

**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:

Disability in patient services, Physical Disability Rehabilitation Unit (PDRU), Southern General Hospital

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).

26 Bed Adult Rehabilitation Unit, accessible to patients in Greater Glasgow and Clyde, and surrounding health board areas. The service provides assessment and rehabilitation, supported by medical and therapeutic interventions .

Who is the lead reviewer and where based?

Clinical Service Manager, Disability Services, 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):**

Consultant, Ward Manager, Occupational Therapist, Physiotherapist, Staff Nurse, Orthotist, Clinical Services Manger Disability Services, Quality Co-ordinator, Equalities Programme Lead

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact	Review September 09
Gender	<ul style="list-style-type: none"> Patients are always asked how they would like to be addressed. Most people are addressed by first name as they tend to use the service on a long term basis. Older people based in the ward tend to be referred to as Mr or Mrs until advised otherwise. If patients request same sex assistance then staff work with the patient to accommodate their requests where possible, e.g. in the case of female patients requesting that male auxiliaries are not involved in detailed care this will be accommodated Single sex bays are also available for patients 		
Ethnicity	<ul style="list-style-type: none"> All request for interpreters are recorded in the case notes. Glasgow Translation Interpreting Services are used to access interpreters. Referrals on to services like Westmarc include language requirements under special needs. At initial assessment, the patient's home environment, social interests and religion are all considered to influence and understand the support and rehabilitation needs of the patients for their stay. 	Overall all ethnicity is not recorded.	Reviewed systems across disability for col Data on ethnicity systems in place in Com (ongoing discussion with HIS Team) re in information.
Disability	<ul style="list-style-type: none"> At initial assessment, the patient's home environment, social interests and religion are all considered to influence and understand the support and rehabilitation needs of the patients for their stay. This information is used to develop the 'goal planning' for the patient. The understanding of the patient's condition and any other additional needs of Speech Therapy, Psychology, etc are all considered before rehabilitation can take place. 		
	<ul style="list-style-type: none"> Televisions available in each room have a digital box; these also facilitate the use of subtitles 	<ul style="list-style-type: none"> The digital boxes don't always work and the remote controls go missing. 	<ul style="list-style-type: none"> Review undertaken by Ward Mana currently in operation and controls
	<ul style="list-style-type: none"> Patient information is available in standard print, large print, and a DVD developed with Speech and Language Therapists. 	<ul style="list-style-type: none"> There is no easy read, symbol based version of patient information. There is local variation in patient access to information on specialist equipment provision 	<ul style="list-style-type: none"> Work underway with SLT to produ symbol based information.
	<ul style="list-style-type: none"> There are electric doors at entrance for 	<ul style="list-style-type: none"> Paving around the 	<ul style="list-style-type: none"> Capital bid drafted. Not submitted

	<p>accessibility</p> <ul style="list-style-type: none"> • There are some chairs that are at varied heights, however most people are wheelchair users. A request for adjustable chairs has just been made. 	<p>building is not suitable for wheelchair users as there are some uneven slabs covering the steam ducts.</p> <ul style="list-style-type: none"> • There is also a dearth of dropped kerbs and sometimes people park and block the dropped kerbs. 	<p>deadline. To be carried forward t</p>
	<ul style="list-style-type: none"> • Signage is good and has been checked for use of correct font size and contrast on yellow backgrounds 		
	<ul style="list-style-type: none"> • Guide dogs come in freely,also. Voluntary services are well received by patients. 		
	<ul style="list-style-type: none"> • Larger buzzers, for the patient call system, are available 		
	<ul style="list-style-type: none"> • Disabled cutlery, plate guards are also available for patients. If anything else is identified central to the patients needs then this is ordered. 		
	<ul style="list-style-type: none"> • A range of appropriate equipment is available within the unit for staff and patient use and requires to be extended 	<ul style="list-style-type: none"> • Every sink within the ward is at the wrong height. • The design of the toilet and showers can sometimes restrict the development of patient's mobility and easy access of aids. The weight of the doors are also too heavy for wheelchair users. • There is no portable induction loop at reception. 	<p>Under review by OT re recommendations.</p> <p>Portable Loop on order.</p>
	<ul style="list-style-type: none"> • Home assessments can incorporate Westmarc bio-engineering requirements. 		
	<ul style="list-style-type: none"> • Text direct is available 		
	<ul style="list-style-type: none"> • Staff have worked with the Fire Officer to develop evacuation procedures in the event of a fire. A staff member has been identified to co-ordinate this activity and keep patients safe and reassured. 		
	<ul style="list-style-type: none"> • High and low beds are available to prevent falls and a Falls Co-ordinator 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 Co-ordinator is contacted. 		

Sexual Orientation	<p>A patient centred service is operated and therefore staff work with the patient to address any specific needs.</p> <p>In case of other patients negative response we work the appointments around to reduce any conflict or discomfort to the patient.</p>	<p>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.</p>	<p>Information leaflets on acquired brain injury available within the ward.</p>
Religion and belief	<p>Staff have access to the Religion and Cultures Manual.</p> <p>If there are specific religious requirements patients usually inform staff and these are accommodated.</p> <p>When disabilities prevented ablutions, for prayer, being performed in the normal way chaplaincy services were contacted and the appropriate advice was given. Staff also work with catering staff in order to provide the right kind of meals in relation to vegetarian or halal meals, etc.</p>	<p>No negative impace identified</p>	<p>In place.</p>
Age (Children/Young People/Older People)	<p>Age not relevant as the focus is on individual needs and assessment, although the service is predominantly an adult environment</p> <p>School teachers have come in for young people; there is no restriction for young people visiting times. The unit has a play station and some facilities for young people and they can also have their own room. The unit can provide a cot and baby changing faculties for patients with children.</p> <p>Life size weighted babies with nappies are also available to develop child caring skills for patients that require them.</p>	<p>This can prove difficult for young people and even 'scary' if they have not encountered patients with complex needs. There is a gap in the service and this is being looked at nationally.</p> <p>Toy box not maintained so became a health and safety issue.</p> <p>There are no baby changing facilities for visitors at present however there will be in the new build.</p>	<p>In place.</p>
Social Class/Socio-Economic Status	<p>Referrals for aids and adaptations usually work well and some equipment can be identified by the Community Occupational Therapist.</p> <p>Patients can pay to have additional adjustments and equipment installed, however this becomes complex if there is breakdown in the future.</p>	<p>Some councils are outwith the G-Giles project of accessing equipment, e.g. they will not provide aids until the patient is discharged and therefore the patient cannot be released until the aids are in place which can pose problems. There is no agreement in place regarding</p>	<p>With the roll out of phase 2 of EquipU. This enabled staff to directly order patient equipment support discharge. There remain a number of anomalies in areas out with EquipU</p>

		other health board areas. This can cause delays in follow up and support.	
Additional marginalisation	If someone from the prison services needs to access the service staff are guided by the prison services, they have access to their own room with the guard and if need be staff can go to the prison to provide the service.	People living in caravans are restricted in terms of support around access. Social work therefore sometimes leads on this.	

Actions	Date for completion	Who is responsible?(initials)
Cross Cutting Actions		
Review patient information packs to include updated access to equipment and adaptations provision to reflect changes to Equip U.	March 2009	B McG – in place
Ensure baby changing facilities are accessible	On completion of extension.	B McG – in place
Include statistics/reference regarding expected population for Black and Minority Ethnic populations. Review systems for capturing admission information on equality and diversity	March 09	JA – work ongoing
Specific Actions		
Consider installation of an Induction loop at reception Patient information in easy read Ensure staff know how to access Religions and Cultures Manual Review heights of sinks when appropriate time arises Highlight to Estates Department the need for even paving out with the unit	April 2009	BMcG - ordered B McG – ongoing with SLT BMcG - in place AO- pending infection control outcome of sink audit. To be addressed on completion of extension – capital bid in draft.

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

September 2009

Lead Reviewer: Name: Jean Alexander
Sign Off: yes Job Title CSM
Signature
Date: October 09

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

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