

**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:

Ward 54, Langlands Building, Southern General Hospital, (SGH), Rehabilitation & Assessment Directorate

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).

Ward 54 is a 30 bedded ward providing acute assessment and rehabilitation for patients over 65 years of age. The ward is accessible to patients within NHS Greater Glasgow and Clyde.

Who is the lead reviewer and where based?

Clinical Service Manager, Richard Hassell, Department of Medicine for the Elderly, Langlands, SGH

**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, Lead Nurse, Ward Doctor, Physiotherapist, Occupational Therapist, Speech and language therapist, Dietician, Consultant. CSM

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
<p>Gender</p>	<ul style="list-style-type: none"> • All new patients are assessed and individualised care plans are developed to meet their needs. • Patients are asked how they would like to be addressed. Most people prefer to be addressed by first name or an adaptation of this. • Staff can accommodate for same sex assistance if requested. • Patients are nursed in single sex bays and side rooms. • Gender is recorded. 	<ul style="list-style-type: none"> • Gender is not routinely analysed.
<p>Ethnicity</p>	<ul style="list-style-type: none"> • Ethnicity is recorded in case records. • All requests for interpreters are recorded in notes. All staff adhere to interpreting protocols. These are held at ward level. • At initial assessment the patients cultural needs are considered and care plans adapted to meet individual needs. • Dietary requirements are considered and catered for. 	<ul style="list-style-type: none"> • Ethnicity is not routinely analysed. • Other patients behaviour can be an issue as they may have cognitive impairment and therefore may respond in a way that they would not normally do. This can sometimes be seen as offensive discriminating behaviour. On occasions this may require a review of the mix of patients within a bay.
<p>Disability</p>	<ul style="list-style-type: none"> • On initial assessment patient's physical and mental abilities discussed, and care plans adapted/designed to suit requirements of individuals. • Disability is recorded on patient notes but not on patient information system. • Referrals and assessments/treatments carried out by a multi disciplinary team. • Accessible toilets are available. • Televisions available in each room and bays. These also 	<ul style="list-style-type: none"> • Voluntary services input to the Unit is minimal. • High/Low beds not provided within the Unit at this time. If one is required, one can be accessed from the main hospital, or hired. • There is no easy read version of patient information. • Disability is not analysed. • Large print leaflet is being reviewed

	<p>facilitate the use of subtitles if a patient requires this service.</p> <ul style="list-style-type: none">• Patient information is available in standard print.• There are electric doors at entrance to the building for accessibility.• There are a choice of chairs that are at varied heights and adaptable chairs for stroke patients.• Signage is provided with good colour contrast between background and font.• Assistance dogs are welcome.• Patients receive an Occupational Therapy (OT) assessment followed by interventions to improve or maximise skills and abilities. Home assessment Visits and environmental visits are carried out By OT staff accompanied by other members of the Multidisciplinary Team (MDT) where appropriate.• Where applicable the OT dept will order prescribed equipment to facilitate Discharge (DC) and maximise independence on DC• Where applicable the OT will provide equipment to maximise the patients independence while on the ward e.g. feeding aids• Wards have a small amount of adapted feeding equipment for generic use• Standard Hospital Policy is followed in the event of a fire alert. Nominated pageholder/person on for the Unit, would coordinate in the event of an alert.• Falls Coordinator is in place. High risk patients are placed close to the nurses' station. Paper work is completed and processes followed after every incident, e.g. 3 falls and the Falls Coordinator is contacted. The OT provides specialist seating assessments where appropriate.• Learning Disability patients needs would be assessed on	<ul style="list-style-type: none">• Other patients behaviour can be an issue as they may have cognitive impairment and therefore may respond in a way that they would not normally do. This can sometimes be seen as offensive discriminating behaviour. On occasions this may require a review of the mix of patients within a bay.
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	<p>admission and accommodated where possible.</p> <ul style="list-style-type: none"> • There are portable induction loops available. • Disabled Car parking spaces are close to the building. • There is as covered drop off zone at the entrance to the building. • Communication boards are available for aphasic or dysphasic patients. 	
Sexual Orientation	<ul style="list-style-type: none"> • Staff work with patients to address specific needs 	<ul style="list-style-type: none"> • Other patients behaviour can be an issue as they may have cognitive impairment and therefore may respond in a way that they would not normally do. This can sometimes be seen as offensive discriminating behaviour. On occasions this may require a review of the mix of patients within a bay.
Religion and belief	<ul style="list-style-type: none"> • During the assessment process if there are specific religious requirements patients inform staff and these are accommodated. • When disabilities prevent ablutions, for prayer, being performed in the normal way chaplaincy services are contacted and the appropriate advice given. • Staff also work with catering staff in order to provide the right kind of meals in relation to vegetarian, Halal or Kosher meals, etc. • Staff access the Chaplaincy Team as required for patients • Following patient death religious requirements are met. • Religion is recorded on nursing notes if patient agrees to share this information. • Staff have access to the Religion and Cultures Manual. 	<ul style="list-style-type: none"> • Religion is not analysed • Other patients behaviour can be an issue as they may have cognitive impairment and therefore may respond in a way that they would not normally do. This can sometimes be seen as offensive discriminating behaviour. On occasions this may require a review of the mix of patients within a bay.
Age (Children/Young	<ul style="list-style-type: none"> • As a service providing care to older people all patients are assessed and care planned on individual basis. 	<ul style="list-style-type: none"> • Age is not routinely analysed

People/Older People)	<ul style="list-style-type: none"> Age is recorded in the patient information system. 	
Social Class/ Socio-Economic Status	<ul style="list-style-type: none"> All patients are treated equally. In preparation for discharge if equipment is required for the patient then this will be put in place free of charge. However if it cannot be provided, but the patient, relatives or carer would like it then the OT will provide information and advice regarding where this can be purchased. Staff can easily refer patients to social work. Emergency toiletries can be provided for new patients that arrive with none. The main laundry can provide a specialised wash of patient's personal clothing for those who have no relatives. Depending on length of stay this may alternatively be arranged through social work. 	<ul style="list-style-type: none"> No negative issues identified
Additional marginalisation	<ul style="list-style-type: none"> Prisoners would be accompanied by prison officers and they would be accommodated in a single room. Care plans are developed on an individualised basis and therefore any addictions identified would be addressed. Individual care plans would reflect patient needs and if literacy was one of them then this would be supported. 	<ul style="list-style-type: none"> No negative issues identified

Actions

	Date for completion	Who is responsible?(initials)
Cross Cutting Actions		
Contact medical illustrations to enquire re large print and easy read information leaflets	30 th Sept 2009	RS/NF
Contact lead for Voluntary services with a view to increasing voluntary input to the Unit.	30 th Sept 2009	BB

Include request for high/low beds in next under £5k capital bid.	TBC	BB
Review systems for recording and analysing equality and diversity data.		
Specific Actions		

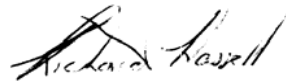
Ongoing 6 Monthly Review **Please write your 6 monthly EQIA review date:**

March 2009

Lead Reviewer: Name: R Hassell

Sign Off: yes Job Title CSM

Signature



Date: 2nd August 2009

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

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