

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:

Community Falls Prevention Programme (Acute Services)

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 Community Falls Prevention Programme for NHS Greater Glasgow & Clyde's Acute Services is for anyone who has experienced a fall either before admission or during admission. The majority of the workload comes from areas caring for patients over the age of 65. The team work with ward staff to conduct a risk assessment and recommend best practice of how to care for the patient.

All patients are assessed on an individual basis.

Equipment such as bed rails, lower beds, alarm systems may be introduced.

Who is the lead reviewer and where based?

Margaret Anderson, Lead for Community Falls Prevention Programme (Community and Acute Services), Clutha House.

**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):**

Falls Co-ordinator (x3); Ward Manager; Team Lead for Occupational Therapy; Team Lead for Physiotherapy; Lead Nurse (West); Co-ordinator for Supported Discharge; Lead for Community Falls Prevention Programme; Acting Clinical Service Manager for Falls; Quality Co-ordinator and Equality and Diversity Assistant.

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
<p>Gender</p>	<ul style="list-style-type: none"> • Patients are assessed on an individual basis. • Staff can pull the curtains to ensure privacy for the patient. • Staff ask patients how they wish to be addressed. • Where possible, staff would try to accommodate requests for same sex health professionals. • Staff were aware of the Gender Based Violence Plan. • Staff have accessed equality and diversity training. • Staff can access equipment to assist ward staff care for patients and prevent the number of falls e.g. alarms. 	<ul style="list-style-type: none"> • No negative impact identified.
<p>Ethnicity</p>	<ul style="list-style-type: none"> • Patients are assessed on an individual basis. • Staff can access interpreters as and when required. The Service has received the new NHS Greater Glasgow and Clyde’s interpreting posters. Staff have encountered patients who have reverted back to their native tongue. E.g. Gaelic. Gaelic interpreters, have been provided by the Glasgow Gaelic Medium School. • The service is currently piloting new patient information and staff were aware that translated phrases need to be added to the next version regarding its availability in other formats. • Most information is given verbally to the patient. Staff give an explanation of the equipment e.g. bed 	<ul style="list-style-type: none"> • If a patient prefers to use a member of the family to interpret this should be documented in the case notes. • Patient information is not available in other languages. Staff are not aware of what languages would be required.

	monitors and give practical demonstrations to the patient and carers or relatives.	
Disability	<ul style="list-style-type: none"> • Patients are assessed on an individual basis. • The wards can access communication aids as and when required e.g. amplifiers or induction loops • Staff are aware of how to book communication support e.g. sign language interpreter. • The new interpreting resources include how to access other forms of communication support e.g. deafblind communicator. • Most information is given verbally to the patient. Staff give an explanation of the equipment e.g. bed monitors and give practical demonstrations to the patient and carers or relatives. • Staff use plain English to help assist the patient understand. • If a patient has learning difficulties, the staff may contact the Learning Disability Team for advice. • Staff were aware of the roles of advocates and if an advocate is present this is documented in the case notes. • The service are currently piloting new patient information and staff were aware that text needs to be added to the next version regarding its availability in other formats. 	<ul style="list-style-type: none"> • Staff were unaware that patient's have the right to chose which British Sign Language interpreting agency they wish to use. • Staff were unaware of the BT Text Direct facility for patients who are deaf.
Sexual Orientation	<ul style="list-style-type: none"> • Patients are assessed on an individual basis. • Staff use the appropriate terminology, e.g. partner as 	<ul style="list-style-type: none"> • No negative impact identified.

	opposed to husband or wife.	
Religion and belief	<ul style="list-style-type: none"> • Staff would only be aware of the persons' religion or belief if the ward staff has this information and shared this. 	<ul style="list-style-type: none"> • No negative impact identified.
Age (Children/Young People/Older People)	<ul style="list-style-type: none"> • Patients of all ages can be referred into the Acute Falls Prevention Programme. • Patients are assessed on an individual basis. • Some patients may have dementia and the staff take cognisance of this. e.g. some equipment may agitate the patient due to an alarm sounding if they move. • Most information is given verbally to the patient. Staff give an explanation of the equipment e.g. bed monitors and give practical demonstrations to the patient and relatives or carers. • Staff use plain English to help assist the patient understand. • A Traffic Light System poster beside the patient's bed is available in Medicine for the Elderly Wards. This highlights the degrees of risk for a patient for falling. • Patient's relatives and carers can arrange a meeting with the staff. 	<ul style="list-style-type: none"> • The follow up for patients under 65 is different to that of the over 65's once discharged.
Social Class/Socio-Economic Status	<ul style="list-style-type: none"> • Not applicable. 	<ul style="list-style-type: none"> • No negative impact identified.

<p>Additional marginalisation</p>	<ul style="list-style-type: none"> • Staff can refer patients to other health care staff such as Occupational Therapists and Physiotherapists. • If patients have any addictions, the staff will treat them on an individual basis and plan the treatment around this. For example, a bed monitor would not be appropriate for a patient experiencing withdrawal symptoms, therefore, they may be given a lower bed to prevent falls. 	<ul style="list-style-type: none"> • No negative impact identified.
<p>All</p>	<ul style="list-style-type: none"> • Staff introduce themselves to each patient. • Work is underway to develop a Community Falls Prevention Website. This will take cognisance of the draft guideleines associated with the draft Accessible Information policy • Pictorial footwear posters were developed and are displayed in all wards regarding the importance of wearing suitable footwear to help avoid falls. • 	<ul style="list-style-type: none"> •

<p>Actions</p>	<p>Date for completion</p>	<p>Who is responsible?(initials)</p>
<p>Cross Cutting Actions</p>		
<p>Specific Actions</p>		<p>Margaret Anderson</p>

<ul style="list-style-type: none"> • Audit requests for patient information in other formats, and then review the availability of information in other formats. • If patients prefer to use family members as interpreters this should be documented in the case notes. • Circulate information on BT Text Direct. 	30/11/09	
	ASAP	Margaret Anderson
	30/11/09	Margaret Anderson

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

March 2010

Lead Reviewer: **Name:** Margaret Anderson
Sign Off: **Job Title:** Lead for Falls Acute & Community
 Signature: *Margaret Anderson*
 Date: 06/11/09

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.