

Equality Impact Assessment Tool for Frontline Patient Services



Equality Impact Assessment is a legal requirement and may be used as evidence for cases referred for further investigation for legislative compliance issues. Please refer to the EQIA Guidance Document while completing this form. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session. Please contact CITAdminTeam@ggc.scot.nhs.uk for further details or call 0141 2014560.

1. Name of Current Service/Service Development/Service Redesign:

Directorate of Forensic Mental Health & Learning Disabilities

This is a : **Current Service**

2. Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally determined).

A. What does the service do?

NHS Greater Glasgow and Clyde (NHSGGC) Forensic Mental Health & Learning Disabilities Services is charged to care and treat some of the most vulnerable and disenfranchised service users within the Health Board. It does this by operating across the spectrum of service provision from the community to low and medium secure rehabilitation and admission units. The aim of the service is to provide a comprehensive health care service, a recovery orientated approach to those mentally disordered offenders who pose a serious risk to others; to balance this need to care for patients with the need to keep the public (including staff and families) safe; and to provide input, expertise and professional advice to criminal justice agencies and other health and social care organisations

B. Why was this service selected for EQIA? Where does it link to Development Plan priorities? (if no link, please provide evidence of proportionality, relevance, potential legal risk etc.)

The Service wishes to conduct an EQIA around LGBTi to ensure that they are meeting it's clinical, legal and ethical requirements. This will ensure that all patients and staff are not disadvantaged or discriminated in terms of accessing the service or working within it or in terms of their experience of the service.

3. Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Name:	Date of Lead Reviewer Training:
Thomas Edward Harrison	30/01/2017

4. Please list the staff involved in carrying out this EQIA (Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):

Thomas Edward Harrison (Senior Charge Nurse); Adrian Leitch (Lead Nurse); Gordon Hook (Senior Charge Nurse); Farai Madziva (Senior Charge Nurse); Eileen Murray (Dietician); Sofi Taylor (Mental Health Improvement Lead); Amy Swandells (Occupational Therapist); Martin Culshaw (Medical Director); James Meade (General Manager); Brian Gillatt (Consultant Psychiatrist); Mark Gillespie (Nurse Consultant); Shona Hendry (Nursing Services Manager); Claire Higgins (SALT); Gary Jenkins (Director); Ally Leith (Admin); Cheryl McMorris (Lead OT); Susan Milne (Operational Safety Manager); Caroline Pow (Lead Family Therapist); Ruth Stocks (Lead Psychologist); Kevin Tolland (Lead Nurse); Nicola Watkins (Clinical Pharmacist); Elaine Burt (Chief Nurse Regional Services)

	Lead Reviewer Questions	Example of Evidence Required	Service Evidence Provided	Additional Requirements
1.	What equalities information is routinely collected from people using the service? Are there any barriers to collecting this data?	Age, Sex, Race, Sexual Orientation, Disability, Gender Reassignment, Faith, Socio-economic status data collected on service users to. Can be	Equality information is routinely obtained through referral and admission paperwork. On the admission process into the ward we collect information	The question of LGBTI identity is not asked for on admission. As a Service, we feel this question is necessary on admission to

		<i>used to analyse DNAs, access issues etc.</i>	such as: - Age - Sex - Ethnicity - Disability - Relationship Status - Pregnancy - Faith - Culture - Socio-economic status - Other circumstances: Do they have children/ relationship status. Many patients are reluctant to answer questions specific about their sexuality and/ or gender identity and staff may feel uncomfortable about asking or understanding why they need to ask the question at all.	determine where a service user is suitably placed. People who are lesbian, gay, bisexual and transgender (LGBT) make up at least 7% of the Scottish population. Staff awareness around the importance of collating data is essential to ensure equity and equality throughout the service.
2.	Can you provide evidence of how the equalities information you collect is used and give details of any changes that have taken place as a result?	<i>A Smoke Free service reviewed service user data and realised that there was limited participation of men. Further engagement was undertaken and a gender-focused promotion designed.</i>	Equality Information is currently asked on assessment. No data is collected at present around LGBTi.	Fields to be created within assessment on admission. Staff training to be provided. This data would be used to provide sensitive, person-centred care and monitor hate crime.
3.	Have you applied any learning from research about the experience of equality groups with regard to removing potential barriers? This may be work previously carried out in the service.	<i>Cancer services used information from patient experience research and a cancer literature review to improve access and remove potential barriers from the patient pathway.</i>	The Directorate over the years have undertaken a substantial amount of work around equalities. Staff training has been made available for a limited amount of time. Training evaluated very well within staff group. LGBTi Poster material provided did not meet service demand.	A programme of training requires to be sourced for both staff and patients. Appropriate LGBTi posters require to be sourced. A series of focus groups to be implemented to address good practice, issues etc. This agenda being a standard item within the Forensic Health Improvement and Equalities Group as well as Healthy Working Lives.
4.	Can you give details of how you have engaged with equality groups to get a better understanding of needs?	<i>Patient satisfaction surveys with equality and diversity monitoring forms have been used to make changes to service provision.</i>	Staff received training from LGBT Health and Wellbeing and LGBT Youth. Patient satisfaction surveys completed with support of advocacy service.	Further training from Equality Network. Surveys to include additional equality questions.
5.	Question 5 has been removed from the Frontline Service Form.			
6.	Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?	<i>An outpatient clinic has installed loop systems and trained staff on their use. In addition, a review of signage has been undertaken with clearer directional information now provided.</i>	All facilities within the Forensic Estate meet the requirements as it's a relatively new building at Rowanbank Clinic as well as a major redevelopment of both our low secure services at Leverdale Hospital as well as our out-patient facilities at The Douglas Inch Centre which recently relocated to Yorkhill.	May be a requirement in the future regarding gender reassignment.
7.	How does the service ensure the way it communicates with service users removes any potential barriers?	<i>A podiatry service has reviewed all written information and included prompts for receiving information in other languages or formats. The service has reviewed its</i>	Language and BSL interpreters available.	LGBTi inclusive posters/information to be sourced and displayed.

		<i>process for booking interpreters and has briefed all staff on NHSGGC's Interpreting Protocol.</i>		
8.	Equality groups may experience barriers when trying to access services. The Equality Act 2010 places a legal duty on Public bodies to evidence how these barriers are removed. What specifically has happened to ensure the needs of equality groups have been taken into consideration in relation to:			
(a)	Sex	<i>A sexual health hub reviewed sex disaggregated data and realised very few young men were attending clinics. They have launched a local promotion targeting young men and will be analysing data to test if successful.</i>	All wards are single sex wards and all have single room accommodation. Existing policies are person-centred e.g. patients can request change of Named Nurse. The service ensures that the treatment options available to men and women referred to the service are broadly equivalent. Staff carrying out personal search of their person will match the sex of the individual. All patients receive an annual physical assessment from GP services	Introduce staff awareness and training around issues regarding disclosure, complaints and positive outcomes.
(b)	Gender Reassignment	<i>An inpatient receiving ward has held briefing sessions with staff using the NHSGGC Transgender Policy. Staff are now aware of legal protection and appropriate approaches to delivering inpatient care including use of language and technical aspects of recording patient information.</i>	All staff working within clinical areas are able to access and are aware of the NHSGGC Transgender Policy.	Raise staff awareness of current policy.
(c)	Age	<i>A urology clinic analysed their sex specific data and realised that young men represented a significant number of DNAs. Text message reminders were used to prompt attendance and appointment letters highlighted potential clinical complications of non-attendance.</i>	The service provides admission criteria for adult male and female only (over 18). We have a number of patients over the age of 65. Age data is currently collected through the initial admission process and is recorded on the front page of our admission sheets. Each ward has single room provision with en-suite facilities. Special Visiting arrangements can be made where access to the special visiting room can be programmed for visitors under the age of 18. There has been significant training in child protection at various levels depending on clinical role and remit. Service also has access to NHSGGC Adult Support and Protection Service and guidelines are visible on all wards re referral and guidelines for staff. Care is provided by clinical teams on an individual basis. Any age related issues are dealt with in a caring, supportive and respectful manner with	Consider additional barriers faced by older LGBTI people. Younger people may be more at risk of hate crime if more open/visible.

			referral to specialist services if required. There are adapted materials for patients with both literacy problems and with Learning Disabilities and all patients have equal access to Speech and Language Therapist when required.	
(d)	Race	<i>An outpatient clinic reviewed its ethnicity data capture and realised that it was not providing information in other languages. It provided a prompt on all information for patients to request copies in other languages. The clinic also realised that it was dependant on friends and family interpreting and reviewed use of interpreting services to ensure this was provided for all appropriate appointments.</i>	Ethnicity information is currently collected on our initial admission process and is recorded on front page of admission sheet. Patient information can be made accessible through different formats. All staff are aware of NHSGGC Interpreting Services, procedures and protocols with the interpreting poster displayed at reception areas. Staff are also aware of the use of external resources such as language cards to assist in the communication process. Staff pro-actively deal with cultural issues as part of the assessment process and receive training in equality and diversity issues. Service has a good working relationship with advocacy (Circles Network) and have previous involvement with both the interpreting service, asylum seekers, refugee mental health services (Compass).	Consider language and cultural barriers.
(e)	Sexual Orientation	<i>A community service reviewed its information forms and realised that it asked whether someone was single or 'married'. This was amended to take civil partnerships into account. Staff were briefed on appropriate language and the risk of making assumptions about sexual orientation in service provision. Training was also provided on dealing with homophobic incidents.</i>	The service will not discriminate against anyone based on their sexual orientation. Staff will deal with discrimination such as homophobia with a zero tolerance approach underpinned by the Directorates Zero Tolerance Policy. Staff are aware of their obligations under the Civil Partnership Act. Staff receive Equality and Diversity Workshops during induction to Forensic Services.	Currently, the service does not routinely collect data on sexual orientation. Awaiting Governance discussion and their approval following this EQIA
(f)	Disability	<i>A receptionist reported he wasn't confident when dealing with deaf people coming into the service. A review was undertaken and a loop system put in place. At the same time a review of interpreting arrangements was made using NHSGGC's Interpreting Protocol to ensure staff understood how to book BSL interpreters.</i>	Disability information is currently collected on initial assessment process and is recorded on the front page of our admission sheet. The forensic estate is new build facilities and meets all of the legal requirements for disabled access including bathroom aids, lower reception desks with loop systems installed. Several wards have both bedroom and bathrooms with disabled facilities including handrails, assistance	Possible loop systems on ward areas if required.

			<p>buzzers and shower bath facilities. Service has a full time Speech and Language Therapist and has recently purchased a part-time physiotherapist. NHSGGC Interpreting Services are widely available and Forensic Services have utilised the service on several occasions. Wheelchairs and walking aids are available to all visitors with mobility issues.</p>	
(g)	Religion and Belief	<p><i>An inpatient ward was briefed on NHSGGC's Spiritual Care Manual and was able to provide more sensitive care for patients with regard to storage of faith-based items (Qurans etc.) and provision for bathing. A quiet room was made available for prayer.</i></p>	<p>NHSGGC Spiritual Care Manual is available in all areas for reference for all staff for any faith issues that staff may come across. Within the service, all patients and staff have the right to practise their religious or non religious beliefs either within in-patient or community settings. There is an established multi-faith room within in-patient services which can be utilised at weekends by visiting clergy. However the Hospital Chaplain also provides a drop in only due to poor uptake of services on a Sunday. Chaplain has also left his contact details for anything that requires his input. Hospital Chaplain covers all religions and can organise specific religious clergy to attend our patients needs if required. Staff routinely enquire about patient's religious beliefs and aim to understand with the patient how these beliefs contribute to their recovery or perhaps add to some of their difficulties that they may be experiencing. All patients and staff are aware of religious dietary requirements of individual patients through our admission assessment process e.g. Halal and Kosher foods. Staff together with the patient group can order this on a daily basis if required. Service also have a full time dietician available for input and advice regarding religious dietary requirements.</p>	<p>Promote staff, patient awareness and access around religious and non religious organisations and places of worship. Hospital Chaplain does not discriminate against sexual orientation and is available for all.</p>
(h)	Pregnancy and Maternity	<p><i>A reception area had made a room available to breast feeding mothers and had directed any mothers to this facility. Breast feeding is now actively promoted in the waiting area, though mothers can opt to use the separate room if preferred.</i></p>	<p>Access to all healthcare relating to their pregnancy i.e dietary, medications, rest, exercise, risk assessment. Provision will be made for pre and post</p>	<p>Consider language. Have we a policy on service user pregnancy pre and post pregnancy.</p>

(i)	Socio - Economic Status	<i>A staff development day identified negative stereotyping of working class patients by some practitioners characterising them as taking up too much time. Training was organised for all staff on social class discrimination and understanding how the impact this can have on health.</i>	Occupational Therapy support (Group on Budgeting Needs). Access to Welfare Rights Officer within Leverndale Hospital. Community patients can access Citizens Advice Bureau. Access to Patient Affairs Department at both Rowanbank Clinic and Leverndale Hospital.	All patients have equal access to Citizen Advice Bureau.
(j)	Other marginalised groups - Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers	<i>A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas.</i>	As the service deals mostly with Mentally Disordered Offenders, close links are forged with The State Hospital, Other parts of the forensic estate throughout Scotland, Community Service, Criminal Justice Service, Scottish Prison Service, court liaison, Police Scotland, generic Mental Health services, Learning Disability Services and Social Care Partnerships. The service takes into account all aspects of evidence based research and adapting these to fully support our patients within secure care, out-patients and community.	A resource to be developed that staff can access to provide LGBTi Services whilst in the community ie Clubs, meetings, clubbing and walking groups.
9.	Has the service had to make any cost savings or are any planned? What steps have you taken to ensure this doesn't impact disproportionately on equalities groups?	<i>Proposed budget savings were analysed using the Equality and Human Rights Budget Fairness Tool. The analysis was recorded and kept on file and potential risk areas raised with senior managers for action.</i>	Learn Pro Modules on all relevant topics easily accessible to all staff that have no direct financial implication to cost. Possibility of making efficiency savings over the coming years. The service have been making contingency plans and business cases to minimise the impact of these savings on how the service delivers care and treatment to our patients within in-patient, community and out-patient services. Service will be changing over to electronic records which may assist in the future collation of LGBTi data. Equalities is a regular item at local governance meetings and at all ward meetings.	
10.	What investment has been made for staff to help prevent discrimination and unfair treatment?	<i>A review of staff KSFs and PDPs showed a small take up of E-learning modules. Staff were given dedicated time to complete on line learning.</i>	Service currently has a monthly staff induction programme which addresses equality/diversity issues. Service have a representative at the NHSGGC MHS Equalities Group that meet quarterly. The continuation of the Health Improvement and Equalities Group that meet bi-monthly. One of the Board Leads Sofi Taylor attends this group and	Health Improvement and Equality Meetings to continue

			supports the service around Equality and Diversity issues. The Development of the Directorate's Equality Work-plan based on the NHSGGC 10 Goals Equalities Action Plan.	
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11. In addition to understanding and responding to our legal responsibilities under the Equality Act (2010), services have a duty to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care (including dementia care) may be considered higher risk in terms of potential human rights breach due to removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

Please give evidence of how you support each article, explaining relevance and any mitigating evidence if there's a perceived risk of breach. If articles are not relevant please return as not applicable and give a brief explanation why this is the case.

Right to Life

The in-patient service currently have two patients on DNAR and is assessed six monthly by clinical teams. Training around Suicide Prevention. Psychology Department provide Counselling Services.

Everyone has the right to be free from torture, inhumane or degrading treatment or punishment

LGBTI patients can control their medical treatment and care decisions about life saving treatment.

Prohibition of slavery and forced labour

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Everyone has the right to liberty and security

Everyone (patients, staff, carers and visitors) are entitled to a safe environment

Right to a fair trial

Assess to Legal Advice prior and during a Tribunal. Entitlement to a 2nd Opinion if unhappy with their Care and Treatment, Access to Independent Circles Advocacy Services. Access to Lawyers in all legal matters if they wish.

Right to respect for private and family life, home and correspondence

Options for family, carers and friends to visit however being sensitive to gender based violence and any other circumstances that may produce a negative response.

Right to respect for freedom of thought, conscience and religion

Patient, carers, staff and visitors have the right to Thought, Conscience and religion except in circumstances that would lead to a Hate Crime.

Non-discrimination

We adhere all NHSGGC Policies and Practice not to discriminate against patients, carers, staff and visitors.

12. If you believe your service is doing something that 'stands out' as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

Health Improvement and Equalities Group with buy in from NHSGGC. Human Rights Poster. Behavioural Family Therapy. Staff Awareness Training around LGBTi. Staff and Patients attended Human Rights Training.