

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 37, 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 37 is a 20 bedded admission/assessment ward looking after the needs of males and females within Older People's Mental Health. The ward is made up of 5 single rooms and 5-bedded rooms. All these rooms have en-suite facilities in them.

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	15/12/2016

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-Patient Service Manager); Donny McKenna (Lead Nurse Support - In-patients); Mary Backhouse (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 assessment forms and Care Planning. Questions on	

			gender based violence in relation to present and historical abuse are considered 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?	<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>	Patients and their families are encouraged to provide information to fill in the "getting to know you documentation". Information on patients is expressed in the care plan after the assessment period and later shared with the new provider (Nursing Home).	
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>	Issues raised by patients and carers at their 1:1s with staff are taken forward. The ward has access to interpreting service and sign language. In terms of learning from complaints, thematic analysis is carried out and actions have been taken forward to improve services.	
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>	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, carer groups and Mental Health Network. The audit is then completed annually. 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. The Operational Manager is the Dementia Strategy Lead for Renfrewshire. A specialist trained nurse delivers stress and distress training and Cognitive Behavioural Therapy (CBT) to patients and carers.	
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, 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 Interpreters is available. A range of 'textured modified diets are available for patients	

			<p>who may have problems with their swallowing reflex. Disabled parking is available outside the ward. An excellent bus service is available to the main hospital. It is a 5 minute walk to the bus stop. Specialist equipment such as hoists and stand aids are easily accessible. We provide transport for patients who require treatment elsewhere via our own people's carrier and local taxis. Dementia friendly signage has been introduced. We have recently installed dementia friendly outdoor spaces and garden.</p>	
7.	<p>How does the service ensure the way it communicates with service users removes any potential barriers?</p>	<p><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></p>	<p>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.</p>	<p>iPads for music and reminiscence therapy have been purchased for patients and are currently awaiting licensing from IT Department. Looking into getting WIFI access in the ward.</p>
8.	<p>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:</p>			
(a)	<p>Sex</p>	<p><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></p>	<p>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.</p>	
(b)	<p>Gender Reassignment</p>	<p><i>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.</i></p>	<p>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. A yearly review through the Scottish Recovery Indicator helping service users in planning and</p>	

			making their unique recovery journeys.	
(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>	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. Seamless transfer of care between adult community mental health care teams and older adult community mental health teams. It is a specialist service that can be accessed regardless of age. An Older People's Liaison Service to improve pathway between wards and other community resources such as nursing homes. All staff have received the appropriate level of Adult Protection training. The service follows good practice on Adult Support and Adults with incapacity.	
(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. 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. Ward is experienced in dealing with different languages and faiths and was recently complemented on that. Flexible visiting hours for carers Dietary requirements are incorporated if requested and are asked whilst carrying out initial assessment. Social inclusion is part of the model of care. Patient information leaflets on Power of Attorney (POA) are given to patients at admission. 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.	
(e)	Sexual Orientation	<i>A community service reviewed its information forms and realised that it</i>	Disclosure of sexual orientation can be given by the patient or be later	

		<i>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>	revealed as part of case history. Patients' preferences, wishes and needs are gathered on admission. Social inclusion is used as the model of care. All next of kin and partners are treated with respect and dignity.	
(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 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 accessible shower for the disabled on the ward. Although there is only one accessible bath for the disabled, 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 ie Lifting and Stand aids, wheelchairs, specialist beds, specialist chairs. Social inclusion is part of the model of care. We are complying with the Disability Discrimination Act (DDA). The conservatory and dementia friendly garden are accessible for the disabled. Ward was refurbished to Dementia friendly ward standard.	The accommodation outdated and the HSCP are looking for long term plans for improvement to the service. In the longer term we will be looking at moving to suitable alternative accommodation which would be a single room with ensuite accommodation for every patient.
(g)	Religion and Belief	<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>	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.	
(h)	Pregnancy and Maternity	<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</i>	Does not apply to patients in this ward. Should relatives wish to breastfeed then staff would adhere to the breastfeeding policy.	

		<i>mothers can opt to use the separate room if preferred.</i>	
(i)	Socio - Economic Status	<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>	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. 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	<i>A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas.</i>	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?	<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 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.
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 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. Specialist Nurse in delivering Stress and Distress, cognitive stimulation, CBT, psychological therapies and liaison. Increased registered staff levels in the ward.

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. Huge investments in Palliative Care and emergency care project groups. Continuous audit carried out on prescribed medication to minimise the use of chemical restraint.

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

A controlled entry system to maintain safe environment and prevent patients from wondering. 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 37 receives an 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. 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. • There is a multipurpose activity room, which doubles as a gym, group activity, craft space and snoezlen room.