

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: Inter Hub Transfer Policy		
Directorate: Nursing and AHPs		Date: 15/10/20
Designation(s) of author(s): Clinical Operations Manager		
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) To ensure a safe process is in place to transfer patients between Hubs.	Wider Aim(s) To support consistency of approach.	
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

Patients	Positive	<p>Transfers should be managed effectively to support the patient. Where time permits, orientation visits will be facilitated.</p> <p>Moving a patient as a result of a risk to his safety ensures the patient feels protected.</p> <p>Patient engagement is explicit within the policy to support a person-centred approach.</p>
	Negative	<p>The patient will require to form relationships within a new peer group and Clinical Team.</p> <p>During the initial familiarisation period, the patient may experience heightened restrictions as the Clinical Team assess any potential increased risk in relation to a deterioration in mental health / anxieties around the change of environment.</p>
Staff	Positive	<p>Effective management of transfer should minimise impact. Policy explicit in terms of supporting a robust handover between Clinical Teams.</p> <p>Transfer may be as a result of targeted behaviour towards a member of staff. The policy provides a structure to support distancing between patients and staff where there is an issue.</p>
	Negative	<p>The Clinical Team who have developed supporting therapeutic relationships and are responsible for positive progress may experience some frustration around withdrawing from progressing the recovery journey.</p>
Named Persons / Carers	Positive	<p>The policy describes the need for contact with main carers to ensure they are sighted on the transfer and understand the rationale (where appropriate).</p> <p>Where carers have had concerns about a patient's wellbeing in a ward, they are likely to be reassured by the policy approach which enables a safely managed transition to a new ward.</p>
	Negative	<p>Carers are likely to have developed a supporting relationship with Clinical Teams and may have some anxieties about establishing this level of support with a new Clinical Team.</p> <p>Carers may be concerned about any initial changes to a patient's routine and the potential of delayed transfer as a result of time taken to establish new therapeutic relationships / continuity of input to achieve original Care and Treatment Plan objectives.</p>
<p>4. Is a collaborative assessment with external partners required? No</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 identified inequality and indicate practice in place which mitigates aspects of the policy contributing to any adverse impact or inequality.</p>		

Protected Characteristic	Positive X	Adverse / Negative X	Neutral X	Identified impact / inequality and rationale, including mitigating practice where appropriate
Age		X		Patients may be moved to a more age appropriate setting. Moving to another ward may impact on peer / therapeutic relationships and cause distress to some patients who may be unable to understand the rationale e.g. Dementia.
Disability		X		Patient may be moved to a setting which better supports their disability. Moving to another ward may impact on peer / therapeutic relationships. Where the need arises to transfer a patient from the core Intellectual Disability ward, access to the specialist ID Team may be less readily available in terms of continuity of approach /input utilising specialist skills.
Gender			X	
Gender Reassignment			X	
Marriage and Civil Partnership			X	
Pregnancy and Maternity			X	
Race/Ethnicity	X			Patients may require to be moved due to racial tension. This would follow a full discussion with both the patient and the Clinical Team. Moving to another ward may impact on peer / therapeutic relationships.
Religion and or Belief	X			Patients may require to be moved due to religious tension. This would follow a full discussion with both the patient and the Clinical Team. Moving to another ward may impact on peer / therapeutic relationships.
Sexual Orientation	X			Patients may be moved if they are at risk due to their sexual orientation. This would follow a full discussion with both the patient and the Clinical Team. Moving to another ward may impact on peer / therapeutic relationships.

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.

All stakeholders will be involved (where practicable) in any decision to move a patient to another Hub.
The interests of the patient will be at the centre of any decision making, however it may be a requirement to move a patient without their full agreement or that of the Named Person.
The policy includes a checklist which support robust communication at all points of the process, supporting good relationships between all stakeholders.
The purpose of the policy is to standardise this rare practice ensuring each patient is treated fairly and consistently thereby ensuring the practice is not discriminatory in any way.

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 Nursing and AHPs

Date: 17/11/20

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

Approved by Person Centred Improvement Lead	Date: 17/11/20
Comments 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 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.

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 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.