

## 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](mailto:CITAdminTeam@ggc.scot.nhs.uk) for further details or call 0141 2014560.**

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

North 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?
North Ward is a Male Mental Health Complex Care ward with 21 beds. Its function is 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 to continue the NHS assessment for a suitable home setting. 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 and Massage 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	03/06/2016

**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):**

Helen McMahon (Senior Charge Nurse); Jason McLaughlan (Service Manager); Gordon Gibb (Lead Nurse Support)
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Lead Reviewer Questions	Example of Evidence Required	Service Evidence Provided	Additional Requirements
1. <b>What equalities information is routinely collected from people using the service? Are there any barriers to collecting this data?</b>	<b>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.</b>	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 considered during the transfer process and escalated appropriately. Staff training is provided on routine sensitive inquiry concerning sexual orientation and gender reassignment.	
2.	<b>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?</b>	<b>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.</b>	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. Policies have been updated to reflect the changes. Access to religion support is available via the Chaplin and access to a quiet room. Staff can access training in relation to transgender , policies and educational modules through on line system (staffnet)	
3.	<b>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.</b>	<b>Cancer services used information from patient experience research and a cancer literature review to improve access and remove potential barriers from the patient pathway.</b>	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. Signage has been introduced throughout the ward which is also available in large format. Improved guardianship for patients. The palliative care project and other therapeutic activities are evidence based. In terms of learning from complaints, thematic analysis is carried out and actions have been taken forward to improve services.	A Psychologist is about to be introduced to provide stress and distress training for staff.
4.	<b>Can you give details of how you have engaged with equality groups to get a better understanding of needs?</b>	<b>Patient satisfaction surveys with equality and diversity monitoring forms have been used to make changes to service provision.</b>	Patient Conversation Visits are carried out on a six monthly basis by the In-patients Manager and 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. Evidence based work of food and nutrition. All patients have ongoing assessments that are communicated with them and their carers and reviewed at the Multi Disciplinary Team (MDT) meetings. Each patient has an in-depth review every 3 months to see if still meets the criteria for NHS Continuing Care. Patients can be referred to Advocacy Service if required. Staff outreach to nursing homes.	
5.	<b>Question 5 has been removed from the Frontline Service Form.</b>			
6.	<b>Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?</b>	<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. Noise reducing panels added to reduce the echoes in the area. The building is designed to access natural light in the main sitting area. Textured diets are provided to support patients' needs. Specialist equipment such as hoists and stand aids are easily accessible, bathing slings. A specialist bath and flexible showers are also available. Shower head has been recently changed to flexible rather than fitted. Access to physiotherapy and occupational therapy in the ward. Visual prompts assessment is available for patients to prevent agitation and pain. 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.	
7.	<b>How does the service ensure the way it communicates with service users removes any potential barriers?</b>	<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</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	

		<b>Protocol.</b>	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 and care homes to discharge to community facilities. Patient conversation sessions are held to give patients a chance to engage with senior management. Daily activity programme to achieve clinical care needs. The complaint process information is made available for patients.	
8.		<b>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:</b>		
(a)	<b>Sex</b>	<b>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.</b>	Data is collected on patient's gender in case notes. Patients' wishes and preferences are gathered on admission with the assistance of carers. Facility is a single sex ward with 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 female 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.	
(b)	<b>Gender Reassignment</b>	<b>An inpatient receiving ward has held briefing sessions with staff using the NHSGGC Transgender Policy. Staff are now aware of legal protection and appropriate</b>	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	

		<b><i>approaches to delivering inpatient care including use of language and technical aspects of recording patient information.</i></b>	are addressed. Staff can access the Transgender Policy through StaffNet. Staff treat patients with dignity and respect and are aware of their needs.	
(c)	Age	<b><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></b>	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 which is suitable to people's age group, 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. It is the ward's responsibility to provide complex care to patients but are flexible in extending visiting times to families out with protected meal times. Access to a family room is available to accommodate children when visiting. Public transport to hospital is available seven days a week from 7am to 11pm at night.	Public transport service is reduced at weekends and public holidays and after 6pm.
(d)	Race	<b><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></b>	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.	
(e)	<b>Sexual Orientation</b>	<b><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></b>	Patients' wishes and preferences are gathered on admission and contact details of significant family or carer can be given. Patients are treated with dignity and respect regardless of their sexual orientation. Disclosure of sexual orientation can be discussed with staff at any time during admission if required by families and carers. Staff training on sexual orientation is available through Learn-Pro, staff net and NES.	
(f)	<b>Disability</b>	<b><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></b>	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 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. Disabled bath is available for patients with disability. 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). Hearing loop system is available in the ward. The ward is well signposted. Due to the reconfiguration of the unit, the name of the building has changed 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 place.	
(g)	<b>Religion and Belief</b>	<b><i>An inpatient ward was briefed on NHSGGC's Spiritual Care Manual and was able to provide more</i></b>	A person's faith is recorded in their case notes. Patients' wishes and preferences are gathered on admission.	

		<b>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.</b>	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 all multi faith organisations through the 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. The Ramadan guidance is shared annually prior to Ramadan.	
(h)	Pregnancy and Maternity	<b>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.</b>	Family visiting areas available for patient's relatives accompanied by young children if required. Staff are risk assessed if they are pregnant and what activities they can or cannot do.	
(i)	Socio - Economic Status	<b>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.</b>	Patients' wishes and preferences are gathered with the assistance of a family member or carer on admission. Patient assessment picks up issues which can refer 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 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. Priority is given to patients from armed forces. Staff are aware of policies in place on asylum seekers and travelling people. Leaflets available for Power of Attorney information. Staff also have strong links with Social Work for financial assessments. The ward has access to public transport.	
(j)	Other marginalised groups - Homelessness, prisoners and ex-offenders, ex-service	<b>A health visiting service adopted a hand-held patient record for</b>	The Service Manager is the Dementia Strategy Lead and works with the whole of	

	<b>personnel, people with addictions, asylum seekers &amp; refugees, travellers</b>	<b>travellers to allow continuation of services across various Health Board Areas.</b>	Glasgow and Clyde to implement the Dementia Strategy. Resources are available on assessed needs.	
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?	<b><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></b>	National Health Service budgetary restraints and cost saving from all services is ongoing. 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.	
10.	What investment has been made for staff to help prevent discrimination and unfair treatment?	<b><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></b>	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. Policies around parental/special/ carer's leave and discrimination are available for staff. Staff are given the time to carry out their religious activities if required. Staff have access to staff benefits, financial advice and credit union. Positive discrimination for people with disabilities at interviews if they meet the requirements. Flexible working available for staff, staff are able to work part time if they choose to. Palliative Care project as mentioned above.	

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. Appropriate staff have been trained in AWI and MH Care and Treatment Act. Advance Statement will be taking into consideration when treating patients. The recommendation of the national guidance on DNA CPR are followed in the ward.

#### **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. A complaints procedure is made available for patients and staff are required to adhere to the Health Support Worker and Code of Conduct policies. Staff are also trained in Adult Support and Protection ensuring safety of vulnerable individuals

#### **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. There is a system in place of management of funds for patients if required. Power of Attorney and Guardianship advice is available. Patients are assessed for their needs to fall prevention equipment such as the pelvic position straps. This is agreed with the family and only used as a last resort.

#### **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 North 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. The ward staff support patients' religions and beliefs as long as it does not affect other patients.

#### **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. Ward Staff's approach is person centred approach and patients are treated with dignity and respect no matter what their beliefs are.

**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 on-going NHS complex care, the charge nurse from North ward attends (staff permitting) 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. A recent refurbishment of the ward has taken place which included noise reduction panels to reduce the echoes in the ward area, painting the ward in a suitable way (dementia friendly) to identify patient areas and a large static nursing station was removed to create a larger space to allow patients freedom of movement. New signage has been introduced throughout the wards and flower beds have been added to the garden area.