

# 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: Media Policy	
Directorate: Chief Executive <span style="float: right;">Date: 10/03/22</span>	
Designation(s) of author(s): Head of Communications	
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)	
<b>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?</b>	
<p style="text-align: center;"><b>Aim(s) / Outcome(s)</b></p> <p><b>Main Purpose</b></p> <p>To ensure:</p> <ul style="list-style-type: none"> <li>• A structured approach for handling media enquiries is established across the Hospital, and that all staff and volunteers are aware of the procedure to follow should they receive a call from the media.</li> <li>• Staff and volunteers are familiar with social media best practice and aware of individual responsibilities in respect of protecting the privacy and safety of all stakeholders.</li> <li>• Procedures are in place to minimise the risks that may arise from the use of social media, both during work time and non-work time.</li> </ul>	<p style="text-align: center;"><b>Wider Aim(s)</b></p> <p>Supports local and national strategic objectives, values and behaviours, best practice and legal obligations.</p> <p><b>Intended Outcomes</b></p> <p>As far as possible, safeguard stakeholder confidentiality, enable more accurate and balanced reporting by the media, and enhance media relations to better develop and protect the Hospital's reputation.</p> <p>The avoidance of a breach of policy that could result in disciplinary action being taken.</p> <p>In terms of social media, prevent identity theft and cyber bullying.</p>



<p>2. Patients</p>	<p>Positive</p>	<p>Through dealing / managing the media effectively, e.g. In recognising the high profile of patients and the historic over-sensationalised, controversial media coverage often featured, it is essential the media are dealt with efficiently, consistently and effectively and that the State Hospital establishes a positive relationship with the media which supports accurate, fair and balanced reporting.</p> <p>This policy also fosters good relations between patients with significant mental health issues and the media / public in terms of attempting to redress the stigma issues which arise from inaccurate / misrepresented media reporting.</p>
<p>3. Patient Visitors / Carers</p> <p>Additionally, although the organisation is unable to hold patient visitors / carers accountable for any breach to this policy, the contents aim to include this group, recognised as stakeholders in terms of service delivery.</p>	<p>Positive</p>	<p>The application of the policy has a positive impact through dealing / managing the media effectively.</p> <p>Stakeholders will be better skilled to best protect themselves as individuals and the Hospital as a whole, through the guidance outlined in the policy.</p> <p>Fosters good relations between stakeholders.</p>
<p>4. The Board</p>	<p>Positive</p>	<p>The policy offers a positive impact in terms of protecting the Hospital's reputation as media coverage is monitored locally by way of scanning coverage for misinformation or anything else that could be damaging to its reputation. Where coverage is felt to be unjustified, where untruths have been printed or facts interpreted wrongly, these are rebutted.</p>

	Negative	<p>Stakeholders will be better skilled to best protect themselves as individuals and the Hospital as a whole, through the guidance outlined in the policy.</p> <p>Fosters good relations between stakeholders.</p> <p>Potential negative impact associated with information shared in a way in which all stakeholders are unable to equally access, e.g. infrequent access to the Intranet.</p>
5. General Public	<p>Positive</p> <p>Negative</p>	<p>The content of this policy also takes into account the interests of the public in terms of limiting ‘sensationalistic’ reporting which may cause alarm within the local community and distress for victims of crimes related to patients within the Hospital.</p> <p>Stakeholders will be better skilled to best protect themselves as individuals and the Hospital as a whole, through the guidance outlined in the policy.</p> <p>Fosters good relations between stakeholders.</p> <p>Potential negative impact associated with information shared in a way in which all stakeholders are unable to equally access, e.g. stakeholders who first language is not English.</p>
<p><b>4. Have external partners / other relevant stakeholders contributed to this assessment?</b></p> <p style="text-align: right;"><b>*No</b></p> <p><b>* If not, please provide rationale</b></p> <p>There was contribution to the initial policy development. Due to minimal changes, there is no requirement to engage with external stakeholders as part of this review. Policy continues to be in line with best practice in communications.</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.**

<b>Protected Characteristic</b>	<b>Positive X</b>	<b>Adverse/ Negative X</b>	<b>Neutral X</b>	<b>Identified impact / inequality and rationale, including mitigating practice where appropriate</b>
<b>Age</b>			X	
<b>Disability</b>	X  X   X	X      X		<p>The policy gives consideration to patients with mental health issues, cognitive impairment and intellectual disabilities.</p> <p>Visually impaired stakeholders who are unable to read written material. Publications are available in large print / Braille.</p> <p>Ability to comprehend this information for those with communication barriers, e.g. intellectual disability. Publications are produced in Plain English, avoiding the use of abbreviations and jargon, and are checked for 'accessibility'.</p> <p>A patient may be denied the opportunity to communicate with the media if the Clinical Team feels such action would be detrimental to his mental health / that of others and / or be a risk to safety and security.</p> <p>Patients are unable to equally access online media coverage as this is restricted due to not having Internet access.</p>
<b>Gender</b>			X	
<b>Gender Reassignment</b>			X	

<b>Marriage/Civil Partnership</b>			X	
<b>Pregnancy and Maternity</b>			X	
<b>Race/Ethnicity</b>	X			Highlights the need to take into account translation services, including cultural needs, e.g. processes are in place to enable access to interpreter / translation services to ensure equal access to information.
	X			Admission screening for all patients includes literacy / language comprehension assessment.
		X		Ability to comprehend protocols / process for those with language / communication barriers e.g. Intellectual Disability, those for whom English is not their first language. The nature of such input in terms of potential security risk regarding subject content would be subject to additional scrutiny.
	X			Processes are in place to mitigate the impact of such potential inequality e.g. accessible information, translation / interpretation services.
	X			Volunteers have individual development plans in place which inform preferred communication means in terms of meeting individual need to ensure compliance with Hospital policies.
	X			The Person Centred Improvement Advisor meets with new patient visitors / carers to identify any specific communication needs as part of the orientation process to the Hospital environment.

<b>Religion and or Belief</b>			X	
<b>Sexual Orientation</b>			X	
<b>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.</b>				
Complements a suite of communication / security policies, all of which aim to protect the confidentiality of all stakeholders. Supports the organisation to deal with potential discriminatory reporting. Protects, all stakeholders from potential harassment through best practice. Demonstrates a commitment to respecting the needs of protected characteristic groups.				
<b>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.</b>				
None identified.				

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

<b>Service Lead / Director Designation:</b>	Chief Executive
<b>Date:</b>	14/03/22

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

<b>Approved by Person Centred Improvement Lead</b>	<b>Date:</b> 31/3/2022
<b>Comments:</b> No requirement for detailed EQIA.	
<b>Detailed EQIA required. Please contact Person Centred Improvement Lead for advice / support</b>	
<b>Date:</b> / /	

Following consultation, this EQIA should be attached to the policy document and included within the paperwork for consideration by the Policy Approval Group (PAG) 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 PAG as sensitive information), content should not include the names of any stakeholders and/or include any information which would identify individuals.**