

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:

Dykebar Hospital- Clyde In Patient Mental Health: South Ward

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 Ward is an Acute Psychiatric Admission ward which caters for both male and female patients. It is one of three wards based in the Acute Admissions Unit. There is a dual assessment of patients with both a medical and nursing assessment before admission is decided as best option for patients. Once patients are admitted, South 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 family/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.

Who is the lead reviewer and where based?

Alex Buchanan, Senior Charge Nurse, South Ward, 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):

Senior Staff Nurse
Unit Bed Manager
Lead Nurse Support
Equality and Diversity Officer

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
Gender	<ul style="list-style-type: none"> • Gender Data is currently collected on front page of admission sheet. • Facility has single rooms with en-suite facilities and therefore issues of privacy and confidentiality are addressed. • Same sex key workers are available if required. • Staff has received training on e learning in equality and diversity and a DVD on transgender issues. • There is a staff member who has completed gender based violence training and leads on this for the team. • Within practice development there is equality and diversity content. 	<ul style="list-style-type: none"> • The gender data is collected but not analysed by the team and sent to medical records. Therefore there is no way to identify inequalities that might arise. • There is no specific question on routine enquiry but Gender Based Violence is discussed at assessment stage. • Training for staff is needed for sensitive enquiry around Gender Based Violence.
Ethnicity	<ul style="list-style-type: none"> • Ethnicity Data is currently collected on front page of admission sheet. • Patient information states that information can be made accessible through different formats • All staff aware of interpreting procedures and protocols with interpreting process poster in common staff area. • Staff have a good relationship with interpreters and also with advocacy groups, asylum seekers, and refugee mental health services such as COMPASS • Staff use external resources such as language 	<ul style="list-style-type: none"> • The ethnicity data is collected but not analysed by the team and sent to medical records. Therefore there is no way to identify inequalities that might arise. • Need to do more to identify demographics of BME people and Eastern Europeans in the Clyde area. For example staff are aware of pockets of polish immigrants in Clyde area. • Staff need more training on ethnicity and move from experiential learning as they deal with ethnic patients to a more planned and informed approach.

	<p>cards to assist in the communication process.</p> <ul style="list-style-type: none"> • Staff deal with cultural issues as part of assessment • Staff have received general training in equality and diversity issues. 	
Disability	<ul style="list-style-type: none"> • Disability data is currently collected on front page of admission sheet. • Facility is a new building and meets all the requirements for disabled access including bathrooms aids, lowered reception desks and each ward has a room for disabled people. • Staff have an easy read version of the mental health act to give to patients with learning disabilities. • Occupational therapists and dieticians have access to visual aid cards that help to better communicate with patients. • Staff have received general training in equality and diversity issues 	<ul style="list-style-type: none"> • The Disability data is collected but not analysed by the team and sent to medical records. Therefore there is no way to identify inequalities that might arise. • No text-phones available in facility • No portable induction loops.
Sexual Orientation	<ul style="list-style-type: none"> • Staff deal with discrimination such as homophobia with a zero tolerance approach. • Staff have received general training in equality and diversity issues • Staff are all staff aware of the obligations of the Civil Partnership Act 	<ul style="list-style-type: none"> • No sexual orientation data is collected at the moment although new assessment form will have necessary fields for sexual orientation. • Staff unsure how patients will react to questions on sexuality and need more training around sensitive enquiry. • More specific training around sexual orientation is needed.
Religion and belief	<ul style="list-style-type: none"> • Staff have established a room in the unit as a 'multi-faith' room for one hour a day. There is also 	<ul style="list-style-type: none"> • No religion and belief data is collected at the moment although new assessment form will

	<p>a managed session in the 'multi-faith' room one day a week, usually on a Friday.</p> <ul style="list-style-type: none"> • Strong relationship with chaplaincy service in NHSGGC and also with external volunteer groups. • Staff regularly ask patients if they practise their faith and arrange support and resources as appropriate. • Staff have access to equality and diversity team for faith resources such as NES spiritual care document, prayer mats and religious books. • Staff aware of religious dietary requirements of patients e.g. Halal and kosher foods. Staff can order this if required. 	<p>have necessary fields for religion and belief.</p>
<p>Age (Children/Young People/Older People)</p>	<ul style="list-style-type: none"> • Age data is currently collected on front page of admission sheet. • Referral is through all age groups and no longer 16-65 age group. • Single rooms with en-suite facilities cater for all age groups and their families. • When either a child or elderly patient is admitted they are put under observation and supervision by staff. • For young people/adolescent who are admitted and still at school there is a linkage with teachers to provide on-going education. • Similarly for people engaged in full-time study there is linkage with universities to continue to provide provision for their studies. 	<ul style="list-style-type: none"> • Clyde Mental health services treat anybody over 16 and not in full time education as an adult, whereas NHS Greater Glasgow treats anyone over 18 as an adult. This may lead to confusion for Health Care professionals, patients and families.

	<ul style="list-style-type: none"> • Staff have all attended child protection and some staff have completed palliative care training. • Staff have close links with maternity units. • Visiting times are flexible with provision for out of school hours available as the need arises. • Public transport to hospital is available seven days a week from 6.30am to 11pm at night. 	
<p>Social Class/ Socio-Economic Status</p>	<ul style="list-style-type: none"> • Staff access and have linkage with Renfrewshire Council's one stop shop for advice that covers financial advice, debt advice and other areas. • Expenses are re-imbursed via Dykebar Hospital Admin and staff signpost patients and carers to this service. • One of the staff members is on the employability work group which looks at a number of barriers that face people with mental health to accessing work and training opportunities. • Public transport to hospital is available seven days a week from 6.30am to 11pm at night. 	<ul style="list-style-type: none"> • There needs to be a better linkage with social services so that a more holistic approach to care is carried out. • Better knowledge of advocacy organisations and procedures of department of social services.

<p>Additional marginalisation</p>	<ul style="list-style-type: none"> • Implementation of new homelessness protocols has been applied by all staff. • There are specialist drug and alcohol services onsite and also outreach services are available, staff can refer patients to these groups. • The unit is the receiving hospital for Glasgow Airport for asylum seekers who have mental health problems. • Staff aware of asylum seeker resources available on equality and diversity website. • One of the staff members is the Chair of the South Clyde Equalities Forum and cascades information on equalities to rest of staff. 	<ul style="list-style-type: none"> • More training required in specific groups such as travelling communities. • Staff need to be made aware to avoid stereotyping of repeat patients who access services. • Better use of communication resources such as StaffNet and Health News to engage with stakeholders.
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Actions	Date for completion	Who is responsible?(initials)
<p>Cross Cutting Actions</p> <ul style="list-style-type: none"> • Monitoring of data needs to be analysed by staff so that action can be taken on any gaps that exist. • More training required in equality and diversity across all equality strands and use case studies to help inform training with examples. • More pre-emptive training as opposed to experiential learning when dealing with new patients with complex issues. • Staff need to be better trained in the use of sensitive enquiry when dealing with patients at assessment. 	<p>Jan 2011 Jan 2011 Jan 2011 Jan 2011</p>	<p>Med Records AB AB AB</p>
<p>Specific Actions</p>		

<ul style="list-style-type: none"> • New admission sheet will have all data fields for diversity monitoring. • Investigate the purchase of portable induction loops and text-phones so that patients with sensory impairment are not disadvantaged. • Investigate how to acquire more faith based resources in 'multi-faith' room such as prayer mats and religious books. • Use of alternative formats following accessible information policy when communicating with patients. • Seek guidance on difference on age policy between Clyde and Greater Glasgow with regard to when a person becomes treated as an adult. 	Jan 2011	
	Jan 2011	ES/KP
	Feb 2010	AB – Done
	Jan 2011	AB/ES
	Jan 2011	AB/KP/ Medical Records

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

08th July 2010.

Lead Reviewer: Name: Alex Buchanan
 Sign Off: Job Title: Senior Charge Nurse
 Signature: A Buchanan
 Date: 08th January 2010

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.