**Equality Impact Assessment Tool for Frontline Patient Services**

**Equality Impact Assessment is a legal requirement and may be used as evidence for cases referred for further investigation for legislative compliance issues. Please refer to the EQIA Guidance Document while completing this form. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session. Please contact CITAdminTeam@ggc.scot.nhs.uk for further details or call 0141 2014560.**

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

| |
|---|
| Ward 39, Royal Alexandra Hospital (RAH) |

**This is a : Current Service**

**2. Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally determined).**

| **A. What does the service do?** |
|---|
| Ward 39 is a Functional Psychiatric admission, assessment and treatment ward for older adults from Renfrewshire and East Renfrewshire areas. There is a multidisciplinary team approach and patients are actively encouraged to take part in their own care. We have 20 patients in three 5 bedded rooms, one 3 bedded room and two single rooms. All rooms have toilets and wash hand basins. |
| **B. 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.)** |
| An EQIA was previously completed for this ward in 2011 as it was felt appropriate that a formal approach to the scrutiny of policies, plans and service delivery in relation to equality and diversity took place. It was felt that this needed updating to include any changes that may have taken place since 2011. |

**3. Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)**

| **Name:** | **Date of Lead Reviewer Training:** |
|---|---|
| Natalia Hedo | 02/06/2016 |

**4. 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):**

| |
|---|
| Alex Buchanan (Service Manager - Inpatient Service); Donny McKenna (Lead Nurse Support); Margo Hughes (Senior Charge Nurse); Natalia Hedo (Clinical Governance Facilitator) |

| | **Lead Reviewer Questions** | ***Example of Evidence Required*** | **Service Evidence Provided** | **Additional Requirements** |
|---|---|---|---|---|
| **1.** | **What equalities information is routinely collected from people using the service? Are there any barriers to collecting this data?** | ***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.*** | Data for Age, Sex, and Ethnicity are collected during the admission process. Data on Disability, Faith, Socio-Economic status, Sexual Orientation and Gender Reassignment would be collected during the ongoing assessment process using Clinical Risk Screens, various assessment forms and Care Planning. Questions on | |

| | | | | |
|---|---|---|---|---|
| | | | gender based violence in relation to present or historical abuse are routinely asked during the admission process and escalated appropriately. Staff training was provided on routine sensitive inquiry concerning sexual orientation and gender reassignment. | |
| **2.** | **Can you provide evidence of how the equalities information you collect is used and give details of any changes that have taken place as a result?** | ***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.*** | Through the assessment process with one of the patients; patient disclosed that she was Jewish and a Rabbi had been asked to attend to support her. Patients and their families are encouraged to provide information to fill in the "getting to know you documentation". | |
| **3.** | **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.** | ***Cancer services used information from patient experience research and a cancer literature review to improve access and remove potential barriers from the patient pathway.*** | Patient and carers diaries have been introduced to the ward. Issues raised by patients at their 1:1s with staff are taken forward. The ward has access to interpreting service and sign language. The Loop System is also available for patients who have hearing difficulties. In terms of learning from complaints, thematic analysis is carried out and actions have been taken forward to improve services. | Access to WIFI is required in the ward. Currently in progress. |
| **4.** | **Can you give details of how you have engaged with equality groups to get a better understanding of needs?** | ***Patient satisfaction surveys with equality and diversity monitoring forms have been used to make changes to service provision.*** | Triangle of Care assessment which looks at carer engagement has been completed. It involves an audit which includes a review of the documentation and interviews with staff members. The audit is completed by local service user and carer groups (ACUMEN & Renfrewshire Carers Centre). The audit is then completed annually. Input from Intensive Home Treatment Team (IHTT) is currently available and patients are able to access other services. A new Liaison Consultant and a Liaison Nurse have been appointed. In addition to a Clinical Psychologist for Older Adults which will increase patients' access to psychological therapy. | An action plan is developed for the ward to complete the Triangle of Care assessment. |
| **5.** | **Question 5 has been removed from the Frontline Service Form.** | | | |
| **6.** | **Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?** | ***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*** | Single floor building, wide corridors, electronic entrance doors with push buttons for the disabled, accessible toilet and bath, adjustable beds and chairs in situ. Access to British Sign language and | Trying to source a keypad entry system. It is a 10 minute walk to the bus stop. |

| | | | | |
|---|---|---|---|---|
| | | ***now provided.*** | Interpreters is available. A range of 'textured modified diets are available for patients who may have problems with their swallowing reflex. Disabled parking is available outside the ward. A bus service is available to the main hospital Specialist equipment such as hoists and stand aids are easily accessible. We provide transport for various patients who require treatment elsewhere. Dementia friendly signage has been introduced. | |
| **7.** | **How does the service ensure the way it communicates with service users removes any potential barriers?** | ***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.*** | British Sign Language interpreters are accessible. The NHSGGC interpreter service is available and all staff are aware of how to access this. Language prompt cards are used to assist the staff in recognising which language a person speaks. Board wide information is available in many languages on request. A dedicated speech and language therapist is available. | Access to WIFI is required in the ward. Currently in progress. iPads for music therapy will be purchased for patients. |
| **8.** | **Equality groups may experience barriers when trying to access services. The Equality Act 2010 places a legal duty on Public bodies to evidence how these barriers are removed. What specifically has happened to ensure the needs of equality groups have been taken into consideration in relation to:** | | | |
| **(a)** | **Sex** | ***A sexual health hub reviewed sex disaggregated data and realised very few young men were attending clinics. They have launched a local promotion targeting young men and will be analysing data to test if successful.*** | Data is collected on gender in case notes. Patients' wishes and preferences are gathered on admission with the assistance of carers. Each of the bedrooms is gender specific and we are continually changing gender of the rooms to meet the needs of new admissions. Treatment of patients is person centred as different symptoms can vary depending on the patient. No assumption is made based on diagnosis. The nature of the department means that patients' behaviours as a result of being unwell, may manifest itself in many ways. Staff training on equality and diversity is available. | |
| **(b)** | **Gender Reassignment** | ***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.*** | Patients' wishes and preferences are gathered on admission with the assistance of carers. Staff are aware of the Transgender Policy and are aware they can access the policy on staff net. Social Inclusion is used as a model of care. We see this as a valuable tool for our patients on their road to recovery as loneliness can often be part of the reason that brings them into hospital. | |
| | | | | |

| | | | | |
|---|---|---|---|---|
| **(c)** | **Age** | ***A urology clinic analysed their sex specific data and realised that young men represented a significant number of DNAs. Text message reminders were used to prompt attendance and appointment letters highlighted potential clinical complications of non-attendance.*** | Age is recorded in case notes. Social inclusion is used as a model of care. Patients' wishes and preferences are gathered on admission with the assistance of carers. It is a specialist service that can be accessed by all ages. All staff have received the appropriate level of Child Protection training. The service follows good practice on Adult Support, Child protection and Adults with incapacity. | Improve transfer of care between adult community mental health care teams and older adult community mental health teams. |
| **(d)** | **Race** | ***An outpatient clinic reviewed its ethnicity data capture and realised that it was not providing information in other languages. It provided a prompt on all information for patients to request copies in other languages. The clinic also realised that it was dependant on friends and family interpreting and reviewed use of interpreting services to ensure this was provided for all appropriate appointments.*** | Ethnicity data recorded on admission. Multi faith services are available on a regular and ad-hoc basis. There is a preferred language option on personal data sheet taken at initial assessment and in case notes. The service uses show cards/international flags for determining language status and nationality. There is an interpreting policy in action and all staff have knowledge in the process of contacting an interpreter. Interpreters are used to help explain the use of medication. This includes how often the drugs should be taken and possible side-effects. Flexible visiting hours for carers The service has built up knowledge and good relations with various ethnic groups. Dietary requirements are incorporated if requested and are asked whilst carrying out initial assessment. Social inclusion is part of the model of care. Staff engagement forms ask all staff if they speak any other languages The team share knowledge on issues such as race, and culture to eliminate misunderstanding, reduce frustration between the parties and improve patient care. Staff are competent and able to signpost and direct people on to other organisations should they require it. All staff will undertake equality and diversity training and a number of the team have received E-learning in the area of equality. There have been a few occasions when staff have had to challenge racist behaviour mainly from patients who have a dementia. These situations are handled in a sensitive manner where patients are reminded that such behaviours cannot be tolerated. The Ramadan guidance is shared annually prior to Ramadan. | |

| | | | | |
|---|---|---|---|---|
| **(e)** | **Sexual Orientation** | ***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.*** | Disclosure of sexual orientation can be given by the patient or be later revealed as part of case history. Patients' preferences, wishes and needs are gathered on admission. Social inclusion is used as the model of care. | |
| **(f)** | **Disability** | ***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.*** | As part of assessment the nature of the Disability is recorded. Ward is accessible to wheelchairs. The whole service is located on a single floor. Patients' wishes and preferences are gathered on admission. Service is able to access British Sign Language interpreters. All bedrooms have toilet and wash hand basins We have one disabled shower on the ward. Although there is only one disabled bath, staff take great care to maintain dignity and privacy for our patients. Modified Texture diets are available for patients with swallow reflex problems. Specialist equipment is available i.e. Lifting and Stand aids, wheelchairs, specialist beds and specialist chairs. Social inclusion is part of the model of care. Induction loops are available to assist people with hearing deficits. We are complying with the DDA. Plans are in place for on-going refurbishment in the area. | The accommodation no longer meets the needs of the service and the HSCP are looking for long term plans for the service. In the longer term we will be looking at moving to an alternative accommodation. A single room with en-suite accommodation will be a standard for every patient. Lighting in the ward could be improved in some areas. Improve the environment for relatives by adding extra seats in the visiting rooms and tea/coffee facilities. It is 10 minutes walk to the nearest bus stop from the ward. |
| **(g)** | **Religion and Belief** | ***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.*** | A person's faith is recorded in their case notes. Patients' preferences, wishes and needs are gathered on admission. Chaplains come to visit to offer spiritual care for everyone if requested. There is access to multi faith establishment in the community. Quiet room and praying mats available for prayers. There are Bibles available if required. If Quran required, our hospital Chaplain would be contacted to arrange for a copy or the nearest Mosque. Dietary requirements in line with religious observance are met. | |
| **(h)** | **Pregnancy and Maternity** | ***A reception area had made a room available to breast feeding mothers and had directed any mothers to this facility. Breast feeding*** | Does not apply to patients in this ward. Should relatives wish to breastfeed then staff would adhere to the breastfeeding policy. | |

| | | | | |
|---|---|---|---|---|
| | | ***is now actively promoted in the waiting area, though mothers can opt to use the separate room if preferred.*** | | |
| **(i)** | **Socio - Economic Status** | ***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.*** | Patients' wishes and preferences are gathered with the assistance of a family member or carer on admission. Staff have a working knowledge of the Financial Guardianship process- under the Adult With Incapacity Act. Patient assessment picks up issues which can refer to appropriate agencies, e.g. advice works and financial advice and benefit Services. Any financial issues can also discussed be at discharge and social work support is provided to patients who require it. Multi-disciplinary meetings are arranged and can be attended by a carer to agree on the financial status of a patient. Visiting times are flexible. There is a contact sheet available in our admission pack for carers giving details of 17 Agencies that provide Financial Advice and Benefit Service. Power of Attorney training has been provided to all staff. | When no information is forthcoming from patient's relatives on power of attorney, Social Work are asked to get involved. |
| **(j)** | **Other marginalised groups - Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers** | ***A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas.*** | We have a homeless person protocol in Renfrewshire. | |
| **9.** | **Has the service had to make any cost savings or are any planned? What steps have you taken to ensure this doesn't impact disproportionately on equalities groups?** | ***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.*** | National Health Service budgetary restraints and cost saving from all services is on-going. Minimum staff level required to be maintained for nursing care. In In-patients we protect the service and recruit to all vacancies and increase the ratio of registered to unregistered staff. | |
| **10.** | **What investment has been made for staff to help prevent discrimination and unfair treatment?** | ***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.*** | We have invested significantly in staff training. Equality and Diversity issues and how these are managed are included in all staff members PDP's. All staff have access to the Equality and Diversity e-module. Staff receive any updates on equality matters that may have an impact on their practice and are also guided by policies which include dignity at work and whistle blowing policies. | |

**11. In addition to understanding and responding to our legal responsibilities under the Equality Act (2010), services have a duty to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care (including dementia care) may be**

**considered higher risk in terms of potential human rights breach due to removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.**

**Please give evidence of how you support each article, explaining relevance and any mitigating evidence if there's a perceived risk of breach. If articles are not relevant please return as not applicable and give a brief explanation why this is the case.**

**Right to Life**

Older adults nursing staff are skilled and trained in the use of the Safe Supportive Observation Policy which ensures safety of all patients. Where there is a risk of patients harming or endangering their lives, staff have duty of care in providing a safe environment.

**Everyone has the right to be free from torture, inhumane or degrading treatment or punishment**

Patients on the ward are treated individually and with respect and dignity. This is a core value of the delivery of our care. Recent changes to staff training in handling aggressive incidents, means we are moving away from a hands-on approach to de-escalation where possible, to minimise stress for patients who are acutely unwell.

**Prohibition of slavery and forced labour**

Staff are trained in Adult Support and Protection ensuring safety of vulnerable individuals. We regularly consider patients care under the Adults with Incapacity Act (AWI). Reporting and escalation procedures are in place if staff encounter practices of this nature.

**Everyone has the right to liberty and security**

Ward 39 is an open ward. Nursing care focuses on the least restrictive option. Where patients require to be detained under the Mental Health Act, their case is heard at an independent Mental Health Tribunal. Patients can be supported by their lawyer, named person and advocacy. If patients have an advance statement, these are also considered. All information relating to detention is communicated formally to patients in writing.

**Right to a fair trial**

Mental Health Tribunals are held in the Milan Suite in Dykebar Hospital, free legal representation can be made available if required. The Mental Health Care and Treatment Scotland (2003) is the framework for all decisions for each tribunal’s decision.

**Right to respect for private and family life, home and correspondence**

Staff are governed by NHS Policies in relation to confidentiality and data protection. Every patient in Ward 39 receives and individual care plan based on their rights, relationships and recovery. Families are actively encouraged to participate in their relative’s care.

**Right to respect for freedom of thought, conscience and religion**

During care planning process, nursing staff are aware of patient’s beliefs around spiritual care and these are respected.

**Non-discrimination**

This is evidenced though our clinical paperwork. We are regularly inspected by the Mental Health Welfare Commission. We employ peer support workers in our Inpatient services. These contribute to ensure that discrimination is not tolerated in any way, shape or form.

**12. 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.**

The Mental Welfare Commission report resulting from an unannounced visit to the ward highlighted the following: • Staff were visible in the ward area and engaging with patients in a warm and respectful way. • At the time of visit there was only one patient whose discharge was delayed and this was scheduled for later in the week. • Good liaison with social work in relation to guardianship applications and discharges. • All risk assessments and risk management plans were in place. • The mental health and incapacity paperwork was appropriately in place.