

**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](mailto:CITAdminTeam@ggc.scot.nhs.uk) for further details or call 0141 2014817.

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

Paediatric Audiology, Royal Hospital for Sick Children (RHSC), Yorkhill Hospital, Women & 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 Outpatient paediatric audiology service is based at RHSC and outreach clinics at 5 locations through out the city. The service provides support to the Audiological Physician and Ear Nose and Throat (ENT) medical staff at RHSC. Audiometry assessment clinics for children of all ages are scheduled throughout the city and referrals are accepted in writing from school health, GP, Health Visitors (HV) and many redirected referrals are also accepted from ENT.

The department also manages the hearing aid provision of approximately 420 children of all ages. Appointments are available Monday to Friday from 8am to 5.30pm. Each location has sound treated/proofed testing rooms and are equipped to a similar standard.

The Audiology Service also manages the newborn hearing screening service to all new babies which is delivered from the maternity hospitals and RHSC.

**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 Women and Children's Service to have EQIA completed.

**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)**

Jim Harrigan, Head of Audiology, Yorkhill

**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):

Audiologist, Audiologist, Clinical Scientist, Receptionist/Administrator

	<b>Lead Reviewer Questions</b>	<b>Example of Evidence Required</b>	<b>Service Evidence Provided (please use additional sheet where required)</b>	<b>Additional Requirements</b>
1.	<b>What equalities information is routinely collected from people using the service? Are there any barriers to collecting this data?</b>	<b><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></b>	The service collects patient demographic information including age, gender and postcode	Review of minimum data collection to inform service delivery to include age, gender, postcode and ethnicity.
2.	<b>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?</b>	<b><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></b>	Patient data is not currently analysed to any extent.	Review of patient data collection is required to identify any user patterns or gaps in the service. delivery/patient groups accessing the service.
3.	<b>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.</b>	<b><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></b>	Head of Service and Consultant Physician on several occasions have attended the National Deaf Children's Society (NDCS) Black and Minority Ethnic (BME) Coffee Morning to speak and listen with the parents of deaf children. Discussed at team meetings with suggestions actioned where felt appropriate.  A patient/family questionnaire was sent to all our patients to establish service users' views. The NDCS	

			<p>assisted with this through the BME group. Suggestions used to improve service delivery e.g. appointment times, simplifying language, receptionist in Yorkon Building, flashing light on access door.</p> <p>The department's Childrens Hearing Services Working Group (CHSWG) has parental representation which includes BME patients, patients who are cochlear implanted, use a Bone Anchored Hearing Aid (BAHA), use hearing aids and British Sign Language (BSL). The CHSWG also has members from the voluntary sector representing the wide hearing impaired and deaf community.</p>	
4.	<p><b>Can you give details of how you have engaged with equality groups to get a better understanding of needs?</b></p>	<p><b><i>Patient satisfaction surveys have been used to make changes to service provision.</i></b></p>	<p>The department has conducted Patient satisfaction surveys.</p> <p>An adolescent patient 'consultation' event is in the planning stages.</p> <p>Staff have attended BME events to listen to parent's views.</p>	
5.	<p><b>If your service has a specific Health Improvement role, how have you made changes to ensure services take account of experience of inequality?</b></p>	<p><b><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></b></p>	<p>Newborn hearing screening leaflets are available in a variety of languages. Families of babies referred from Universal Newborn Hearing Screening (UNHS) for diagnostic testing are seen on same day by Audiological Physician. If an adverse diagnosis is being provided there is a quiet room</p>	<p>Easy reference files for all literature available in non English.</p> <p>Liaise with national groups to encourage further frequently used documentation to be available in different</p>

			<p>available and staff make time to answer any questions the parents may have.</p> <p>NDCS literature can be downloaded from the website in various languages that all parents and families can access. Interpreters (English as Second Language and BSL) are used at appointments.</p> <p>Standard referral form was changed in recent years to include a prompt box regarding interpreter requirements.</p> <p>Some testing methods can be adapted to assist patients with visual impairments to obtain best possible results for the patient's ability.</p>	languages.
6.	<p><b>Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?</b></p>	<p><b><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></b></p>	<p>The testing rooms at all locations are all accessible for all with ramps and lifts for wheelchair and push chair access. Car parking is available at all locations with direct access to all the buildings. There are accessible toilets, baby changing area and nursing mum's room.</p> <p>The department has a generic email address that patients/parents can use as an alternative method of contact.</p> <p>Door to Yorkon Building buzzer system has a flashing light when access has been granted. There is a</p>	<p>Many of the doors within the hospital are not automatic and are heavy and difficult for push and wheel chairs- especially the entrance to the Yorkon Building at RHSC.</p> <p>The door works via a buzzer entry system and is difficult for deaf parents-may be better with video facility.</p> <p>There is no text phone available for hearing impaired or deaf parents to use (Fixed or mobile).</p>

			<p>notice 'when light flashes please pull the door open'.</p>	<p>There are no loop systems available at the reception desk.</p> <p>There are no telecoil loop system notices within the department areas.</p> <p>A flashing or vibrating pager system for waiting area especially in OPD would be useful for deaf parents.</p>
7.	<p><b>How does the service ensure the way it communicates with service users removes any potential barriers?</b></p>	<p><b><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></b></p>	<p>All staff aware of NHS GGC interpreting protocol.</p> <p>Deaf awareness training has been completed by almost all staff.</p> <p>All patient information has been quality assured via hospital FILES group or has clear English symbol.</p> <p>The department has a generic email address that patients/parents can use as an alternative method of contact. Parents can receive a text message reminder about appointments for Audiological Physician clinic appointments.</p>	<p>Remaining staff to complete deaf awareness training.</p> <p>Review appointment letters for content (appointment duration etc) and include travel directions. This to include hospital and community located clinics.</p> <p>Review of patient information in other languages.</p>
8.	<p><b>Equality groups may experience barriers when trying to access services.</b></p>			

	<p>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)	<p><b>Sex</b></p>	<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>The department staff are all of a mixed gender and any specific request for a male or female staff member can be accommodated. Child protection training is completed on an annual basis</p> <p>Hearing Screeners are all female and work directly on the maternity wards. The head of service (male) can also carry out hearing screening if required to do so.</p>	<p>Circulate the Gender Based Violence Plan to all staff</p>
(b)	<p><b>Gender Reassignment</b></p>	<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>Circulate transgender policy to team.</p>
(c)	<p><b>Age</b></p>	<p><i>A urology clinic analysed their sex specific data and realised that young men</i></p>	<p>The department accepts referral for patients from birth to the 14<sup>th</sup> birthday. Hearing aid users attend the</p>	

		<p><b><i>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></b></p>	<p>department up to the time they leave secondary education.</p> <p>Babies referred to the Audiology service from hearing screeners for diagnostic testing are actively pursued if they do not attend (DNA) due to the high risk of deafness.</p> <p>Text message reminders are sent to parents.</p> <p>All staff have attended child protection training.</p> <p>Audiology testing is carried out depending on the child's ability and developmental stage.</p> <p>Appointment durations are flexible to meet the needs of patients (i.e. if child requires longer to complete test appointment duration can be extended or to co-incide with daytime sleep time so that best possible test results can be obtained).</p>	
(d)	<p><b>Ethnicity</b></p>	<p><b><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</i></b></p>	<p>Staff are aware of how NHSGG&amp;C's interpreting policy and protocol.</p> <p>NDCS literature can be downloaded from the website in various languages that all parents and families can access.</p> <p>Appointment durations are flexible to</p>	

		<i>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>	meet the needs of patients (i.e. if child requires longer to complete test appointment duration can be extended).	
(e)	<b>Sexual Orientation</b>	<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 Civil Partnership Act.  Staff are aware of the importance of using appropriate terminology e.g. partner and not making assumptions about family relationships.	
(f)	<b>Disability</b>	<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>	BSL interpreters booked as required.  Staff have completed deaf awareness training.  Appointment durations are flexible to meet the needs of patients (i.e. if child requires longer to complete test appointment duration can be extended).  Families of hearing impaired and deaf children are encouraged to access the local deaf children's society who	No Loop system in department.  Staff member(s) with some basic BSL skill would be helpful.  Many of the doors within the hospital are not automatic and are heavy and difficult for push and wheel chairs- especially the entrance to the Yorkon Building at RHSC.

			<p>organise a vast array of activities and events during the year.</p> <p>Staff are pro-active at trying to arrange other hospital appointments at the same time/day to assist the family needs.</p> <p>Staff are proactive at assisting where possible with wheelchairs, feeding arrangements and oxygen dependant patients</p>	<p>The door works via a buzzer entry system and is difficult for deaf parents-may be better with video facility. There is a notice 'when light flashes please pull the door open'.</p>
(g)	<b>Faith</b>	<p><b><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></b></p>	<p>Appointments have been re-arranged when requested during religious periods such as Ramadan to a more convenient time for the family.</p> <p>Staff are aware of Chaplaincy team within the hospital and can direct to patients and families if requested to the chaplaincy centre where there are quiet rooms and prayer facilities.</p>	
(h)	<b>Socio – Economic Status</b>	<p><b><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></b></p>	<p>Involvement of Social Work Department, Health Visitors, School Staff and any other appropriate professions to encourage patients to attend appointments.</p> <p>Staffs are aware of how to obtain travel expenses for those entitled to it.</p> <p>Yorkhill Hospital also has Family Support Service who can be of help to families.</p> <p>Families of hearing impaired and deaf</p>	<p>Hospital is a few minutes walk away from all public transport. This will be improved when relocating to the new children's hospital due for completion in 2015.</p>

			children are encouraged to access the local deaf children's society who organise a vast array of activities and events during the year at no or minimal cost for all the family.	
(i)	<b>Other marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers &amp; refugees, travellers</b>	<b><i>A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas.</i></b>	<p>Appointments can be made flexible after the need is assessed for families and can be held until they are in the area or referred on to local services wherever they may be.</p> <p>Asylum seekers are appointed in the same queue as all others.</p> <p>The Department can liaise with the Social Work Department, Health Visitors, School Staff and any other appropriate agencies to encourage patients to attend appointments.</p> <p>Staff can signpost families to the Family Support Service and Bereavement Service.</p>	Awareness session for department staff of the roles of the Family Support Service and Bereavement Service at a staff meeting.
9.	<b>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?</b>	<b><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></b>	Not applicable.	
10.	<b>What does your workforce look like in terms of representation from equality</b>	<b><i>Analysis of recruitment shows a drop off between shortlisting, interview and</i></b>	Analysis of recruitment shows a drop off between short listing, interview and recruitment for equality groups.	Equality and Diversity Training session for staff would be beneficial.

	<p><b>groups e.g. do you have a workforce that reflects the characteristics of those who will use your service?</b></p>	<p><b><i>recruitment for equality groups. Training was provided for managers in the service on equality and diversity in recruitment.</i></b></p>	<p>We have interviewed on several occasions to overseas and appointed audiologists in the past from different equality groups in accordance with recruitment and immigration legislation. Short listing is completed without the applicants personal details which allows the short listing panel to carry out the task with equal opportunity.</p> <p>We have a deaf co-worker in Speech and Language therapist who has a hearing dog. The department actively supports the hearing dog charity annually</p>	
<p><b>11.</b></p>	<p><b>What investment has been made for staff to help prevent discrimination and unfair treatment?</b></p>	<p><b><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></b></p>	<p>Deaf Awareness Training Session</p> <p>Employment Induction</p> <p>Frequent engagement is had with voluntary and patient services. Head of service has attended</p> <p>Equality and Diversity training session for managers.</p> <p>Equality and Diversity is assessed via each individual staff members annual Personal Development Plan (PDP)</p>	<p>An awareness training session requires to be arranged for the team for Equality and Diversity. Explore online equality and diversity modules.</p>

**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.**

In applying the EQIA we realised that many of the aspects of our working routine appear to go beyond what some might describe as standard or routine delivery. We take time with patients and families to make sure that their needs are being met. Creating a safe quiet space for sensitive discussions such as providing a distressing diagnosis has meant that families are less frustrated and time is available to answer their questions and provide support.

We actively engage with voluntary groups and have learnt much from this in terms of better understanding patient needs or simply reassuring staff that we’re doing the right thing. We have worked hard to make sure we are aware of other services that might be able to provide support and help to our patients and families. To this end we see ourselves as an integrated service within a wider patient/person journey rather than an isolated stand alone service for hearing impaired and deaf families.

We do need to review things like our data collection systems and hope to further enhance patient experience through a more robust system in future. The Childrens Hearing Services Working Group meets quarterly and has parent representation from various types of deafness and hearing aids, various ages of patients and also has representation from BME project at NDCS and we will continue to utilize this forum to engage with our patient group.

Partnership working with educational colleagues ensuring that hearing aided children’s needs are met in school regardless of equality status could also be improved around communication and information exchange.

**Actions – from the additional requirements boxes completed above, please summarise the actions this service will be taking forward.**

	<b>Date for completion</b>	<b>Who is responsible?(initials)</b>
<p><b>Cross Cutting Actions – those that will bring general benefit e.g. use of plain English in written materials</b></p> <p><b>Review of patient data/demographics collection to include ethnicity, contact details, mobile no, email etc.</b></p>		

<p><b>Review patient data collection.</b></p> <p>All department staff to complete sensory awareness training (Deaf and Vision).</p> <p>Review available patient information in other languages.</p> <p>Review appointment letters for content (appointment duration etc) and include travel directions.</p> <p>Arrange an awareness session for staff on role of Family Support and Bereavement Service within the hospital.</p> <p>Ensure review of transport issues for the new hospital take cognisance of the needs of parents travelling with children</p>	<p>March 2012</p> <p>April 2012</p> <p>April 2012</p> <p>June 2012</p>	<p>Head of Department/Deputies/ Administrator</p> <p>Head of Department/Hearing Screening Manager</p> <p>Administrator/Head of Department</p> <p>Family support &amp; Bereavement Service/Head of Department</p>
<p><b>Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy</b></p> <p>Facilities-review access door to Yorkon Building to meet DDA compliance including access system.</p> <p>Facilities-text telephone facility for department (Many deaf patient communicate by text message)</p> <p>Facilities-Portable loop system available in department along with appropriate posters displayed.</p> <p>Facilities-Alerting pager buzzer system for deaf parents/patients in waiting area (especially main out patients)</p>		<p>Facilities</p> <p>Facilities</p> <p>Facilities</p> <p>Facilities</p>

Equality and Diversity training for team and staff meeting to be arranged and explore online modules.	March 2012	Head of Department/ Hearing
BSL skills for Audiology staff-identify one or two members of staff to gain some basic BSL skills.	December 2012	Head of Department/Deputies via PDP/eKSF system.
Circulate Transgender Policy to team.	January 2012	Team Meetings
Circulate GBV policy document to team.	January 2012	Team Meeting

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

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**Lead Reviewer:  
EQIA Sign Off:**

**Name                      Jim Harrigan  
Job Title                Head of Audiology  
Signature  
Date                        06 November 2011**

**Quality Assurance Sign Off:**

**Name                        Flora Muir  
Job Title                Quality Co-ordinator  
Signature                *Flora Muir*  
Date                        24<sup>th</sup> November 2011**

**Please email a copy of the completed EQIA form to [CITAdminTeam@ggc.scot.nhs.uk](mailto: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.**