

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:

Clyde In Patient- East Ward, Dykebar Hospital

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).

Mixed sex ward with 15 single bed accommodation for the admission, assessment and treatment of adults age mainly between 16-65 with acute mental health problems, who cannot be treated with community based supports.

Who is the lead reviewer and where based?

Kevin Hernon, Senior Charge Nurse, Dykebar Hospital, Acute Admission Unit

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, Nurse Psychotherapist, Head of Occupational Therapy, Clinical Governance advisor
EQIA team member

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
Gender	<ul style="list-style-type: none"> • Data collated through the Admission process • Single sex room accommodation • Single sex sitting area female only or Mix • Gender matching of staff can be provided on request (Nurse asks for preference during admission) • Staffing reflects specific gender groups, as and when service demands. • Service offers relaxation session for female patient on request • Training available through L&E regarding gender issues • Family friendly room • Secure entry system out of hours • Visiting catered for in afternoon and evening • Alternate visiting hours can be arranged via the wards. 	<ul style="list-style-type: none"> • Gender data is not analysed, do not receive any feedback or information from Medical Records. • Do not analyse the data regarding the uptake of the service by gender • No separate male sitting area or relaxation sessions. • Do not have routine enquiry in relation to gender based violence
Ethnicity	<ul style="list-style-type: none"> • Ethnicity Data collected through the Admission process • Publication regarding community services available in different languages • Routinely assess communication and language support needs • Referrals been made to other agencies; e.g. Interpreters services, religious centres. 	<ul style="list-style-type: none"> • Data is not analysed, do not receive any feedback or information do not analyse the data regarding the uptake of the service by ethnicity • Signage all in English • Do not have local agencies to provide support regarding ethnicity do make referral to Glasgow.

	<ul style="list-style-type: none"> • positive training opportunities covers values, cultural issues e.g. nutrition, ten Essential Shared Capabilities • Access to interpreters. How to contact interpreters is included in staff induction programme • Reception staffed until 9.00 pm 	
Disability	<ul style="list-style-type: none"> • Data collated through the Admission process • Wide corridors • Wide circulation area ,allowing easier movement for people with mobility difficulties • Non-slip floors and barrier matting • Disabled parking clearly marked close to building. • Staff are aware of how to access BSL interpreters • Ramp is in situ for easy entrance • Low area at reception desk • Customised Showers, bed and bathroom accessible for disabled people • Automatic doors at entrance to the hospital • Sitting available between the bus stop and hospital entrance (but not covered) • Speed ramps in place • Could access information in Braille and large print on request • Low level handles to toilets • Reception staff know how to access aids such as wheelchairs • Reception staff know how to access transport 	<ul style="list-style-type: none"> • Not sure if the data get analysed, do not receive any feedback or information • Do not analyse the data regarding the uptake of the service by disability • Not all staff know how to access BSL interpreters • Need to look at the issue of lighting in the ward • No text phone • No loop system • There is an issues regarding the distance between the bus stop and unit entrance • All services are not in one building • Disabled parking area is not monitored • No maps available to direct patient from bus stop to the ward

	options and this is included in induction programmes.	
Sexual Orientation	<ul style="list-style-type: none"> • Data collated through the Admission process • Dignity at work policy is applied in the workplace • Issue of homophobia has not been reported or raised no evidence of hostile attitudes amongst staff or patients. • Equality and diversity training through learning and education covers the sexual orientation topic. 	<ul style="list-style-type: none"> • Not sure if the data gets analysed, do not receive any feedback or information • Do not analyse the data regarding the uptake of the service by sexual orientation • Lack of awareness regarding sexual orientation amongst staff • Nothing available in local area to provide support, use city wide agencies to provide support.
Religion and belief	<ul style="list-style-type: none"> • Data collated through the Admission process • Senior staff nominated to access training through L&E and also links to KSF • Availability of halal, kosher or special meals on request • Leaflet available for staff regarding religion and belief and process that must be adopted in the event of patient death. • Multi faith room available • Chaplaincy service available • Staff are able to direct people to the services mention above • Spiritual needs forum exist for staff, chaplains and other partners • Operational policy covers religion and belief 	<ul style="list-style-type: none"> • Not sure if the data gets analysed, do not receive any feedback or information • Do not analyse the data regarding the uptake of the service by religion and belief
Age (Children/Young People/Older People)	<ul style="list-style-type: none"> • Data collated through the Admission process • There is specialist services which covers the clear criteria for good practice guidelines if 	<ul style="list-style-type: none"> • Not sure if the data gets analysed, do not receive any feedback or information • Do not analyse the data regarding the

	<p>delivering a service to CAMHS and over 65</p> <ul style="list-style-type: none"> • Robust child protection training and policy. • Child Protection covered in the core documentation integrated care record. • Refer patient to other agencies e.g. Awareness about child line and Alzheimer' Disease. • Reception staff know how to access aids such as wheelchairs • Reception staff knows how to access transport. 	<p>uptake of the service by age</p> <ul style="list-style-type: none"> • Data collected and analysed for under 18 for mental health admission • Do not provide specific information regarding age • Don't have child friendly room for visitors / gap in resources to support this idea • Little guidance given on how to manage family and visitors.
<p>Social Class/ Socio-Economic Status</p>	<ul style="list-style-type: none"> • Facility has been designed with the aim of reducing stigma. e.g naming of area • Patient assessment picks up issues which can refer to appropriate agencies e.g Debt, Money problems. • Travel expenses can be re-imbrued • High awareness regarding social class is incorporated into care plan process • Patient is managed and all contributing factors to condition are explored as part of the case process 	<ul style="list-style-type: none"> • Patients who come from deprived background e.g are often unable to afford consumable goods. • Do not have café for patient and visitors
<p>Additional marginalisation</p>	<ul style="list-style-type: none"> • Controlled access through reception • Routinely assess communication and language support. • Specific training for drugs and alcohol as and when required • No literacy assessment carried out • No assessment carried out if a previous criminal conviction is disclosed. 	<ul style="list-style-type: none"> • Need more awareness regarding travelling communities

Actions	Date for completion	Who is responsible?(initials)
<p>Cross Cutting Actions</p> <ul style="list-style-type: none"> • Ethnic Monitoring form can be offer to a patient before the discharge, needs to be added to electronic system and to find out who is responsible for it. • Standard statement and protocol needs to be developed for staff regarding equality monitoring from data collection to analysis and (security) confidentiality. • WRVS trolley Consumables. Raise an issue with hospital management, voluntary organisation regarding a trolley. Need to check what is on trolley • New information leaflet being developed for patients and relatives 	<p>JUNE 10 JUNE 10 JUNE 10 Feb 10</p>	
<p>Specific Actions</p> <ul style="list-style-type: none"> • Learn from other services which offer gender based violence routine enquiry and action plan accordingly. • Gain knowledge of community organisation and data to sign post patient and staff • Loop system; need to assess viability • Lighting; assessing need for brighter lights in certain areas • Bus stop, considering new signage to direct people to wards, sited at bus stop. • Child friendly rooms • Greater awareness of support agencies in area and city wide in relation to equality and diversity strands. • Accessible parking needs to be reviewed. • Accessibility issues identified include loop systems, access to BSL interpreters. 		

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

30.06.10

Lead Reviewer: Name: K Hernon
Sign Off: Job Title Senior Charge Nurse
 Signature
 Date:4.01.09

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

Irene Mackenzie, Corporate Information and Development Manager, Corporate Inequalities Team, NHS Greater Glasgow and Clyde, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ. Tel: 0141-201-4970.