

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 cases referred for further investigation for 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 2014560/4967

Name of Current Service/Service Development/Service Redesign:

EEG, Yorkhill Hospital, Yorkhill Hospital, 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?

EEG (Electroencephalogram) is a recording of nerve function, i.e. nerve cells within the brain. EEG is a painless test that helps doctors to make a diagnosis or make decisions about treatment.

To do this it involves the placing of electrodes on the head and lying still for at least 20 minutes, or greater depending on the patient symptoms. The service sometimes will conduct 'prolonged' EEG's at home or in the ward with video recording for 24 hours or perhaps as long as a week depending on what is required. EEG's are to record a seizure or event or behaviour type. They are utilised for the diagnosis of epilepsy, disease of the brain or encephalopathy.

The service can be from birth to 16 years. (New born babies may need checked for brain function if it has been a difficult birth, for example if there are concerns that the blood flow or oxygen to the brain may have been affected). There may be a few patients who have long-term conditions, e.g. epilepsy and these patients may be 17 or 18 if they have not transferred to adult services.

The service can see approximately 150 patients per month and referrals come from inpatient or outpatient services, as well as psychiatric services. The service is for the West of Scotland and therefore can have patients from Stornoway in the north or Dumfries area in the south or anywhere in between.

The service is provided in 2 rooms adjacent to the outpatient Department. The equipment involved is mainly all on trolleys that link to the leads that are placed on the head. During the test patients are encouraged to watch a DVD if possible to help them lie still. The service shares a waiting area with another diagnostic testing service.

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 Directorate Management Team

Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Name: Hilary Reidpath, Senior Chief Clinical Physiologist	Date of Lead Reviewer Training:
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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):

Senior Chief Clinical Physiologist; Clinical Physiologists x 2; EEG Secretary; EEG Support Worker; Quality Co-ordinator; Equality and Diversity Assistant.

	Lead Reviewer Questions	Example of Evidence Required	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 Trakcare hospital information system was only implemented at Yorkhill Hospital in May 2013. At present age, gender and postcode are captured. Health Records staff are responsible for inputting demographic details into Trakcare.	Develop an action plan for collecting equality data.
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>		Once an action plan has been implemented, approximately 6 – 12 months later arrange for data to be analysed from an equalities perspective.

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>	Not applicable.	
4.	Can you give details of how you have engaged with equality groups to get a better understanding of needs?	<i>Patient satisfaction surveys with equality and diversity monitoring forms have been used to make changes to service provision.</i>	The service distributes 'How Are We Doing Questionnaires' to patients and their families.	
5.	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>	<ul style="list-style-type: none"> • There are drop off points outside the main entrance to the hospital. • There are disabled car parking spaces available. • The entrances are either level with the ground floor or have a ramp. • The main entrances have automatic doors. • There is sufficient colour contrast between walls and floors for people with visual impairments. • The doors to the consultation rooms are wide enough to accommodate hospital beds and wheelchairs. 	<ul style="list-style-type: none"> • Review signage to the department.
6.	How does the service ensure the way it communicates with service users removes any potential	<i>A podiatry service has reviewed all written information and included prompts for receiving information in</i>	Staff are aware of how to organise interpreters and other forms of communication support.	Ensure that staff are aware of NHSGG&C's Accessible Information Policy. (If a

	barriers?	<i>other languages or formats. The service has reviewed its process for booking interpreters and has briefed all staff on NHSGGC's Interpreting Protocol.</i>	Staff would explain the tests in an age appropriate format to reassure the child. For example, 'we are going to put sticky pads on your head and you will look like a robot'.	<p>patient requests information in another language or format, we are obliged to provide this).</p> <p>Clarify if patient letters comply with NHSGG&C's Accessible Information Policy i.e. suitable font size/type.</p> <p>Clarify if the department can borrow a portable loop system for patients who are deaf or hard of hearing.</p> <p>Clarify if the department can have a generic email as an alternative way for patients/parents to communicate.</p>
7.	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</i>	Staff could not accommodate	

		<i>disaggregated data and realised very few young men were attending clinics. They have launched a local promotion targeting young men and will be analysing data to test if successful.</i>	<p>requests for same sex health professionals as the staff are all female. However, a chaperone could be provided. Furthermore, usually the parent or guardian will stay with the child.</p> <p>There are individual consultation rooms with engaged signs to maintain the patient's dignity and respect.</p>	
(b)	Gender Reassignment	<i>An inpatient receiving ward held sessions with staff using the NHSGGC Transgender Policy. Staff are now aware of legal protection and appropriate ways to delivering inpatient care including use of language and technical aspects of recording patient information.</i>		Circulate information about NHSGG&C's Transgender Policy. Although this policy is for Adult Services it may help staff who encounter transgender parents or guardians.
(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>	<p>All staff have attended Child Protection Training.</p> <p>Parents/guardians stay with the child during the tests.</p> <p>Staff are aware that the age of consent depends on the individual patient (i.e. if the patient can understand the procedure, the benefits and the risks).</p> <p>There are TV/DVD's in each of the consultation rooms and younger patients are encouraged to bring their</p>	

			<p>own DVD's to keep them entertained during their tests.</p> <p>There are murals/cartoon characters on the walls to help patients relax/put them at ease.</p> <p>The department also have access to books and toys to keep patients/siblings entertained. (All toys are regularly cleaned to comply with Infection Control guidelines).</p> <p>There are baby-changing facilities located at the main entrance and next door to the department.</p> <p>Staff can arrange a visit for the patient before their test. This gives them the opportunity to see where they will have the test, and to meet the staff. This can be re-assuring for the patient.</p>	
(d)	Race	<p><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></p>	<p>Staff are aware of how to organise interpreters for patients/parents whose first language isn't English.</p> <p>If a family requested a same sex interpreter the Service would try to accommodate this. (This would depend on whether the mother or father was accompanying the child).</p>	<p>Information can be provided in other languages upon request to comply with NHS GG&C's Accessible Information Policy.</p>

		<i>interpreting services to ensure this was provided for all appropriate appointments.</i>	There have been no racist incidents in the department. Any racist behaviour would be challenged; reported to the manager and then recorded in Datix.	
(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 have had same sex parents and no issues were identified. There have been no homophobic incidents in the department. Any homophobic behaviour would be challenged; reported to the manager and then recorded in Datix	
(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>	There are accessible toilets available. The department can accommodate a wheelchair. Staff are aware of how to organise British Sign Language interpreters and other forms of communication support. For patients with learning difficulties, staff can arrange a visit for the patient before their test. This gives them the opportunity to see where they will have the test, and to meet the staff. This can be re-assuring for the patient.	Ensure information is available in other formats upon request to comply with NHSGG&C's Accessible Information Policy. Circulate information about the Text Relay Service for people who may be deaf.

			Information about Patient Transport (Scottish Ambulance Service) is circulated with the appointment letter. (Patient transport is available for patients if there is a medical need).	
(g)	Religion and Belief	<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>The department can contact the Chaplaincy Team for advice as and when required. The services that the Chaplaincy Team provide are advertised throughout the hospital.</p> <p>Staff can also refer to NHSGG&C's Faith and Belief Communities Manual for advice.</p> <p>A multi-faith room is available for patients and their families to use.</p>	
(h)	Pregnancy and Maternity	<i>A reception area had made a room available to breast feeding mothers and had directed any mothers to this facility. Breast feeding is now actively promoted in the waiting area, though mothers can opt to use the separate room if preferred.</i>	Not applicable.	
(i)	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>Staff can signpost parents/guardians to the Cashiers office to reclaim their travelling expenses if they meet the criteria.</p> <p>Parents are given information about</p>	

		<i>class discrimination and understanding how the impact this can have on health.</i>	<p>re-claiming their travelling expenses.</p> <p>For patients travelling from the Highlands and Islands, their travelling expenses will be reimbursed. The department will also try to arrange appointments that accommodate flight times.</p> <p>The Service can refer families to the Family Support and Information Service which provides emotional and practical support as well as information to families attending Yorkhill Hospital.</p>	
(j)	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>	<p>The Service can refer families to the Family Support and Information Service which provides emotional and practical support as well as information to families attending Yorkhill Hospital.</p> <p>For patients from travelling communities, staff would contact the parents via their mobile.</p> <p>There have been no issues with patients/parents who are asylum seekers or who are homeless.</p>	
9.	Has the service had to make any cost savings or are any planned? What steps have you taken to	<i>Proposed budget savings were analysed using the Equality and Human Rights Budget Fairness</i>	As with all departments cost saving exercises are being implemented but it is not anticipated that these will	

	ensure this doesn't impact disproportionately on equalities groups?	<i>Tool. The analysis was recorded and kept on file and potential risk areas raised with senior managers for action.</i>	discriminate against any of the equality groups.	
10.	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>	All new staff undertake an induction programme. Staff have previously attended equality and diversity training. All staff have KSF's and PDP. All staff undertake the mandatory training courses.	Staff to undertake the on-line equality and diversity modules.

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)
Develop an action plan for collecting equality data.	March 2014	HR
Once an action plan has been implemented, approximately 6 – 12 months later arrange for data to be analysed from an equalities perspective.	March 2015	HR
Ensure that staff are aware of NHSGG&C’s Accessible Information Policy.	March 2014	HR
Clarify if patient letters comply with NHSGG&C’s Accessible Information Policy i.e. suitable font size/type.	December 2013	HR
Clarify if the department can borrow a portable loop system for patients who are deaf or hard of hearing.	December 2013	HR
Clarify if the department can have a generic email as an alternative way for patients/parents to communicate.	December 2013	HR
Circulate information about NHSGG&C’s Transgender Policy.	December 2013	HR
Circulate information about the Text Relay Service for people who may be deaf.	December 2013	HR
Staff to undertake the on-line equality and diversity modules.	March 2014	HR

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Ongoing 6 Monthly Review please write your 6 monthly EQIA review date: May 2014

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Lead Reviewer:	Name	Hilary Reidpath
EQIA Sign Off:	Job Title	Senior Chief Clinical Physiologist
	Signature	
	Date	13/11/13

Quality Assurance Sign Off:	Name	
	Job Title	
	Signature	
	Date	

Please email a copy of the completed EQIA form to eqia1@ggc.scot.nhs.uk, or send a copy to Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH. Tel: 0141-201-4560/4967. The completed EQIA will be subject to a Quality Assurance process and the results returned to the Lead Reviewer within 3 weeks of receipt.

PLEASE NOTE – YOUR EQIA WILL BE RETURNED TO YOU IN 6 MONTHS TO COMPLETE THE ATTACHED REVIEW SHEET (BELOW). IF YOUR ACTIONS CAN BE COMPLETED BEFORE THIS DATE, PLEASE COMPLETE THE ATTACHED SHEET AND RETURN AT YOUR EARLIEST CONVENIENCE TO: eqia1@ggc.scot.nhs.uk

**NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL
MEETING THE NEEDS OF DIVERSE COMMUNITIES
6 MONTHLY REVIEW SHEET**

Name of Policy/Current Service/Service Development/Service Redesign:

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Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

		Completed	
		Date	Initials
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

		To be Completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any new actions required since completing the original EQIA and reasons:

		To be completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any discontinued actions that were originally planned and reasons:

Action:	
Reason:	
Action:	
Reason:	

Please
write
your

next 6-month review date

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Name of completing officer:

Date submitted:

Please email a copy of this EQIA review sheet to eqia1@ggc.scot.nhs.uk or send to Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospitals Site, 1055 Great Western Road, G12 0XH. Tel: 0141-201-4560/4967.