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 3B, Leverndale Hospital

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 3B is a mixed sex ward with 22 beds for the admission, assessment and treatment of adults with acute mental health problems, who cannot be safely treated with community based supports at the time of admission.
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.)
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. This is the first time an EQIA review has been conducted for this ward which opened in Leverndale Hospital in April 2015 having previously been located in Dykebar Hospital (East Ward) due to reconfiguration of services.

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):

Buchanan, Alex (Inpatient Services Manager); Donny McKenna (Lead Nurse Support); Gordon Gibb (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. Staff training was	Communication issues – sometimes it is difficult to get an interpreter for patients whose English is not their first language. We will continue to monitor this and make sure the access to interpreting poster is on the wall and Senior Charge Nurse will review any

			provided on routine sensitive inquiry concerning sexual orientation and gender reassignment.	staff training requirements around staff's access to interpreting service.
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.***	Telephone interpreting was used to communicate with the next of kin for one of our patients whose first language was Chinese. The next of kin wanted to be involved in all aspects of the patients care. The interpreting service was used for both the patient and their next of kin as staff would engage with the patient and their family to get more information and the next of kin was also invited to attend clinical reviews. Leaflets are ordered in different languages. Access to British Sign language and Interpreters is available. Patients and their families are encouraged to provide information to fill in the "getting to know you documentation".	Delays in getting access to interpreters.
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.***	Issues raised by patients at their 1:1s with staff are taken forward. The ward has access to interpreting and sign language. In terms of learning from complaints, thematic analysis is carried out and actions have been taken forward to improve services.	No access to a Loop System for patients who have hearing difficulties.
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.***	Homelessness Group, RAMH and Richmond Fellowship are available to engage with patients to support their needs. Care support worker in the ward for 2.5 days a week. Patient Conversation Visits are carried out on a six monthly basis where the service user is represented by the Mental Health Network Service Team. Patients, their families and carers are invited to attend an informal group discussing to express their thoughts on the care they receive and views on how things could be made better. Following each group meeting, feedback will be presented on a poster which describes what patients said and what we did. Peer Support Worker recently employed for the ward. Community Outreach availalbe for patients.	None.
5.	**Question 5 has been removed from the Frontline Service Form.**			
6.	**Is your service physically accessible to everyone? Are there potential barriers that**	***An outpatient clinic has installed loop systems and trained staff on their use. In***	Single floor building, wide corridors, controlled entrance doors, accessible toilet and	No access to a Loop System for patients who have hearing difficulties.

	need to be addressed?	***addition, a review of signage has been undertaken with clearer directional information now provided.***	bath, adjustable beds and chairs in situ. CCTV also available. Specialist equipment such as hoists and stand aids are easily accessible. Ward has access to mini buses with disabled access for patients use.	5 min walk to the bus stop.
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 available in the ward. Information leaflets are available throughout the ward.	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**	***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 patient's gender in case notes. Patients' wishes and preferences are gathered on admission with the assistance of carers if patients consent to families and carers being involved in their care. Bedrooms could be configured to accommodate specific genders 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.***	Data is collected on patient's gender in case notes. Patients' wishes and preferences are gathered on admission with the assistance of carers if patients consent to families and carers being involved in their care. Staff can access theTransgender Policy through StaffNet. Staff treat patients with respect and are aware of their needs.	
(c)	**Age**	***A urology clinic analysed their sex specific data and realised that young men***	Age is recorded in case notes. Data is collected on patient's gender in case	

		represented a significant number of DNAs. Text message reminders were used to prompt attendance and appointment letters highlighted potential clinical complications of non-attendance.	notes. Patients' wishes and preferences are gathered on admission with the assistance of carers if patients consent to families and carers being involved in their care. Patients are admitted to the wards where their needs are best met regardless of their age. All staff have received the appropriate level Child Protection training. The service follows good practice on Adult Support, Child protection and Adults with incapacity.	
(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. 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. There is a preferred language option on personal data sheet taken at initial assessment and in case notes. There is an interpreting policy availalbe and all staff have knowledge of accessing the interpreting Process. Interpreters are used to help explain the use of medication. This includes how often the drugs should be taken and possible side-effects. The team share knowledge on issues such as race, and culture to eliminate misunderstanding, reduce frustration between the parties and improve patient care. Flexible visiting hours for carers. The service has built up knowledge and good relations with various ethnic groups. Social inclusion is part of the model of 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. 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***	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.	

		with homophobic incidents.		
(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 any disability is recorded. Ward is accessible to wheelchairs. The whole service is located on a single floor. Ramp is in situ for easy entrance. Service is able to access British Sign Language interpreters. Patient can also access information in Braille and large print on request. Specialist equipment is available ie Lifting & Stand aids, wheelchairs, specialist beds and specialist chairs. We are complying with the Disability Discrimination Act (DDA). The ward is well signposted.	We will submit a proposal for costing for a portable loop system. In the meantime, if patients require access to this they will be transferred to the South Ward where this facility is available. No assisted bath available on the ward. However, the ward is due to be refurbished as part of 2020 plan. Patients who require assisted bath could be transferred to South Ward where they can access this facility.
(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' wishes and preferences are gathered on admission. Multi faith services are available on a regular and ad-hoc basis and a multi faith room accessible to patients at any time in the hospital grounds. A minister/ Chaplin service is available to patients once a month on a Sunday. There is access to multi faith establishment in the community. Quiet room and praying mats available for prayers. There are Bibles available if required. 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 is now actively promoted in the waiting area, though mothers can opt to use the separate room if preferred.***	Staff can access the breastfeeding policy on staff net if required. Patient relatives accompanied by young children can be accommodated in the family room during their visit to the patient. Pre and post natal care is provided by a specialist Mental Health Mother and Baby Unit on site.	
(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 if patients consent to families and carers being involved in their care. Patient assessment picks up issues which can refer to appropriate agencies, e.g. advice works and financial advice and benefit Services. Contact details for Advice Works services are availalbe. Café Connect for patients and visitors. Access to Mental Health Network Services Team.	

(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. Routinely assess communication and language support. Interface protocol for patients with addictions services. Naloxone offered at point of discharge if required. Access is available to harm reduction service. Multi Agency Public Protection Arrangements (MAPPA)alerts system is in place and alerts are shared with staff.	
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 ongoing. 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.	Health Board plans are in place to upgrade the ward to a single en-suite rooms ward in 2020.
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 follow Rostering Policy which provides a safe workforce level which meets with service needs. 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.	

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. Staff are also trained in Child Protection at an appropriate level.

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, 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 3B 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 through 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: • Patients generally positive about their care and the level of contact with doctors. • Good, up-to-date risk assessments. • Care plans generally good and patients clear about future planning. • Continuity between medical care in the community and inpatient care. • Evidence of regular weekly Multidisciplinary Team (MDT) documentation on patient notes which contained clear notes on decisions, plans and lists of attendees and evidence of patient involvement in care decision. • Good input from the ward

pharmacist in patient notes and an excellent review of one patient's medication. • Good access to physiotherapy and Occupational Therapy. • Physical health needs being addressed. • Good support provided to individual patients by "You First" advocacy project that had good links with the ward staff. • A range of psychological therapies available to patients and a psychologist as part of the MDT meetings. This allowed referrals to psychology directly at MDT meetings. • SPSP – As Required Medication Review – reduction in number of related incidents.