

**NHS Greater Glasgow and Clyde  
Equality Impact Assessment Tool for Frontline Services**



**It is essential to follow the EQIA Guidance in completing this form**

**Name of Current Service/Service Development/Service Redesign**

Renal Ward, Ward 36, Glasgow Royal Infirmary (GRI), Regional Services 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).**

The Renal Ward provides emergency care and planned care for renal patients. This can be for dialysis, investigation or care for surgery and biopsy. The ward has 14 beds that are utilised to full capacity. Referrals can come from throughout Central Scotland or Glasgow.

The patient age range is mainly adults.

The ward will move to the Western Infirmary late summer 2010 to Ward 33.

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

Anne Marie Burns, Senior Charge Nurse

**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):**

Deputy Charge Nurse, Consultant, Staff Nurse, Auxiliary Nurse, Senior Physiotherapist, Senior Charge Nurse, Equalities Programme Lead, Quality Co-ordinator

## Impact Assessment –Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
<b>All</b>	<ul style="list-style-type: none"> <li>All patients are individually assessed and a care plan developed. This will include any specific needs, e.g. communication and religion.</li> <li>Over time it is known that kidney problems are more common in men and the split is traditional expected as 60% male to 40% female.</li> </ul>	<ul style="list-style-type: none"> <li>Data may be captured for some of the strands of equality and diversity e.g. gender, age. However, other strands may not have been captured as service is relying on this being captured by other staff.</li> <li>Not all staff have attended Equality and Diversity training but a phased approach will ensure that all staff eventually receive this training.</li> </ul>
<b>Gender</b>	<ul style="list-style-type: none"> <li>If same sex staff member is requested the staff will accommodate this where staff rotas allow or provide chaperoning</li> <li>Staff have not worked with a transgender patient to date but were aware of the need to check with the patient their needs and where best to locate them within the ward. They were equally aware that medical need takes precedence over any equality and diversity strands, e.g. single room may be used for transgender patient but if another patient's clinical need is greater the room would be allocated to them.</li> </ul>	<ul style="list-style-type: none"> <li>The layout of the current ward setting is difficult to maintain single sex areas due to the inherited layout of the ward and the space restriction</li> </ul>
<b>Ethnicity</b>	<ul style="list-style-type: none"> <li>Staff have received interpreting resources for booking interpreters. When interpreters are booked this is recorded in the patient's case notes.</li> </ul>	<ul style="list-style-type: none"> <li>There is no translated patient information available. However staff would utilise an interpreter to go through any written information</li> </ul>
<b>Disability</b>	<ul style="list-style-type: none"> <li>There are disabled car parking spaces in the quadrangle area of the old Glasgow Royal Infirmary site.</li> <li>There is also a drop off point close to the entrance to the building.</li> <li>Large print patient information is available on</li> </ul>	<ul style="list-style-type: none"> <li>Chairs in waiting area at entrance to ward are all of a standard size and style and therefore may not be suitable for people with mobility issues.</li> <li>There is no induction loop available.</li> <li>Staff were unaware of how to use the BT Text Direct service.</li> </ul>

	<p>request.</p> <ul style="list-style-type: none"> <li>• The interpreting protocol and resources had been received and was available to staff.</li> <li>• Communication support would be recorded in the case notes.</li> <li>• Some staff members have attended basic BSL courses.</li> <li>• Signage has good contrast of suitable font to background.</li> <li>• There is lift access to the ward</li> <li>• Visitors can access an accessible toilet on the ground floor of the building and the ward has a large toilet that allows wheelchair access</li> </ul>	<ul style="list-style-type: none"> <li>• There is limited colour contrast in the way finding at the entrance to the ward, similar colour of walls, floors and chairs etc.</li> </ul>
<b>Sexual Orientation</b>	<ul style="list-style-type: none"> <li>• Staff are aware of the Civil Partnership Act, Staff use 'partner' rather than husband when conversing with patient.</li> <li>• Staff have experience of having to challenge homophobic behaviours by other patients</li> </ul>	<ul style="list-style-type: none"> <li>• No negative issues identified</li> </ul>
<b>Religion and Belief</b>	<ul style="list-style-type: none"> <li>• Staff are aware that dietary needs are important for some religious groups and will request the appropriate Halal, Kosher or vegetarian meal.</li> <li>• Staff have access to a Religions &amp; Cultures Manual for additional information.</li> <li>• Some patients like medical staff to advise on care and diet e.g. what is important during Ramadan – this helps them to make their choices regarding fasting.</li> <li>• Staff are aware that it is best to ask patients what their religious needs are.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff didn't feel catering always recognised Christian holy days and that appropriate choices were available on the menu, e.g. fish.</li> <li>• Chaplaincy staff not always available and able to meet the needs of patients using service.</li> </ul>
<b>Age (Children/Young People/Older People)</b>	<ul style="list-style-type: none"> <li>• If side rooms are available then young people will be accommodated there rather than in main ward.</li> <li>• If a patient is admitted with dementia then staff minimise risks as much as possible by involving</li> </ul>	<ul style="list-style-type: none"> <li>• No negative issues identified.</li> </ul>

	carers, falls team, physiotherapists etc.	
<b>Social Class/ Socio-Economic Status</b>	<ul style="list-style-type: none"> <li>• Patients can be from a variety of different locations and have varying levels of understanding. Staff are aware that communication must be appropriate for each individual to ensure understanding of complex terms.</li> <li>• Staff refer patients to social work where appropriate</li> </ul>	<ul style="list-style-type: none"> <li>• No negative issues identified.</li> </ul>
<b>Additional Marginalisation</b>	<ul style="list-style-type: none"> <li>• If a prisoner is admitted they will be accompanied by guards. If a side room is available then the prisoner will be accommodated there. Some other patients can be alarmed but staff will reassure them</li> <li>• Staff have experience of dealing with patients who have addictions. If required can seek help from other appropriate colleagues. Usually there is minimal impact on the clinical care.</li> <li>• There has been no issues with Travelling communities accessing the service.</li> </ul>	<ul style="list-style-type: none"> <li>• No negative issues identified.</li> </ul>

## Actions

	<b>Date for Completion</b>	<b>Who is responsible?(initials)</b>
<b>Cross Cutting Actions</b>		
<ul style="list-style-type: none"> <li>• Review the capture and recording of Equality and Diversity data of patients to ensure analysis is available for planning services</li> </ul>	10.10	R Hilland
<ul style="list-style-type: none"> <li>• Ensure phased approach of staff attending Equality &amp; Diversity Training continues until all staff have attended</li> </ul>	08.10	A.M. Burns
<b>Specific Actions</b>		
<ul style="list-style-type: none"> <li>• Ensure single sex accommodation is available when service transfers to Western Infirmary</li> </ul>	01.11	AM . Burns
<ul style="list-style-type: none"> <li>• Review patient information for being available in other formats.</li> </ul>	10.10	V. Henderson
<ul style="list-style-type: none"> <li>• Review way finding for new location to ensure colour contrast between floor, wall and seating is appropriate for the visually impaired in the new location</li> </ul>	06.10	A.M. Burns

<ul style="list-style-type: none"> <li>• Obtain an induction loop for use in the service.</li> <li>• Ensure staff are aware of the BT Text Direct service.</li> <li>• Liaise with Catering Services regarding the availability of appropriate meals on holy days.</li> <li>• Review with Chaplaincy services needs of patients and what services can be available.</li> <li>• Ensure that a variety of chairs are available in the waiting areas for people with mobility issues.</li> </ul>	01.11 06.10 06.10 006.10 01.11	A.M. Burns A. M. Burns A.M. Burns R. Hilland A.M. Burns
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**Ongoing 6 Monthly Review      Please write your 6 monthly EQIA review date:**

January 2011
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**Lead Reviewer:      Name: Anne-Marie |Burns**  
**Sign Off:            Job Title Senior Charge Nurse**  
**Signature**  
**Date: 18.06.2010**

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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