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 (please provide service details and location:

Move of Older Peoples Hospital Based Complex Clinical Care Functional Mental Health Ward on the Birdston Care Home site – this will transfer to a purpose built ward on the Stobhill site.

This is a: Service Development

2. Description of the service & rationale for selection for EQIA:

A. What does the service do?
This ward is currently Older Peoples Hospital Based Complex Clinical Care Functional Mental Health Ward on the Birdston Care Home site. The ward will be relocated on the Stobhill Hospital site and be provided by a 20 bedded ward. Capital equivalent Design Build Finance and Maintain funding to achieve this has been identified through Glasgow City Health and Social Care Partnership, NHSGGC Capital Planning Group and NHS Great Glasgow and Clyde Health Board approval and this scheme will be completed in 2020. There

will be no reduction in the services being delivered to this patient group. There will be significant improvements in the quality of accommodation available. With this in mind, the Equality Impact Assessment has focused on the possible barriers incurred in the physical move rather than the actual service being delivered.
B. Why was this service selected for EQIA? Where does it link to local development plan priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.)
This redesign forms part of the modernisation of Older Peoples Mental Health inpatient services.

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:**
Katrina Phillips	August 2008 - NHS

4. Please list everyone involved in carrying out this EQIA

Katrina Phillips, Head of Adult Services Glasgow City HSCP, Mary O'Donnell In Patient Services Manager, Donna Quinn Senior Charge Nurse Older peoples Hospital Based Complex Clinical Care Ward, Birdston Care Home site and David Harley Mental Health Planning Manager

	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 used to analyse DNAs, access issues etc.***	This service is currently funded for patients who require hospital based complex care and all standard admission data is collected. Glasgow City Health and Social Care Partnership and NHSGGC is evolving the current Strategy and moving to a more inclusive position for all patients regardless of age Local demographics and minority ethnic information can be made available for the Stobhill Hospital catchment area. Information on equalities is captured during hospital admission process and is available for review	Data collected to be made available Outcome and actions from ongoing transport arrangements to be collated

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? You should explain here how data is used to meet the General Duty of removing discrimination, promoting equality of opportunity and supporting good relations between protected characteristic groups.**	***An addiction service used collected data to identify service uptake by sex. The review showed very few women attended and the service undertook local engagement to better understand perceived barriers.***	Information collated on patients and service users profiles, needs and care requirements including equalities has been used to determine Design and build process and refurbishment process for all wards. This service redesign will improve patient accommodation as the new provision is fully DDA compliant, has easier access to outside space. The mental health network, local community councils and friends and family of the patients have all been consulted on this redesign. Care inspectorate – our service is regularly reviewed , reports can be found on www.careinspecorate.com, anyone who uses the service, relative, friend etc are encouraged to complete 'care standard questionnaire' , there is also 'staff questionnaire', this is treated confidentially. The outcome of these inspections and recommendations have been considered as part of ongoing service improvement and redesign process.	
3.	**Have you applied any learning from research about the experience of equality groups with regard to removing**	***Social work services used best practice models of engaging with adults with***	Individual discussions with users and their carers have been evidenced in individual inpatient review and in group	

	potential barriers? This may be work previously carried out in the service. You should explain here how this learning has been used to meet the General Duty of removing discrimination, promoting equality of opportunity and	***dementia tested in other parts of the UK. These were piloted locally with evaluation and review.***	"patient Conversations" . This is on-going and information from this is used to consider any barriers to patient and visitor travel to and from the new site. Additionally this information has been used to determine ward signage, access to quiet rooms, improving communication both verbal and non verbal, and considering access to interpreting services As above, consultation has been carried out with a variety of groups and findings will be incorporated into the new service.	
4.	**Can you give details of how you have engaged with equality groups to get a better understanding of needs?** **You should explain here how engagement has contributed to meeting the General Duty of removing discrimination, promoting equality of opportunity and supporting good relations between protected characteristic groups.**	***Service user satisfaction surveys with equality and diversity monitoring forms have been used to make changes to service provision.***	Head of Service has met with all Community Councils The MH Network is part of the Ward redesign work and has been given information and presentations on the service redesign Patients and their families and carers have been consulted on the redesign This engagement will continue until the service has relocated and beyond to ensure continued input from a wide	

			range of stakeholders. We have also engaged with advocacy services with continued links into wards	
5.	**Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?** **You should explain here how reasonable adjustment has been used to meet the General Duty of removing discrimination, promoting equality of opportunity and supporting good relations between protected characteristic groups.**	***A service 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.***	This service will allow patients to access a modernised and fit for purpose hospital environment with access to safe and secure garden space. The wards have been designed with input from service users to ensure full accessibility for anyone with a disability regardless of age, including access to outside space, quiet space, communal rooms, bathing, showers and toilets There will be all single room full en suite accommodation with ground floor access. This improves personal facilities in each room as it incorporates showers within the en suite rather than just toilet and hand basin in the current rooms.	
6.	**How does the service ensure the way it communicates with service users removes any potential barriers?** **You should explain here how you communicate in a way that meets the General Duty of removing discrimination, promoting equality of**	***A podiatry service has reviewed all written information and included prompts for receiving information in other languages or formats. The service has reviewed its***	The communication with patients and visitors is ongoing both on an individual basis with the named nurse and clinical team and as part of regular “patient conversations” facilitated by the service user service MH Network and Professional Advisors. There is an ongoing independent “15	

opportunity and supporting good relations between protected characteristic groups.	***process for booking interpreters and has briefed all staff on Interpreting Protocols.***	steps" review of wards and environments and patient experience The NHS Board routinely gathers information on patient experience and this informs quality improvement programmes across the areas. Monthly resident meeting – provides a forum for patients to discuss their aspirations, future developments of service, generally allowing opportunity to raise anything they wish. There is minute of meeting , nursing staff, OT attend these meeting, relatives are also encouraged, monthly meeting is advertised within the ward Deaf awareness – SCN is arranging support to learn for staff. Interpreting services are routinely used within the ward for a individual who is deaf. Ensuring full engagement with mental health support and treatment. When interpreters are required the HSCP/NHSGGC Accessible Information Protocol will be followed. Communication about the move of the ward will be made available in a number of accessible formats upon request, in line with HSCP/NHSGGC's Accessible Information Protocol. Stress and distress model – focuses	

			on professional group discussing what is causing the distress of individual with dementia, providing a professional formulation, which is then put into practice to promote patient well being. All qualified nursing staff have been provided with 2 days training in this model of care. The HSCP provide and fund access to Independent Advocacy services for all services regardless of age	
7.	**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 identified and removed. What specifically has happened to ensure the needs of equality groups have been taken into consideration when considering discrimination, equality of opportunity and good relations in relation to:**			
(a)	**Sex**	***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.***	There will be more privacy and dignity with en suite water closet and shower single sex inpatient accommodation in addition to maintaining single rooms for patients (100% single rooms compared to no showers in current accommodation). The ward Design work following consultation with users and carers incorporates separate spaces for people wanting quiet contemplation whilst maintaining	

			supervision sight lines. Staff practice in terms of sensitive enquiry and responding to concerns about gender based violence will remain in line with NHSGGC practice.	

(b)	**Gender Reassignment**	***A service 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.***	The increased availability of single en suite with shower rooms will provide everyone with greater levels of privacy and dignity. This may bring additional benefits to trans patients and issues relating to intimate care. Staff are currently familiar with the NHSGGC gender Reassignment Policy	
(c)	**Age**	***A home support service had operated age related exclusiosn for service users without objectively justifying the decision. This was reviewed and evidence sought to support the decision to limit service access.***	Consideration is given to the needs of all patients regardless of age. Special beds and equipment are available to patients in these wards as necessary. The ward design with input from users and carers and reflecting on dementia design standards from Stirling University	

(d)	**Race**	***An outpatient clinic reviewed its ethnicity data and saw it was not providing information in other languages. It included a prompt on information for patients to request copies in other languages. The clinic realised it was dependant on family to interpret and reviewed use of interpreting services to ensure this was provided for all appropriate appointments.***	Current processes and protocols for booking interpreters will continue on site on the new ward. Patient information is produced to the HSCP/HSGG&C Accessible Information Policy Standards Links to Compass Service will be maintained and there will be no negative impact on referrals to this and other services. Staff have received awareness training on identifying patients race/ religious beliefs and are aware of how to access board interpreting services to support care and treatment plans.	
(e)	**Sexual Orientation**	***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***	Data capture for patients fits with the medical record requirements for the Board. Staff are familiar with relevant policies (i.e. homophobia and datix) should this be required for any staff member of	

		appropriate language and the risk of making assumptions about sexual orientation in service provision. Training was also provided on dealing with homophobic incidents.	patient/visitor. Gender awareness – LGBT awareness, staff are encouraged as part of ongoing professional development to attend any opportunity to raise their awareness , therefore promoting good practice.	
(f)	**Disability**	***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.***	Findings from the individual discussions with users and their carers have been (as previously outlined) evidenced in inpatient reviews. This is on-going and information from these discussions will be used to consider any barriers to patient and visitor travel to and from the new site. Deaf awareness – SCN is arranging support to learn for staff. Interpreting services are routinely used within the ward for a individual who is deaf. Ensuring full engagement with mental health support and treatment. Also as previously stated, this new ward design complies with DDA requirements and provides easy access for staff, visitors	

			and patients. This includes shower facilities in each room.	
(g)	**Religion and Belief**	***A spiritual care/faith manual was provided to staff visiting families in their homes to support inclusive and sensitive care. A quiet room was made available for prayer in the service area.***	There is access to chaplaincy service for all patients and a multi purpose room will be available as a quiet room/prayer room Staff have received awareness training on identifying patients religious beliefs and supporting patients to continue with their faith and the impact this can have on e.g. dietary requirements, due to meals being provided onsite from kitchen, recently we had to ensure that Halal meat was being provided from a recognised butcher, relatives provided with the name and contact number of butcher, therefore they could contact the provider and reassure themselves that meat was Halal, this was a very positive experience for the family	

(h)	**Pregnancy and Maternity**	***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.***	This is not an issue for people admitted to care due to their age range. However, visitors wishing to breast feed will be able to do so but can also opt to use a separate room if this is preferable.	
(i)	**Socio - Economic Status**	***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.***	This service is free to patients but there may be an impact on travel costs for patients returning home on discharge and for patients going out or home on passes – this is to test out if they can cope with returning home on a permanent basis. There may also be an impact on travel costs for relatives/carers visiting the hospital site. Consideration is being given to this issue and will continue to be given to this issue via the individual ward reviews for the patient cohort leading in to the actual ward move in 2020.	

(j)	**Other marginalised groups - Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers**	***A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various HSCP areas.***	Other marginalised groups use the current service and this will remain unchanged when the service moves to the new Design Build Fund and Maintain Ward. Current policies and protocols will continue to be used and there will be no direct impact other than travel costs as previously mentioned.	
8.	**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?**	***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.***	The very limited efficiency savings that will be made do not affect the quality of service and will result in an improved service and environment for patients, staff and visitors.	
9.	**What investment has been made for staff to help prevent discrimination and unfair treatment?**	***A review of staff PDPs showed a small take up of E-learning modules. Staff were given dedicated time to complete on line learning.***	Investment in staff learning and education will continue. Staff take part in e-learning as part of their ongoing development and there will be at least two PCs in each ward with internet access to allow dedicated time to complete on line learning. Student nurses, routinely are encouraged by the university and	

			at ward level to enter comments regards their placement within Quinble, these comments can then influence future practice, recognise good practice, support they have received during their ward placement .This can then be read by all university students, other ward areas, PEF, professional leads Mandatory learn-pro modules equality and diversity – all staff have mandatory accountability to ensure they have achieved this and regularly updated as required	

10. 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

A key aim of the service is to provide ongoing care and treatment to a vulnerable adult group and our research studies combined with our review of critical incidents have highlighted that we are effective at considering the health and wellbeing of all our patients and to promote a healthy lifestyle which maximises their quality of life. article 1

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

Adult Support and Protection procedures are in place across all our services and additional training has been delivered to all staff. If necessary, clinicians will write reports to contribute to investigations relating to ASPA to ensure the patient is being treated appropriately as a vulnerable adult

Prohibition of slavery and forced labour

Staff can access advice and support from the Trauma Team which provides advice, support and responses to refuges, asylum seekers and those who have experienced psychological trauma in any way.

Staff are required to complete NHS Learnpro on Equability and diversity

Everyone has the right to liberty and security

At all times efforts are made to minimise the use of compulsory or restrictive care. The service is compliant with the MWC recommendations of “Right to Wander” and least restrictive practise in all our clinical areas. However, if some restrictions or compulsory detention procedures are required this would be done as compassionately and respectfully as possible and in all circumstances, the patients family would be kept aware of proceedings. People are actively encouraged to access legal representation and develop an advance statement. We continue to work with goals that would enable people to leave hospital more quickly such as arranging housing

The NHS Board has a policy for all staff on the provision of Safe and Supportive Observations which highlights the need for least restrictive practise to be applied.

Right to a fair trial

During the process of detaining a patient under the mental health act, the psychiatrists would also be advising the patient to their right to a lawyer, advocate or named person and in some cases the team will facilitate this for people such as provide phone numbers/ accompany to appointments if requested

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

By providing support/ information and encouraging engagement with families and carers in the provision of care and treatment and care planning highlights our focus on the respect for family life

There are dedicated family rooms available as required toi support ongoing contact with families and carers and young children

Right to respect for freedom of thought, conscience and religion

As unusual beliefs may be common in the population or may be a hallmark of psychosis, lengthy sensitive assessment of these usually clarify if the person's beliefs are culturally appropriate and they would be supported to practise in this regard

Non-discrimination

All patients, relatives' carers and staff are treated equally and with respect and compassion. Staff are encouraged to raise awareness of any potentially discriminatory practise.

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.

A Design Statement has been prepared for the service and facility to ensure a good quality design is in place to achieve the best outcomes for the service and its patients. The design includes direct access to outside space and garden area. The User and Carer organisation Mental Health Network were also instrumental in supporting user/carer input into the option appraisal process and the range of design processes, in addition to championing transport as an ongoing issue for people who will be admitted to services. Major review has taken place during the design on managing ligature risks. This resulted in specific design work on the en-suite doors, to allow privacy and dignity for people in addition to managing the reduction of risk in relation to ligature points. The ward design incorporated input from users and carers and reflects dementia design standards from Stirling University in addition to also takes account of future proofing for alternative use and including providing acute admission care for people across the age range.

Lead Reviewer Name: Katrina Phillips **Date: 9th August 2018**