Equality Impact Assessment is a legal requirement and may be used as evidence for referred cases regarding 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 EQIA@ggc.scot.nhs.uk for further details or call 0141 2014817.

Name of Current Service/Service Development/Service Redesign:

Directorate of Forensic Mental Health and Learning Disabilities, NHSGG&C

Please tick box to indicate if this is a: Current Service √ Service Development ☐ Service Redesign ☐

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

What does the service do?
NHS Greater Glasgow and Clyde (NHSGGC) Forensic Mental Health Services is charged to care and treat some of the most vulnerable and disenfranchised service users within the Health Board. It does this by operating across a spectrum of service provision from the community to low and medium secure rehabilitation units. The aim of the service is to provide a comprehensive health care service, a recovery orientated approach to those mentally disordered offenders who pose a serious risk to others: to balance this need to care for patients with the need to keep the public (including staff and families) safe; and to provide input, expertise and professional advice to criminal justice agencies and other health and social care organisations.

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 DFMH&LD wished to conduct an EQIA to ensure that the service is meeting its clinical, legal and ethical requirements in ensuring that our patients are not disadvantaged in terms of accessing satisfactory levels of physical health care.

Who is the lead reviewer and where are they based? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)
Mark Gillespie, Nurse Consultant, Rowanbank Clinic, Jane Hale, Charge Nurse, Janet Grant, Charge Nurse, Leverndale Hospital
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):

| Circles Advocacy Service, Carers Group, Patient Council and Clinical Governance Group, GP Service, Podiatry Service, Lead Nurse Adrian Leitch, Charge Nurse Jane Hale, Charge Nurse Janet Grant, All clinical areas MDT. |

<table>
<thead>
<tr>
<th>Lead Reviewer Questions</th>
<th>Service Evidence Provided (please use additional sheet where required)</th>
<th>Additional Requirements</th>
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</table>
| **1.** What equalities information is routinely collected from people using the service? Are there any barriers to collecting this data? | Equality information in regards to age, gender, disability, ethnicity, sexual orientation and religious beliefs is routinely obtained through referral and admission paperwork.  
Personal Data Sheet, Admission Information and 5 Areas Assessment highlights specific issues relating to age requirements.  
All patients have a Health Improvement Tool completed.  
Potential barriers to collecting data would be language/communication difficulties. | Share Equality Information between both Low Secure and Medium Secure Services through Joint Managers Meeting and Nurse Development Group. Also share with leads of OT, Advocacy, GP service and Dietician. |
| **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? | Through referral and initial assessment of patient, transferred through security levels within the directorate, information is shared by Dieticians, Speech and Language Therapist, Physiotherapy, Occupational therapy and GP services at both medium and low secure provisions. Also Annual Physical Health checks and Malnutrition Universal Screening Tool.  
Through Health Improvement Tool and Care Programme Approach process. Also through User Friendly Care Plans for Learning Disability Service  
Patients within Rowanbank Clinic are given the opportunity to register with local GP service hence providing a more structured and comprehensive approach to their physical care. | Well man clinics to be further developed within Rowanbank Clinic and Leverndale Service.  
Rowanbank Clinic to have a Health Improvement Tool, which has been devised with a pictorial format for patients with visual problems and learning |
| 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.** | The rationale for this EQIA is the increasing amount of empirical evidence highlighting the health inequalities and poor physical outcomes for patients within secure settings. Patients consulted regarding Physical Activities with full activity programme designed and now operational within Rowanbank Clinic. | To conduct a literature review to ensure that the directorate is addressing deficits and issues raised by the evidence towards the physical care and treatment of patients in secure care. Low Secure patients to be consulted. |
| 4. | **Can you give details of how you have engaged with equality groups to get a better understanding of needs?** | The directorate is in contact with GPs and other primary care professionals to ensure that we are currently complying with best practice in the physical care and treatment of patients within secure care. Through this we have developed a Well Woman Clinic within Rowanbank Clinic and also Chronic Disease Clinics throughout the Directorate. Close links have been developed through Carers Group. New Health Improvement Tool has been devised, with a pictorial format for patients with visual problems and learning disabilities. | Well Man Clinic required with a focus on health education and promotion. |
The directorate is currently working on developing a local patient satisfaction questionnaire which will take cognisance of physical care issues.

Staff sanctuary training

1:1 interaction with patient group on a regular basis.

Care plans relating to equality issues documented and reviewed on a regular basis.

Patients can access Circles Advocacy Services

<p>| 5. If your service has a specific Health Improvement role, how have you made changes to ensure services take account of experience of inequality? | GP services to both medium and low secure settings, are available on site, allowing some flexibility with times on GP days, with the ability to visit patients in the ward if unable to visit the onsite clinic. Complementary Therapy Service delivered to Learning Disability Service and Female Service at Rowanbank Clinic. Patients at Rowanbank Clinic are given the opportunity to register with GP Service. Well Woman Clinic is now offered to female patients. Chronic Disease Clinics are also operational within the Medium secure service and the Low secure service. Podiatry Service is offered to patients twice monthly in medium secure service. Dietician provides continual support and advice to patients re dietary requirements and physical health. Also provides healthy living groups which focus on reducing weight. | Well Man Clinic to be developed in both medium and Low Secure services, with a focus on health education and promotion. No Complimentary Therapy Service in Low Secure Service. No Podiatry Service currently available in Low Secure Service. |</p>
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<th>Smoking Cessation nurse based on each ward within both medium and low secure service for guidance and education. Multi-disciplinary Team liaison with Adult services for second opinions and/or consideration for specialist services. HAI/HEI standards continually assessed and monitored within both environments. All staff aware of health promotion with regards to diet and special dietary requirements available to patients who require additional support e.g. textured modified diet, etc. Dietician also available to provide advice and guidance.</th>
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<tr>
<td>6.</td>
<td><strong>Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?</strong></td>
<td>Both medium and low secure services are fully accessible areas e.g. all on one level, wheel chair accessible, potential for fully adapted bed rooms with on-suite wet rooms. Assessment available for any physical aids/adaptations from Occupational Therapy to meet any physical requirements. Appropriate signage also throughout buildings for fire exits, first aid etc. Visual aid and Language cards are available to help communicate better with patients. Wheelchairs and walking aids available to visitors.</td>
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<td>At low secure provision no lowered entrance bell or reception desk at entrance to building. Introduction of loops hearing system for reception areas.</td>
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7. **How does the service ensure the way it communicates with service users removes any potential barriers?**

Information provided to patients both orally and in written form, and can be available in different languages. This allows patients to have access to clear and transparent information.

User friendly care plans in use for Learning Disability patients.

Pictorial format of information used for patients with Learning Difficulties. Pictorial signage used.

Implementation of staff training in Adult Support and Protection Act 2007.

Staff training available in Autism.

Forensic specific advocacy services available at both low and medium secure services.

Good communication is established with family members to ensure care needs are addressed. This is support by the opportunity for each patient and family to access Behavioural Family Therapy.

Service is represented at Carers Conference every year.

Speech and Language Therapist now appointed to Service.

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**

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<th>All wards are single sex.</th>
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The service ensures that the treatment options available to men and women referred to us are broadly equivalent.

| Well Man clinics required for health education /promotion in both Low and Medium Secure units |
Reception searching of males/females, match sex of individual.

Both male & female nursing staff available if required and same sex key workers available.

All staff are aware of the Gender Based Violence Policy and are given the opportunity to attend training on GBV.

Health Promotion information made available for sexual health, education. GP appointments available for sexual health screening.

Well Woman Clinic available to female patients.

Activity Programme identifies female only activities at Rowanbank Clinic.

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<tr>
<th>(b) Gender Reassignment</th>
<th>All staff working in the clinical areas can access and are aware of the NHSGGC transgender policy.</th>
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<tr>
<td>I Age</td>
<td>Age data is currently collected through the initial admission process and is recorded on the front page of admission sheet. Service provides admission criteria for adults male/females only (over 18s) Each ward has single rooms with en-suite facilities. Special visiting arrangements can be made where access to the special visiting room can be programmed for visitors under the age of 18. An appropriate adult service is available when necessary.</td>
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|  | There has been significant staff training in child protection at various levels depending on clinical role or remit.  
Care is provided by clinical teams on an individualised basis. Any age related issues are dealt with in a caring, supportive and respectful manner. With referral to specialise services if required.  
Chronic Disease Clinics are available within the Directorate. Medium secure patients are registered with GP service therefore automatically receive information re Bowel Screening etc.  
A podiatrist attends Rowanbank Clinic twice a month.  
Low secure patients are referred for Bowel Screening at present.  
Dietician service available re age related diet issues.  
Speech and Language Therapist are also accessible. |
| (d) Ethnicity | Ethnicity information is currently collected on initial admission process and is recorded on front page of admission sheet.  
All incidents of racial abuse are reported through the datix system  
Patient information can be made accessible through different formats. All staff aware of interpreting services, procedures and protocols with interpreting process poster displayed within ward common areas.  
User friendly Care Plans are available. |
Staff have a good relationship with interpreters and also with advocacy groups, with previous work having been done with asylum seekers and refugee mental health services such as COMPASS.

Staff are aware of the use of external resources such as language cards to assist in the communication process.

Speech and Language Therapist service available.

Staff proactively deal with cultural issues as part of the assessment process.

Staff have received training in equality and diversity issues.

Tools utilised to alleviate distress to patient and enable clear communication. These include use of the Internet, pocket translator, etc.

Dietician service available re diet requirements.

| (e) Sexual Orientation | The service will not discriminate against a patient/carer based on their sexual orientation. Staff will deal with discrimination such as homophobia with a zero tolerance approach. Staff are aware of their obligations under the new Civil Partnership Act. Staff receive Equality and Diversity workshops during induction to Forensic services. |
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| (g) Faith | Good working relationship with chaplaincy service and other religious leaders within NHSGGC  
Staff routinely enquire about patient’s religious beliefs and aim to understand with the patient how these beliefs contribute to recovery or perhaps add to some of the difficulties that they may be experiencing.  
All patients and staff are aware of religious dietary requirements of individual patients through admission assessment process e.g. Halal and kosher foods. Staff together with the patient group can order this on a daily basis if required. | Continued training required to ensure full and diverse knowledge of faiths for example palliative care |
Dietician available for input/advice regarding religious dietary requirements e.g. halal/kosher

NHSGGC’s Spiritual Care Manual is available in all ward areas for reference for any faith issues.

Monthly cultural and religious festivals/events disseminated to all Forensic Directorate by Health Promotion nurse.

| (h) | Socio – Economic Status | Access to hospital based patient affairs service, which can assist patients with benefits, financial advice etc.  
Access to advocacy service on ward who are able to provide assistance with benefits etc  
Public transport service nearby to enable visitors to attend the clinic, which run on a regular basis.  
Enabling collection of money from family members for those patients who are not in receipt of any benefits. | Gaps identified in staff knowledge of benefits and welfare available to Older Adults. Basic education and training required. |
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<td>(i)</td>
<td>Other marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers &amp; refugees, travellers</td>
<td>As Forensic services deals mostly with Mentally Disordered Offenders, close links are forged with HMP service, generic mental health and criminal justice service, thus taking into account all aspects of evidence based research and adapting these to fully support the Older Adult in secure care.</td>
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<td></td>
<td>Question</td>
<td>Answer</td>
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<td>9</td>
<td>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?</td>
<td>E-Learning opportunities on relevant topics easily accessible to all staff groups that have no direct financial implication or cost. Possibility of making 3% efficiency savings over the course of the next 3 years. The directorate has been developing contingency plans and business cases to minimise the impact of these savings on how the service delivers care and treatment to our patients.</td>
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<td>10</td>
<td>What does your workforce look like in terms of representation from equality groups e.g. do you have a workforce that reflects the characteristics of those who will use your service?</td>
<td>Anti discrimination disability policy implemented and adopted at all recruitment phase’s for the service. Workforce has wide age range and people from varying backgrounds and race.</td>
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<tr>
<td>11</td>
<td>What investment has been made for staff to help prevent discrimination and unfair treatment?</td>
<td>Induction/refresher programme for all staff addresses equality/diversity issues. The development of a directorate’s Equalities Workplan 2014-2017 based on the NHSGGC 10 goals equalities action plan. Ongoing training and development in Equality and Diversity training. Equalities is a regular item at local clinical governance meetings and at all ward meetings.</td>
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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 commencement of GP Service within the directorate and the development of clinics providing education and treatment for chronic diseases such as diabetes, cardiovascular disease and COPD have had a positive effect. Overall the physical healthcare of our inpatient group has improved with new groups / clinics being put in place to offer education, treatment and support with diet, effective exercise programs, smoking cessation, (podiatry and clozapine medium secure).

The commencement of a wellbeing clinic and specific activities for the female in patient group such as complimentary therapy has been very effective.

The introduction of a comprehensive Physical Healthcare tool for all inpatient. This was developed in conjunction with NHSGGC Public Health Department

Various events are facilitated throughout the year with patients leading on particular ones. Events include, MacMillan Coffee Morning and Themed activity days. There are some excellent projects available for patients involvement such as the Garden Acorn Project, jewellery making project and some patients are now involved in running 5K, 10k and Marathon events.

Rowanbank Café has now been opened for almost one year with patient volunteers working in it supported by staff.

<table>
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<tr>
<th>Actions – from the additional requirements boxes completed above, please summarise the actions this service will be taking forward.</th>
<th>Date for completion</th>
<th>Who is responsible?(initials)</th>
</tr>
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<tr>
<td>Cross Cutting Actions – those that will bring general benefit e.g. use of plain English in written materials</td>
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<tr>
<td>1. The collation of sexual orientation data has been collected by the service’s new health improvement tool.</td>
<td>February 2014</td>
<td>MG/JC</td>
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<tr>
<td>2. Increase access and usage of e-equalities training</td>
<td>April 2014</td>
<td>MG</td>
</tr>
<tr>
<td>3. Age Related training when required for specific patients.</td>
<td>April 2014</td>
<td>MG/CW</td>
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</table>
Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy

1. Development of a well man clinic Rowanbank Clinic  
   June 2014  
   JH/MG/GPs

2. Development of Podiatry Service for Low Secure  
   April 2014  
   JC/MG

3. Age related training when required for specific patients e.g. Palliative care  
   On-going  
   CW/MG

4. Training in relation to the results of the Health Improvement Tool e.g. Diabetic Training  
   February 2014  
   CW/MG

Ongoing 6 Monthly Review  
Please write your 6 monthly EQIA review date:  
October 2014

Lead Reviewer: Mark Gillespie  
EQIA Sign Off:  
Name: Mark Gillespie  
Job Title: Nurse Consultant  
Signature:  
Date:

Quality Assurance Sign Off:  
Name:  
Job Title:  
Signature:  
Date:

Please email a copy of the completed EQIA form to EQIA@ggc.scot.nhs.uk, Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH. Tel: 0141-201-4560. The completed EQIA will be subject to a Quality Assurance process and the results returned to the Lead Reviewer within 3 weeks of receipt.