

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 Mental Health Rehab/ Recovery Service – 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).

The Recovery unit forms part of the Rehabilitation Inpatient Service for individuals who have experienced a longer admission and require further assessment and treatment for their mental health problems.

Who is the lead reviewer and where based?

Gordon Gibb, Senior Charge Nurse, Recovery Unit, Dykebar Hospital

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):

Gordon Gibb Senior Charge Nurse
Lorraine McKenzie – Charge Nurse Recovery Unit
Isobel Lindsay - Charge Nurse Recovery Unit
Jim Smith - Charge Nurse Rehab
Equality and Diversity Officer

Impact Assessment – Equality Categorie

Equality Category	Existing Good Practice	Remaining Negative Impact
Gender	<ul style="list-style-type: none"> • Data on gender is collected for all patients • Current staffing rates allows for gender matching between staff and patients if requested by service users – ie, if female service user wants a female support worker then there is the capacity to provide this • A limited number of single rooms are available for patients within recovery services. There are group rooms and sitting rooms, plus separate bathing facilities. • Rehab services has separate wards/ toilet facilities for male and female patients • Current staff capacity allows for varied levels of support to be offered to service users responding to individual needs • Initial assessment and regular review interviews with patients identify the range of support needs that will be addressed as part of individual care programme, this includes issues potentially relating to gender based violence 	<ul style="list-style-type: none"> • Currently no analysis of data is undertaken • Historically, males are more likely than females to access crisis intervention services such as rehabilitation (rehab) and recovery • Accomodation in rehab services provides mixed wards, however a limited number of single rooms are available for patients if required. • Bathing facilities could be improved as the bath is located in the female toilet area and the shower is in the male toilets. • Need to look at how both services could provide safe, sensitive and effective care and support for transgender people – including developing staff awareness of needs of transgender people
Ethnicity	<ul style="list-style-type: none"> • Data on ethnicity is collected for all patients – however due to demographics and the historic and cultural nature of rehab/ recovery services, service users are predominantly White Scottish. • Issues relating to language, dietary requirements, spiritual support or other needs can be identified during admission and in patients individual support programme • Procedures are in place for using interpreters and all staff are aware of these. Language is recorded in case notes. 	<ul style="list-style-type: none"> • No analysis of data • Limited awareness amongst staff of the availability of support services relating to culture/ ethnicity. An information pack with details of different services would help. • Also staff said that they would benefit from a learning/ training programme on cultural awareness – however there are currently extreme limits on staff time to undertake this training

	<ul style="list-style-type: none"> • Referrals can be made to appropriate outside support services if required. • Patient information is being re-designed, and this provides an opportunity to provide more appropriate info to minority ethnic service users, including info in other languages that acknowledges culturally sensitive needs of service users. 	
Disability	<ul style="list-style-type: none"> • Information about a patients support requirements relating to a disability or range of disabilities are recorded and assessed at point of admission • Patient care programme includes regular reviews to ensure all ongoing support needs are looked at and addressed • Referrals can be made to other support services if required • A limited number of modifications have been made to allow for disabled use such as widening of corridors re modelling of bathing facilities, however a number of further modifications are required. • Patient information is being re-designed, and this provides an opportunity to provide more appropriate compliance to communication needs of sensory impaired people 	<ul style="list-style-type: none"> • Data relating to disability is not analysed, there is currently no potential for this data to be passed on in order to inform service development. • Rehab services are located on the first floor and are not accessible to wheelchair users or anyone with restricted mobility not DDA compliant. There is no lift. • Keypad entry system not physically accessible to wheelchair users, also no availability of instructions or signage in braille/ flash light for people who are deaf. • Alarm system does not include flashlights, so does not appropriately serve needs of deaf people • No textphone available • No induction loop • Information is available in braille on request, however there can be considerable time for this to be achieved.
Sexual Orientation	<ul style="list-style-type: none"> • The most important aspect of the services provided at Dykebar is the personal care of patients, staff consider that addressing and challenging potential homophobic treatment of patients as integral to this ethos of care. • There is the potential for identifying issues 	<ul style="list-style-type: none"> • Staff agree that there is extremely limited awareness of issues relating to this strand of equality • No collection of data in relation to sexual orientation – there is an acknowledgement amongst staff that this the only diversity

	<p>relating to sexuality/ sexual orientation of patients during regular case reviews or in informal one to ones with patients and appropriate provision could be made to support patient in relation to this including information about or possible referral to appropriate support services</p>	<p>strand on which no data is collected for service users.</p> <ul style="list-style-type: none"> • There is a defined lack of awareness amongst staff about available services for LGB and T people.
<p>Religion and belief</p>	<ul style="list-style-type: none"> • Information about a service users professed religion or spiritual needs collected during their assessment. • Pastoral/ spiritual care needs can be served as part of patient's individual programme of care • Staff have good working knowledge of wide range of issues relating to religion and faith and how this can influence a patient's care needs , such as ablutions • "Living and Dying Well" covers issues relating to religion and spiritual care and staff have full knowledge of this. • The Chaplaincy Service visits once a week and offers support to anyone. • Transport is available to take patient to particular place of worship or other appropriate setting if requested – although this does require some forward planning in terms of logistics and possible freeing up of staff time • There is a multifaith room within Dykebar which all patients have access to • Individual dietary requirements in line with religious or cultural observance can be met for all patients. 	<ul style="list-style-type: none"> • There is no further analysis of information relating to patients religion or spiritual needs
<p>Age (Children/Young People/Older People)</p>	<ul style="list-style-type: none"> • Information about patients age is taken at point of admission • Staff have experience in providing care and support to a wide age range 	<ul style="list-style-type: none"> • Rehab services are not accessible for patients or visitors with restricted mobility – located on 1st floor with no lift access • There are no visitors toilet facilities in ward

	<ul style="list-style-type: none"> • Patient's Individualised Recovery/Care Plan can be adapted to meet specific needs relating to age or any other factor • Programme of regular Health Screenings provided to patients in wards to help to identify and address health needs and the care staff tie-in with patient's GPs to further support these needs. 	<ul style="list-style-type: none"> • Hospital is served by extremely limited public transport service
<p>Social Class/ Socio-Economic Status</p>	<ul style="list-style-type: none"> • Staff have a good practical understanding of issues relating social care and personal and social development. Lifeskills training, including budgeting often form part of patients recovery/ care plan as one of the objectives of rehab and recovery services is to provide patients with the confidence and skills to move on to independent living wherever this is possible and practical • The service has links with a range of support and advice agencies that can help clients with information about various issues relating to social care including benefits info., education etc • Service has links with further education colleges and support is provided to service users who wish to pursue educational opportunities, incl. travel expenses • The service pays all travel expenses to and from the hospital. 	<ul style="list-style-type: none"> • Hospital is served by extremely limited public transport service • Hospital café is expensive for visitors

<p>Additional marginalisation</p>	<ul style="list-style-type: none"> • Due to the type of service provided by Rehab and Recovery services staff are used to providing support to patients with multiple support needs, such as addictions and mental health, experience of homelessness etc. Therefore staff have an experienced awareness of these issues and of the factors that can affect social marginalisation. Staff work with patients to tackle these issues and can include additional support from external agencies when needed. • No literacy assessment • No Mental health assessment 	<ul style="list-style-type: none"> • Lack of awareness amongst staff about some groups such as travelling communities – need for training/ awareness raising • Stigma from wider society towards service users, this can often have a negative affect on patients confidence and opportunities for social integration
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Actions	Date for completion	Who is responsible?(initials)
<p>Cross Cutting Actions</p> <ul style="list-style-type: none"> • Look at analysis of collected data on service users to review issues such as uptake of service and customer/ client satisfaction – potential for including data on sexual orientation. • Prioritise staff access to training, including e-learning programmes on all equality strands and other identified training needs – there is a need to plan staffing availability to cover for training time. • Information packs with information and contact details of various support organisations – covering each equality strand/ group and other relevant services should be provided for staff 	<p>September 2010</p> <p>April 2010</p>	
<p>Specific Actions</p>		

<ul style="list-style-type: none"> • Patient information to be available in range of minority languages • Provision of loop system/ portable loops • Provision of textphone – including staff instructions on how to use this • General information about services available at Dykebar should be available in braille - and in other formats that can be accessed by sensory impaired people, incl. deaf people • Fire alert system needs to include flashing lights • Services need to look at how issues relating to gender based violence continue to be addressed as part of patient recovery and care in line with current NHS policy • Need to look at how both services could provide safe, sensitive and effective care and support for transgendered people – incl. developing staff awareness of needs of transgendered people • Need to look at what further changes need to be made to make buildings more accessible for all service users and appropriate alterations made - Many structural modifications that will make service fully accessible and DDA compliant may need to wait until move to new accomodation in 2 years time – however there is a need to review these issues and identify full range of required modifications well in advance of the move, this review would need to start now as part of service re-design • Promote public awareness of mental health issues and continue to support and encourage service users in accessing and in the uptake of education/ personal development courses – to address issues of stigma and patient confidence 		
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Ongoing 6 Monthly Review Please write your 6 monthly EQIA review date:

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Lead Reviewer: Name: Gordon Gibb
Sign Off: Job Title Senior Charge Nurse
 Signature
 Date: 10/01/10

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