

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

It is essential to follow the EQIA Guidance in completing this form

Name of Current Service/Service Development/Service Redesign:

Radiology Department at Glasgow Royal Infirmary

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

Brief description of the above: (Please include if this is part of a Board-wide service or is locally determined).

The Radiology Department provides an imaging service to approximately 400 patients per day in the Queen Elizabeth Building at Glasgow Royal Infirmary. This is provided by **3** general x-ray rooms; **2** CT scanners; **4** ultrasound room and **2** Fluoroscopy rooms.

The Department takes referrals from in-patients; out-patients; A&E and patients referred by a GP.

Who is the lead reviewer and where based?

Murray Crichton, Sector Superintendent Radiographer, Glasgow Royal Infirmary.

**Please list the staff groupings of all those involved in carrying out this EQIA
(when non-NHS staff are involved please record their organisation or reason for inclusion):**

Sector Superintendent Radiographer; Charge Nurse (X-Ray Department); Staff Nurse (X-Ray Department; Superintendent 2 Radiographer; Superintendent 3 Radiographer (x2); Lead Nurse (Imaging); Administration Manager; Portering Manager; Senior Charge Nurse; Office Manager; Quality Co-ordinator; Equality and Diversity Assistant.

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
Gender	<ul style="list-style-type: none"> • Staff assess if each patient has to change into a hospital gown. • All cubicles have curtains around them. • Some clinical areas have ‘in use signs’ others have locks on the door. • The departmental policy is that if the door is closed, staff do not enter. • The departmental database system records gender. • Where possible, staff will try to accommodate the patient’s request for a same sex health professional. • Some staff have accessed equality and diversity training. 	<ul style="list-style-type: none"> • In most cases, patients are required to wear hospital gowns. The hospital gowns come in one size only. Dressing gowns cannot be used due to infection control issues. • There is no specific waiting area for in-patients, . • The department has a communal waiting area. In some cases, the patients are wearing hospital gowns whilst waiting for their procedure. • Staff were unaware of NHS Greater Glasgow and Clyde’s Gender Based Violence Policy. • There have been issues with transgender patients. i.e. the name on the departmental database system did not correspond to the appointment card. (The patient had not amended their CHI details). • There is a lack of wheelchairs and trolleys in the department for transferring patients who use the patient transport system and this can lead to patients missing their appointment time.
Ethnicity	<ul style="list-style-type: none"> • Staff are aware of how to book an interpreter. • When an interpreter is used, this is recorded. • The departmental database system has a system for highlighting if a patient requires an interpreter. • Where possible, staff will try to accommodate the patient’s request for a same sex health professional. • As part of their Personal Development Plan, some members of staff are looking at devising picture cards which may be used with patients who’s first language is not English. • The CT scanner within the Department has a 	<ul style="list-style-type: none"> • The referral letter does not always state if an interpreter is required. With regards to in-patients, the wards do not always inform the Department if the patient requires an interpreter. This means there can be problems arranging interpreters at short notice. • Written Patient Information is not available in other languages. • Due to waiting time targets, staff sometimes telephone patients to arrange an appointment. However, there can be issues if the patient’s first language is not English as the Department does

	<p>facility to record an explanation of the equipment , in other languages.</p>	<p>not have access to telephone interpreting.</p>
<p>Disability</p>	<ul style="list-style-type: none"> • The Departments database has a system for highlighting if the patient has any disabilities (an alert field). • Lifts are available to the department. • There is a drop off point at the Wishart Street entrance. • Disabled parking is located at the Wishart Street entrance. • The reception desk has a lower section for people who have wheelchairs. • The cubicles are wide enough to allow wheelchair access. • Staff are aware of how to book a sign language interpreter. • Some Radiographers have undertaken British Sign Language courses. • One member of staff has accessed makaton training. • As part of their Personal Development Plan, some staff are looking at devising picture cards which may be used with patients who have disabilities. • For people with learning disabilities, carers are welcome to attend the appointment with the patient. Staff are aware that they should speak directly to the patient rather than their carer. 	<ul style="list-style-type: none"> • The referral letter does not always state if a patient has any disabilities. With regards to in-patients, the wards do not always inform the Department if the patient has any disabilities. This means there can be problems arranging communication support at short notice. • There are no disabled toilets in the department. • Patient information is not available in other formats. • There is a lack of wheelchairs and trolleys in the department for transferring patients who use the patient transport system and this can lead to patient's missing their appointment time. • The department does not have to a portable induction loop for patients who are deaf or hard of hearing. • One patient was concerned that the appointment letters were not suitable for patients with visual impairments. • Patient's find the signage to the department confusing. • If a patient takes ill whilst waiting for their appointment, there is no space to move them to give them some privacy.
<p>Sexual Orientation</p>	<ul style="list-style-type: none"> • Staff are aware of the Civil Partnership Act and use appropriate terminology (e.g. staff ask the patient who is accompanying them rather than making assumptions). • Staff assess the needs of the patient on an 	<ul style="list-style-type: none"> • No negative impact identified.

	individual basis.	
Religion and belief	<ul style="list-style-type: none"> • Upon request, staff can accommodate the patient's request to avoid appointments conflicting with religious festivals. • Staff are aware of the religious importance of articles of faith e.g. the Kirpan for Sikh patients. If the Kirpan was to interfere with the procedure, staff would explain and discuss this with the patient. 	<ul style="list-style-type: none"> • No negative impact identified.
Age (Children/Young People/Older People)	<ul style="list-style-type: none"> • Age is recorded in the departmental patient database. • The majority of children would attend Yorkhill' Sick Children's Hospital, however, children can access the service via Accident and Emergency. Their parents and guardians are able to accompany them at all times. • There are baby changing facilities located nearby. • A cubicle could be made available for breast feeding if requested. 	<ul style="list-style-type: none"> • No negative impact identified.
Social Class/Socio-Economic Status	<ul style="list-style-type: none"> • Patients who are entitled to reclaim their travelling expenses can do so at the Cashier's Office. Staff direct patients to the cash office. 	<ul style="list-style-type: none"> • The Cashier's Office is located in the Central Medical Block which is a significant distance from the Radiology department. The Cashier's Office is not well signposted.

<p>Additional marginalisation</p>	<ul style="list-style-type: none"> For people in the criminal justice system, staff try to see them as quickly as possible to avoid disruption to the department. 	<ul style="list-style-type: none"> There is no separate waiting area for patients in the criminal justice system, this can be embarrassing for the person, and intimidating for other patients. There can be issues for patients using the Scottish Ambulance Service. i.e. patient transport not turning up and patient being left in the department; having to give 3 weeks notice to book patient transport; seriously ill patients having to wait for an ambulance to come back and get them as they are unable to wait for the patient. There is also insufficient wheelchairs and trolleys in the department for transferring patients who use the patient transport system and this can lead to patient's missing their appointment time.
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Actions	Date for completion	Who is responsible?(initials)
<p>Cross Cutting Actions</p>		
<p>Specific Actions</p> <ul style="list-style-type: none"> Review the availability of rooms to provide a separate waiting area for in-patients (this room would require additional power points for medial equipment). Investigate the possibility of purchasing gowns in larger sizes. Ensure staff are aware of NHS Greater Glasgow and Clyde's Gender Based Violence Policy. 	<p>July 2010 July 2010 OCT 09 Nov 09</p>	<p>MCC MCC, PB MCC</p>

<ul style="list-style-type: none"> • Ensure that patient's name on the appointment card correlates to the name of the departmental database. • • Investigate the possibility of purchasing of new trolleys and wheelchairs to enable the transfer of patient's using the patient transport system. • Consult with wards to ensure that if the patient has additional needs that the Radiology Department is notified e.g. if the patient is deaf, so that the Department can organise a British Sign Language Interpreter. • Investigate the possibility of installing a disabled toilet within the department. • Investigate the possibility of purchasing a portable loop system for patient's who are hard of hearing or are deaf. • Review the availability of patient information in other languages and formats. • Consider the possibility of accessing telephone interpreting for emergency situations. • Highlight the fact that the current patient information database does not allow the recording of ethnicity and if the patient has any disabilities. • Review the appointment letter to ensure that it is visually friendly. • Consult with the Estates Department, to discuss reviewing signage to the department. • Consult with the Facilities Department regarding the location of the Cashier's Office, and if there are any alternative options. • Review the possibility of having a designated waiting areas for prisoners. • Contact the Scottish Ambulance Service to discuss the issues regarding patient transport. (Or contact the Transport Team at Dalian House). 	<p>July 2010</p> <p>Nov 09 Noted</p> <p>Nov 09 Noted</p> <p>July 2010</p> <p>Feb 2010</p> <p>June 2010</p> <p>Jan 2010</p> <p>Nov 09</p> <p>Nov 09 Noted</p> <p>Nov 09 Noted</p> <p>Clarifying Issue</p>	<p>MCC</p> <p>FACILITIES, PB</p> <p>SR</p> <p>MCC</p> <p>MCC</p> <p>MCC to contact</p> <p>Information can be collated on CRIS</p> <p>MMcF</p> <p>MCC</p> <p>MCC</p> <p>MCC</p>
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Ongoing 6 Monthly Review **Please write your 6 monthly EQIA review date:**

June 2010

Lead Reviewer: **Name: Murray Crichton**
Sign Off: **Job Title; Sector Superintendent Radiographer**
 Signature
 Date: 02/03/2010

Please email copy of the completed EQIA form to irene.mackenzie@ggc.scot.nhs.uk

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