

**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:

**“Admission Process” Ward 32, Southern General Hospital
Ward 32 is a mixed sex Mental Health Acute Admission Ward**

Please tick box to indicate if this is a: Current Service Service Development Service Re-design

Brief description of the above: (Please include if this is part of a Board-wide service or is locally determined).

Patients will be admitted to ward 32 via the wider mental health network.
This EQIA reviews the process of the admission into the ward

Who is the lead reviewer and where based?

Gwen Agnew
South Area Allied Health Professional
Leverndale 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):

Ronnie Sharp (Patient Services Manager), Anne MacDonald (Chaplain), Nicola Mullan (Head Physiotherapist), Beverley Grantham (Head Occupational Therapist), June MacLeod (Acute Services Manager), George Cumming (Senior Charge Nurse)

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
Gender	<ul style="list-style-type: none"> Gender information collected and utilised for service 	<ul style="list-style-type: none"> Staff do not regularly ask about gender

	<p>re-design, e.g., providing groupwork which is geared to one gender.</p> <ul style="list-style-type: none"> • Difference on uptake of gender – more young males under the age of 45 years • More older females over the age of 40. • Some “gender matching” in admission process with staff i.e.:pts can request that they go through the admission process with a male/female, however, this will be dependent on staff availability • Waiting area is open but process of admission is private. • No “box” for transgender but staff complete form with additional comments. • Staff have access to Equalities info. i.e.: Transgender Policy via intranet. 	<p>based violence.</p> <ul style="list-style-type: none"> • No set training package around gender is available for staff.
Ethnicity	<ul style="list-style-type: none"> • Information collated and analysed. Form states nationality rather than ethnicity so questions around first language etc. are initiated by staff. • Patient information is printed in different languages plus staff can access use of interpreting services. • Don't routinely ask about communication needs but do ask about preferred communication method. • Interpreting service is accessed regularly and staff are aware of protocols. • Patients may be referred to the service whose communication needs have not already been highlighted in this case, a communication needs assessment has to be undertaken prior to the Admission Process. • We do ask patients about: <ul style="list-style-type: none"> Diet Privacy for bathing 	<ul style="list-style-type: none"> • No set learning for ethnicity is available for staff but folder will increase staff access to information. • Cultural issues – not asked as part of assessment.
Disability	<ul style="list-style-type: none"> • Information about Disability collated but not analysed. Generally information is collated in relation to accessibility. • Patient information can be accessed in Audio & Visual formats. • DDA compliant work on wards has been undertaken, but old buildings restrict development. • Mobility assessments are undertaken within the admission process and a falls assessment. • Accessible shower and toilet is available on the ward 	<ul style="list-style-type: none"> • Do not analyse the data regarding Disability. • Timing of admission is a problem in order to access services for patients.

	<p>and within the admission process staff will ask about prevalence of asthma, diabetes, etc.</p> <ul style="list-style-type: none"> • The ward is on the first floor of a hospital block. Wheelchair users in Ward 32 accessing the lift would require assistance. • Staff ask about preferred method of communication. • Patients can be referred internally to PT/OT on admission if required – Ward 32's referral rates are higher than some other admission wards. • Some staff have sign language training. • Alternative information in Braille etc, can be accessed. • Fire evacuation plan for all buildings is in place. • Induction loops can be accessed. • Pens, papers and visual aids are used to improve understanding if required. • Sign language and interpreters are used routinely for translation. 	
<p>Sexual Orientation</p>	<ul style="list-style-type: none"> • No data on Sexual Orientation collected. • Some issues of discrimination and homophobia amongst patient group can occur on the ward. • Essential Shared Capabilities training should help. 	<ul style="list-style-type: none"> • Staff do not ask people routinely. • Staff may find homophobia amongst patient groups difficult to manage. • No specific training available on sexual orientation.

<p>Religion and Belief</p>	<ul style="list-style-type: none"> • Staff do not ask about religion. • Uptake re: admission – don't know number of service users/religion but assumption would be majority are – white, Scottish/Christian/Non Religious. • In the process of producing the Religion & Culture manual, which should help staff with appropriate information. • Within SGH patients often contact chaplaincy. • No designated worship space given staff but do compensate by providing space if required. • Staff access support via Chaplaincy. • Staff do not ask about religion but they do ask about patients needs in relation to their religious beliefs. • Some Spiritual Care training available within Essential Shared Capabilities training. • Folder should assist staff and will provide information and links to other useful Folders and should assist staff with information and links to useful websites. • Staff do ask patients about their 'need to pray'. 	<ul style="list-style-type: none"> • No analysis of religion.
<p>Age (Children/Young People/Older People)</p>	<ul style="list-style-type: none"> • Information collected and analysed. Staff do pick up on issues. • Uptake is different (as per gender). • If someone is admitted under 17 years of age, different protocol is followed. The organisation tries to direct patients under 17 years of age onto the Adolescent Service. • Mobility assessment is undertaken so staff consider environment in terms of disabilities and age. • Staff ask patient about preferred method of communication. • ESTEEM Service – specific for younger people. • Under 17 years – CAMHS/Social work – specific criteria in place. 	

Social Class/ Socio-Economic Status	<ul style="list-style-type: none"> • Staff do help and organise access to information regarding Money Matters, Housing, Social Work Department as required. • Referral to Benefit Agency – routinely actioned by staff. • ESC training should help. 		
Additional Marginalisation	<ul style="list-style-type: none"> • Staff will appropriately look at mental health needs first and then consider physical disabilities, Addiction, Homeless, etc. • Preferred communication routine questions. • Referral onto other agencies – routinely actioned. 		

Actions	Date for Completion	Who is Responsible
Cross Cutting Actions. <ul style="list-style-type: none"> • E & D training required for staff – to link with L & E • Gender based violence – need more routine enquiries but staff will need awareness training first. Training organised for September 2010 • E & D folders to be disseminated and use of monitoring form to be implemented • Referral to internal agencies e.g.: OT/PT needs more timeous although this does not seem to be a problem in ward 32 • Paper work triggering key questions in the admission process 	<p>“One Size Doesn’t Fit All” training to commence March 2011 and ongoing to train as many staff as possible</p> <p>Sept 2010</p> <p>Links with “One Size Doesn’t Fit All” training to commence March 2011</p> <p>Ward managers alerted to this. Immediate action</p> <p>New care plans will rectify this although implementation has been delayed. At present ward 32 staff are routinely asking</p>	<p>Gwen Agnew and South Equality and Diversity Group</p> <p>June MacLeod In-pt service Manager co-ordinated training which was delivered by Trauma Team.</p> <p>Gwen Agnew and South Equality and Diversity Group</p> <p>Senior Charge Nurses</p>

	questions as a result of EQIA.	
--	--------------------------------	--

Specific Actions		
-------------------------	--	--

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

Reviewed in July 2011 – All actions complete

**Lead Reviewer:
Sign Off:**

**Name: Gwen Agnew
Job Title: South Area Allied Health Professional
Signature:
Date: 13th September 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**

Equality Impact Assessment – Outline of Process (Partnerships)

	Responsibility	Additional Information
<p>Identify:</p> <ul style="list-style-type: none"> • Number of EQIA's to be completed and identify areas for EQIA • Identify Leads for these areas (Lead Reviewers) <p>Equality Leads/Lead Reviewers in Partnerships should contact Equality and Diversity Team 0141 201 4977)</p>	Equality Lead	Prioritisation Guidance
<ul style="list-style-type: none"> • Identify any additional information sources that could help inform the EQIA process e.g. monitoring data, complaints data, research, information from management reports etc. • Identify who needs to be involved in the EQIA and establish the EQIA Group. Also look at ways of how patients can be part of the EQIA process. This could be through direct patient/user/carer involvement in the EQIA group or through additional involvement (e.g. PPF) • Disseminate the EQIA Guidance to Group. There is <u>different</u> guidance for services and policies. • Get the group to think about the good practice in relation to equality strands and also negative impacts in your area. The sample questions may help you think about the good practice impacts. • Establish date for EQIA session and arrange venue 	Lead Reviewer	Powerpoint Presentation EQIA Guidance Sample questions
<ul style="list-style-type: none"> • Facilitate "live" EQIA session with support and to write up the EQIA 	Equality and Diversity Team	
<ul style="list-style-type: none"> • Lead Reviewer checks EQIA with Group 	Lead Reviewer	
<ul style="list-style-type: none"> • Feedback on EQIA 	CIT – EQIA Review Group	
<ul style="list-style-type: none"> • CIT will give written feedback on the EQIA to the Lead Reviewer 		
<ul style="list-style-type: none"> • Lead Reviewer checks/amends EQIA and sends final copy to CIT 	Lead Reviewer	
<ul style="list-style-type: none"> • EQIA is published 	CIT	