

**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:

Emergency Department – Royal Hospital for Sick Children at Yorkhill

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 Emergency Department at the Royal Hospital for Sick Children at Yorkhill is a specialist emergency service to assess and treat children with any condition that may require immediate medical attention.

The department is staffed by consultants, doctors and nurses who are specially trained in Paediatric Emergency Medicine. The department receives new patients up to the age of 13 years old and children already known to the hospital up to the age of 16 years. There is an ongoing plan to raise the new patient upper age limit to 16 years old coinciding with the move to a new hospital in years to come.

After assessment patients can be treated and discharged home, referred to another specialist service or discharged for follow up at relevant out patient clinics.

Who is the lead reviewer and where based?

Scott Hendry, Consultant in Paediatric Emergency Medicine, Emergency Department, Royal Hospital for Sick Children at Yorkhill.

**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):**

Clinical Nurse Manager; Consultant in Paediatric Emergency Medicine; Student Nurse; Ward Clerkess; Nurse Practitioner; Nurse Support; Quality Co-ordinator; Inequalities Facilitator.

Impact Assessment – Equality Categories:

| Equality Category | Existing Good Practice | Remaining Negative Impact |
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| <p>Gender</p> | <ul style="list-style-type: none"> • Gender data is recorded in the patient information system. • Depending on rotas, staff try to accommodate requests for same sex health professionals. If this is not possible, chaperoning by staff is always available. • Because of the age limits of patients (13 years old) using the service no transgender issues have been experienced within the department. Staff are aware such issues may occur when the age limit is raised to 16 years old. Members of staff are aware of how to discuss issues through with the patient. • Whilst there is no male/female patient segregation, there are curtains around the cubicles/beds, opaque glass and blinds to protect dignity and ensure individual privacy. • Patients are allowed to wear their own clothing. If changing into a gown is essential then children’s sizes are available. • Single consultation rooms available if required. • Staff are aware of domestic violence issues and there are protocols in place. | <ul style="list-style-type: none"> • Gender data is recorded, but not analysed, for service planning and delivery. |
| <p>Ethnicity</p> | <ul style="list-style-type: none"> • Ethnicity data is recorded in case notes. • The department is aware of NHS Greater Glasgow and Clyde’s Interpreting Policy and Procedures. The department had also received updated interpreting resources which include posters and language cards. If an interpreter is used this is documented in the case notes. Staff are aware of the implications of using a family member or friend for interpreting. This is also documented in the case notes. • Staff are aware that there can be cultural issues with some patients during treatment and respect their personal preferences and choices. • Patients from travelling communities have accessed and attended the service and no negative issues have been encountered. | <ul style="list-style-type: none"> • Ethnicity data is recorded, but not collated or analysed, for service planning and delivery. • The department has no access to an Emergency Phrasebook. • Specific information about the department is not available in different languages. |
| <p>Disability</p> | <ul style="list-style-type: none"> • Disability data is recorded in case notes. This would include any long-term conditions and co-morbidities. • The clinical assessment would highlight if a patient has any long-term condition, co-morbidity or disability (e.g. diabetes, asthma or cystic fibrosis). | <ul style="list-style-type: none"> • There are no Parent/Child parking spaces. |

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| | <ul style="list-style-type: none"> • There is a drop off zone and some disabled car parking spaces in front of the Neurology Outpatient Department, adjacent to the department. • There are no automatic doors at the entrance of the department for health and safety reasons, due to the close proximity of the entrance to the main exit road from the hospital. • The department has a ramp for easy access for people using wheelchairs or pushing prams. • There are toilets adapted for patients with disabilities. • If a patient was deaf or hard of hearing this would be highlighted so that staff would go and get the patient rather than calling out their name. • There is a fixed Loop system in use at the department's front desk. • All doors are wide enough to accommodate wheelchairs. • The Department is aware of NHS Greater Glasgow and Clyde's Interpreting Policy and Procedures. The department had also received the updated interpreting resources which include posters and language cards. These policies, procedures and resources also include communication support. If an interpreter is used this is documented in the case notes. Staff are aware of the implications of using a family member or friend for interpreting. This is also documented in the case notes. • The department has a flashing fire alarm system. Staff are responsible for ensuring that all patients vacate the premises in the event of the alarm sounding. • Assisting dogs are welcome into the department and staff are aware of the "Pets for Patients" initiative operated in other areas of the hospital. • If a patient had a learning disability, staff would ensure that they used appropriate terminology and diagrams to aid the patients understanding. If they so wished, their carers could accompany them at all times. • A review of departmental signage has been undertaken to ensure signage is in the correct location and that there is sufficient colour contrast between the font and the background. | <ul style="list-style-type: none"> • The department has no access to a portable loop system for use in the clinical areas i.e. during assessment and treatment. • Chairs in the waiting areas are of a standard size and shape for adults and a standard size and shape for children. |
| <p>Sexual Orientation</p> | <ul style="list-style-type: none"> • Staff are aware of the importance of using appropriate terminology; e.g. partner, especially when dealing with patient's parents or guardians. • Due to the department's patients' age (up to 13 years old), no issues of sexual orientation are encountered. This may change with the planned increase in the | <ul style="list-style-type: none"> • No negative impact identified. |

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| | <p>patient's upper age limit (up to 16 years old).</p> <ul style="list-style-type: none"> • Staff assess and treat all patients according to individual clinical needs. | |
| Religion and belief | <ul style="list-style-type: none"> • Staff can signpost patients to the Chaplaincy if they wish to pray. • Staff deal sensitively with patients' religious beliefs and these are taken into account during assessment and treatment. • If a patient or parent/guardian had any queries regarding the contents of medication staff can contact the Pharmacy Department for advice or check the British National Formulary (BNF). | <ul style="list-style-type: none"> • The department has no access to a Religions/Beliefs and Cultures Manual. |
| Age (Children/Young People/Older People) | <ul style="list-style-type: none"> • Age is recorded in the patient information database. • Staff have Child Protection Training and implement the Child Protection Guideline for Emergency Services. • The department is expecting to raise its users' age band with the national plan to increase the current upper age limit from 13 to 16 years old. • Baby changing facilities are available and a room can be made available for older children with additional needs. • The decorative theme (i.e. toys, paintings, pictures and wall covering) emphasises the department as an environment dedicated to children. • There are different varieties of toys and a play area is available to keep children/siblings entertained whilst waiting. • If there were indications that a child is the carer, the department will refer relevant issues to appropriate support services. • Information designed for children is available. • There are children' specific gowns, available if required, in the department. | <ul style="list-style-type: none"> • No negative impact identified. |
| Social Class/Socio-Economic Status | <ul style="list-style-type: none"> • Members of staff direct patients who are on benefits and entitled to reclaim their travelling expenses to the Hospital's Finance Office • Staff gave an example of an extreme case whereby there were issues identified about how a patient was to get home and alternative arrangements were organised through a senior nurse. | <ul style="list-style-type: none"> • No negative impact identified. |

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| <p>Additional marginalisation</p> | <ul style="list-style-type: none"> • Patients who self harm may attend the department. In these cases, staff access and treat the patient, before the patient is referred to the appropriate service. • Patients with alcohol or drug issues, which are generally the result of accidental consumption are assessed and treated. • Staff know how to liaise with the Drug Addiction Team in cases of patients with drugs and alcohol addiction or abuse/misuse. • Staff are aware that some patients and parents/guardians may have literacy issues and how to recognise them. • Patients in custodial condition (by Police or Social Services) are assessed and treated according to individual clinical needs. | <ul style="list-style-type: none"> • No negative impact identified. |
| <p>All</p> | <ul style="list-style-type: none"> • The department has met with the Youth Panel to better understand the needs of children and teenagers in relation to the redesign of current facilities and the shaping of future services. Members of the Family Panel have an open relationship with the department for feeding back views. There is ongoing design of a “Patient Satisfaction Tool”. • Advocacy by patients’ relations, friends and support groups is recorded in case notes. • Complaints are recorded and may be dealt with by staff at the time in line with NHSGGC policy. • There is a food preparation pantry available for use by patients and their parent/guardians. • The department is elevating its users’ age band by ongoing plan to increase the current upper age limit from 13 to 16 years old. • The department receives and treats patients whose normal abode is from outside Scotland; i.e. visitors and holiday makers in Greater Glasgow & Clyde. • Equality & Diversity training for staff is limited to induction level. | <ul style="list-style-type: none"> • Staff do not receive specific training for Equality & Diversity Issues |

| Actions | Date for completion | Who is responsible?(Initials) |
|--|--|--|
| Cross Cutting Actions | | |
| Specific Actions: <ul style="list-style-type: none"> • Explore the possibility of collating and analysing Equality & Diversity data for service planning and delivery. • Review the possibility of using an Emergency Phrasebook e.g. Red Cross Emergency Multilanguage phrasebook. • Review the possibility of having information available in other languages and formats. • Consider incorporating designated Parent-Child parking places for the new hospital. • Liaise to obtain a portable Induction Loop System to be used in the department. • Obtain a culture and religion manual/guideline when available. • Review the need of staff for Equality & Diversity Training by liaising with the Training and Education Department. • As refurbishment or replacement of chairs is required consider replacing with a variety of types and styles. | November 2010 November 2010 November 2010 November 2010 November 2010 November 2010 November 2010 November 2010 | SH SH MH SH MH MH SH MH |

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

November 2010

Lead Reviewer: Name: Scott Hendry
Sign Off: Job Title: Paediatric Consultant Emergency Medicine
Signature: Scott Hendry
Date: 13th May 2010

**Please email copy of the completed EQIA form to irene.mackenzie@ggc.scot.nhs.uk
Irene Mackenzie, Corporate Information and Development Manager, Corporate Inequalities Team, NHS Greater Glasgow and Clyde,
Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ. Tel: 0141 201 4970.**