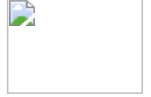**Equality Impact Assessment Tool for Frontline Patient Services**

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:

Glasgow City Health and Social Care Partnership: Move of Adult Mental Health Ward Stobhill Hospital – this will transfer to a purpose built ward on the Stobhill site.

This is a : Service Redesign

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?
This ward is currently an Adult inpatient wards at Stobhill Hospital. 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 for 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 Development Plan priorities? (if no link, please provide evidence of proportionality, relevance, potential legal risk etc.)
This redesign forms part of the modernisation of Adult Acute Mental Health inpatient services. Outcome and actions from Transport Survey to be collated

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	16/08/2018

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):

Harley, David (Planning and Perfomance Manager); Yvette Wilson (Ward Manager); Catherine McAuley (ward manager); Mary O'Donnell (In-Patient Services Manager)

	Lead Reviewer Questions	*Example of Evidence Required*	Service Evidence Provided	Additional Requirements
1.	**What equalities information**	***Age, Sex, Race, Sexual***	This service is currently	Data collected to be

		Orientation, Disability, Gender Reassignment, Faith, Socio-economic status data collected on service users to. Can be used to analyse DNAs, access issues etc.	funded for patients under the age of 65 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 elderly/frail patients and this service will move towards removing age cut-offs in line with that wider aspiration and timeline. Local demographics and minority ethnic information can be made available for the Stobhill Hospital catchment area.	made available. Outcome and actions from Transport Survey to be collated
	is routinely collected from people using the service? Are there any barriers to collecting this data?			
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?	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.	This service redesign will improve patient accommodation as the new provision is DDA compliant, has easier access. The mental health network, local community councils and friends and family of the patients have all been consulted on this redesign. MWC – our service is regularly reviewed , reports can be found on MWC website https://www.mwcscot.org.uk/ 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 potential barriers? This may be work previously carried out in the service.	Cancer services used information from patient experience research and a cancer literature review to improve access and remove potential barriers from the patient pathway.	A transport survey is continuing and information from this will be used to consider any barriers to patient and visitor travel to and from the new site. As above, consultation has been carried out with a variety of groups and findings will be incorporated into the new service. Additionally bus transport has been provided for people admitted and their carers from the NE location of Glasgow. This was informed by both updated user and carer survey and learning from previous adult acute ward moves at Stobhill Hospital.	
4.	Can you give details of how you have engaged with equality groups to get a better understanding of needs?	Patient 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 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 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.	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?**	*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.*	This service will allow patients to access a modernised and fit for purpose hospital environment with access to safe and secure garden space. There will be all single room full en suite accommodation with ground floor access.	
7.	**How does the service ensure the way it communicates with service users removes any potential barriers?**	*A podiatry service has reviewed all written information and included prompts for receiving information in other languages or formats. The service has reviewed its process for booking interpreters and has briefed all staff on NHSGGC's Interpreting Protocol.*	The communication with patients and visitors will continue as currently organised remain unchanged. 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. The communication with patients and visitors is on-going 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. As part of the SPSP information is routinely gathered as part of Patient and Staff Safety Climate tools and reviewed within the SPSP programme to inform service improvements. The NHS Board routinely gathers information on patient experience and this informs quality improvement programmes across the areas. The HSCP provide and fund access to Independent Advocacy services for all services regardless of age	
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	*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 single sex inpatient accommodation and single rooms for patients (approx. 100% single rooms compared to circa 30% in current accommodation). The ward Design work following consultation with users and carers incorporates separate spaces for people wanting quite 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	*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.*	The increased availability of single rooms will assist anyone undergoing gender reassignment should they request a private room. Rooms are also en suite to support greater flexibility around sensitivity and privacy. Staff are currently familiar with the NHSGGC Transgender policy	
(c)	Age	*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.*	This service is predominantly for patients under 65 and continues to be funded for this age group. Consideration is given to the needs of these patients. 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 also takes account of future proofing for alternative use and including providing acute admission care for people age over 65.	
(d)	Race	*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.*	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*	Data capture for patients fits	

		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.	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 patient/visitor.	
(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 Transport Survey and these will be noted and dealt with where possible. As previously stated, this new ward design complies with DDA requirements and provides easy access for staff, visitors and patients. 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**	*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.*	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.*	Visitors wishing to breast feed will be able to do so but can also opt to use a separate room if this is preferable. Links and access to Perinatal Mental health services are well established and staff are aware of how and when to access to support service users	
(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 via the transport survey and monitoring currently being carried out as part of the bus service provided to the existing ward.	
(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 Health Board 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. Staff routinely access other services such as Asylum bridging team (who also deliver training/awareness sessions to staff), red cross, link to Home office for enquiries Homeless mental health team	
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?**	*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	
10.	**What investment has been made for staff to help prevent discrimination and unfair treatment?**	*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.*	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 | |

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

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.

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 over as well as under 65 years