

**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

Ward 8, Cardiology, Royal Alexandra 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 8 Cardiology at the Royal Alexandra Hospital is a dedicated critical care unit for the treatment and close monitoring of patients experiencing acute heart problems. The Ward is intended to be a restful environment in which patients can be further evaluated, diagnosed and treated. A specially trained team of nurses, doctors and other multi-disciplinary health professionals provide individualised care.

The Ward provides the service to patients from the Renfrewshire area within NHS Greater Glasgow & Clyde.

Who is the lead reviewer and where based?

Con Gillespie, Deputy Lead Nurse, Emergency Care & Medical Services Directorate, Victoria 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):**

Cardiac Rehabilitation Sister; Chest Pain Nurse; Senior Charge Nurse; Ward Admin. ; Cardiology Secretary; Deputy Lead Nurse; Inequalities Facilitator; Equality and Diversity Assistant.

Impact Assessment – Equality Categories:

Equality Category	Positive Impact	Negative Impact
Gender	<ul style="list-style-type: none"> • Gender data is recorded in the patient information system. • Where possible, staff would try to accommodate requests for same sex health professionals. • There are 5 single rooms available, and screens are available to maintain privacy in other areas. • If a patient disclosed that they were transgender this would be documented in the case notes and may be allocated in a single room if available. . 	<ul style="list-style-type: none"> • Staff were unaware of NHS Greater Glasgow and Clyde's Gender Based Violence Plan. • There were issues around the size of the hospital gowns (Patients usually bring their own pyjamas or dressing gowns). • Gender Data is not analysed.
Ethnicity	<ul style="list-style-type: none"> • The Ward has a folder which contains up to date telephone numbers for interpreting agencies. If an interpreter is used this is recorded in the case notes • Information could be provided in other languages upon request. • Staff would also contact other organisations such as the British Heart Foundation to find out what information they had in other languages. • If a complaint was received about racism, the Senior Charge Nurse would meet with all parties involved to discuss the incident and try to resolve this at a local level. 	<ul style="list-style-type: none"> • Ethnicity data is not recorded as staff were unsure of how to ask the patient for their ethnic origin. • The Ward had not received the new interpreting resources.
Disability	<ul style="list-style-type: none"> • If a patient has any disabilities this would be recorded in the case notes. • There is a drop off zone outside the main entrance. • Disabled car parking is available. • There is lift access to the Ward. • Signage to the Ward has been reviewed to ensure that it is visually friendly. • The staff are aware of how to book a sign language interpreter. • The fire alarm has flashing lights to alert patients. • The television in the day room has a subtitle facility. • Some patient information is available in other formats such as video's and DVD's. • There are also some visual aids to help explain condition and treatments. • If a patient has learning disabilities this would be documented in the case notes. Staff would treat the patient on an individual basis and ensure that 	<ul style="list-style-type: none"> • The Ward does not have a toilet facility adapted for wheelchair users. • Staff were unsure how wheelchair accessible the Ward is. • Doors are standard heavy fire doors (difficult to handle by wheelchair users). • Lifts have no audio announcement or tactile buttons. • The Ward does not have access to a portable loop system for patients who are hard of hearing or deaf.

	<p>they use terminology that the patient understands and would liaise with the carers and relatives if necessary.</p> <ul style="list-style-type: none"> • Assistance dogs are welcome. • If a patient had a mental health problem this is documented in the case notes and the relevant organisations contacted for advice. 	<ul style="list-style-type: none"> • Seating in the ward is of a standard size.
Sexual Orientation	<ul style="list-style-type: none"> • Staff respond sensitively to the need of all patients and issues identified during assessment. • Staff are aware of the importance of using appropriate terminology. For example, partner rather than husband and wife. • 	<ul style="list-style-type: none"> • No negative impact identified.
Religion and belief	<ul style="list-style-type: none"> • Religion is recorded in the Coronary Care Unit database. • Staff have an awareness of religious festivals. • There is a chapel located in the hospital grounds for patients who wish to pray and, if requested a private space for prayer in the Ward will be provided. • If a patient wishes to speak to the hospital chaplain the staff can arrange this. • If staff were unsure about a patient's particular religious requirements they would ask the patient. • Halal, Kosher and vegetarian meals are available upon request. 	<ul style="list-style-type: none"> • Staff do not have access to a religions and cultures manual.
Age (Children/Young People/Older People)	<ul style="list-style-type: none"> • Date of birth is recorded in the patient information system. • Due to the nature of the Ward, children under the age of 12 are not allowed to visit the Ward but staff will reconsider under exceptional circumstances. • Staff adjust information and communication skills to suit old and younger patients. 	<ul style="list-style-type: none"> • No negative impact identified.
Social Class/ Socio-Economic Status	<ul style="list-style-type: none"> • For patients on benefits, Ward staff can advise them where to reclaim their travelling expenses. • For patient who would like to stop smoking, the Ward's staff will refer patients to Acute Smoking Cessation Service. • Staff are aware of the Health (e. g. prevalence of Heart Disease) and socio-economic profile of their catchment's population (i.e. awareness of the 	<ul style="list-style-type: none"> • No negative impact identified.

	<p>importance of suitable discharge information concerning lifestyle).</p> <ul style="list-style-type: none"> • A Social worker visits the Ward twice a week to offer advice about benefits. • Staff can contact the Social Workers at anytime as relevant issues arise. 	
Additional marginalisation	<ul style="list-style-type: none"> • For patients with alcohol problems, staff can signpost them to the Alcohol Liaison Service. There is also an Alcoholic Anonymous Volunteer who visits the medical Wards. • If a patient has any drug addictions, the staff would liaise with the Addiction Service Team as and when required. • For patients in the criminal justice system, staff would try to ensure that a single room was made available to avoid any embarrassment or disruption to the Ward. • Staff are aware that patients may have literacy issues. If a patient is discharged with a prescription, the pharmacy department always make sure that the patient can understand the prescription and reiterate the dosage. • Staff have had experience with members of the travelling communities, and there can be issues regarding contact and follow up treatment as some do not attend follow up appointments. 	<ul style="list-style-type: none"> • No negative impact identified.
All Categories:	<ul style="list-style-type: none"> • Patients are assessed on an individual basis. • Staff would treat the patient on an individual basis and ensure that they use terminology that the patient understands. • Staff realise the importance of communicating with the patient's relatives or carers (In the nursing notes there is a section to document any communication with relatives or carers). • Staff would always ask the patient's permission before discussing any issues with the relatives or carers. • Staff would also liaise with the Palliative Care Team where appropriate. For palliative care patients – the Gold Standard Framework will apply. That is, the patient has a right to choose where they want to go (whether this will be their own home, a care home, a hospital or a hospice). 	

Actions to address negative impacts:	Date for completion	Who is responsible?(initials)
Cross Cutting Actions		
Specific Actions: <ul style="list-style-type: none"> • Circulate NHS Greater Glasgow and Clyde's Gender Based Violence Policy to staff. • Circulate copies of the Happy to Ask; Happy to Tell resource (for collecting Equality/Diversity Data) for future analysis. • Obtain copies of the new Interpreting Resources. • As part of the ongoing refurbishment process, ensure that there are disabled toilets available and review other adaptations for people with disabilities (such as: variety of seating and the issue with the doors and the lift audible indicators). • Find out where staff can access portable loop systems for patients who are hard of hearing or deaf. • Review the availability of different sizes of patients' gowns. • Obtain copies of NES Multi-Faith Resources • Staff to consider accessing equality and diversity training. 	April 10 April 10 April 10 April 10 April 10 April 10 April 10	VR CG, NMCl CG, NMCl SS SS CG, NMCl VR

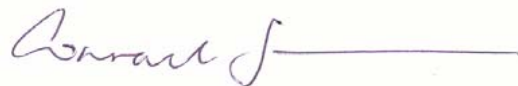
Ongoing 6 Monthly Review: **Please write your 6 monthly EQIA review date:**

22 July 2010

Lead Reviewer: **Name:** **Con Gillespie**
Sign Off: **Job Title:** **LN Clinical Improvement and Development**

Signature:

Date: **22/02/10**



Please email copy of the completed EQIA form to irene.mackenzie@ggc.scot.nhs.uk

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