

**NHS Greater Glasgow and Clyde
Equality Impact Assessment Tool For Frontline Patient Services**

It is essential to follow the EQIA Guidance in completing this form

Name of Current Service/Service Development/Service Redesign:

South 1, Mansionhouse Unit (MHU), Rehabilitation & Assessment Directorate

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

Brief description of the above: (Please include if this is part of a Board-wide service or is locally determined).

South 1 is a 32 bedded ward providing acute assessment and rehabilitation accessible to patients over 65 years of age. Patients can be referred here from any NHS Greater Glasgow & Clyde hospital, but mainly from the Victoria Infirmary.

Who is the lead reviewer and where based?

Clinical Service Manager, Richard Hassell, Department of Medicine for the Elderly, MHU

**Please list the staff groupings of all those involved in carrying out this EQIA
(when non-NHS staff are involved please record their organisation or reason for inclusion):**

Senior Charge Nurse, Lead Nurse, Ward Doctor, Physiotherapist, Occupational Therapist, Speech and language therapist, Dietician, Consultant. CSM

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
Gender	<ul style="list-style-type: none"> • All patients are assessed on arrival to understand and deliver the individualised care that they need. • Patients are asked how they would like to be addressed. Most people prefer to be addressed by first name or an adaptation of this. • Staff can accommodate for same sex assistance if requested. • Patients are nursed in single sex bays • Gender is recorded in the patient information system 	<ul style="list-style-type: none"> • The wards have limited toilet facilities e.g. bays have no ensuite facilities • Gender is not analysed
Ethnicity	<ul style="list-style-type: none"> • All requests and attendance of for interpreters are recorded in the patient's casenotes. • Staff are aware of and adhere to interpreting policies and procedures. Within the unit multicultural staff are employed, therefore staff can supplement the demand for external interpreters as required. • At initial assessment the patients cultural needs are considered and careplans adapted to meet individual needs. • Dietary requirements are considered and catered for. 	<ul style="list-style-type: none"> • Overall ethnicity is not recorded • Other patients behaviour can be an issue as they may have cognitive impairment and therefore may respond in a way that they would not normally do. This can sometimes be seen as offensive discriminating behaviour. On occasions this may require a review of the mix of patients within a bay.
Disability	<ul style="list-style-type: none"> • On initial assessment patient's physical and mental abilities are discussed, and care plans adapted/created to suit requirements of individuals. This is recorded in patients case notes. • Referrals and assessments/treatment carried out by a multi disciplinary team. • Televisions available in each room, these also 	<ul style="list-style-type: none"> • There is no easy read or large print version of patient information • There are uneven slabs in the grounds of the hospital • The size of shower cubicles and bathrooms are restrictive • Disability is not analysed • Other patients behaviour can be an issue as

	<p>facilitate the use of subtitles if a patient requires this service.</p> <ul style="list-style-type: none">• Patient information is available in standard print,• There are electric doors at entrance to the hospital for accessibility.• There is a drop off area at the entrance to the hospital.• Disabled car parking spaces are available close to the building.• There are some chairs that are at varied heights.• Signage is designed with good colour contrast of background and font.• Assistance dogs are welcome• Voluntary services are well received by all patients. This can be one-to-one, group entertainment, encouraging patients to eat at meal times or taking round the book trolley.• Patients receive an Occupational Therapy (OT). assessment followed by interventions to improve or maximise skills and abilities. Home assessment Visits and environmental visits are carried out by OT staff accompanied by other members of the Multidisciplinary Disciplinary Team (MDT) where appropriate.• Where applicable the OT dept will order prescribed equipment to facilitate Discharge (DC) and maximise independence on DC.• Where applicable the OT will provide equipment to maximise the patients independence while on the ward e.g. feeding aids.• Wards have a small amount of adapted feeding equipment for generic use.• Staff have worked with the Fire Officer to develop evacuation procedures in the event of a fire. A	<p>they may have cognitive impairment and therefore may respond in a way that they would not normally do. This can sometimes be seen as offensive discriminating behaviour. On occasions this may require a review of the mix of patients within a bay.</p>
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	<p>staff member has been identified to co-ordinate this activity and keep patients safe and reassured.</p> <ul style="list-style-type: none"> • Accessible toilets are available. • High and low beds are available to prevent falls and a Falls Coordinator is in place. High risk patients are placed close to the nurses' station. Paper work is completed and processes followed after every incident, e.g. 3 falls and the Falls Coordinator is contacted. The OT provides specialist seating assessments where appropriate • There are portable induction loops available. • Learning Disability patients needs area assessed on admission and accommodated where possible. • Communication boards are available for aphasic or dysphasic patients. 	
<p>Sexual Orientation</p>	<ul style="list-style-type: none"> • Staff work with patients to address specific needs. • Staff address relatives as partner. 	<ul style="list-style-type: none"> • Other patients behaviour can be an issue as they may have cognitive impairment and therefore may respond in a way that they would not normally do. This can sometimes be seen as offensive discriminating behaviour. On occasions this may require a review of the mix of patients within a bay. • Sexual Orientation is not analysed
<p>Religion and belief</p>	<ul style="list-style-type: none"> • If there are specific religious requirements patients usually inform staff and these are accommodated. • When disabilities prevented ablutions, for prayer, being performed in the normal way chaplaincy services are contacted and the appropriate advice given. • Staff also work with catering staff in order to provide the right kind of meals in relation to vegetarian, Halal or Kosher meals, etc. 	<ul style="list-style-type: none"> • Religion and Belief are not analysed • Other patients behaviour can be an issue as they may have cognitive impairment and therefore may respond in a way that they would not normally do. This can sometimes be seen as offensive discriminating behaviour. On occasions this may require a review of the mix of patients within a bay.

	<ul style="list-style-type: none"> • Staff can access the Chaplaincy Service for support for patients as required. • Following patient death religious requirements are met. • Staff have access to the Religion and Cultures Manual. • Religion is recorded on nursing notes if the patient agrees to sharing this information 	
Age (Children/Young People/Older People)	<ul style="list-style-type: none"> • As a service providing care to older people all patients are assessed and care planned on individual basis. • Age is recorded in patient information system. 	<ul style="list-style-type: none"> • Age is not analysed.
Social Class/ Socio-Economic Status	<ul style="list-style-type: none"> • All patients are treated equally. No patients are charged for equipment but if we are unable to provide it and it would be valuable to the patient The OT will provide information and advice regarding where this can be purchased. • Emergency toiletries can be provided for patients who have none on arrival. • The main laundry can provide a specialised wash for those who have no relatives. Depending on length of stay this may alternatively be arranged by social work. • Staff can refer patients to social work as required. 	<ul style="list-style-type: none"> • No negative issues identified
Additional marginalisation	<ul style="list-style-type: none"> • Prisoners would be accompanied by prison officers and accommodated in a single room. • Care plans are developed on an individualised basis and therefore any addictions would be addressed. • Individualised care plans would reflect patient needs and if literacy was one then this would be supported. 	<ul style="list-style-type: none"> • No negative issues identified

Actions	Date for completion	Who is responsible?(initials)
Cross Cutting Actions Contact medical illustrations to enquire re large print information leaflets Review systems for capturing admission information on Equality & Diversity Review toilet and bathroom accommodation in wards accommodating more than one sex	31 st August 31 st August	JD JD
Specific Actions		

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

Lead Reviewer: Name: R Hassell

Sign Off: yes Job Title CSM

Signature



Date: December 2009

Please email copy of the completed EQIA form to irene.mackenzie@ggc.scot.nhs.uk

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