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

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 CITAdminTeam@ggc.scot.nhs.uk for further details or call 0141 2014817.

Name of Current Service/Service Development/Service Redesign:

Ward 37, RAH

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?
Ward 37 is an Organic admissions and assessment ward which is part of the Elderly Mental Illness Directorate.

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.)
No Previous EQIA has been completed.

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)

Jason McLaughlan, Ward 37, RAH

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):

A. Barclay (Lead Nurse)

	Lead Reviewer Questions	*Example of Evidence Required*	Service Evidence Provided (please use additional sheet where required)	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, Ethnicity and Faith are collected during the admissions process. Data on Disability, 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.	Further staff training 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?	*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.*	There is no routine analysis of equalities information gathered.	
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.*	Due to the nature of the illness suffered by patients in this ward, patient experience research is not viable. However the ward has begun collating information on the Carers' experiences of this area using 'Carer Diaries'. The initial use of the Carer Diaries	The information gathered from the diaries will need to be analysed and areas, which require improvement, will need to be action planned.

			was unsuccessful with little contribution by the Carers. However the Carers' Diaries are being re-launched as part of a Carer information pack.	
4.	Can you give details of how you have engaged with equality groups to get a better understanding of needs?	*Patient satisfaction surveys have been used to make changes to service provision.*	Using Carers' Diaries as mentioned above.	
5.	If your service has a specific Health Improvement role, how have you made changes to ensure services take account of experience of inequality?	*A service for teenage mothers includes referral options to smoking cessation clinics. The clinics are able to provide crèche facilities and advice on employability or income maximisation.*	Due to the nature of the patients' illness they have little to no insight into their conditions or themselves in general. We work closely with the families/Carers to ascertain people preferences/wishes. We allow flexible visiting times to allow as much interaction with the family/carers as possible. The patients have numerous physical and mental examinations carried out both on admission and during their stay, these include; Blood tests, nutritional assessments, mobility assessments, OT assessments, cognitive assessments, mental health assessments, activities of daily living assessments etc.	

6.	Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?	*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.*	Single floor building. Wide corridors. Automatic entrance doors. Accessible toilet, bath and showers in situ. Specialist beds and chairs in situ. Specialist Dementia signage for all public areas. Access to British Sign language Interpreters is available. A range of 'textured modified diets are available for patients who may have problems with their swallowing reflex. Disabled parking is available outside the ward. A bus service is available to the main hospital. Specialist equipment such as hoists	The 'shuttle bus' to transport people from the main hospital building to Ward 37 is out of use at present due to sickness. Although it is possible to get information in Braille it can take a long time from request to receiving it. There is no 'Loop System' for people with hearing loss.

			and stand aids are easily accessible.	
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. An 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. Specialist dementia signage, which uses image prompts, is used for all public areas. An image based 'Pain Assessment Chart' is available for patients with Aphasic or Dysphasic problems. 'Talking mats' have been ordered to assist people with Dementia, Aphasic or Dysphasic problems to communicate.	The process to access information in Braille is very slow and needs improving. Local information is not available in other languages at present. This information can be sent away to be re-interpreted into another language but the process for doing this is not known by most staff and is rarely accessed.

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 that very few young men were attending clinics. They have launched a local promotion targeting young men and will be testing sex-specific sessions.*	Data is collected on gender in case notes. Patients' preferences, wishes and needs are gathered on admission with the assistance of carers. There are separate rooms or bays, which are gender specific – Each has en-suite facilities. 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	Due to the symptoms (Severe confusion, delusions, cognitive impairment, Dysphasia/Aphasia etc) of patients with medium to severe Organic Brain Disease it is very difficult to gain sensitive information around Gender Based Violence or Elder Abuse directly from the patients. However most ward staff have now been trained in GBV and know to report any evidence or suspicion of abuse.

			a result of being unwell may manifest itself in many ways. A non-judgemental approach towards the treatment of patients benefits the whole department in relation to treatment and process as well as fostering an open environment. Staff training on Gender specific issues is available. Almost all staff have received training on Gender Based Violence with the remainder due to attend within the next 12 months. All staff are aware of the Gender Based Violence Policy and know where they can access it in the ward.	Ward 37 is a mixed sex ward with the only single sex areas being the bedrooms. Loss of sexual inhibitions can be a symptom of some types of Organic Brain Disease. This can cause distress to the patient themselves and the other patients in the ward. Due to the nature of Organic Brain Disease it can be difficult for a patient to express the wishes or preferences. However staff are sensitive to patients' behaviours around specific staff genders and changes are made where possible.
(b)	Gender Reassignment	*An inpatient receiving ward has held briefing sessions with staff using the NHSGGC Transgender Policy. Staff are now aware of legal*	Patients' preferences, wishes and needs are gathered on admission with the assistance of carers.	There is little or no training for staff in managing Transgender issues

		protection and appropriate approaches to delivering inpatient care including use of language and technical aspects of recording patient information.	Staff are aware of the Transgender Policy and are aware they can access the policy in the ward. Social Inclusion is used as a model of care	
(c)	Age	*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.*	Age is recorded in case notes. Social inclusion is used as a model of care. Patients' preferences, wishes and needs are gathered on admission with the assistance of carers. It is a specialist over 65's service. However under 65's can access the service if an agreement is made between the multi-disciplinary team that the person's diagnosis requires the specialist service. There is however no agreed plan for carrying this out. All staff have received Child Protection training. The service follows good practice on Adult Support and Child protection and Adults with incapacity.	No data analysis is provided to the wards. Transitional arrangements between Adult Mental Health Services and Older Adults Services. No system in place to ease this.

(d)	Ethnicity	*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. 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 Flexible visiting hours for carers The service has built up knowledge and good relations with various ethnic groups. Patients' preferences, wishes and needs are gathered on admission Dietary requirements are incorporated if requested and are asked whilst carrying out initial	Analysis of the Ethnicity data is not shared with the ward. All local patient information in English

			assessment. Interpreters are used to help explain the use of medication. This includes how often the drugs should be taken and possible side effects. Social inclusion is part of the model of care. Service uses interpreters for the purposes of psychotherapy and cognitive behavioural therapy. Staff engagement forms ask all staff if they speak any other languages 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. Staff are aware of the need to and process of reporting any instances of racism by patient/staff/relative.	
(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 with homophobic incidents.*	Disclosure of sexual orientation can be given by the patient or be later revealed as part of case history. Patients' preferences, wishes and needs are gathered on admission. Social inclusion is used as the model of care.	Sexual orientation is not asked routinely as part of the assessment. Staff have very little experience in caring for Gay/Lesbian/Bi-sexual patients.
(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 the Disability is recorded. Ward is accessible to wheelchairs. The whole service is located on one floor. Patients' preferences, wishes and needs are gathered on admission. Service is able to access British Sign Language interpreters.	The unit was originally built for Elderly Rehabilitation. The structure is not fit for the purpose it is now used for. Entrance to main patient day area can become a bottleneck preventing the movement of ambulatory and non-ambulatory patients. This can cause

			All bedrooms/Bays have en suite facilities, which include shower facilities accessible for wheelchairs. Modified Texture diets are available for patients with swallow reflex problems. Specialist equipment is available i.e. Lifting and Stand aids, wheelchairs, specialist beds, specialist chairs. Social inclusion is part of the model of care.	agitation and aggression amongst the patient group. Due to the nature of their illness, all of the patients in the unit are very confused. A single room for every patient would be preferable to improve the patient's dignity and prevent the misidentification of possessions. No analysis of information gathered. No induction loops to assist people with hearing deficits. No Braille facilities (available to order – Can take up to eight weeks to arrive) One disabled bath for twenty patients.

				Lighting in the ward could be improved in some areas. No Text phone system for people with hearing deficits. The distance between the Bus Stop and the unit can be an issue.
(g)	Faith	*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' preferences, wishes and needs are gathered on admission Chaplains come to visit to offer spiritual care for everyone if requested. There is access to Mosques and Synagogues if requested and there are good links with the faith community. Dietary requirements in line with religious observance are met	Data concerning faith is recorded in the case notes but it is not analysed

(h)	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' preferences, wishes and needs 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	Increased rate of alcohol-induced dementia is a cultural problem in this area.
(i)	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.*	There is a Transient Community Policy. Ward 37 works closely with Erskine Hospital (a charitable fund for ex-servicemen and women) to arrange appropriate accommodation or aid for a patient.	Travelling Community and Homeless lack of engagement for support if required. Literacy and numeracy problems within the community –hinder the individual in terms of treatment and rehabilitation
9.	Has the service had to make any cost savings or are any planned? What steps have you taken to	*Proposed budget savings were analysed using the Equality and Human Rights Budget Fairness*	Yes, there have had to be cost savings made. These have had little impact so far on Ward 37. Although	

	ensure this doesn't impact disproportionately on equalities groups?	*Tool. The analysis was recorded and kept on file and potential risk areas raised with senior managers for action.*	there is a determined attempt to reduce cost from this area there is also an understanding at Senior Management level that this cannot be at the detriment of the patient's treatment.	
10.	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?	*Analysis of recruitment shows a drop off between shortlisting, interview and recruitment for equality groups. Training was provided for managers in the service on equality and diversity in recruitment.*	Ward 37 has no permanent staff that would be considered to be from a minority group for reasons of religion, ethnicity, sexual orientation or disability. However this does reflect in the patient group we have. Through the use of Bank staff and Agency staff, people from minority groups work in the ward on a regular basis. The recruitment process that is in place would prevent any bias to equality or diversity.	There has been no recruitment of new permanent staff for several years with no major recruitment for over 10 years.
11.	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.*	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 and, in this area, most have completed this.	

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.

Actions – from the additional requirements boxes completed above, please summarise the actions this service will be taking forward.	Date for completion	Who is responsible?(initials)
Cross Cutting Actions – those that will bring general benefit e.g. use of plain English in written materials The Lead Nurse will arrange an annual review and action plan in relation to analysis of data collected in connection to equality and diversity for the whole of the EMI directorate.	01/06/12	J. Mclaughlan A. Barclay

Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy		
Further staff training on routine sensitive inquiry concerning sexual orientation and gender reassignment.	10/05/12	J. McLaughlan, L. McKeown
The information gathered from the Carers' diaries will need to be analysed and areas, which require improvement, will need to be action planned.	10/05/12	J. McLaughlan, P. McCartney
Discuss the return of the shuttle bus with staff that are responsible for running it.	01/12/11	J. McLaughlan
Discuss improving access to information in Braille with appropriate staff.	31/12/11	J. McLaughlan
Hold a staff meeting and inform staff of how to access patient information in different languages.	25/11/11	J. McLaughlan
Seek out training for staff on Transgender issues.	31/12/11	J. McLaughlan, L. McKeown
Formalise the transition of patients between Adult Mental Health and Elderly Mental Illness to speed up the process of patients moving to the most appropriate area for them.	10/05/12	J. McLaughlan, A. Barclay. Dr Gray
Further discussion into improving the physical structure of the ward to better suit the patient group will be arranged. This will include a discussion already in progress into the viability of an extension to increase the living space. Seek funding to continue the improvements to the structure of Ward 37 to make it more compatible with the patient group.	01/04/12 01/09/12	J. McLaughlan, A. Barclay. J. McLaughlan, A. Barclay
A loop system will require to be installed for people with hearing difficulties.		

	01/05/12	J. McLaughlan, A. Barclay

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

15/05/12

Lead Reviewer: Name Jason McLaughlan
EQIA Sign Off: Job Title Senior Charge Nurse
Signature
Date 14/05/11

Quality Assurance Sign Off: Name
Job Title
Signature
Date

Please email a copy of the completed EQIA form to CITAdminTeam@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.