

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:

Respiratory Function and Sleep Laboratories, Yorkhill, Women and Children's 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 Respiratory Function (situated within ground floor outpatient department) and Sleep Laboratories provides a routine and a major specialised paediatric service to the local population of Glasgow as well as more specialised techniques to complex tertiary referrals both from the West of Scotland and Nationally. These services are Clinical Respiratory diagnostic procedures, a highly specialised sleep diagnostic service, a Ventilation establishment service, a Cystic Fibrosis diagnostic service (Iontophoresis and sweat collection) and Gastro-Oesophageal Reflux studies.

Referrals come to our Consultants from GP Health Centres in the West of Scotland. Managed Clinical Network which covers paediatric lung function at Wishaw general Hospital, Paisley Royal Alexandra Hospital, Inverclyde Royal Hospital and Forth Valley Hospital.

Service times 08:00 – 17:30hrs. Night-shift from 20:30-08:00am

Our patient age range is from pre-term babies, children, adolescents, adults and pregnant women, from a range of specialities, covering a wide range of medical disorders including those which may be Respiratory, Gastro-enterology, Haematology, Cardiology, Rheumatology, Orthopaedic, Neurology, Sleep associated, Cranio-facial or genetic in nature.

There is a caseload in numbers of tests, which include -

Respiratory function tests 1,277 last year, 75% of those were outpatients.

Histamine challenge tests for hyper-bronchial reactivity - 60 per year

Exercise testing for exercise induced Asthma - 76 per year

Skin tests for diagnosing atopic allergy - 37 per year

Sweat tests for diagnosing cystic fibrosis around 174 to 471 per year

pH studies for gastro - oesophageal reflux 172 to 462 per year

Overnight oxygen saturation studies both inpatient and outpatient 279 per year

Overnight end tidal carbon dioxide studies inpatient 133 per year

Sleep studies - 115

Ventilation start and annual re-assessment - 80

Participate in an out of hour's on-call sleep service for the hospital. Providing cover whenever there is a sleep investigation on-going in the hospital.

The staff design, develop, implement, review and update safe and appropriate protocols and policies for all procedures, investigations and therapies for Respiratory Function and Sleep Service. Ensuring that these adhere to any relevant National, Professional Body or NHS GG&C guidelines and standards.

Staff members total 8.74 wte's, which includes 1 Head of service, 2wte Team leads, 3.28wte Specialised clinical physiologists, 2.19wte Clinical physiologists. 0.27wte nursing support.

Innovative work and design

Infant lung function testing, which is the only one in Scotland. Lung Function testing in young infants is an order of magnitude more complex than testing in older children being both physiologically complex and technically demanding.

Research

The department is involved in ongoing research into Paediatric Lung Function with other UK hospitals.

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.)

Senior Management identified the service for EQIA

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)

Caroline King (Head of service)

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):

Caroline King - head of service Add any of the team here if they have contributed to the EQIA

	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>	All children tested within department are referred directly by consultants from this or other hospitals. Data – referral form captures age and sex but this is not transferred to our own database. We collect the number and type of tests performed, DNA's and cancellation. HISS patient information system collects gender, age, postcode and ethnicity.	Additional equalities data are not captured on referral form and we therefore need to develop a plan regarding where and when this information will be collected and recorded. This will be part of the planning process for transfer to the ~Trackcare patient information system
2.	Can you provide evidence of how the equalities information you collect is used and give details of any changes that have taken place as a result?	<i>A Smoke Free service reviewed service user data and realised that there was limited participation of men. Further engagement was undertaken and a gender-focused promotion designed.</i>		No analysis under taken to influence service provision. Therefore there is a need to develop a plan to know more about our services users
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>	We are aware of the spectrum of service users, from pre-term babies through to adults from a range of specialities and covering a wide range of medical disorders.	
4.	Can you give details of how you	<i>Patient satisfaction surveys have</i>	We have conducted patient	Future surveys need to

	have engaged with equality groups to get a better understanding of needs?	<i>been used to make changes to service provision.</i>	satisfaction surveys. The main issues from these have been in relation to waiting times and the length of tests. There has been no feedback that is linked to any of the protected characteristics Complaints are monitored on regular basis but none have highlighted any equality issues.	incorporate an equalities monitoring form, e.g. Ethnicity, etc to allow us to understand better our patient groups and needs
5.	If your service has a specific Health Improvement role, how have you made changes to ensure services take account of experience of inequality?	<i>A service for teenage mothers includes referral options to smoking cessation clinics. The clinics are able to provide crèche facilities and advice on employability or income maximisation.</i>	We are a service within a service and therefore the majority of health improvement issues will be carried out by the medical speciality that referred the patient. If health related questions are asked then health improvement advice will be given to reinforce what others have said.	
6.	Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?	<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>	The service is within the outpatient department that has automatic doors into the area from street level. The whole area is fully accessible to all including wheelchair users and those with limited mobility. Accessible toilets are available. Patient letters give clear indication where the lab is situated. There are dedicated car parking spaces outside the outpatient area for 'blue badge' holders.	Would need hearing loop system.
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</i>	The department liaise with patients via the phone or letters. Letters comply with the Accessible Information policy in that they are at the minimum recommendation of	Patient information not available in other assessable formats, Large print.etc., language.

		<i>booking interpreters and has briefed all staff on NHSGGC's Interpreting Protocol.</i>	Arial and font size 12 Arial size 12 Letters meet minimum information policy. Staff aware and know how to booking interpreters. Language identification cards available	
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	<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>	The referral form identifies sex and any additional needs of the patient e.g. wheel chair users and any clinical information on the patient's respiratory airway function/health. (Information about a wheelchair user is important to understand if the patients can self transfer for some of the tests Same sex staff requests can be accommodated as will the booking of same sex interpreters- Due to the service being a paediatric lab only one child at a time can be tested to ensure privacy and dignity.	
(b)	Gender Reassignment	<i>An inpatient receiving ward has</i>		Not all Staff are aware of

		<i>held briefing sessions with staff using the NHSGGC Transgender Policy. Staff are now aware of legal protection and appropriate approaches to delivering inpatient care including use of language and technical aspects of recording patient information.</i>		the transgender policy. This is important to understand more of it for any adolescents or adults who may attend the service.
(c)	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>	There are age appropriate leaflets and booklets available. We currently operate an Incentive spirometry programme. This is a computerised programme that allows tests to be carried out in a fun way whilst recording specific respiratory results, e.g. blow out candles etc. This is a programme that is suitable for children 4/5 upwards. Older children/adolescents will undertake routine lung function tests that incorporate blowing into tubes, etc Child protection training is undertaken annually. Toys are available for other siblings	.
(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 dependant on friends and family interpreting and reviewed use of</i>	Interpreters are booked and available at the time of a patients test. To date there have been no racist incidents reported within the department, however any reported incidents would be challenged in the first instance this would be managed through the line manager and recorded through Datix.	No leaflets in other languages. There is a need to analyse our interpreting requests to understand what languages we may require information in.

		<i>interpreting services to ensure this was provided for all appropriate appointments.</i>		
(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>	<p>To date no issues relating to sexual orientation have been reported however any reported incidents would be challenged in the first instance through line manager and recorded in datix.</p> <p>To date there have been no homophobic incidents reported within the department, however these would be challenged in the first instance this would be managed through the line and reported through Datix. To date there were no ethnicity incidents have occurred to date but they had occurred then these would be challenged in the first instance this would be managed through the line and reported through datix.</p>	
(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>	<p>There are dedicated car parking spaces outside the outpatient area for 'blue badge' holders.</p> <p>The department is fully accessible by all including wheel chair users and those with limited mobility</p> <p>There are automatic doors to the building and accessible toilets are available. Patient letters give clear indication where the lab is situated.</p> <p>Staff know how to obtain sign language interpreters.</p> <p>In the event of the fire alarm going</p>	<p>Would need hearing loop system.</p> <p>Patient information is not available in other assessable formats</p> <p>Large print, languages.</p> <p>Will review styles and type of chairs available in the department.</p> <p>Make staff aware of BT text relay service to ensure staff know how it</p>

			<p>off, deaf patients will be escorted from the area along with other patients and staff members to the departmental muster point. All tests are explained to the patient however, in event of a visual impaired patient presenting staff will explain to the child what cannot be seen and then guide them through the procedure of the test. To allay fears of both children and or parents pre-visits can be arranged. This shows them the department and the equipment that will be used, e.g. this includes peak flow. Some may even take the plastic peak flow home to practice on.</p> <p>Where appropriate parents would be involved with child's test</p>	operates for those that may require it.
(g)	Faith	<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>Staff aware on how to contact chaplaincy team. A room can be made available for prayer in chaplaincy Queen mother hospital.</p>	Ensure staff aware of faith manual on staffnet and Learn pro faith understanding.
(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</i>	<p>All staffs are aware that if a parent is on benefits they may want to claim travel expenses. Staff would direct the parent to the appropriate area in the main entrance. We provide Lung function tests</p>	

		<i>class discrimination and understanding how the impact this can have on health.</i>	within the Managed Clinical Network hospitals to prevent families travelling long distances. This is beneficial from a time perspective for the family and to keep travel costs to a minimum	
(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>	Staffs are unaware of who maybe asylum seekers, but if visitors ask for travel assistance, remittance, then they are guided to cash desk. Travellers will be tested as inpatients before they move on.	
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>	Cost saving have been to save paper and have no impact on equalities 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>	Department staff is made up different age ranges and sex. We adhere to GGC recruitment policies.	
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>	Annual KSF covers equality. E-learning equality modules undertaken. Every Tuesday morning set aside for KSF.	

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.

Our lung function computer programme has paediatric incentive spirometer game to encourage child participation in a fun filled way that would suit the majority of children regardless of ethnicity and faiths and needs.

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>Develop a plan of where and when equalities data will be captured in the planning for the implementation of Trackcare patient information management system that will commence in the next few months.</p> <p>Develop a plan for undertaking an analysis of data captured to know more about users of the service provision.</p> <p>Ensure patient information available in other assessable formats, Large print, languages, etc..</p> <p>Analyse interpreting requests to help identify languages that may be required for patient information</p> <p>Ensure future surveys incorporate an equalities monitoring form, e.g. Ethnicity</p>	<p>April 2013</p> <p>April 2013</p> <p>April 2013</p> <p>November 2012</p> <p>December 2012</p>	<p>CK</p> <p>CK</p> <p>CK</p> <p>CK</p> <p>CK</p>
<p>Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy</p> <p>Ensure all staff have read and understood the Transgender Policy</p> <p>Will review styles and type of chairs available.</p> <p>Make staff aware of BT text relay service</p> <p>Procure a hearing loop system.</p> <p>Ensure staff aware of faith manual on staffnet and Learn pro understanding.</p>	<p>October 2012</p> <p>April 2013</p> <p>November 2012</p> <p>April 2013</p> <p>December 2012</p>	<p>CK</p> <p>CK</p> <p>CK</p> <p>CK</p> <p>CK</p>

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

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Lead Reviewer:	Name	Caroline king
EQIA Sign Off:	Job Title	Head of Service
	Signature	
	Date	28/09/2012

Quality Assurance Sign Off:	Name	
	Job Title	
	Signature	
	Date	

Please email a copy of the completed EQIA form to CITAdminTeam@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.