

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:

TCT (Teenage Cancer Trust) – Ward 7A – Yorkhill 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 7A is a general medical ward with certain specialities and also accommodates the overflow of oncology patients from the Schiehallion Ward (the main oncology ward). This new redesigned facility, called TCT, is funded by the Teenage Cancer Trust. The redesign is focused on converting the two bays of Ward 7 normally used for 12 beds into a 6-bed area dedicated to, and equipped for, teenage patients between the ages of 12 to 18. There is another TCT facility at the Beatson Oncology Centre with a link consultant between the two units. Patients are young people from general oncology referrals from different regional areas. The core objective of the redesign is an improved facility specifically for teenage patients although some may still be accommodated in the Schiehallion Ward. The new 6-bed redesign will have area for social space and recreational activities. The refurbished unit will open late 2009.

Who is the lead reviewer and where based?

Lynne Robertson, Clinical Services Manager

**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):**

Patient; Senior Staff Nurse (3), Senior Charge Nurse; Senior Nurse-Patient Services; Ward Manager; Ward Nurse –Medical Paediatrics; Clinical Service Manager; Outreach Nurse-Paediatrics Oncology; Quality Co-ordinator; Inequalities Facilitator; and Clinical Nurse Manager from Aberdeen (shadowing Lead Nurses).

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
<p>Gender</p>	<ul style="list-style-type: none"> • Gender data is recorded. • The facility contains 3 beds for female patients and 3 beds for male patients. Each bed area offers privacy by bedscreens. Additional privacy will be provided by a glass partition with artwork. This glass partition is a double glazed unit with venetian blinds between the glass. • Patients’ requests for same sex health professional will be met. • Transgender and gender identity issues are acknowledged and respected. • 	<ul style="list-style-type: none"> • Gender data is not analysed
<p>Ethnicity</p>	<ul style="list-style-type: none"> • Ethnicity data is recorded. • Members of staff are aware, and use interpreters if required. • There is general awareness of cultural issues, different customs and traditions among staff (provided at induction). 	<ul style="list-style-type: none"> • Ethnicity Data not analysed for service planning & delivery. • Although there is new general information specific to the service developed by TCT. There is no service-specific information in other languages besides English. • Not all staff have attended Equality and Diversity training. • Circulating the new Interpreting Policy and Procedures when available.
<p>Disability</p>	<ul style="list-style-type: none"> • The new facility will offer a Wet Room which is more accessible than previous facilities. There will also be toilets and bathing facilities adapted for people with disabilities such as those using wheelchairs. These will include railings for support. • There will be a good mix of seats, sofas and chairs with and without armrest and head support. 	<ul style="list-style-type: none"> • Disability data is not analysed fro service planning • There is no signage to the facility in the lift area. • There are no internal signs directing to the bathrooms or toilets.

	<ul style="list-style-type: none"> • In-bed Internet-based communication facilities are being developed for patients (such as social networks, Mobile-phone texts and possibly MSN). • Signage within the facility is of good contrast for those with visual impairments. • Staff members are aware of how to get British Sign Language or communication support. • The ward has a special Multi- Sensory Room for patients. • Members of staff are able to signpost patients and their carers to other relevant support services if required. • Staff members will provide an orientation tour to the facility for new patients. This is custom and practice in the wards. • New admission documentation is being developed for admission for admitting patients with learning difficulties. Careful explanations are provided for those with learning difficulties on admission and throughout their stay. • Members of staff liaise with Family Support Centre and social workers. • Guide Dogs are welcome in the facility. • There is a Psychologist attached to the ward if support is required. 	<ul style="list-style-type: none"> • No system of Induction Loops available.
Sexual Orientation	<ul style="list-style-type: none"> • Staff have a general awareness of sexual orientation issues. They respect the patient's individual needs. • Members of staff are able to challenge homophobic attitudes. 	<ul style="list-style-type: none"> • No known negative impacts
Religion and belief	<ul style="list-style-type: none"> • Patients have access to the Hospital Chapel. • Members of staff are aware of how to contact Religious leaders if required. • General awareness of faith groups. • Staff members are able to explain contents of medicines to patients if required e.g. if they 	<ul style="list-style-type: none"> • An updated Culture & Religion Guide is not yet available.

	<ul style="list-style-type: none"> contain gelatine or animal fat. The Catering Department in the facility offers a varied menu that includes halal, kosher and Vegetarian food upon request 	
Age (Children/Young People/Older People)	<ul style="list-style-type: none"> The facility is specifically redesigned for young (teenage) patients. Several focus groups from teenage patients were involved in the redesign plan. There are service-specific materials specially written for young patients through the TCT website. Members of staff use and encourage the patients to use the web-based <i>CLIC Sergeant</i> (a charity provides a range of information and support services for young people with cancer and their families). Space for study will be available to ensure the patients can continue their education. Each bedside will have its own laptop to ensure links can be made with education to ensure schooling continues while in hospital The hospital school can access secondary school teachers to support patients' education. The role of an Activity Co-coordinator is being considered. Nurses support patients with recreational activities where possible. The service ultimate objective is to build a dedicated specialist team to work with young (teenage) patients. Pull down beds are available in the ward as temporary accommodation for parents. 	<ul style="list-style-type: none"> Patients who are carers will require to be identified on admission documentation to ensure their needs are met.
Social Class/ Socio-Economic Status	<ul style="list-style-type: none"> The service works closely with each patient's social worker and the Family Support Centre. Staff signpost people wishing to claim travelling 	No known negative impacts

	<p>expenses to the Hospital's Cashier office.</p> <ul style="list-style-type: none"> • In emergency situations the Service can provide vouchers for parents or carers to use in the dining room. This includes families on low incomes or benefits. 	
Additional marginalisation	<ul style="list-style-type: none"> • Staff know how to access the Asylum Seeker Nurse in NHS GG&C if required. • Escorted young offenders are offered privacy if using the service. • Staff discuss with parents who have a drug addiction possible ways of continuing their therapy whilst their child is in hospital. 	No known negative impacts
ALL category	<ul style="list-style-type: none"> • There is a specific area for social activities including facilities for making sandwiches. • In the planning staff recognise the therapeutic effects of light on patients' health setting. The facility will have a special lighting system offering different colours, grades and shades for relaxation or as stimuli (especially for people who might spend long period in bed dictated by treatment). • The service will adopt the Philosophy of Care for Young People which has been reviewed and updated by TCT. • Staff welcome patient, parents or carers comments or complaints on the service. • A postcard system operates to encourage feedback with the "drop in" box situated outside the ward. • Staff liaise with the Family Support Centre on site for parents who require some support. 	No known negative impacts apart from those recorded in some categories above.

Impact Assessment Tool Action Plan

Objective	Action	Person Responsible	Timeline	Comments
Cross Cutting Actions	<ul style="list-style-type: none"> Improve the signage from the Hospital's entrance to the TCT ward and specifically the signage beside lifts 	Frank McGuire	TBA	Funding permitting Ward is known as Ward 7A and sign for that at main entrance the TCT is contained in and a part of Ward 7A
Specific actions	1. Circulate the new NHS GG&C cultural and religion guide when available	Lynne Robertson	TBA	When available
	2. Circulate new interpretation booking posters	Lynne Robertson	TBA	When available
	3. Investigate the possibility of collating and analysing equality / diversity data for service planning and delivery. Date for completion to be agreed	TBA	TBA	Needs to be corporate decision will take through Equality and Diversity Steering Group
	4. Review the availability of service specific information in other community languages	TBA	TBA	Needs to be corporate decision will take through Equality and Diversity Steering Group
	5. Review the signage in patient bathrooms and toilets	Lesley Wilson	End of November 2009	
	6. Encourage staff to attend equality and diversity training	Lesley Wilson	Ongoing	This will be added into staff core training and development objectives and will be ongoing as new starts enter TCT
	7. Consider purchasing induction loops for the use within the facility	Lynne Robertson	TBA Dependant on funding	Require to seek funding resource to achieve this
	8. Explore how to record if a patient has carer responsibilities.	Kay Maley/Lesley Wilson	TBA	Staff can be prompted now to ask question on admission. Will ask Kay Maley when next reviewing patient assessment documentation to include as a question in documentation

Ongoing 6 monthly Review - May 2010

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Lead Reviewer: Lynne Robertson
Sign Off: Clinical Services Manager
Signature: Lynne Robertson
Date: 23.10.09

Please email copy of the completed EQIA form to john.crawford@ggc.scot.nhs.uk

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