

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:

East Ward, Dykebar Hospital – Mental Health Continuing Care Ward

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?

East Ward is a Female Mental Health Continuing Care ward with 21 beds to meet the complex care needs of older adults with mental health problems, who have previously been assessed in older adults' admission/ assessment wards and cannot be treated with community based support. The core component of this ward is meeting end of life care needs. There is a Palliative care project being implemented to up skill staff in recognition of dying and symptom management. Ward staff also provide support to the carers/relatives and have established strong links with community hospices and in particular Accord Hospice. The ward also accesses community resources such as Pet Therapy, Massage and Hairdressing Facilities. There are also volunteers linked to the ward that spend time with patients and raise any concerns on their behalves to the nursing staff.

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.)

The use of the ward has been changed to an older adult complex care ward and a review of adaptations was carried out. 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.

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):

Natalia Hedo (Clinical Governance Facilitator); Alex Buchanan (In-patients Service Manager); Donny McKenna (Lead Nurse Support - Inpatients); Maria Banks (Senior Charge Nurse)

	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?	<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>	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	None.

			assessment forms and Care Planning. Questions on gender based violence in relation to present or historical abuse are considered during the transfer process and escalated appropriately. Staff training is 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?	<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>	Leaflets are ordered in different languages. Access to British Sign language and Interpreters is available. Patients and their families discuss with nursing and medical staff any issues that may occur during the admission and the care planning process in respect of equality. Staff have a good understanding of ethnicity issues at end of life care.	None.
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.	<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>	Staff are aware of the systems and processes when managing the language barriers for patients who cannot speak English. The ward has access to interpreting and sign language Services. In terms of learning from complaints, thematic analysis is carried out and actions have been taken forward to improve services.	None.
4.	Can you give details of how you have engaged with equality groups to get a better understanding of needs?	<i>Patient satisfaction surveys with equality and diversity monitoring forms have been used to make changes to service provision.</i>	Patient Conversation Visits are carried out on a six monthly basis by the In-patients Manager, the Professional Nurse Advisor and a member of the Mental Health Network Services Team. Patients, their families and carers are invited to attend an informal group discussion to express their thoughts on the care they receive and views on how things could be made better. Following each visit, feedback will be presented on a poster which describes what patients said and what we did to improve the service and highlight any positive comments. A ward based volunteer spends time with patients and reports back any concerns to nursing staff. Community Outreach by Community Mental Health Team (CMHT) staff is available for patients. All patients have on-going assessments that are communicated with them and their carers and reviewed at the Multi Disciplinary Team	None.

			(MDT) meetings. Each patient has an in-depth review every 3 months to see if they still meets the criteria for NHS Continuing Care. Patients can be referred to Advocacy Service if required.	
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?	<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>	Single floor building, wide corridors, controlled entrance doors, accessible toilet and bath, adjustable beds and chairs in situ. Secured external patio with dementia friendly garden that can be accessed by all patients to allow freedom of movement. Specialist equipment such as hoists and stand aids are easily accessible. A specialist bath and flexible showers are also available. Dementia signage displayed throughout the ward and the ward is suitably decorated to support identification of patient areas. New dementia friendly flooring. Ward has access to mini buses with disabled access for patients use. Dial a Bus service available which is able to drop relatives at the front entrance to the ward.	None.
7.	How does the service ensure the way it communicates with service users removes any potential barriers?	<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>	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. Access to internet is also available for patients to print materials in different languages. Board-wide information is available in many languages on request. A dedicated speech and language therapist is available. Information leaflets are available throughout the ward. An electronic display screen is also available to provide information regarding the ward. E.g. the ward will be closed for infection control. Patient transfer information pack is available to actively engage with families in admission/assessment wards prior to transfer. 3 monthly review of all patients to determine if they meet the criteria for continuing patient care. Ward staff have good links with social work services to discharge to community facilities.	None.

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	<i>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.</i>	Data is collected on patient's gender in case notes. Patients' wishes and preferences are gathered on admission with the assistance of carers. Facility has 21 single rooms with en-suite facilities and therefore issues of privacy and confidentiality are addressed. There is a programme of integration that sources social activities with the male continuing care ward next door. 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 stress and distress behaviours. Staff training on stress and distress is available. Staff have also received vulnerable adults training.	None.
(b)	Gender Reassignment	<i>An inpatient receiving ward has held briefing sessions with staff using the NMSGC 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>	Patients' wishes and preferences are gathered on admission with the assistance of carers. The ward has 21 single rooms with en-suite facilities and therefore issues of privacy and confidentiality are addressed. Staff can access the Transgender Policy through StaffNet. Staff treat patients with respect and are aware of their needs.	None.
(c)	Age	<i>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.</i>	Patients are admitted to the wards regardless of their age if they meet the criteria of the NHS Continuing Care. Age is recorded in case notes. Patients' wishes and preferences are gathered on admission with the assistance of carers using the "Getting to Know Me" documentation. There is a programme of social activities delivered jointly by occupational therapy and nursing staff, focused on meaningful activity, relaxing, reality orientation and Namaste care sessions. All Staff have received appropriate adult protection training. The service follows good practice on Adult Support, Adults with incapacity and Power of Attorney. Visiting times are flexible for families and carers. Public transport to	Public transport service is reduced at weekends and public holidays.

			hospital is available seven days a week from 7am to 11pm at night.	
(d)	Race	<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 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>	Ethnicity data recorded on admission. Dietary requirements are incorporated if requested and are asked whilst carrying out initial assessment. Catering staff are available for access to dietary services at any time in the ward. The ward is aware of the Mealtime Co-ordinator guidelines and complies with this during meal times. There is a preferred language option on personal data sheet taken at initial assessment and in case notes. There is an interpreting policy available and all staff have knowledge of accessing the interpreting Process. Interpreters are used to help explain the use of medication. Flexible visiting hours for carers. The service has built up knowledge and good relations with various ethnic groups. 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. The Ramadan guidance is shared annually prior to Ramadan.	None.
(e)	Sexual Orientation	<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>	Patients' wishes and preferences are gathered on admission and contact details of significant family or carer can be given. Disclosure of sexual orientation can be discussed with staff at any time during admission if required by families and carers.	None.
(f)	Disability	<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>	As part of assessment the nature of any disability is recorded. Ward is accessible to wheelchairs. The whole service is located on a single floor. Service is able to access British Sign Language interpreters. Patient can also access information in Braille and large print on request. Dementia signage displayed throughout the ward and the ward is suitably decorated to support identification of	Due to the reconfiguration of the unit, the name of the building is changing to "Gleniffer Unit" from the "Adult Acute Admission Unit" to reflect the fact there are older adult facilities in the unit. New signage is in process of being ordered.

			<p>patient areas. The ward has been recently refurbished and a large static nursing station was removed to create a larger space to allow patients freedom of movement. The ward has dedicated Physiotherapy service and provides specialist equipment i.e. Lifting & Stand aids, wheelchairs, specialist beds and specialist chairs. Assisted bath, showers and toilet available. A disabled toilet also available at reception area. Designated parking bays for disabled people are available. We are complying with the Disability Discrimination Act (DDA). The ward is well signposted.</p>	
(g)	Religion and Belief	<p><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></p>	<p>A person's faith is recorded in their case notes. Patients' wishes and preferences are gathered on admission. Room available for multi faith based activities if required. A minister/ Chaplin service is available to patients once a week on a Thursday, but easily contactable out with this time. There is access to multi faith establishment in the community via the Chaplin. As part of end of life, spiritual care is available. This includes access to Chaplin services. "Thinking Ahead" plans are available to meet end of life needs. Carers' faith requirements at these times are assisted by nursing staff with signposting to bereavement services for carers if required. Staff aware of religious dietary requirements of patients e.g. Halal and kosher foods. Staff can order this if required.</p>	None.
(h)	Pregnancy and Maternity	<p><i>A reception area had made a room available to breast feeding mothers and had directed any mothers to this facility. Breast feeding is now actively promoted in the waiting area, though mothers can opt to use the separate room if preferred.</i></p>	<p>Family visiting areas available for patient's relatives accompanied by young children if required.</p>	None.
(i)	Socio - Economic Status	<p><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></p>	<p>Patients' wishes and preferences are gathered with the assistance of a family member or carer on admission. Patient assessment picks up issues which can be referred to appropriate agencies, e.g. advice works and financial advice & benefit services. Any financial issues can also be discussed at discharge and social work support is</p>	None.

			provided to patients who require it. The hospital manages funds for patients under the Adults with Incapacity Act. Contact details for Carers Centre are available for carers' assessments and Office of the Public Guardian contact details also available. Leaflets available on Power of Attorney information. Staff also have strong links with Social Work for financial assessments.	
(j)	Other marginalised groups - Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers	<i>A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas.</i>	The Senior Charge Nurse is completing the Dementia Specialist Improvement Lead Course. The Operational Manager is the Dementia Strategy Lead and works with the whole of Glasgow and Clyde to implement the Dementia Strategy.	None.
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?	<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>	National Health Service budgetary restraints and cost saving from all services is on-going. Minimum staffing levels required to be maintained for nursing care. In-patients are being protected from the current cost saving measures and all vacancies are being recruited to, to increase the ratio of registered to unregistered staff. Money has been ring fenced and a significant amount of it has been used to refurbish the ward into a dementia friendly environment.	In the last 3 rounds of band 5 recruitment, we have not been able to fill all the vacancies with registered staff. We will fill the vacancies with band 3's so minimum staffing levels are maintained.
10.	What investment has been made for staff to help prevent discrimination and unfair treatment?	<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>	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 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. Staff follow Rostering Policy which provides a safe workforce level which meets with service needs. Staff have been trained in end of life care, Power of Attorney, Adults with Incapacity Act, Adult Protection, Child Protection and promoting excellence stress and distress.	

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

Nursing staff are skilled and trained in the use of the Safe Supportive Observation Policy which ensures safety of all patients. All staff adhere to the Health and Safety standards. Where there is a risk of patients harming or endangering their lives, staff have duty of care in providing a safe environment. Staff also support patients' rights to wonder whilst proving 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

Nursing care focuses on the least restrictive option. Where patients require to be detained under the Mental Health Act, the need for detention 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 the East Ward receives an individual care plan based on their rights, relationships and recovery. Families are actively encouraged to participate in their relative's care. There is a robust engagement with relatives and carers at end of life stages discussing deterioration of patients, appropriate use of Do Not Attempt CPR (DNA CPR) at end of life.

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

We are regularly inspected by the Mental Health Welfare Commission who as part of their visit review all our paperwork. This contributes to ensuring 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 that: A recent change in practice; when a patient within the admission unit is identified as needing ongoing NHS continuing care, the senior charge nurse from East ward attends future case reviews and meets with the patient and their relatives/carers. This allows them to provide information about the ward and the services provided, and to gather information about the patient's life history and preferences which they use to compile a personal profile, so that staff have access to important information about the person in advance of their transfer. Relatives/carers are also invited to visit the ward.