

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

Equality Impact Assessment is a legal requirement and may be used as evidence for referred cases regarding legislative compliance issues. Please refer to the EQIA Guidance Document while completing this form. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session. Please contact CITAdminTeam@ggc.scot.nhs.uk for further details or call 0141 2014817.

Name of Current Service/Service Development/Service Redesign:

Endoscopy Unit, Inverclyde Royal Hospital, Surgery and Anaesthetics Directorate.

Please tick box to indicate if this is a: Current Service Service Development Service Redesign

Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally determined).

What does the service do?

The Endoscopy Unit provides a range of endoscopy services, Colonoscopy, Gastroscopy, Flexible Sigmoidoscopy, ERCP and some Bronchoscopies. Bronchoscopies are managed by the Medicine Waiting list whereas all other scopes are managed by the endoscopy service. These services are provided by gastroenterologists, specialist surgeons and endoscopy nurses.

An endoscopy is a procedure where the inside of the body is examined internally using a specially designed camera, known as an endoscope. Endoscopies are used mainly to help diagnose health conditions, such as bowel cancers and stomach ulcers.

The Unit has recently moved to Floor F and now has two theatre areas and space for 8 patients in recovery. This move allows the separation of pre and post endoscopy patients and there are physical partitions between each bed.

The Unit treats daycare patients and in-patients.

The Unit is in the process for applying for accreditation from the Joint Advisory Group (JAG) on Endoscopy as a teaching facility. This award is only presented to units who are able to guarantee the quality and safety of patient care by defining and maintaining the highest standards of endoscopy practice. A visit was undertaken by JAG in October 2011 and the full report is expected early in 2012.

Why was this service selected for EQIA? Where does it link to Development Plan priorities? (if no link, please provide evidence of proportionality, relevance, potential legal risk etc.)

Selected by the Directorate Management Team.

Who is the lead reviewer and where are they based? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Irene Ramsay: Lead Nurse; Surgery and Anaesthetics, Glasgow Royal Infirmary.

Please list the staff involved in carrying out this EQIA

(where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):

Sister; Auxiliary Nurse; Staff Nurse; Co-ordinator; Equality and Diversity Assistant; Quality Co-ordinator.

	Lead Reviewer Questions	<i>Example of Evidence Required</i>	Service Evidence Provided (please use additional sheet where required)	Additional Requirements
1.	What equalities information is routinely collected from people using the service? Are there any barriers to collecting this data?	<i>Age, Sex, Race, Sexual Orientation, Disability, Gender Reassignment, Faith, Socio-economic status data collected on service users to. Can be used to analyse DNAs, access issues etc.</i>	The new Trackcare system was introduced at Inverclyde Royal Hospital in September 2011. Trackcare records gender; date of birth; postcode; religion and ethnicity. It is too early to analyse equality data. Previous to this there were limitations on what could be recorded as this was mainly age, postcode and gender. There was limited analysis of this data. As part of the Join Advisory Group (JAG) accreditation process, there was an analysis of the local population.	
2.	Can you provide evidence of how the equalities information you collect is used and give	<i>A Smoke Free service reviewed service user data and realised that there was limited</i>	Not applicable	

	details of any changes that have taken place as a result?	<i>participation of men. Further engagement was undertaken and a gender-focused promotion designed.</i>		
3.	Have you applied any learning from research about the experience of equality groups with regard to removing potential barriers? This may be work previously carried out in the service.	<i>Cancer services used information from patient experience research and a cancer literature review to improve access and remove potential barriers from the patient pathway.</i>	The unit has conducted 2 patient surveys about privacy and dignity. These surveys scored positively. These surveys were issues to all patients irrespective of any protected characteristics. Regrettably there were no equalities monitoring form included.	
4.	Can you give details of how you have engaged with equality groups to get a better understanding of needs?	<i>Patient satisfaction surveys have been used to make changes to service provision.</i>	As part of the accreditation process, the unit has to conduct patient experience questionnaires using the Global Rating Scale. This is a tool that enables endoscopy units to assess how well they provide a patient-centred service. These questionnaires are conducted twice a year. No equalities issues were highlighted in the results. The unit has a comments and suggestions box. These are reviewed regularly and actions undertaken if required. The unit has a 'you said', 'we did' board to inform patients of their actions.	Add equalities monitoring form to future patient experience surveys.
5.	If your service has a specific	<i>A service for teenage mothers</i>	The unit can refer patients to	

	<p>Health Improvement role, how have you made changes to ensure services take account of experience of inequality?</p>	<p><i>includes referral options to smoking cessation clinics. The clinics are able to provide crèche facilities and advice on employability or income maximisation.</i></p>	<p>other departments if required e.g. smoking cessation; diabetic nurse specialists. Staff can also provide patients with dietary advice to help alleviate their symptoms e.g. reducing caffeine intake.</p>	
<p>6.</p>	<p>Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?</p>	<p><i>An outpatient clinic has installed loop systems and trained staff on their use. In addition, a review of signage has been undertaken with clearer directional information now provided.</i></p>	<p>There are disabled car parking spaces located outside the main entrance to the hospital.</p> <p>If a patient has a mobility issue, a wheelchair can be provided at the main entrance and a porter may escort the patient.</p> <p>There are automatic doors at the main entrance to the hospital. There is also ramp access.</p> <p>There are lifts available, which have a voice announcer and a visual display.</p> <p>The reception desk is lowered for wheelchair users; the desk has a loop system for patients who are hard of hearing or are deaf.</p> <p>Signage has been updated to reflect the move to floor F.</p>	

			<p>There is sufficient colour contrast between the floors and the walls for people with visual impairments.</p> <p>Patient Transport – for patients who use patient transport, staff will adjust the theatre list to ensure that the patient is ready for the allocated pick up time.</p>	
7.	How does the service ensure the way it communicates with service users removes any potential barriers?	<i>A podiatry service has reviewed all written information and included prompts for receiving information in other languages or formats. The service has reviewed its process for booking interpreters and has briefed all staff on NHSGGC's Interpreting Protocol.</i>	<p>The unit has reviewed their patient information to ensure it complies with NHSGG&C's Accessible Information Policy. As part of the accreditation process, the information was also reviewed by JAG.</p> <p>Staff are aware of how to organise interpreters and other forms of communication support.</p> <p>Staff have previously used text relay to communicate with a patient who was deaf.</p>	
8.	Equality groups may experience barriers when trying to access services. The Equality Act 2010 places a legal duty on Public bodies to evidence how these barriers are removed. What specifically has happened to ensure the			

	needs of equality groups have been taken into consideration in relation to:			
(a)	Sex	<p><i>A sexual health hub reviewed sex disaggregated data and realised that very few young men were attending clinics. They have launched a local promotion targeting young men and will be testing sex-specific sessions.</i></p>	<p>Staff try to maintain the patient's privacy and dignity – ensuring the curtains are pulled at the end of the bed, providing patients with 2 gowns instead of 1 etc. (that is patients gowns open at the back and a second gown is then worn as a dressing gown.</p> <p>Staff will try to accommodate requests for same sex health professionals.</p> <p>The unit has separate male and female toilets.</p> <p>Staff would order a same sex interpreter for the patient as and when required.</p> <p>There are female nursing staff now trained to be able to conduct colonoscopies for females that would not wish a male to perform the procedure.</p>	<p>Obtain copies of NHSGG&C's Gender Based Violence (GBV) Plan.</p> <p>Staff to undertake GBV e-learning</p>
(b)	Gender Reassignment	<p><i>An inpatient receiving ward has held briefing sessions with staff using the NHSGGC Transgender Policy. Staff are now aware of legal protection</i></p>	<p>The staff are aware of the importance of being sensitive to the patient's needs and respecting the patient's choice of gender. To date</p>	<p>Obtain copies of NHSGG&C's Transgender Policy.</p>

		<i>and appropriate approaches to delivering inpatient care including use of language and technical aspects of recording patient information.</i>	the staff have had no experience of working with trans patients.	
©	Age	<i>A urology clinic analysed their sex specific data and realised that young men represented a significant number of DNAs. Text message reminders were used to prompt attendance and appointment letters highlighted potential clinical complications of non-attendance.</i>	All staff have attended child protection training and adult protection training. Sometimes younger patients attend the unit (14 – 16 year olds). In these circumstances the parent or guardian can stay with them until their procedure. Each patient is assessed individually as to whether they will cope with the intensive bowel preparation that is required before a colonoscopy. If in dialogue with them there are issues that would prohibit the effectiveness of the preparation, then in some circumstances, patients may be admitted as an in-patient.	
(d)	Ethnicity	<i>An outpatient clinic reviewed its ethnicity data capture and realised that it was not providing information in other languages. It provided a prompt on all information for patients to request copies in other languages. The clinic also realised that it was</i>	Staff are aware of how to organise interpreters. Information can be provided in other language upon request. The unit has not encountered any racist incidents.	

		<i>dependant on friends and family interpreting and reviewed use of interpreting services to ensure this was provided for all appropriate appointments.</i>	(Inverclyde Royal Hospital has a zero tolerance policy). Any incidents would be reported in the datix system. Staff would order a same sex interpreter for the patient as and when required.	
(e)	Sexual Orientation	<i>A community service reviewed its information forms and realised that it asked whether someone was single or 'married'. This was amended to take civil partnerships into account. Staff were briefed on appropriate language and the risk of making assumptions about sexual orientation in service provision. Training was also provided on dealing with homophobic incidents.</i>	Staff are aware of the importance of using appropriate terminology i.e. they ask the patient to identify their next of kin rather than make assumptions. The unit has not encountered any homophobic incidents. (Inverclyde Royal Hospital has a zero tolerance policy). Any incidents would be reported in the datix system.	
(f)	Disability	<i>A receptionist reported he wasn't confident when dealing with deaf people coming into the service. A review was undertaken and a loop system put in place. At the same time a review of interpreting arrangements was made using NHSGGC's Interpreting Protocol to ensure staff understood how to book BSL interpreters.</i>	(See question 6). The unit has accessible toilets. Information can be provided in a larger font size upon request for people with visual impairments. Staff are aware of how to organise British Sign Language interpreters and other forms of communication support. In the event of a fire, the unit	

			<p>has a flashing fire alarm that would alert patients who have hearing difficulties. The patient's named nurse would be responsible for ensuring their evacuation.</p> <p>Staff have used text relay for communicating with a patient who was deaf.</p> <p>The staff use visual aids to help patients understand their condition and treatment (the patient report has a diagram, and the consent form has a diagram).</p> <p>In some circumstances, patients may be admitted as an in-patient (e.g. if they were unable to follow the pre-procedure instructions).</p> <p>There are hoists available in the unit.</p> <p>For patients with learning disabilities, staff would liaise with their relatives or carers (if appropriate).</p> <p>Staff are aware of the Advocacy Service in Greenock as in the past they have accompanied a patient to an appointment if necessary.</p>	
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			<p>Each patient is assessed individually as to whether they will cope with the intensive bowel preparation that is required before a colonoscopy. If in dialogue with them there are issues that would prohibit the effectiveness of the preparation, then in some circumstances, patients may be admitted as an in-patient.</p>	
(g)	Faith	<p><i>An inpatient ward was briefed on NHSGGC's Spiritual Care Manual and was able to provide more sensitive care for patients with regard to storage of faith-based items (Qurans etc.) and provision for bathing. A quiet room was made available for prayer.</i></p>	<p>The unit has access to NHSGG&C's Faith and Belief Communities Manual.</p> <p>There are posters throughout the hospital advertising the Chaplaincy Service.</p> <p>Staff can signpost patients to the Sanctuary if they wish to pray.</p> <p>If a patient had any queries regarding medication contents the staff could contact the Pharmacy Department or refer to the British National Formulary (BNF).</p> <p>The unit provides patients with snacks after their procedure – these snacks are suitable for various dietary</p>	

			requirements.	
(h)	Socio – Economic Status	<i>A staff development day identified negative stereotyping of working class patients by some practitioners characterising them as taking up too much time. Training was organised for all staff on social class discrimination and understanding how the impact this can have on health.</i>	<p>For patients who are eligible, for travelling expenses will be reimbursed as appropriate.</p> <p>Patient transport will only be available for those patients who meet the criteria of the Scottish Ambulance Service.</p> <p>For patients from the Highlands and Islands, the theatre lists can be adjusted to take into account delays regarding bad weather etc.</p>	
(i)	Other marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers	<i>A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas.</i>	There is a protocol in place for dealing with patients in the criminal justice system.	Obtain copies of the managing access to NHS care for armed forces personnel and veterans policy.
9.	Has the service had to make any cost savings or are any planned? What steps have you taken to ensure this doesn't impact disproportionately on equalities groups?	<i>Proposed budget savings were analysed using the Equality and Human Rights Budget Fairness Tool. The analysis was recorded and kept on file and potential risk areas raised with senior managers for action.</i>	As with all departments, cost saving exercises are being implemented but it is not anticipated that these will discriminate against any of the equality groups.	
10.	What does your workforce look like in terms of representation from equality groups e.g. do you have a workforce that reflects the characteristics of those who will use your service?	<i>Analysis of recruitment shows a drop off between shortlisting, interview and recruitment for equality groups. Training was provided for managers in the service on equality and diversity in recruitment.</i>	<p>The service adheres to NHS GG&C's recruitment policy.</p> <p>The multidisciplinary team includes a mix of male and female staff.</p>	

11.	What investment has been made for staff to help prevent discrimination and unfair treatment?	<i>A review of staff KSFs and PDPs showed a small take up of E-learning modules. Staff were given dedicated time to complete on line learning.</i>	<p>There is a rolling programme of staff attending the Acute Services statutory and mandatory training session which covers topics such as equality and diversity; adult protection and child protection.</p> <p>A member of staff has attended a British Sign Language course.</p> <p>All staff have KSF's which are reviewed regularly.</p>	Staff to undertake GBV e-learning
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If you believe your service is doing something that 'stands out' as an example of good practice – for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

Actions – from the additional requirements boxes completed above, please summarise the actions this service will be taking forward.	Date for completion	Who is responsible?(initials)
<p>Cross Cutting Actions – those that will bring general benefit e.g. use of plain English in written materials</p> <p>Add equalities monitoring form to future patient experience surveys.</p>	16/01/2012	JH

<p>Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy</p> <p>Obtain copies of NHSGG&C’s Gender Based Violence Plan. Staff to undertake GBV e-learning</p> <p>Obtain copies of NHSGG&C’s Transgender Policy.</p> <p>Obtain copies of the managing access to NHS care for armed forces personnel and veterans policy.</p>	16/01/2012	JH

Ongoing 6 Monthly Review Please write your 6 monthly EQIA review date: 16/07/2012

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Lead Reviewer: Name Irene Ramsay
EQIA Sign Off: Job Title Lead Nurse
 Signature *Irene Ramsay*
 Date 16.2.12

Quality Assurance Sign Off: Name
 Job Title
 Signature
 Date

Please email a copy of the completed EQIA form to EQIA@ggc.scot.nhs.uk, Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH. Tel: 0141-201-4560. The completed EQIA will be subject to a Quality Assurance process and the results returned to the Lead Reviewer within 3 weeks of receipt.

