ethnicity	<ul style="list-style-type: none"> • Staff are aware of how to access interpreters. NHS Greater Glasgow and Clyde's interpreting policy has been circulated to members of staff. The service has copies of the interpreting booking system poster. • When an interpreter is used it is documented in the patient's case notes. • All staff are culturally sensitive to the needs of their diverse population. • Staff discuss the need to remove clothing for access for surgery. For example the Burka (full body cover) or Nigaab (face veil) and Hijab(head scarf) • Staff reassure patients that their dignity will be maintained at all times. • Staff discuss where the patient would prefer to have intravenous drips placed in relation to cultural needs. 	<ul style="list-style-type: none"> • There have been difficulties in obtaining an interpreter at short notice when the ward have not ordered one. • Patient information is not available in other languages. • An example was given where removal of clothing had not been appropriately discussed at ward level to prepare the patient for theatre.
Disability	<ul style="list-style-type: none"> • Staff use the Learning Disability Pathway for patients who have particular learning disability needs. • There are internal audit mechanisms to check that the Learning Disability Pathway is used. 	<ul style="list-style-type: none"> • Staff have not attended any sensory impairment training.

	<p>This is regularly reviewed to reflect any changes required.</p> <ul style="list-style-type: none"> • Staff are happy for carers to be involved in the patients care (if the patient has given consent) • Staff work closely with carers. • For people with learning disabilities, staff explain treatment and procedures in an appropriate manner. • Patient information is available in different formats, for example larger print. • The service has copies of the interpreting booking system for interpreters' poster which includes information about how to book sign language interpreters and other forms of communication support. • Hearing aids are only removed after the patient is asleep and returned to the patient after surgery. Staff make sure patients have access to their hearing aids to promote good communication at the recovery stage. 	
<p>Sexual Orientation</p>	<ul style="list-style-type: none"> • Staff are aware of the Civil Partnership Act. • Staff are aware of the importance of using appropriate terminology. 	<ul style="list-style-type: none"> • No negative impact identified.
<p>Religion and belief</p>	<ul style="list-style-type: none"> • Staff are aware of how to contact Chaplaincy services. • Staff can contact religious leaders if requested to do so by the patient. For example to offer the patient the Sacrament of the Sick. • The clinic has access to a Religions and Cultures Manual. They are also aware of the new Faith and Beliefs Communities Manual which will be circulated to all staff on arrival. • Staff discuss any queries regarding culturally sensitive medication in relation to Anaesthetic 	<ul style="list-style-type: none"> • No negative impact identified.

	<p>drugs.</p> <ul style="list-style-type: none"> • Staff are aware of the patients particular needs in relation to Religion and Halal Kosher, vegan and vegetarian products i.e. some anaesthetic drugs may not be appropriate for some religious groups • Staff are aware of the different needs in association with the protocol for Death of patients from different religious backgrounds. • There is a Last Offices Box available which has information for staff in relation to caring for people of different religions after death. • Staff are aware of the importance of religious artefacts and will discuss with the patient if these require to be removed for surgery and how to store these appropriately. 	
Age (Children/Young People/Older People)	<ul style="list-style-type: none"> • The service is for people aged 16 and over. However, people from the age of 12 to 93 have used the service. The younger age group will be in emergency situations where time for transfer to another hospital will not be possible. • Staff tailor the care to meet the patient's particular needs. • Staff are aware of the particular issues in relation to age and consent. • Parents and carers can accompany the patient to offer support if required. 	<ul style="list-style-type: none"> • No negative impact identified.
Social Class/Socio-Economic Status	<ul style="list-style-type: none"> • Staff would be able to direct patients to the cashier's office if required. 	<ul style="list-style-type: none"> • No negative impact identified.

<p>Additional marginalisation</p>	<ul style="list-style-type: none"> • Staff are able to accommodate people from marginalised groups. <ul style="list-style-type: none"> ○ Staff meet the needs of patients who have addictions on an individual basis in line with their individualised care plans. This is to ensure there are no adverse affects regarding the anaesthetic or pain control after surgery. ○ Prisoners have also been accommodated in the service. 	<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"> • Investigate the possibility of accessing more electronic beds. 	Dec 11	Janet Cheaitou
<p>Specific Actions</p> <ul style="list-style-type: none"> • Ensure interpreters are available throughout the patients' surgical journey. • When developing patient information ensure it is also available in different languages. 	August 2011	Janet Cheaitou (Lead

<ul style="list-style-type: none"> • Encourage staff to attend disability awareness training. • Explore the possibility of obtaining hospital gowns in different sizes. • Work in partnership with ward staff to develop a protocol to ensure cultural issues in relation to appropriate culturally sensitive theatre wear and language support for patients who have particular religious cultural and language needs is in place. 		Nurse)
--	--	--------

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

--

Lead Reviewer: Name: Janet Cheaitou
Sign Off: Job Title: Lead Nurse , GRI Theatres
Signature:
Date: 31st January 2011

Please email copy of the completed EQIA form to Jacqueline.Russell@ggc.scot.nhs.uk

Jacqueline Russell, Corporate Team Administrator, Corporate Inequalities Team, NHS Greater Glasgow and Clyde, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ. Tel: 0141-201-4970.