

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:

Emergency Department, Western Infirmary, Emergency Care and Medicine 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 emergency department provides an emergency service for the population of the west end of the city. Patients who attend can be from 13+ and may present as:

Walking wounded

By ambulance from a 999 call

GP referral.

Patients who present can have symptoms relating to any medical condition or require treatment following some form of trauma.

Following assessment patients may go home; be admitted to a medical assessment unit or be admitted to a ward.

The department can see approximately 200 patients per day, i.e. 60-70,000 per year.

The department comprises a small waiting room (accommodating approximately 30 people), 24 bed spaces – 5 of these being single rooms - and a further 5 spaces for resuscitation.

A triage system operates, i.e. patients arrive, are then assessed on medical need, and those with a greater medical need are prioritised to be seen.

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)

Con Gillespie, Lead Nurse, Victoria 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):

Lead Nurse; Clinical Nurse Educator; Staff Nurse; Quality Co-ordinator, Equality & Diversity Assistant.

	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 Accident and Emergency Department use the Passweb and EDIS patient information systems. EDIS has the following fields; age; gender; date of birth; ethnicity; postcode; religion (if applicable); employment status, if an interpreter is required.	Although some equality data is captured, this is not routinely analysed. Plans will require to be developed regarding capture of additional data through implementation of Trakcare.
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>	The Accident and Emergency Department analyse clinical data e.g. 4 hour waiting time target.; throughput of patients etc. The department has seen an increase in the number of patients from African and Caribbean communities. Therefore, the staff have learned more about Sickle Cell as this is more prevalent in this community. although no analysis has been undertaken to ascertain how frequently this happens.	Plans will require to be developed regarding capture of additional data through implementation of Trakcare.
3.	Have you applied any learning from research about the experience of equality groups with regard to removing potential barriers? This may be	<i>Cancer services used information from patient experience research and a cancer literature review to improve access and remove potential barriers from the</i>	Staff from Accident and Emergency were interviewed as part of NHSGGC's Inequalities, Health and the Accident & Emergency Response Report (2010). A Patient Observation Project has just	

	work previously carried out in the service.	<i>patient pathway.</i>	<p>been completed in the Department which has centered on the experience of patients when attending ED. The methodology allows for comment on equality concerns. An action plan has been developed to help improve all aspects of patient experience including promotion of Disability awareness update training and use of plain English with written communication.</p> <p>Staff in conjunction with Alzheimer's Scotland assessed how 'dementia friendly' the department was. Following this assessment an action plan was devised.</p>	
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>	<p>Staff from the Department have met with members of the Sikh community to discuss the Kirpan. After some discussion, an agreement was reached and a protocol put in place.</p> <p>The Department regularly reviews their complaints to identify common themes.</p>	
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>	<p>Staff will signpost patients to appropriate agencies such as: The Addictions Team; Sandyford; Homeless Liaison Team; Smoking Cessation etc.</p> <p>Where appropriate, staff may conduct Alcohol Brief Interventions (ABI). This involves a conversation with the patient about their alcohol intake.</p>	

6.	<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 automatic doors at the entrance to the department. There is a lowered reception desk for wheelchair users. The reception desk has a fixed loop system for patients who are hard of hearing or deaf. External signage to the department is currently being reviewed.</p>	<p>The department is located on a hill, which can make access difficult, especially for wheelchairs users or those who have mobility issues.</p> <p>There are disabled parking spaces available, however, these are located further up the hill. (There are no other alternatives as ambulances need to access the department).</p> <p>There is limited space available for drop off.</p>
7.	<p>How does the service ensure the way it communicates with service users removes any potential barriers?</p>	<p><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>	<p>Three of the reception staff are bilingual and this is very helpful for ascertaining immediate patient details on arrival. The languages being Algerian, Arabic, French, Urdu, Punjabi, Polish.</p> <p>Staff are aware of how to organise interpreters and other forms of communication support.</p> <p>The department has introduced a laminated sheet to explain the triage system to patients. This was following on from complaints about why some patients were being seen before others.</p>	<p>Although staff are aware of how to organise interpreters, some staff were unaware of NHSGG&C's Interpreting Policy.</p> <p>Staff awareness session has been arranged to address poor awareness in maximising use of interpreters, when and how to use intervention.</p> <p>In emergency situations, it may be helpful for staff to have access to the British Red Cross Manual's Emergency Multilingual phrasebook. The phrasebook contains English and 25 languages of emergency phrases that may be required in an ED setting (eg I will take your bloods)</p>

				<p>Telephone interpreting would be useful for the department as they usually need interpreters at short notice.</p> <p>The 'waiting time' notice displayed in reception needs to be reviewed to ensure it's suitable for people with visual impairments.</p>
8.	<p>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:</p>			
(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>Each bay has curtains to maintain the patient's privacy and dignity. Gowns are provided. There are single bays available to maintain privacy. Staff will try to accommodate requests for same sex health professionals. If this was not possible, chaperoning would be provided. Staff are aware of NHS GG&C's Gender Based Violence Plan and have attended</p>	

			<p>the training. This has raised staff awareness of the issue.</p> <p>If a patient asks for a room to breastfeed staff would be able to organise this.</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 and appropriate approaches to delivering inpatient care including use of language and technical aspects of recording patient information.</i></p>	<p>Staff would ask the patient how they wished to be addressed.</p> <p>Staff have had requests for their patients notes to be changed to their chosen gender.</p> <p>There are single bays available to maintain privacy.</p>	<p>Although staff have an awareness of the issues for transgender patients, staff had not read NHSGG&C's Transgender Policy.</p>
(c)	Age	<p><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>	<p>There is a rolling training programme to ensure that all staff have attended child protection and adult protection training. The department has information about sexual health for teenagers e.g. Sandyford Services.</p> <p>Patients are usually aged 13 and over. Staff are aware that the age of consent will depend on the individual (if the patient can understand the treatment, the benefits and the risks). Staff are aware that if the young person doesn't want their parent or guardians told about their care they have to respect this.</p> <p>As mentioned previously, staff in conjunction with Alzheimer's Scotland assessed how 'dementia friendly' the department was. Following this assessment an action plan was</p>	

			<p>implemented.</p> <p>For patients over 65, as part of the admission process, staff would use the cognitive assessment tool (known as AMT 4) to ascertain if there was cognitive impairment.</p> <p>Staff are aware that patients in the West End of Glasgow have a higher life expectancy and therefore may have co-morbidities.</p>	
(d)	Ethnicity	<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 interpreting services to ensure this was provided for all appropriate appointments.</i></p>	<p>Staff are aware of how to organise interpreters.</p> <p>If an interpreter is used, this is recorded in the patient case notes.</p> <p>There are some bi-lingual staff who can help ascertain patient's details and language requirements.</p> <p>Staff will arrange same sex interpreters.</p> <p>There is some information available in other languages.</p> <p>Staff would challenge any racist behaviour. If need be, staff would contact the police. Any incidents are recorded in the datix system.</p>	
(e)	Sexual Orientation	<p><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</i></p>	<p>The EDIS system has a field which takes cognisance of civil partnerships.</p> <p>Staff are aware of the importance of not making assumptions about relationships.</p> <p>Staff would challenge any homophobic behaviour. If need be, staff would contact the police. Any incidents are</p>	

		<i>risk of making assumptions about sexual orientation in service provision. Training was also provided on dealing with homophobic incidents.</i>	recorded 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>	<p>There are automatic doors at the entrance to the department.</p> <p>There is a lowered reception desk for wheelchair users.</p> <p>The reception desk has a fixed loop system for patients who are hard of hearing or deaf.</p> <p>There is sufficient colour contrast between doors and walls for people with visual impairments.</p> <p>There are accessible toilets available.</p> <p>Staff are aware of how to arrange British Sign Language interpreters and other forms of communication support for those who require it.</p> <p>There are lifts available to other parts of the hospital which can assist people with mobility issues reach the car park.</p> <p>Staff may use visual aids to help patients understand their condition e.g. charts of the body; showing them their x-ray etc.</p> <p>For patients with learning disabilities, staff would try to treat them sooner to avoid unnecessary distress. Staff can also contact the Learning Disability Team for advice.</p> <p>Staff would be able to accommodate carers and advocates.</p>	<p>Internal signage to the department needs to be reviewed. If a patient enters the Department via level 3 in the phase 1 building they frequently have to ask staff for directions.</p> <p>The Department does not have access to a portable loop system.</p> <p>As mentioned above, the department is located on a hill, which can make access difficult, especially for wheelchairs users or those who have mobility issues. Wheelchair users can access the department via level 3 in the phase 1 building. (However, this is only open to 9pm).</p> <p>There are disabled parking spaces available, however, these are located further up the hill. (There are no other alternatives as ambulances need to access the department).</p> <p>There is limited space for drop off as the door due to the space being needed for ambulances.</p>

(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>If a patient wished to pray, the relative's room could be used.</p> <p>Staff can contact the Chaplaincy Team on behalf of the patient.</p> <p>Staff are aware of the significance of the Kirpan for Sikh patients.</p> <p>Suitable meals can be arranged to meet religious requirements (e.g. kosher, halal, vegetarian etc).</p> <p>If a patient had any queries about the ingredients of their medication, the staff would contact the Pharmacy Department for advice.</p> <p>If a patient were to die, staff would refer to NHSGG&C's Last Offices Standard Operating Procedure which includes information about the different faith groups.</p>	Circulate information about Faith and Belief Communities Manual for information.
(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>The Department may refer patients to the Social Work Department.</p> <p>Staff can signpost patients to the Cashier's Office to reclaim their travelling expenses if appropriate.</p>	
(i)	Other marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum	<i>A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board</i>	<p>The Department's catchment area has a large student population, some of whom are not registered with a GP.</p> <p>Therefore, if they require any follow up treatment they may have to go back to</p>	

	seekers & refugees, travellers	<i>Areas.</i>	<p>the Accident and Emergency Department. This can also be the case for asylum seekers who are not registered with a GP. Staff would encourage them to register with a GP. There are processes in place to accommodate prisoners and patients with electronic tags.</p> <p>The Department has a list of homeless shelters and will contact the Acute Homeless Liaison Service if required. The Department can signpost patients to the Glasgow Addiction Service if required.</p> <p>The Department may refer patients to the Social Work Department.</p>	
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 costs 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 Department adheres to NHS GG&C's recruitment policies and procedures.</p> <p>The workforce profile includes a variety of age groups and backgrounds.</p>	
11.	What investment has been made for staff to help	<i>A review of staff KSFs and PDPs showed a small take up</i>	All staff have regular PDP and KSF updates where any training needs are	Staff raised some concerns about the learn-pro on-line

prevent discrimination and unfair treatment?	<i>of E-learning modules. Staff were given dedicated time to complete on line learning.</i>	identified. The department has a rolling training programme in place.	modules i.e. issues with navigating their way through the modules.
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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.

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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)
Cross Cutting Actions – those that will bring general benefit e.g. use of plain English in written materials Agree a routine for analysing equality data to understand better the potential range/needs of service users and identify any gaps.		
Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy		
1. Access issues for wheelchair users.	Dec 2012	GW, JN
2. Circulate NHS GG&C's Interpreting Policy and Procedures.	Oct 2012	PD
3. Obtain copies of the British Red Cross Manual's Emergency Multilingual phrasebook.	Oct 2012	PD
4. Review the 'waiting times' notice board.	Oct 2012	GW, CG
5. Circulate NHS GG&C's Transgender Policy.	Oct 2012	PD
6. Liaise with Facilities Department regarding the internal signage.	Dec 2012	GW, JN
7. Circulate information about Faith and Belief Communities Manual for information.	Sept 2012	PD,
8. Obtain a portable loop system.	Dec 2012	GW, JN
9. Raise the issues regarding Learnpro with Learning and Education Department.	Dec 2012	GW, CG

Ongoing 6 Monthly Review

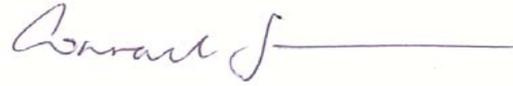
Please write your 6 monthly EQIA review date:

28 th February 2013

Lead Reviewer:
EQIA Sign Off:

Name C Gillespie
Job Title Lead Nurse

Signature
Date 10/10/2012



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.