

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: Unescorted Grounds Access	
Directorate: Security	Date: 14/01/2021
Designation(s) of author(s): Clinical Security Liaison Manager	
Strategy <input type="checkbox"/>	Policy <input checked="" type="checkbox"/>
Protocol <input type="checkbox"/>	Project <input type="checkbox"/>
Other <input type="checkbox"/>	
New <input type="checkbox"/>	update to existing policy <input checked="" type="checkbox"/>
replacement <input type="checkbox"/>	
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?	
<p>Aim(s) / Outcome(s)</p> <p>Defines clinical and security practices for the safe management of the system by which State Hospital patients who, as part of their treatment plan, are recommended for unaccompanied access to the grounds of the Hospital within a specified area and during specified times.</p>	<p>Wider Aim(s)</p> <ul style="list-style-type: none"> • To ensure that all patients are fully assessed using a standard methodology and risk assessment framework by the multidisciplinary team prior to the granting of grounds access. The Grounds Access Risk Assessment seeks to consider the risk of harm to other patients, staff and external visitors that a patient may pose whilst on unescorted grounds access by considering relevant factors, the role these factors may play and how they can be effectively monitored and/or managed. • To define the way in which patients will be observed and monitored when using Unescorted Grounds Access. • To define a system for managing security incidents arising from grounds access. • To ensure that a robust system is in place to assess and review any patient who is considered to have shown behaviour or needs that could alter the arrangements for, or the extent of grounds access. • To provide information for patients and their carers, including explanation of the policy and additional guidelines on appropriate behaviour during grounds access.

2. Please identify the scope of the policy

Forensic Network wide Hospital wide Service specific
 Discipline specific Other

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 Negative	Acknowledges the importance of safety for every patient. Patients will be permitted unescorted access to the Hospital grounds and will therefore benefit from fresh air and exercise supporting therapeutic benefit. Rapid access to Skye Centre facilities when out on grounds access supports a human rights approach e.g. access to W.C. as required. Provides clear structure to progress to full grounds access in a measured balanced and supported way. Supports least restrictive approach and person-centred practice which is beneficial for some patients who may be unable to achieve full grounds access e.g. those with a Learning Disability, Dementia, mobility issues. Limits access to the wider external environment to those approved for same and is behaviour dependant.
2. Staff	Positive Negative	Supports management of a safe and secure environment. Limits the risk of harm. Risk of violence / aggression as a result of unrealistic patient aspirations in relation to access. Staff who are disassociated from a patient may disagree with a decision to review / cancel this restriction.
3. Carers	Positive Negative	Provides reassurance around a commitment to least restrictive measures and the safety of patients within outdoor areas.

		No access to the outdoors for carers.
3. Volunteers	Negative	No access to the outdoors for volunteers.
4. External partners e.g. Scottish Government, Mental Welfare Commission	Positive	Provides reassurance around safety and security adopting a least restrictive approach.
4. Is a collaborative assessment with external partners required?		No
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 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			<p>Individually tailored assessment informs grounds access applications which may require to consider any age related issues e.g. mobility.</p> <p>Tiered approach to level of access supports access to the external environment most appropriate for the needs of the patient.</p>
Disability	X	X		<p>Individually tailored assessment informs grounds access applications which may require to consider any disability related access issues e.g. mobility, Intellectual Disability, sensory impairment.</p> <p>Due to the nature of the setting, patient wheelchair users are unable to access the external environment independently. Patients who are blind would also require to be escorted at all times.</p>
Gender			X	
Gender Reassignment	X			Individually tailored assessment considers the specific needs of transgender patients in relation to potential risks of targeted behaviour relating to e.g. appearance.
Marriage and Civil Partnership			X	
Pregnancy and Maternity	X			Limits risk to pregnant staff moving around the grounds.

Race/Ethnicity		X		Policy /information for patients about the application process and approval parameters produced in English. Individually tailored assessment identify needs relating to translation/interpretation of information to ensure patients for whom English is not the first language understand their responsibilities.
Religion and or Belief	X			Individually tailored assessment includes consideration of any issues relating to sectarianism and a process is in place to implement potential disassociations arising from such concerns.
Sexual Orientation	X			Individually tailored assessment includes consideration of any issues relating to sexual orientation and potential disassociations arising from such concerns.

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.

'Patient Information and Guidance' appendix limits interaction between patients and anyone else using the grounds, other than greeting. CCTV monitors behaviour in respect of contact / interaction between patients and others, limiting the opportunity for either group to engage in inappropriate verbal behaviour which may be discriminatory in nature.

Disassociations which may have been initiated as a result of inappropriate verbal behaviour are considered as part of this process.

Policy applies equally to all patients, as part of a robust decision making process enabling access to the Hospital grounds as a safeguard to protect all stakeholders.

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: Director of Security

Date: 30/07/2020

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

Approved by Person Centred Improvement Lead

Date: 30/07/2020

Comments

All feedback incorporated. 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 SMT 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.

Date approved by Policy Approval Group: / /

Approved for upload to TSH website: Yes / *No

*(please provide rationale if deemed inappropriate for upload e.g. risk to safety / security)

Date uploaded to TSH website: / /

Risk Management database updated:

You should ensure the EQIA section of the SBAR Monitoring Form is completed appropriately in order to reflect completion of this assessment.

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