

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:

Kershaw Unit

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 Kershaw Unit is a partial hospitalization service based within the grounds of Gartnavel Royal Hospital. Partial Hospitalisation is a component of secondary service which provides more intensive input than could be delivered in the community without utilising the more intensive, scarce and expensive resource of the tertiary inpatient beds.

The function of partial hospitalisation is the diagnosis, management and treatment of more complex individuals, including where necessary specialist physical, psychological or psychiatric interventions.

Services provided include:

- A 7 day service 9am to 5pm (including public holidays)
- Access to a multidisciplinary team including medical, nursing staff with sessional input from occupational therapy, psychology, physiotherapy, dietician, chiropody and pharmacy staff.
- Thorough assessment of need and referral to most appropriate intervention/service
- Detoxification from alcohol and/or drugs
- Individual care planning which includes family and carers

- Provision of a flexible range of clinical and psychosocial interventions
- Structured groupwork programmes
- Liaison to acute under 65yrs psychiatric admission wards (GRH SGH Leverndale)
- To achieve and maintain links with local community addiction teams and individual care managers

Referrals come from the Community Addiction Teams and the CAT care manager remains in contact with each individual and the partial hospitalisation staff throughout, thus ensuring continuity of care and seamless progression through the service as patient needs alter.

Its catchments include, (East Renfrewshire, South Lanarkshire, South East, South West, Pollok, South) A partial service is offered to the South patients providing groupwork (and liaison to acute psychiatric admission wards). West, East/West Dunbartonshire have a full service including detoxification/ groupwork/ support/ pharmacological treatments and referral to support agencies. A new build for secondary services is being considered for South Glasgow and potentially NHS Clyde area to improve access to specialist services.

Service user feedback forms an integral part of service, information is gathered through questionnaires and written anonymous concerns. Service carries out complaint audits, national quality standards audit, groupwork audits, daily nurse audit, careplan audits, observations of care and standards of ward management.

Who is the lead reviewer and where based?

Alison Morbey Kersaw Unit Ward Manager

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):

Alison Morbey- Ward Manager Kershaw Unit
Claire Patterson- Staff nurse (now Claire Henry)

Imran Shariff - Equality and Diversity Team

Service user evaluation information has also been utilised in the Equality Impact Assessment (EQIA) Process. PIMs recording mostly done by admin.

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
Gender	<ul style="list-style-type: none"> • Same sex keyworkers are available and staff have awareness of gender issues. • The building has separate male and female toilets • One tidal group running at time of EQIA completion this is an open and mixed gender group with no reported issues. • Assessment paperwork collects gender. • Gender Based Violence is risk assessed and service users' sign posted as required. 	<ul style="list-style-type: none"> • How well information on gender and transgender is being collected and analysed should be reviewed as the service reported some inconsistencies in data recording on the IT system.
Ethnicity	<ul style="list-style-type: none"> • Staff are able to access interpreting services and translated information on request and in different formats which are clear and legible. There is access to complaints information and basic information about Glasgow Addiction Services. • Assessment paperwork collects ethnicity information. 	<ul style="list-style-type: none"> • How well information on ethnicity is being collected and analysed should be reviewed as the service reported some inconsistencies in data recording on the IT system.
Disability	<ul style="list-style-type: none"> • Service is wheelchair accessible • Building is compliant with Disability Discrimination 	<ul style="list-style-type: none"> • There is no loop system in place. • No permanent parking available outside of

	<p>Act. There are wide corridors and ramp access to the building. There is space in the seating area for a wheelchair</p> <ul style="list-style-type: none"> • There is a drop off point at the front of the building • One member of staff has received BSL basic awareness. • All staff have had Disability Training. • OT functional assessments take place for patients. • There is signage on each door and small pictorial images describing the function of each room • Assessment paperwork captures disability information. • Check- availability of taxis for those with disabilities to access service • Ambulance or taxis are available when required and funded by Addiction Services • Staff are aware of the BSL and Language Interpreting services. 	<p>the building.</p> <ul style="list-style-type: none"> • May be possible difficulty accessing the main corridor door for assistance. • Assistance required for opening front door. • How well information on disability is being collected and analysed should be reviewed as the service reported some inconsistencies in data recording on the IT system. • People may find it difficult to access and get home from the venue due to cognitive damage, cognitive impairment and communication issues to be considered. • Transport is arranged where required
Sexual Orientation	<ul style="list-style-type: none"> • There is no identifiable good practice in relation to sexual orientation 	<ul style="list-style-type: none"> • Data recording of sexuality is not routine
Religion and belief	<ul style="list-style-type: none"> • Dietary needs are recorded in the care plan and specific meals catered for. • Flexible appointment times are offered to a degree as some services only operate in the afternoon such as structured groupwork sessions. 	<ul style="list-style-type: none"> • No toilets for ablution although there is a sanctuary in the main Gartnavel Royal Hospital. • Patient profile data is dependant on who has entered the client onto the particular Information Technology (IT) system,

		information is not universally completed for service users.
Age (Children/Young People/Older People)	<ul style="list-style-type: none"> • Service is 18 + with no upper age limit although majority of patients are 30-50. 	
Social Class/ Socio-Economic Status	<ul style="list-style-type: none"> • Support is offered via onward referral to money matters and welfare services where required. 	<ul style="list-style-type: none"> • Transport is arranged where required • Not for financial reasons

<p>Additional marginalisation</p>	<ul style="list-style-type: none"> • Formal information booklet is being developed. Kershaw Patient info leaflets now available • Information is available in different formats which is clear and legible. There is access to complaints information and basic information about Glasgow Addiction Services. • Discrimination is reported via use of Incident Reporting 1 (IR1) form. A community group is held with patients which allows for service user feedback. Information about patients is obtained from the Single Shared Assessment, Care First or PIMS. When people attend the Kershaw Unit, they are given an information pack and the key worker verbally discusses the information within this pack and they are given a copy of this. A copy is also available for carers and or relatives. • Patients are orientated to the ward environment and introduced to the key worker and taken through a procedural list. The procedural list is used as part of audit purposes. • Flexible appointment times are offered to a degree as some services only operate in the afternoon. • Service leaflets are available. 	<ul style="list-style-type: none"> • Lack of awareness around equalities training that is currently available and what mandatory training exists for equalities. • The service is located off the main road and there are potential issues with access to the venue, however, it is well signposted • Patient profile data is dependant on who has entered the client onto the particular Information Technology (IT) system; information is not universally completed for service users. • People may find it difficult to access and get home from the venue due to cognitive damage, cognitive impairment and communication issues to be considered. • Transport is arranged where required • Service is provided 7 days a week between 9am and 5pm and not out with these hours. • Staff require information on equalities training available, and what is mandatory.
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Actions	Date for completion	Who is responsible? (initials)
Cross Cutting Actions <ul style="list-style-type: none"> • Need to clarify what equality information is being recorded for service users so this can be linked to the future evaluation of the equality impact of the Tidal Model. 	May 2010	Ward Manager/Equalities Manager
Specific Actions <ul style="list-style-type: none"> • Equalities Training to be explored for staff • Is this for both nursing and admin • Procedures to address incomplete data on PIMS for patients. • Continuous review of access to building • Consider involvement of other teams involvement in supporting people with brain injury/ cognitive damage. 	May 2010	Ward Manager/Equalities Manager

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

May 2010

Lead Reviewer: Name: Alison Morbey
 Sign Off: Job Title Ward Manager
 Signature
 Date:4.04.09

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.