NHS Greater Glasgow and Clyde

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Equality Impact Assessment Tool

It is essential to follow the EQIA Guidance in completing this form

Name of Current Service/Service Development/Service Redesign:

Clyde In Patient- Mental Health Services (North 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).

Adult Mental Health - Acute Admission, 15 bedded, single occupancy, mixed ward for the South Clyde area. Main functions – Assessment, commencement/change of treatment, referral, planned discharge.

Who is the lead reviewer and where based?

Jason McLaughlan – Senior Charge Nurse, North 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):

Mental Health Nurse *4
Equality and Diversity Administrator

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
Gender	• Data is collected on gender on case notes (mental health paperwork). • Patients' preferences, wishes and needs are	• Service does not know how the data is analysed • Males tend to access the service when in

	gathered on admission • Females are more likely to access the service though the GP route. • There are separate rooms for each patient – there is an en-suite bathroom for each patient. • The service operates single and mixed sex support groups. The service has found that by mixing the groups this has enhanced recovery and promoted well being amongst participants. • Staff have competence and knowledge when sign-posting patients to further information/ resources/ additional/ specialised support during and after care. • Staff challenge attitudes that are discriminatory or offensive within the service (–patient –to-patient,-patient to staff, staff-to patient) • Treatment of patients is person centred as different symptoms can vary depending on the patient. No assumption is made based on diagnosis. • The service operates an open door policy for assisting patient and dealing with gender specific requests. • The nature of the mental health department – means that patients' behaviours as 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	crisis.This has historically been the case. • No questions around Gender Based Violence are asked. • There are no separate sitting areas for men • Transgender is not listed on assessment form

	fostering an open environment. • Separate sitting areas for women • Sufficient staff gender mix to that if a patient has gender preferences with staff (including Named Nurse) then these can be met.	
Ethnicity	• 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 assessment. • Interpreters are used to help explain the use of medication. This inlcudes 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	• All patient information in English • Ethnicity not recorded until after six months.

	• 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.	
Disability	• As part of assessment the nature of the Disability is recorded. • Ward is accessible to wheelchairs • Doors in the North Ward have been widened • The whole service is located on one floor • Patients' preferences, wishes and needs are gathered on admission • Good links with specialist groups to assist with specific disability problems i.e. Dementia groups • Service is able to access British Sign Language interpreters. • All bedrooms have en suite facilities which include shower facilities accessible for wheelchairs • Special meals access for people with "poor swallow reflex"- *poor swallow reflex is a condition associated with strokes/ and can be part of a mental disorder. • Induction loops are used in the ward and are	• No analysis of information • Restrictive use of handrails – (as they can be used to tie a ligature for self-harming) • Regular problems with people parking in the disabled spot • No portable induction loops • No Braille facilities (available to order – Can take up to eight weeks to arrive) • One customised bathroom that is shared between three wards- at times it can be difficult to transfer patients • Only one set of automatic doors within premises, can restrict mobility of wheelchair users as other doors required to be pushed or pulled open.

	fixed. • Fire wardens have been allocated in the ward –in the event of fire responsible for lifting and guiding patients, and compliance under the Disability Discrimination Act. • The service can access special equipment as and when required (e.g. for lifting) • Talking library • Low reception area at desk • Increased lighting • Social inclusion is part of the model of care • Transportation is adapted for the use of wheelchairs this includes contract taxis and mini-bus • Learning champions have been established within the department to cascade information on all issues relating to disabilities • Social inclusion is used as a model of care.	
Sexual Orientation	• 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	• Staff has limited experience in dealing with transgender patients. • Sexual orientation is not asked routinely as part of the assessment.
Religion and belief	• Religion is recorded • Multi-faith room available for patients • Patients' preferences, wishes and needs are gathered on admission • Chaplains come to visit to offer spiritual care for	• Data is recorded but not analysed

	everyone if requested. • There is access to Mosques and Synagogues if requested and there are good links with the faith community. • Regular group meetings with ministers , priests and different groups – which serves to educate staff about certain protocols for each religious groups • Some staff are competent in delivering the "Living and Dying Well" – which has observance policies on dealing with death for particular groups. • Recreational activities celebrate all events within the religious calendar • Dietary requirements in line with religious observance are met	
Age (Children/Young People/Older People)	• Age is recorded • Social inclusion is used as the model of care. • Patients' preferences, wishes and needs are gathered on admission • All children are chaperoned on ward • The service follows good practice on Adult Support and Child protection and Adults with incapacity. • The service has close links with the advocacy service. • The staff provide recreational activities for all age groups.	• Young people on adult wards • Transitional arrangements between Adult Mental Health Services and Older Adults Services. Sometimes it is not easy to get into the right specialist service because you don't fall into the "right" age bracket so therefore could be seen as discriminatory. e.g. someone suffering from Dementia who is under the age of 65, first presentation would be assessed in Adult Mental health rather than more appropriately in Older Adults Services who only accept over 65's. • No on-call CAMHS –Child and adult mental health

Social Class/ Socio-Economic Status	• The service uses groups such as Money Matters to enhance benefits entitlements. • Patients' preferences, wishes and needs are gathered on admission • The service and staff link up with other agencies to improve the employability of the patient(s) • The service pays travel expenses to and from the hospital for hospital appointments only. • Staff have a working knowledge of the Financial Guardianship process- under the Adult With Incapacity Act • Staff and service have strong ties with further education colleges for supported after-care. • The staff and service have strong links to support groups such as AA, (Alcohol Anonymous) • Visiting time are flexible • Supervision of children – whilst family is visiting is offered	• Cultural problem within the West of Scotland and the relationship with alcohol • Increase rate of alcohol induced dementia • Generational unemployment – learned behaviour is passed on through families and a "cycle" is created- leading to long-term mental health problems.
Additional marginalisation	• The service is currently reviewing the transient communities to see how they can engage with fully and raise awareness of the service. • The outreach team have played a pivotal role in linking people with outside agencies and helping people integrate back in to the community.	• 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 • People often self-medicate with alcohol/drugs in the absence of possible diagnosis of depression.

Actions	Date for completion	Who is responsible?(initials)
Cross Cutting Actions		
Specific Actions • Patient information to be multi-lingual in relation to literature, use of drugs inn treatment and possible side effects • Review initial assessment – to include Equal opportunities (inclusion of Sexual orientation) within the field category to assess going forward the uptake off group and if there are specific issues affecting this group. • Gender based training policy to be drawn up and delivered to all existing staff • Recording of literacy and numeracy problems: documentation may establish a systematic process whereby individuals can then link in to other agencies. • Portable loop system to be made available within the work area- accessible to all staff. • Analysis of data – to review and refresh patient treatment and care in light of new information. • E-learning –established and accessed by staff in the area of Equality and Diversity as part of KSF (personal development plan) • Resource library to increase literature to reflect the cross section of the community. • Flashing light to be installed to alert people if there is a fire within the main wards and assessment areas • Explore separate sitting areas for men • Explore ways of reducing "illegal" parking within Dykebar • Establish links with Homeless/ Travelling communities organisations in the area. • Examine ways of improving transition of patients between Adult Mental Health and Older Adult Mental Health settings.	By September 2010	J. McL. And D. G.

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

Lead Reviewer: Name: Jason McLaughlan
Sign Off: Job Title Senior Charge Nurse
Signature
Date: 04.01.10

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.