South Eastern Health and Social Care Trust

Equality, Good Relations and Human Rights Screening Template

Completed Screening Templates are public documents and will be posted on the Trust's website

See Guidance Notes for further background information on the relevant legislation and for help in answering the questions on this template (follow the links).

(1) Information about the Policy/Proposal

(1.1) Name of the policy/proposal

Department of Radiology, Patient Appointment Letter

(1.2) Is this a new, existing or revised policy/proposal?

Revised

(1.3) What is it trying to achieve (intended aims/outcomes)?

The Trust has reviewed the wording on its patient appointment letter and amended the wording to strengthen the promotion of equality of opportunity for all service users.

The Trust has taken into consideration professional body guidance, namely 'Inclusive Pregnancy Status Guidelines for Ionising Radiation: Diagnostic and Therapeutic Exposures' 2021 from the Society and College of Radiographers. The Trust has also worked with LGBTQ+ communities to create an inclusive language approach that protects the health and safety of our service users. The Trust has also taken into account service user feedback.

This has resulted in the decision to remove the wording 'uterus/womb' from patient information pertaining to pregnancy.

The terminology is now 'if you are aged between 11 and 55 years, and there is a possibility that you are pregnant, or if your appointment date is more than 28 days since the start of your last period, contact the Department of Radiology to reschedule'.

The use of this wording enhances and strengthens the promotion of equality of opportunity for all service users who may need to access our Radiology services, and takes into account consideration of all Section 75 equality categories. Service Users aged 11-55 years of age are in the Trust identified risk group.

The use of gender-neutral and inclusive language by healthcare professionals is important and allows radiographers to fulfil their role under IR(ME)R.

(1.4) Are there any Section 75 categories (see list in 3.1) which might be expected to benefit from the intended policy/proposal?

Trust staff and service users are representative of all section 75 categories.
Gender, age and sexual orientation S75 categories will benefit from the rewording in the appointment letter.

(1.5) Who owns and who implements the policy/proposal - where does it originate, for example DHSSPS, HSCB?

The appointment letter is Trust owned.

(1.6) Are there any factors that could contribute to/detract from the intended aim/outcome of the policy/proposal/decision? (Financial, legislative or other constraints?)

Detract

- Staff not being aware of the rewording of the letter
- Resistance from staff and Unions
- Service users/families/carers being unaware of the rationale behind the rewording, and their potential feedback

Contribute

- Trust complying with guidance eg Inclusive Pregnancy Guidance issued from Society of Radiographers
- IR(ME)R legislation 2017
- Close working relationship and ongoing engagement with stakeholders including with LBGQ+ community

(1.7) Who are the internal and external stakeholders (actual or potential) that the policy/proposal/decision could impact upon? (staff, service users, other public sector organisations, , trade unions, professional bodies, independent sector, voluntary and community groups etc)

Internal stakeholders: SEHSCT, imaging staff, professional users of the service,

External stakeholders: Service users/families/carers, Society of Radiographers, Royal College of Radiologist, RQIA, LGBTQ+ groups, Regional Trusts

(1.8) Other policies with a bearing on this policy/proposal (for example regional policies) - what are they and who owns them?

- Trust's Equality Scheme 2018
- Disability Discrimination Act 1995
- Human Rights Act 1998
- Trust Employers Procedures for IR(ME)R 2017
- HCPC Code of Professional Conduct
- Inclusive Pregnancy Status Guidelines for Ionising Radiation: Diagnostic and Therapeutic Exposures' 2021 from the Society and College of Radiographers

(2) Available evidence

Evidence to help inform the screening process may take many forms. What evidence/information (both qualitative and quantitative) have you gathered to inform this policy? Specify details for relevant Section 75 categories.

Details of evidence/information
• Complaints and compliments • Radiation incidents • Guidance from professional bodies (Society of Radiographers) • Regional discussion with other Radiology services

- Discussion with staff
- Discussion papers in professional journals
- Engagement with service users (via regular surveys, service user feedback, feedback from HappyOrNot terminals available to radiology patients, Care Opinion)
- Discussion with LBGTQ+ community and trainers

(3) Needs, experiences and priorities

(3.1) Taking into account the information above what are the different needs, experiences and priorities of each of the Section 75 categories and for both service users and staff.

Category	**Needs, experiences and priorities**	
	Service users	***Staff***
Gender	**Female 55.50%** **Male 44.50%**	**Female 81.22%** **Male** 18.78%
Age	**0 -16 10%** **16 -19 3%** **20 - 29 9%** **30 - 45 19%** **46 - 59 20%** **60 + 39%**	**0-15 0%** **16 – 19 0.53%** **20-29 16.39%** **30-45 40.00%** **46-59 33.49%** **60+ 9.59%**
Religion	**Not Routinely collected for this service.** **Consideration has been given to Trust service user profile as below and council voting patterns.** **Protestant 50.52%** **Roman Catholic 27.90%** **Other 0.82%** **None 14.65%** **Not Known 6.11%**	**Protestant 42.99%** **Roman Catholic** 25.90% **Other** 0% **None** 23.02% **Not Known** 8.10 %
Political Opinion	**Not routinely collected.** **Council voting patterns below are considered.** **Ards & North Down council area return a unionist majority** **Lisburn and Castlereagh council area return a unionist majority** **Newry, Mourne & Down council area return a nationalist majority**	**Broadly Nationalist** 3.03% **Broadly Unionist 8.24%** **Do not wish to answer** 11.09% **Other 5.35%** **Not known** 72.29%
Marital Status	**Not routinely collected.** **Trust population profile is considered as below** **Single 31.7%** **Married 51.64%** **Divorced 6.01%** **Widowed 6.85%** **Separated 3.70%** **Other 0.1%**	**Single** 32.16% **Married** 56.31% **Divorced** 3.47% **Widowed** 0.53% **Separated** 1.56% **Other / Not Known** 5.98%
Dependent Status	**Not Routinely collected.** **Trust population profile is considered as below.** **Households with dependent children - 33.38%**	**Child or children 13.00%** **Dependant older 2.98%** **A person with disability** 1.89% **None 10.54%** **Other/Not Known** 72.30%
Disability	**Not Routinely collected**	**No 25.84%**

	Trust population profile is considered as below. **Households with one or more persons with a limiting long term illness 19.82%**	**Yes** 1.32% **Not known 72.85%**
Ethnicity	**Not Routinely collected** **Trust population profile is considered as below.** **Black African 0.1%** **Irish Traveller 0.04%** **Bangladeshi 0.06%** **Pakistani 0.04%** **Black Caribbean 0.03%** **Mixed Ethnic Group 0.35%** **Chinese 0.26 %** **White 98.50%** **Indian 0.25%** **Other 0.3 %**	**Black African** 0.06% **Irish Traveller** 0.03% **Bangladeshi** 0.01% **Pakistani** 0.03% **Black Caribbean** 0.01% **Mixed Ethnic Group** 0.05% **Chinese 0.05%** **White** 30.63% **Indian** 0.43% **Other 0.33%** **Filipino 0.37%** **Not known** 68.00%
Sexual Orientation	**Not Routinely collected** **Trust population profile is considered as below** **Estimated 10% of population is LGBTQ+. Equates to estimated 168,527 of the NI population i.e. possibly one in 10 in terms of clientele/service user.** **data source Rainbow Project July 2008**	**Opposite sex 26.19%** **Do not wish to answer** 1.54% **Both sexes / Same Sex** 0.58% **Not known** 71.70%

(3.2) Provide details of how you have involved stakeholders, views of colleagues, service users and staff etc when screening this policy/proposal.

- Discussion with regional colleagues
- Staff meetings
- Meetings with professional bodies
- Training provided by LBGTQ+ Community
- Plans have been shared with staff, unions etc
- Consideration of survey results and feedback noted in Section 2
- Consideration of complaints and comments received from service users

(4) Screening Questions

You now have to assess whether the impact of the policy/proposal is major, minor or none. You will need to make an informed judgement based on the information you have gathered.

(4.1) What is the likely impact of equality of opportunity for those affected by this policy/proposal, for each of the Section 75 equality categories?				
Section 75 category	***Details of policy/proposal impact***		***Level of impact? Minor/major/none***	
	Services Users	***Staff***	***Service users***	***Staff***
Gender	**Female 55.50%** **Male 44.50%**	**Female 81.22%** **Male** 18.78%	Minor Positive Impact (see 7.4)	None
Age	**0 -16 10%** **16 -19 3%** **20 - 29 9%** **30 - 45 19%** **46 - 59 20%** **60 + 39%**	**0-15 0%** **16 – 19 0.53%** **20-29 16.39%** **30-45 40.00%** **46-59 33.49%** **60+ 9.59%**	Minor Positive Impact (see 7.4)	None
Religion	**Not Routinely collected for this service. Consideration has been given to Trust service user profile as below and council voting patterns.** **Protestant 50.52%** **Roman Catholic 27.90%** **Other 0.82%** **None 14.65%** **Not Known 6.11%**	**Protestant 42.99%** **Roman Catholic** 25.90% **Other** 0% **None** 23.02% **Not Known** 8.10 %	None	None
Political Opinion	**Not routinely collected. Council voting patterns below are considered.** **Ards & North Down council area return a unionist majority** **Lisburn and Castlereagh council area return a unionist majority** **Newry, Mourne & Down council area return a nationalist majority**	**Broadly Nationalist** 3.03% **Broadly Unionist 8.24%** **Do not wish to answer** 11.09% **Other 5.35%** **Not known** 72.29%	None	None
Marital Status	**Not routinely collected. Trust population profile is considered as below** **Single 31.7%** **Married 51.64%** **Divorced 6.01%** **Widowed 6.85%** **Separated 3.70%**	**Single** 32.16% **Married** 56.31% **Divorced** 3.47% **Widowed** 0.53% **Separated** 1.56% **Other / Not Known** 5.98%	Minor Positive Impact (see 7.4)	None

	Other 0.1%			
Dependent Status	**Not Routinely collected. Trust population profile is considered as below. Households with dependent children - 33.38%**	**Child or children 13.00%** **Dependant older 2.98%** **A person with disability** 1.89% **None 10.54%** **Other/Not Known** 72.30%	None	None
Disability	**Not Routinely collected Trust population profile is considered as below. Households with one or more persons with a limiting long term illness 19.82%**	**No 25.84%** **Yes** 1.32% **Not known 72.85%**	None	None
Ethnicity	**Not Routinely collected Trust population profile is considered as below. Black African 0.1%** **Irish Traveller 0.04%** **Bangladeshi 0.06%** **Pakistani 0.04%** **Black Caribbean 0.03%** **Mixed Ethnic Group 0.35%** **Chinese 0.26 %** **White 98.50%** **Indian 0.25%** **Other 0.3 %**	**Black African** 0.06% **Irish Traveller** 0.03% **Bangladeshi** 0.01% **Pakistani** 0.03% **Black Caribbean** 0.01% **Mixed Ethnic Group** 0.05% **Chinese 0.05%** **White** 30.63% **Indian** 0.43% **Other 0.33%** **Filipino 0.37%** **Not known** 68.00%	None	None
Sexual Orientation	**Not Routinely collected Trust population profile is considered as below Estimated 10% of population is LGBTQ+. Equates to estimated 168,527 of the NI population i.e. possibly one in 10 in terms of clientele/service user. data source Rainbow Project July 2008**	**Opposite sex 26.19%** **Do not wish to answer** 1.54% **Both sexes / Same Sex** 0.58% **Not known** 71.70%	Minor Positive Impact (see 7.4)	None

(4.2) Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories?	
Section 75 category	***Please provide details***
Gender	The Trust remains committed to embracing diversity, promoting good relations and challenging sectarianism and racism to ensure service users and staff enjoy equality of opportunity and access to health and social care in a welcoming and safe environment. The Trust has an ongoing strategy of staff training and engagement via e-learning or face to face if safe and appropriate to do so. Also see 7.4 for consideration and mitigation
Age	As above

Religion	As above
Political Opinion	As above
Marital Status	As above
Dependent Status	As above
Disability	As above
Ethnicity	As above
Sexual Orientation	As above

(4.3) *To what extent is the policy/proposal likely to impact on good relations between people of different religious belief, political opinion or racial group? minor/major/none*		
Good relations category	***Details of policy/proposal impact***	***Level of impact Minor/major/none***
Religious belief	The Trust is committed to ensuring that staff and patients have equality of access to services and feel welcome, comfortable and safe accessing all Trust facilities, irrespective of race, religion or political opinion.	The Trust has in place its Good Relations statement which is displayed on staff and service user notice boards.
Political opinion	As above	As above
Racial group	As above	As above

(4.4) Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?	
Good relations category	***Please provide details***
Religious belief	The Trust remains committed to embracing diversity, promoting good relations and challenging sectarianism and racism to ensure service users and staff enjoy equality of opportunity and access to health and social care in a welcoming and safe environment. The Trust has an ongoing strategy of staff training and awareness

	raising. Face to face training was stood down as part of the Trust COVID-19 response, however the e-learning module 'Making a Difference' is still available for staff and the Trust has recommenced face to face training where it is safe and appropriate to do so. Consideration is being given to a blended approach to delivery of training utilizing a variety of delivery methods including virtual and remote technology. On the basis of the information available, there is nothing to indicate that these changes would engender any adverse impact in regard to the promotion of good relations.
Political opinion	As above
Racial group	As above and additionally: As indicated previously, it is important that the Trust continues to translate essential information. Trust staff are cognisant of the ethical reasons for ensuring that patients who are not proficient in English as a first or second competent language are provided access to services including access to the system in an appropriate language. Telephone interpreting or face-to-face interpreting for appointments facilitates effective and safe communication. The Trust has arranged for written information on encompass implementation to be provided in alternate languages for service users. The Trust is encouraging staff to continue accessing telephone interpreting services as appropriate. The promotion of Good Relations is an integral part of the Trust's commitment to improve the health and wellbeing of all our staff and in line with our Good Relations Statement, we strive to ensure that all staff irrespective of religion, race or political opinion feel safe, welcomed and comfortable in work.

(5) Consideration of Disability Duties

(5.1) How does the policy/proposal encourage disabled people to participate in public life and promote positive attitudes towards disabled people?
• The Trust is committed to ensuring equality of opportunity for all service users and staff in terms of disability and complies with all relevant Disability legislation, including the Disability Discrimination Act 1995 and the United Nations Convention on the Rights of People with Disabilities. • The Trust Disability Action Plan 2018 – 2023 promotes these two duties. The Trust is currently consulting on its 2023 – 2028 Disability Action Plan which is due for Trust approval 2023. Additionally, the Trust has policies, procedures and strategies in place aimed at encouraging disabled people to participate in public life and promote positive attitudes towards disabled people.

- Consideration has been given to the profile or staff and/or service users affected by the proposal including those with a disability.

- All staff must complete mandatory training on equality, human rights and good relations which includes awareness of disability duties. As this is available online, staff are being encouraged to complete online if possible at this present time. Patient Experience and Domiciliary Care staff have received bespoke face to face training as it is more difficult for them to access the e-learning module.

(6) Consideration of Human Rights

(6.1) Does the policy/proposal affect anyone's Human Rights? Complete for each of the articles

Article	Positive impact	Negative impact = human right interfered with or restricted	Neutral impact
Article 2 – Right to life	X		
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	X		
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			X
Article 5 – Right to liberty & security of person			X
Article 6 – Right to a fair & public trial within a reasonable time			X
Article 7 – Right to freedom from retrospective criminal law & no punishment without law			X
Article 8 – Right to respect for private & family life, home and correspondence.	X		
Article 9 – Right to freedom of thought, conscience & religion			X
Article 10 – Right to freedom of expression	X		
Article 11 – Right to freedom of assembly & association			X
Article 12 – Right to marry & found a family			X
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			X

1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			X
1st protocol Article 2 – Right of access to education			X

Please note: If you have identified potential negative impact in relation to any of the Articles in the table above, speak to your line manager and/or Equality Unit. It may also be necessary to seek legal advice.

(6.2) Please outline any actions you will take to promote awareness of human rights and evidence that human rights have been taken into consideration in decision making processes.

The right to the highest attainable standard of health is to be realised progressively over time and the Trust as a public authority must use the maximum available resources to fulfil the right.

The Trust recognises that equality does not mean treating everyone the same but treating everyone according to their needs.

At this time the e-learning module on Equality, Diversity, Human Rights and Good Relations is promoted however face to face training programmes can and are facilitated if safe and appropriate to do so.

(7) Screening Decision

(7.1) given the answers in Section 4, how would you categorise the impacts of this policy/proposal?

Major impact	
Minor impact	X – positive impact
No impact	

(7.2) Do you consider the policy/proposal needs to be subjected to ongoing screening

Yes	X
No	

(7.3) do you think the policy/proposal should be subject to and Equality Impact Assessment (EQIA)?

Yes	
No	X

(7.4) Please give reasons for your decision and detail any mitigation considered.

The Trust has carried out an equality screening of the rewording of the patient appointment letter as part of the appointment letter review process.

The Trust has established that there may be a minor positive impact for service users who are aged between 11 and 55 years, and there is a possibility that they may be pregnant, protecting all service users from unnecessary radiation in pregnancy.

The Trust has a legal duty, when carrying out medical exposures using ionising radiation, to establish written procedures for making enquiries of all individuals of childbearing potential to establish whether the individual is, or may be, pregnant or breastfeeding.

The Trust has taken into consideration professional body guidance, namely 'Inclusive Pregnancy Status Guidelines for Ionising Radiation: Diagnostic and Therapeutic Exposures' 2021 from the Society and College of Radiographers.

The Trust has also worked with LGBTQ+ communities to create an inclusive language approach that protects the health and safety of our service users. The Trust has considered feedback from our service users via care opinion, surveys and complaints received. This has resulted in the decision to remove the wording 'uterus/womb' from patient information pertaining to pregnancy.

The use of this new wording enhances and strengthens the promotion of equality of opportunity for all service users who may need to access our Radiology services, and takes into account consideration of all Section 75 equality categories.

The Trust has made this amendment and continues to review this and other patient information as part of a planned process to regularly update our patient communications which include a number of leaflets and letters. This information is held on the Radiology Information System which holds the templates for all appointment letters. The Trust acknowledges the complexity of changing each appointment letter for each site (5 hospital sites) and for each examination carried out and has completed this as planned from April 2023 and going forward. The Equality Screening has been developed in parallel with this updating process to ensure that the correct information is gathered and consideration of the potential impact, both positive and adverse, has been appropriately captured.

The use of gender-neutral and inclusive language by healthcare professionals is important and allows radiographers to fulfil their role and responsibilities under IR(ME)R and the Trust Equality Scheme.

Engagement with our Service Users

The Trust is always looking at ways to best engage with our stakeholders and to take feedback and comments from our service users. To assist with this the Radiology Department has in place an ongoing electronic patient information review programme. A QR code is provided along with the appointment letter which takes the service user directly to a short questionnaire on the quality of the information provided. This questionnaire is available in hard copy also to improve service user accessibility.

Each quarter generates approximately 200 returns which are analysed and individual reports provided for each leaflet.

As part of this ongoing review, Question 5 asks the service user the following question '*Is the leaflet free from discrimination (gender, age, religion)'*

Analysis over the past 12 months of this engagement showed that of the 503 service users who viewed the question, 121 service users responded 'YES' to this question and a total of 381 did not respond.

There was only one response which stated 'NO'. There was no detail provided in relation to this one negative response.

The Trust has carried out preparation for the launch of a new Inclusive Radiation Safety questionnaire and a service user survey was run in August 2022. A poster was displayed with a QR code taking the service user to a short questionnaire. This was made available in the waiting areas throughout Radiology services in SEHSCT.

Analysis of the responses indicated that all respondents affirmed they understood the need for the inclusive radiation safety form being introduced. Additionally, over half of respondents indicated they understood why it was a requirement to ask about gender assigned at birth prior to undertaking imaging.

An Action Plan was developed from the outcomes of this survey.

Actions completed include the following:

- Staff education around barriers to accessing healthcare for Transgender patients and potential risk of irradiating foetus in Trans-male patients. Awareness training and local PowerPoint highlighting legislative drivers and SoR advice.

- Staff awareness raising and education on the requirement for these questions and approaching them in a sensitive and professional manner ensuring patient privacy and dignity is maintained at all times

Alongside the launch of the new form on 20th November 2023 there will be 2 new posters, with one for patients and one for staff. An equality screening of these resources was completed in April 2024

HappyOrNot Feedback Terminals.

The Radiology service leases 5 HappyOrNot terminals as another way of gauging user

satisfaction of outpatients attending Radiology services across all hospital sites.

Each terminal allows patients to rate their experiences by pressing one of four simple buttons, signified by corresponding emoticons.

The terminals gather service user feedback on the following

- Staff attitude and behaviour
- Wait times
- Privacy and dignity
- Treatment and quality of care
- Our communication
- Something else

In 2022 – 2023 the terminals received a total of 4321 "hits" and over 500 open feedback messages.

The average experience rating was from 93%-97% positive.

In 2034-2024 the terminals received a total of 7321 hits- a 77% increase on 2022- 23.

The number of open feedback comments in 2023 -24 was similar to that of the previous year at around 500.

The average experience rating in 2023-24 was from 90%-97% positive.

To date there has been **no** feedback in the open feedback section in relation to gender inequality or discrimination and the Trust continues to monitor daily so corrective actions for any negative feedback can be addressed instantly.

The Trust is committed to an ongoing screening of the implementation of this patient appointment letter and will take into account feedback from service users and our staff. The Trust will equality screen annually or sooner if required. If a major potential adverse impact is identified the Trust can upgrade to a full EQIA.

Updated Ongoing Equality Screening Information: March 2024

The Radiology Department continues its commitment to providing a service that is of the highest possible quality and meets the needs of all of our service users.

The Radiation Safety Questionnaire: Patient Survey 2024, was designed to seek feedback from service users regarding the use of the questionnaire. The survey was confidential and anonymised. 59 responses were analysed.

Summary of Service User Reponses

Service users who saw posters about creating a safe space for everybody	79.7%
Service users who understand why we have to ask questions about your gender	93.2%
Service users who would require no explanation by staff on the need for gender related questions	93%
Service users who understand why we have to avoid imaging potentially pregnant patients	89.7%
Service users who feel comfortable answering questions regarding their gender	86.2%
Service users who feel their privacy and dignity was respected at all times	91.2%

Summary of Staff Responses

A confidential questionnaire has been developed and circulated to staff to gather feedback on the introduction of the Radiation Safety Questionnaire. The questionnaire was confidential and a total of 45 questionnaires were analysed. An Action Plan has been put in place for completion April to June 2024. Actions include additional training for staff, both in-house and provided by external specialised organisations, and the setting up of a task and finish special interest group to update poster information on service user feedback.

- Staff feedback outcome report

  The service received many responses alongside excellent observations, comments and queries from the Radiation Safety Questionnaire staff survey. In order to offer the information requested while ensuring the anonymity of staff was maintained comments were grouped by themes and put into categories. Following consultation with the Equality Manager the staff feedback outcome report was shared with staff.

  Common Themes identified:

You Said....	We Did...
Training & Education	• **Rainbow Project Gender & Sexual Orientation Awareness training session(s) arranged** • **RSQ procedure discussed as part of the DOR IRMER Paused & Checked Operator training session(s)** • **Promotion of the Mandatory Equality, Diversity and Human Rights training**

Guidance around the RSQ Procedure	• **RSQ form was updated following feedback from Staff & Service Users** • **RSQ IRMER Audit procedure was updated following feedback from Staff** • **Employers Procedures guidance was updated** • **RSQ Guidance sheet and flow chart was developed** •
Raising Awareness	• **RSQ Awareness Poster were developed** • **RSQ Patient Information Leaflet were developed** • **Awareness of RSQ for staff raised through staff training sessions, new guidance and team meetings discussions**

Both staff and service user surveys are due to be run again in Autumn 24

- Compliance Audit Reports

  Monitoring of staff compliance in the use of the Radiation Safety Questionnaire is ongoing since its introduction in December 23. The first audit was undertaken in January 24 which indicated a need for improvement. Re audit is being undertaken in April 24. Results and action plans are shared with staff and discussed at relevant team meetings. Further re-audit has taken place in June & July 24. Compliance is displayed on a dashboard and tabled for discussion at the senior management team meeting and staff team meetings. It will also be discussed as part of the next RQIA IR(ME)R inspection.

- Electronic Patient Information Leaflet review

  Radiology introduced an electronic patient information leaflet review programme in 2021. In 22 23 a total of 2652 service users provided feedback on information leaflets using a QR code made available to them with their appointment letter. The table below outlines the annual response which is due to be complied again in April 24 for the 23 24 annual quality report:

Leaflet Review % positive response per Question	
Did you Patient Information Leaflet provide-	**%**
Clear & simple explanation of imaging procedure	96%
Language easy to understand	98%
Easy to follow information on preparation	97%
Described Risk vs Benefits	97%
Free from discrimination	98%
Meet your needs and inform you of what to expect	96%

Leaflets across all imaging modalities achieved the expected compliance of 90%. This outcome helps provides assurance that Patient Information provided by the Radiology Service meets the needs and expectations of service users.

Between April 2023- March 2024, 583 service users provided feedback on our information leaflets using a QR code made available to them with their appointment letter. The table below outlines the annual response:

Patient Information Leaflet review April 23-Mar24							
	Annual % achieved						
Question	**Plain Film**	**CT**	**MRI**	**US**	**DXA**	**FLUOR**	**MAMO**
Clear & simple explanation of imaging procedure	100%	98%	100%	100 %	100%	100%	100%
Language easy to understand	98%	100 %	100%	100 %	100%	100%	95%
Easy to follow information on preparation	100%	98%	100%	100 %	100%	100%	100%
Described Risk vs Benefits	100%	96%	100%	100 %	100%	100%	100%
Free from discrimination	100%	100 %	100%	95%	100%	100%	100%
Meet your needs and inform you of what to expect	98%	96%	100%	100 %	100%	100%	98%
Overall total %	**99%**	**98%**	**100%**	**99%**	**100%**	**100%**	**98%**

Leaflets across all modalities achieved the expected compliance of 90% in 2023-24. This outcome helps provides assurance that our Radiology Patient Information meets the needs and expectations of our service users

- Paused & Checked for Pregnancy poster

  In addition to issuing guidance on inclusive pregnancy the Society of Radiographers have released a new resource poster in the Paused and Checked series of posters to promote safe practice and IR(ME)R compliance in related to inclusive pregnancy. These are displayed in all control areas for radiographer information.

- Staff training resources

  Training has been delivered via a PowerPoint presentation, webinars and face to face sessions, the most recent of which was delivered by the Rainbow Project in April 24. Training helps support staff in understanding gender based language and trans healthcare issues. The service will continue to seek and share further opportunities for training and supporting resources in this area and add information links to the departmental induction packs.

- **August 2024** - A positional update for Q2 2024-25 is given below for Department of Radiology staff compliance with Equality, Good Relations and Human Rights: Making a Difference regional training

Ulster Hospital	87%

Lagan Valley	82%
Downe Hospital	100%
Admin Department	93%
Total compliance	88%

Updated Ongoing Equality Screening Information: August 2025

The Radiology Department continues its commitment to providing a service that is of the highest possible quality and meets the needs of all of our service users.

Radiation Safety Questionnaire (RSQ)

All actions from the RSQ Staff and Service User Quality Improvement Action Plan for 2024 have been reviewed and completed.

In February 2025, following feedback from the Staff and Service User survey, the RSQ patent information leaflet and poster was updated. Input was requested from the Rainbow Project, Mermaids NI and Transgender NI during the co-production of the updated RSQ leaflet and poster.

The 2025 Radiation Safety Questionnaire: Staff & Patent Survey is planned for August-September 2025. The survey is designed to seek feedback from service users regarding the use of the questionnaire. The survey will be operated through Safe and Effective Care to ensure it is confidential and anonymised.

Summary of Staff & Service Users responses will be analysed to identify learning themes with a quality improvement action plan implemented to address any areas of concern.

IRMER Paused & Check Training: Staff Survey

A staff survey is being run in July & August 2025. The survey is aimed at all staff who attended the Department of Radiology IRMER Paused and Check Operator staff training. The purpose of the survey is to provide feedback on all IRMER and management of Radiation incidents, this includes the RSQ.

IRMER Compliance Audit Reports

Monitoring of staff compliance in the use of the Radiation Safety Questionnaire is ongoing. Results and action plans are shared with staff and discussed at relevant team meetings. Compliance is displayed on a dashboard and tabled for discussion at the Senior Management Team meeting, Staff Team Meetings and the Radiology Safety sub-Committee meetings. It will also be discussed as part of the next RQIA IR(ME)R inspection.

Electronic Patient Information Leaflet review

In Q1 (April – June 2025) **36** service users provided feedback on information leaflets using a QR code made available to them with their appointment letter. The table below outlines the annual response:

Patient Information Leaflet review Q1 April-June 2025							
	Annual % achieved						
Question	**Plain Film**	**CT**	**MRI**	**US**	**DXA**	**FLUOR**	**MAMO**
Clear & simple explanation of imaging procedure	No returns	100%	100%	100%	100%	75%	100%
Language easy to understand	No returns	100%	100%	100%	100%	100%	100%
Easy to follow information on preparation	No returns	100%	100%	100%	100%	100%	100%
Described Risk vs Benefits	No returns	100%	100%	90%	100%	100%	100%
Free from discrimination	No returns	100%	100%	100%	100%	100%	100%
Meet your needs and inform you of what to expect	No returns	100%	100%	90%	100%	100%	100%
Overall total %	No returns	**100%**	**100%**	**97%**	**100%**	**96%**	**100%**

Please note, The Plain Film X-ray leaflet is no longer in use. The rational for this decision is the information is provided in the patient appointment letter and on the SET Radiology Public Facing website.

The survey results are reviewed quarterly and any identified actions are monitored through a quality improvement action plan.

Leaflets across all imaging modalities achieved the expected compliance of 90%. This outcome helps provides assurance that Patient Information provided by the Radiology Service meets the needs and expectations of service users.

Between April 2024 and March 2025, 583 service users provided feedback on our information leaflets using a QR code made available to them with their appointment letter. The table below outlines the annual response:

Patient Information Leaflet review Q1 April-June 2024							
	Annual % achieved						
Question	**Plain Film**	**CT**	**MRI**	**US**	**DXA**	**FLUOR**	**MAMO**
Clear & simple explanation of imaging procedure	100%	100%	100%	100%	100%	100%	100%

Language easy to understand	100%	100%	100%	100%	100%	100%	100%
Easy to follow information on preparation	100%	100%	100%	100%	100%	100%	100%
Described Risk vs Benefits	100%	100%	100%	100%	100%	100%	100%
Free from discrimination	100%	100%	100%	100%	100%	100%	100%
Meet your needs and inform you of what to expect	100%	100%	100%	100%	100%	100%	95%
Overall total %	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	99%

Patient Information Leaflet review Q2							
	Annual % achieved						
Question	**Plain Film**	**CT**	**MRI**	**US**	**DXA**	**FLUOR**	**MAMO**
Clear & simple explanation of imaging procedure	90%	100 %	100%	100 %	100%	100%	88%
Language easy to understand	90%	100 %	100%	100 %	100%	100%	96%
Easy to follow information on preparation	90%	100 %	100%	100 %	100%	100%	96%
Described Risk vs Benefits	100 %	100 %	100%	100 %	100%	100%	88%
Free from discrimination	100 %	100 %	100%	100 %	100%	100%	95%
Meet your needs and inform you of what to expect	90%	100 %	100%	100 %	100%	100%	83%
Overall total %	93%	**100 %**	**100%**	**100 %**	**100%**	**100%**	91%

Patient Information Leaflet review Q3							
	Annual % achieved						
Question	**Plain Film**	**CT**	**MRI**	**US**	**DXA**	**FLUOR**	**MAMO**
Clear & simple explanation of imaging procedure	100%	100 %	100 %	100 %	100%	no returns	100%
Language easy to understand	100%	87%	100 %	100 %	100%	no returns	100%
Easy to follow information on preparation	92%	100 %	100 %	100 %	100%	no returns	100%
Described Risk vs Benefits	100%	100 %	100 %	92 %	100%	no returns	100%
Free from discrimination	93%	100 %	100 %	100 %	100%	no returns	91%

Meet your needs and inform you of what to expect	100%	100 %	100 %	100 %	100%	no returns	91%
Overall total %	98%	98%	**100 %**	99 %	**100%**	no returns	97%

Patient Information Leaflet review Q4							
	Annual % achieved						
Question	**Plain Film**	**CT**	**MRI**	**US**	**DXA**	**FLUOR**	**MAMO**
Clear & simple explanation of imaging procedure	100%	100%	100%	100%	100 %	no return	100%
Language easy to understand	100%	100%	100%	100%	100 %	no return	100%
Easy to follow information on preparation	95%	100%	100%	100%	100 %	no return	100%
Described Risk vs Benefits	95%	100%	100%	100%	100 %	no return	100%
Free from discrimination	95%	100%	100%	100%	100 %	no return	100%
Meet your needs and inform you of what to expect	95%	100%	100%	93%	100 %	no return	100%
Overall total %	97%	**100%**	**100%**	99%	**100 %**	#DIV/0!	**100%**

Leaflets across all modalities achieved the expected overall total compliance of 90% or above in 2024-2025. This outcome helps provides assurance that our Radiology Patient Information meets the needs and expectations of our service users

Staff training resources

Training has been delivered via a PowerPoint presentation, webinars and face to face sessions. Training helps support staff in understanding gender based language and trans healthcare issues. The service will continue to seek and share further opportunities for training and supporting resources in this area and add information links to the departmental induction packs.

IRMER Paused and Checked Staff training

In March 2024, IRMER Paused and checked staff engagement training sessions have been run with staff and students. The purpose of the training sessions is to provide staff with a safe space to discuss IRMER practices in radiology, this include the RSQ, to encourage learning. A total of **52** staff have received the training and there is plans to continue to roll out the training to Plain film and CT staff.

Equality, Good Relations and Human Rights Training

A positional update for **Q2 2025-26** is given below for Department of Radiology staff

compliance with Equality, Good Relations and Human Rights: Making a Difference regional training

Ulster Hospital	**92%**
Lagan Valley	**83%**
Downe Hospital	**47%**
Admin Department	**67%**
Total compliance	**83%**

Mandatory training compliance, including Equality training, is monitored quarterly. The results are shared with staff and discussed at SMT meetings. As part of the Quality Improvement Action Plan, the Health Roster manager alerts staff and line managers of non-compliance, a reminder email is issued instructing staff to complete the training and if required protected time is allocated.

(8)Monitoring

Please detail how you will monitor the effect of the policy/proposal for equality of opportunity and good relations, disability duties and human rights?

- Monitoring of complaints and compliments
- Feedback via Care Opinion
- SAI reports on radiation incidents
- Ongoing electronic leaflet review programme in place. Quarterly reports generated and user feedback taken into account when reviewing patient information.
- Review of Action Plan outcomes
- Continued analysis of Survey feedback to engage with our service users
- HappyOrNot terminal feedback monitored weekly
- Feedback from staff via 1-1 and team meetings
- Staff and service users will be surveyed in January 24 in relation to their satisfaction regarding a new inclusive safety questionnaire launched in November 23
- Feedback from Staff and Service Users Survey
- Reporting on Actions achieved in Action Plan

South Eastern Health and Social Care Trust

Approved Lead Officer:	**Jayne Hutchinson**
Position:	**Radiology Service Manager**
Date:	**27 November 2023** **8 April 2024** **23 August 24** **13 August 25**
Policy/proposal screened by:	**A Lattimer** **M Cadden**

Please forward completed schedule to:

Susan Thompson
Equality Manager
e: susan.thompson@setrust.hscni.net