

The State Hospital Equality Impact Assessment (EQIA)

You should read the guidance document prior to completing this template.

Please note, the EQIA should be proportionate to the significance and coverage of the policy and should take cognisance of the nature of the environment and patient group.

Step 1: Screening to determine if the policy requires a detailed EQIA

Name of the policy: Safer Use of Medicines Policy and Procedures		
Directorate: Medical		Date: 02/11/20
Designation(s) of author(s): Lead Pharmacist		
Strategy <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Protocol <input type="checkbox"/> Project <input type="checkbox"/> *Other <input type="checkbox"/>		
(*please provide details)		
New <input type="checkbox"/> update to existing policy <input checked="" type="checkbox"/> *replacement <input type="checkbox"/>		
(*please advise what this policy is replacing)		
1. What are the main aims and outcomes of the policy and how do these fit in with the wider aims of the organisation, legislation and national drivers?		
Aim(s) / Outcome(s)	Wider Aim(s)	
To ensure safe use of medicines within the Hospital.	Forms part of the risk management process by offering a practical means of enhancing the safe use of medicines from prescribing, supply and storage through to administration.	
2. Please identify the scope of the policy		
Forensic Network wide <input type="checkbox"/> Hospital wide <input checked="" type="checkbox"/> Service specific <input type="checkbox"/>		
Discipline specific <input type="checkbox"/> *Other <input type="checkbox"/>		
(*please provide details)		
3. Who are the key stakeholders potentially affected by the policy? Will the policy impact on these groups in a positive and/or negative and/or neutral way? Why do you say this?		
Stakeholder(s)	Impact	Rationale
1. Patients	Positive	To ensure all patients receive medicines in line with legal and national guidance. Safeguards patients in all high risk processes involving medicines.

	Negative	<p>Ensures medication is administered according to consent procedures.</p> <p>Supports continuity of medication administration when out with TSH.</p> <p>Policy safeguards patients by supporting the organisation to learn from incident recording.</p> <p>Policy supports the administration of medication in emergency situations deemed necessary to safeguard patient/others, which may result in the patient's wishes being overruled. Due to the needs of this patient group, this action impacting on freedom of choice is supported by the Mental Health Act.</p>
2. Staff	<p>Positive</p> <p>Negative</p>	<p>Supports staff in their duty of care to patients to follow safe and standard procedures around medicines. Empowers staff to make challenging decisions around medication needs.</p> <p>Can impact on therapeutic relationships between patients and staff involved in administering emergency medication and wider staff groups interacting/providing input to patients immediately after this act.</p>
3. Carers / Named Persons	<p>Positive</p> <p>Negative</p>	<p>Reassurance that patients are appropriately medicated, based on individual need.</p> <p>The visit experience/staff/care relationships may be affected by the need for additional medication.</p>
4. Mental Welfare Commission	Positive	Policy supports best practice as prescribed by the Mental Health Act.
5. Scottish Government		Policy supports safe use of medicines with reference to National guidance and professional guidance/standards
<p>4. Is a collaborative assessment with external partners required?</p> <p>No - based on national guidance and NHS Lothian Policy</p>		
<p>5. Specifically, in relation to the protected characteristics, please identify whether the policy impacts positively, negatively and / or neutrally on these groups, providing rationale in support of your decision. Please also describe any</p>		

identified inequality and indicate practice in place which mitigates aspects of the policy contributing to any adverse impact or inequality.

Protected Characteristic	Positive X	Adverse/Negative X	Neutral X	Identified impact / inequality and rationale, including mitigating practice where appropriate
Age	X			Includes consideration of age for dosing adjustments and co-morbidities. The specific needs of older patients are highlighted within the policy.
Disability	X			Consideration given to those with an Intellectual Disability – easy read medicine information with pictures is available Individually tailored medicine information will be provided for those with a visual impairment / interpretation needs.
Gender			X	
Gender Reassignment			X	
Marriage and Civil Partnership			X	
Pregnancy and Maternity			X	COSSH guidance refers to handling of medicines to be considered in risk assessments of pregnant staff.
Race/Ethnicity		X		Patient information produced in English. Process in place to provide translated versions where the need arises.
Religion and or Belief	X			Policy acknowledges the need to ensure that medicines administered are sensitive to cultural and religious beliefs.
Sexual Orientation			X	

6. Thinking about the key stakeholders you have identified in no. 3, please explain how the policy supports the organisation to eliminate any potential unlawful discrimination, harassment and victimisation of these groups, promoting equality of opportunity and fostering good relationships between all stakeholders.

Policy advocates medication should be administered taking account of patient privacy.

This policy applies equally to all patients and is relevant to all carers/Named Persons and requires all relevant staff to abide by the agreed processes/protocols specified.

The policy demonstrates a consistent approach to application of the legislation and national policies.

7. Thinking about the key stakeholders you have identified in no. 3, please identify potential inequalities of outcome which may arise in relation to socio-economic disadvantage (low income), including material deprivation.

None identified

Please discuss with the Service Lead / Director and complete below to indicate this person is in agreement with your findings.

Service Lead / Director Designation: Medical Director

Date: 07/02/2021

Then forward this screening document and your policy document to the Person Centred Improvement Lead for approval.

Approved by Person Centred Improvement Lead

Date: 18/02/2021

Comments

No requirement for detailed EQIA

Detailed EQIA required. Please contact Person Centred Improvement Lead for advice / support

Date: / /

Following consultation, this EQIA should be attached to the policy document and included within the paperwork for consideration by the Policy Approval Group prior to implementation. If any changes to the EQIA are required as a result of feedback from the consultation, please contact the Person Centred Improvement Lead.

Please note, as policy and EQIA documents are within the public domain, via the Hospital's website (unless identified by the Policy Approval Group as sensitive information), content should not include the names of any stakeholders and/or include any information which would identify individuals.