

**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:

Orthopaedic Oncology, Glasgow Royal Infirmary, Surgery and Anaesthetics Directorate

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).

Orthopaedic Oncology is a West of Scotland service. Approximately 90% of referrals are tertiary (i.e. another consultant).

Previously the orthopaedic oncology out-patients service was based at the Western Infirmary, with in-patient services based at Glasgow Royal Infirmary. However, in January 2010, out-patients were transferred to Glasgow Royal Infirmary. In-patient services will be moving from the Jubilee Building to the Queen Elizabeth Building within Glasgow Royal Infirmary next year.

The service is staffed by Consultants; Orthopaedic Oncology Clinical Nurse Specialist; Sarcoma Clinical Nurse Specialists; Occupational therapists; Physiotherapists Nursing Staff and administrative staff.

The Orthopaedic Oncology patients have regular follow up appointments for several years as they are still at risk of recurrence of their tumour.

Who is the lead reviewer and where based?

Helen Findlay, Clinical Nurse Specialist, Orthopaedic Oncology, 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):**

Sarcoma Clinical Nurse Specialist; Consultant Orthopaedic Oncologist; MCN National Manager; Lead Nurse Orthopaedic; Occupational Therapist; Clinical Nurse Specialist - Orthopaedic Oncology; Sister; Operation Service Support; Quality Co-ordinator; Equality and Diversity Assistant.

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
All	<ul style="list-style-type: none"> • At present, the ward has single rooms and 4 bedded bays with ensuite facilities that have no accessibility issues. • Do not disturb signs are available. • Occupational Therapy have access to a pool car for arranging home visits with patients to identify any modifications required in the home. • Patient questionnaires have been distributed. The main issues identified were cost of parking and quality of food 	<ul style="list-style-type: none"> • As there is no air conditioning in the Out-Patient Department, the department can get very hot (this had led to people passing out). • Staff have not attended equality and diversity training (there are issues releasing staff and backfilling). • When the in-patient services transfer to the Queen Elizabeth Building, the ward will have 6 bedded bays and less single rooms. • There can be issues with patient transport. Such as transport being cancelled at the last minute; the length of time the patient may have to spend in the ambulance; how long they have to wait to be picked up; and the tightening of escort protocols by the Scottish Ambulance Service.
Gender	<ul style="list-style-type: none"> • Gender data is recorded in the patient information database. • Staff will try to accommodate requests for same sex health professionals. Chaperoning is also available. • For transgender patients, staff would discuss any issues on an individual basis to ensure any needs are met. 	<ul style="list-style-type: none"> • Staff were unaware of NHS Greater Glasgow and Clyde's Transgender Policy.
Ethnicity	<ul style="list-style-type: none"> • Staff are aware of how to book interpreters. When an interpreter is used, this is documented 	<ul style="list-style-type: none"> • Ethnicity data is not recorded. • Patient information is not available in

	<p>in the case notes.</p> <ul style="list-style-type: none"> • Where possible, staff will try to book the same interpreter for continuity of care. 	<p>other languages.</p> <ul style="list-style-type: none"> • Staff were unaware that the service can claim back some of the cost of using an external interpreting agency. This was apparent when discussing the interpreting process and situations when alternative interpreting suppliers were required. • Staff gave example's of situations where there perception about the competency of some of the interpreters gave cause for concern.
<p>Disability</p>	<ul style="list-style-type: none"> • There are disabled parking spaces in the quadrangle outside the entrance to the building. • There is a drop off point at the Centre Block of the hospital. • The Centre Block entrance has a ramp. • Wheelchairs are available from the porters help desk at the Centre Block entrance. • Staff are aware of how to book sign language interpreters. If an interpreter is used this is documented in the case notes. • The Orthopaedic Department has its own dedicated x-ray department located nearby. This means patients don't have far to travel. (The x-ray department has 2 rooms which are suitable for people with mobility issues). • Accessible toilets are available in the out-patient department and in the ward. • There are a variety of chairs available in the waiting area. • Staff are aware of the Text Relay Service for patients who are hard of hearing or deaf. • A fax machine is available as an alternative way for patients to communicate. • Patient transport can be arranged if the patient 	<ul style="list-style-type: none"> • Disability data is not routinely collected. • Staff felt that there were too few disabled parking spaces available. • The out-patient area does not have automatic doors at its entrance. • When in-patient services transfer to the Queen Elizabeth Building – the ward does not have an accessible toilet or accessible shower facilities. • The department does not have access to a portable loop system. • The waiting area is not suitable for wheelchair users. The staff have tried to arrange the chairs to allow easier access but are limited by the layout of the building. • Patient information is not available in other formats. • Staff were unaware that there was a Learning Disability Nurse who can provide support and advice.

	<p>meets the Scottish Ambulance Service's criteria.</p> <ul style="list-style-type: none"> • The service has links to the Murray Foundation for counselling and other support services. • For patients with learning disabilities, staff would ascertain their level of understanding and explain the condition and treatment in an appropriate manner. • Staff can accommodate carers and family members. • There are some visual aids available to help aid understanding. 	
Sexual Orientation	<ul style="list-style-type: none"> • Staff are aware of the importance of using the appropriate terminology. 	<ul style="list-style-type: none"> • No negative impact identified.
Religion and belief	<ul style="list-style-type: none"> • If a patient wishes to pray, staff can signpost them to the Chaplaincy Department. • Staff have an awareness of religious festivals. • Halal and Kosher meals can be provided upon request for inpatients. • If a patient has any concerns about medication, there is a dedicated pharmacist who can answer their question. 	<ul style="list-style-type: none"> • No negative impact identified.
Age (Children/Young People/Older People)	<ul style="list-style-type: none"> • Age is recorded in the patient information database. • The service is for patients aged 16 and over. • Specific information for teenagers is available. • When a patient is transferring from a paediatric setting to adult services, the process is carefully explained to the patient. (Patients would not be transferred until their treatment has been completed). 	<ul style="list-style-type: none"> • No negative impact identified.
	<ul style="list-style-type: none"> • Staff can signpost patients to the MacMillan 	<ul style="list-style-type: none"> • There can be issues liaising with local

Social Class/Socio-Economic Status	<p>Benefits Service for financial advice.</p> <ul style="list-style-type: none"> • Staff can signpost patients to the cashier's office to reclaim their travelling expenses. • Staff have good working relationships with the Social Work Department within the city and work with them to ensure home adaptations are achieved to allow the patient get back to their own home. 	<p>authorities and Departments of Work and Pensions for people who live outwith the Glasgow area in that it is more difficult to get home adaptations carried out. This impacts on the patients moral at a very sensitive and traumatic time in their life.</p>
Additional marginalisation	<ul style="list-style-type: none"> • Staff are aware that some patients may have literacy issues. (They are also aware that patient's may have a number of coping mechanisms e.g. I forgot my glasses). Staff are willing to help patients complete the form and provide verbal information. • For patients in the criminal justice system there are protocols in place. • No issues were identified with patients from travelling communities. • For patients with addictions, staff can liaise with Addiction Services. There is also a protocol in place for in-patients who require support. 	<ul style="list-style-type: none"> • There can be issues with ordering occupational therapy equipment as the service has to link in with different social work departments. This can lead to a variation of access across the West of Scotland. However, in these cases the staff will contact the Hospital Discharge Co-ordinators.

Actions

	Date for completion	Who is responsible?(initials)
Cross Cutting Actions <ul style="list-style-type: none"> • Investigate the possibility of recording equality and diversity data. 	<p>March 2011</p>	<p>MW</p>

Specific Actions		
<ul style="list-style-type: none"> • Contact the Estates Department about the temperature in the out-patient department. (This has already been raised with Health and Safety). 	March 2011	MN
<ul style="list-style-type: none"> • Develop a programme to ensure all staff attend Equality and Diversity training. 	March 2011	LD /LM
<ul style="list-style-type: none"> • Circulate copies of NHS Greater Glasgow and Clyde's Transgender Policy to staff for information. 	March 2011	HF
<ul style="list-style-type: none"> • The issues about patient transport should be raised with the Scottish Ambulance Service. 	March 2011	LD / LM
<ul style="list-style-type: none"> • If staff have any concerns about the competency of some interpreters, this should be raised with the appropriate interpreting agency. 	March 2011	MN / MW
<ul style="list-style-type: none"> • Contact the Facilities Department about the number of disabled car parking spaces. 	March 2011	HF
<ul style="list-style-type: none"> • Ensure that when in-patient services are transferred to the Queen Elizabeth Building, there is accessible toilets and showers to comply with the Disability Discrimination Act. 	March 2011	JT
<ul style="list-style-type: none"> • Investigate the possibility of purchasing a portable loop system for patients who are hard of hearing or deaf. 	March 2011	MW
<ul style="list-style-type: none"> • Review the waiting area and outpatient areas regarding accommodating wheelchair patients 	March 2011	MN
<ul style="list-style-type: none"> • Ensure that information is available in other languages and formats upon request. 	March 2011	DC
<ul style="list-style-type: none"> • Circulate the contact details for the Learning Disability Nurse to staff for information. 	March 2011	HF
<ul style="list-style-type: none"> • Staff will liaise with McMillan Benefits regarding the issues with the Department of Work and Pensions. 	March 2011	DC
<ul style="list-style-type: none"> • Work with other local authorities to highlight the difficulties encountered to access equipment via different social work departments. 	March 2011	FB

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

April 2011

Lead Reviewer: **Name:** Helen Findlay
Sign Off: **Job Title:** Orthopaedic Oncology Nurse Specialist
 Signature
 Date: 13/10/2010

Please email copy of the completed EQIA form to jacqueline.russell@ggc.scot.nhs.uk (Team Administrator)

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.