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:

Arran and Bute, Dykebar Hospital – Rehab and Continuing Care Ward

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?

Arran and Bute is a Rehab and Continuing Care ward which forms part of the Rehabilitation In-patient Service for individuals with severe and enduring mental health problems which has resulted in a longer admission and require continued NHS Hospital Care for further assessment and treatment for their mental health problems. The ward provides care for both male and female patients, it is a recovery and rehabilitation services with 12 recovery beds and 8 intensive rehabilitation beds. There is a dual assessment of patients with both a medical and nursing assessment before transfer from acute wards is decided as best option for patients. Once patients are transferred to the service the ward aims to promote a therapeutic environment, assisting recovery, through a multidisciplinary approach to care provision. We achieve this aim by empowering individuals, with mental health problems and their families/carers to make informed choices and decisions regarding their immediate care needs and ongoing support needs. Individuals will be encouraged by staff to make these decisions through provision of education, support guidance and advocacy services. The ward has been recently refurbished to a modern style.

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 2010 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 2010.

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	10/11/2016

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):

Alex Buchanan (In-patient Service Manager); Jason McLaughlan (In-Patient Operational Manager (Mental Health)); Natalia Hedo (Clinical Governance Facilitator); Tim Grundy (Acting 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?**	***Age, Sex, Race, Sexual Orientation, Disability, Gender Reassignment, Faith, Socio-economic status data collected on service users to. Can be***	Data for Age, Sex, and Ethnicity are collected during the admission process. Data on Disability, Faith, Socio-Economic status, Sexual Orientation	

		used to analyse DNAs, access issues etc.	and Gender Reassignment would be collected during the on-going assessment process using Clinical Risk Screens, various assessment forms and Care Planning. Questions on gender based violence in relation to present or historical abuse are routinely asked during the admission process and escalated appropriately. Staff training is provided on routine sensitive inquiry concerning sexual orientation and gender reassignment. The Senior Charge Nurse has completed this training and ward staff are scheduled to attend.	
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.***	Leaflets are provided in different languages. Access to British Sign language and Interpreters is available. Patients and their families discuss with nursing and medical staff any issues that may occur during the admission and the care planning process in respect of equality. Dykebar Hospital is a smoke free site. There is a high percentage of patients who smoke and we have moved the smoking shelter from the patio area. We offer free smoking cessation to clients to help them quit smoking if they wish.	
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. Staff are aware of the systems and processes when managing the language barriers for patients who cannot speak English. The ward has access to interpreting and sign language. For patient with profound communication difficulties, the ward has purchased software that is used on iPads for communication with these patients. A dedicated speech and language therapist is available. 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?**	***Patient satisfaction surveys with equality and diversity monitoring forms have been used to make changes to service provision.***	Homelessness Liaison Officers are available to engage with patients to support their needs. We have a Homeless Person Protocol in Renfrewshire. Patient Conversation Visits	

			are carried out on a six monthly basis by the In-patients Manager, the Professional Nurse Advisor and a member of the Mental Health Network Services Team. Patients, their families and carers are invited to attend an informal group discussion to express their thoughts on the care they receive and views on how things could be made better. Following each visit, feedback is presented on a poster which describes what patients said and what we did to improve the service and highlight any positive comments. Community Outreach by Community Mental Health Team (CMHT) staff is available for patients. A full range of theraputic services are provided by a full time dedicated Occupational Therapy Service including Psychological Therapies. All patients have discharge plans through the Single Shared Assessment that are communicated with them and reviewed at the Multi Disciplinary Team (MDT) meetings. The ward engages with a number of groups to plan discharge from hospital, such as Social Work Priorities Team and RAMH. When patients are ready for discharge, they would be added onto the priority list including details on their level of their need. Patients would then be allocated to an appropriate accommodation when available. Packages of care required for community based care are reflected through the Single Shared Assessment. Patients have access to Independent to Advocacy Services. The Triangle of Care assessment was completed by the Carers Centre in the Ward and an action plan was put in place to ensure improved care assessments with 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?**	***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, controlled entrance doors, accessible toilet and bath, adjustable beds and chairs in situ and adequate lighting throughout the ward. Easy access outdoor garden spaces, where patients can grow fruit and vegetables. Specialist equipment such	

			as hoists and stand aids are easily accessible. The rehab site has 8 single en-suite rooms of which 2 have assisted showers. The Recovery site has 4 single rooms but only 2 are en-suite and 2, 4 bedded rooms. There are no steps to the entrance of the ward and the patio is easily accessible. There are disabled parking spaces outside the ward. Ward has access to two mini buses and a people carrier with disabled access for patients use. Dial a Bus service available which is able to drop relatives at the front entrance to the ward.	
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 interpreting 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. Access to internet is also available for patients to print materials in different languages. Board wide information is available in many languages on request. A dedicated speech and language therapist is available. There are two laptops with internet access dedicated to patients on the ward. There also is a computer group on the ward. Information leaflets are available throughout the ward. An electronic display screen is also available to provide information regarding the ward. E.g. the ward will be closed for infection control. The ward also benefits from an electronic nurse call system. Dementia friendly signage is displayed throughout the ward. We have arranged for the "Therapet" to visit the ward.	
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 where patients consent for their families and carers to be involved in their care. Facility has twelve single rooms with en-suite facilities	

			and therefore issues of privacy and confidentiality are addressed. There are also two four bedded rooms with en-suite facilities that can be configured to suit different genders. Treatment of patients is person centred and strength based 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. Staff training is available on Gender Based Violence.	
(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.***	Patients' wishes and preferences are gathered on admission with the assistance of carers where patients consent to their families and carers to be involved in their care. Staff can access the Transgender Policy through StaffNet. Staff assisted a patient to be able to change his name whilst in the ward. 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 represented a significant number of DNAs. Text message reminders were used to prompt attendance and appointment letters highlighted potential clinical complications of non-attendance.***	Patients are admitted to the wards where their needs are best met regardless of their age. Age is recorded in case notes. Patients' wishes and preferences are gathered on admission with the assistance of carers if patients consent to their families and carers to be involved in their care. All Staff have received appropriate child protection training. The service follows good practice on Adult Support and Adults with incapacity. Patients who lack capacity to make changes to their own care are treated under the Adults with Incapacity (AWI) Act. The hospital manages funds for these patients under section 4 of the act. Dementia signage is displayed throughout the ward. Staff receive training in Dementia Awareness in line with Promoting Excellence. Visiting times are flexible with protected meal times and provision for out of school hours available as the need arises. Public transport to hospital is available 7 days a week from 7am to 11pm at night.	Public transport is a reduced service over the weekend. However, telephone numbers for the Taxi company are available on the ward along with local bus timetables.

(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 available 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. Flexible visiting hours for carers. 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 with homophobic incidents.***	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.	
(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. 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 i.e. Lifting & Stand aids, wheelchairs, specialist beds and specialist chairs. Assisted bath, showers and toilet available. A disabled toilet also available at reception area. We have protected meal time for all patients. We are complying with the Disability Discrimination Act. The ward	

			is well signposted. Designated parking bays for disabled people.	
(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. A resource is available to ensure patients can observe their religion needs. Room available for multi faith activity if required. The hospital Chaplin has an office based in the ward and he is available to patients once a week on a Thursday. There is access to multi faith establishment in the community via the Chaplin. The Chaplin can utilise the Faith and Belief Communities Manual for patients on the unit if required. Quiet room and praying mats available for prayers. There are Bibles available if required. Staff aware of religious dietary requirements of patients e.g. Halal and kosher foods. Staff can order this if required.	
(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. Family visiting areas available for patient's relatives accompanied by young children if required.	
(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 their families and carers to be 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 Social work support is provided to patients throughout their journey to recovery. Contact details for Advice Works services are made available as part of the discharge process. Access to Mental Health Network Services Team. Patients are encouraged to purchase and prepare fresh food. The hospital manages funds for patients under section 4 in the AWI act. 6 monthly AWI meeting involving authority managers. The ward also has access to Socialising Budget which allows	

			activities and links to community access and patient needs. Patients on ward have access to fishing holidays as well as local groups such as Snooker Group. Plans are in place for female patients holidays next year.	
(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. There are specialist drug and alcohol services onsite and also outreach services are available, staff can refer patients to these groups. 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. Locally we have reconfigured staff posts to maximise use of resources.	
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. The ward is promoting Learn-Pro through individual Personal Development Plans (PDP) objectives. 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. Access is available to Peer Support Worker through the Net Work Team. 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. Staff follow Rostering Policy which provides a safe workforce level which meets with service needs.	

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

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. Palliative Care nurses work with the ward and agree end of life plans and DNACPR, these meetings involve families and carers.

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. Strength Based Care Plans are available for patients.

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). We are inspected by the Mental Welfare Commission by both announced and unannounced visits.

Everyone has the right to liberty and security

Nursing care focuses on the least restrictive option in line with the Milan principles. Where patients require to be detained under the Mental Health Act, the need for detention 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. Any restriction of funds is done through AWI Legislation.

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 the Arran and Bute Ward receives and individual care plan based on their rights, relationships and recovery. Families are actively encouraged to participate in their relative’s care. Advanced statements are considered for patients care and treatment. Families are invited to MDT Review meetings, 4 weekly in Rehab and 6 weekly in Recovery site.

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

We are regularly inspected by the Mental Health Welfare Commission who as part of their visit, review all our paperwork. This contributes to ensuring that discrimination is not tolerated in any way, shape or form. The ward staff have a pro-active approach to any complaints or concerns from patients or families to resolve at local levels.

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 that: - Risk assessments are in place and are reviewed regularly. - There is a standardised format for the care plans but, within this format, goals and interventions are individualised and clearly address the physical and mental health and therapeutic needs of patients. - Care plans are evaluated regularly through the multi-disciplinary monthly "In-depth Review" meetings. There are clear action points documented in these Multi Disciplinary Team (MDT) reviews. - There are good occupational therapy assessments and occupational therapy/nursing rehabilitation plans for ongoing work with patients, particularly for those who are in process of moving on. - There are good links with social work and community services. Every patient has an allocated social worker and nearly all the patients now have a completed Single Shared Assessment looking at their future care needs. - The ward ensures that the planning of the transition process is as smooth as possible and geared to individual needs. When a care provider has been identified, they spend time initially in the ward getting to know the person and their care plan. They then support the person in familiarising themselves with their new flat and neighbourhood. People then gradually build up the number of overnight stays in their flat according to their ability to cope with the pace of change. Nursing and Occupational Therapy (OT) staff also play a very active part in this process as well as ensuring the practicalities are taken care of such as linking with the CMHT, registering with a GP and so on. There is good transfer of information from hospital staff to the provider and community professionals, including relapse indicators and a crisis plan. - There is no longer a GP service coming into the ward and the physical health needs of patients are met by the consultant, staff grade or junior doctors. As patients are no longer registered with a GP, they will not be automatically included in national screening programmes such as those for breast and bowel cancer. The ward have commenced a roll out plan to address the issue of national health screening for the patients within Arran and Bute ward. All patients have an in-depth multi disciplinary meeting every four weeks. At this meeting it is identified what screening is applicable for that individual according to their age and gender. If the patient is agreeable to the screening then either the screening will be completed within Arran and Bute ward by our Medical and Nursing staff, or if appropriate referrals will be made to specialist services. In the event that the patients choose not to consent to any appropriate screening, then they will continue to be offered this service at every four weekly multi disciplinary meeting. This information will be recorded within the patient's records. - There are regular spending plan reviews where the hospital is managing patients' funds. It is evident that staff are actively looking at how people's money can be spent to improve their quality of life. - The patients were positive about their relationship with staff. The good rapport between patients and staff was very evident and staff were very knowledgeable about the people they were caring for. - The advance statements had been routinely discussed with patients, and this is recorded in files. - There was a 'Child information Gathering' sheet in the records where this was relevant. - There is a weekly activity programme for the ward which is clearly displayed. - There is excellent dedicated OT provision from a senior OT, an OT and an OT assistant (two and a half posts in total). The OTs are involved in functional assessments and, along with nursing staff, in all aspects of rehabilitation work through individual and group activities. Participation and the level of engagement in activities are clearly recorded. - There is a good range of Activities of Daily Living, including self care, travel, budgeting, shopping, cooking and laundry. There is a variety of therapeutic and recreational activities to improve physical health, social skills and knowledge of community resources. These include badminton, bowling, snooker, fishing, art, gardening, massage and a range of social outings and holidays. - It was evident from the daily records and OT action plans that efforts are being made to try to engage and extend the participation of people in relevant activities. - Consent to treatment documentation under the Mental Health Act and the Adults with Incapacity Act was up to date and authorised the treatment being given. - The Kardex clearly indicated through coloured stickers the date T21T3 forms had been completed, the dates when bloods or high dose monitoring were due, and if someone had an allergy.