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: Incident Reporting and Review Policy			
Directorate: Security, Risk and Facilities	Date:10/06/2021		
Designation(s) of author(s): Risk Management Facilitator			
Strategy Policy Protocol Project *Other			
(*please provide details)			
New update to existing policy	*replacement		
(*please advise what this policy is repl	acing)		
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)		
The State Hospital (TSH) is committed to ensuring the health, safety and wellbeing of its staff, patients, volunteers and visitors by being proactive in its approach to prevent, reduce and control the number of adverse incidents and near misses through a timely and effective approach. This includes the reporting of incidents which happen off-site whilst staff and patients are on hospital business.	TSH is committed to developing a learning culture, which encourages staff and volunteers to report incidents and near misses. The organisation's continuing commitment to a 'fair blame' culture will positively encourage the reporting of errors, incidents, accidents and near misses. Learning from Adverse Events through reporting and Review – a national framework for Scotland, April 2015: make service improvements that enhance the safety of our care system for everyone, based on a consistent, high quality approach arising from national and local learning.		
2. Please identify the scope of the policy			
Forensic Network wide 🗌 Hospital wide 🔀 Service specific 🗌			
Discipline specific *Other			
(*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. Staff	Positive	Proactively safeguards staff through learning from incidents. Provides trends to minimise the likelihood and impact of any similar events occurring in the future.
		Supports staff to be proactive in the reporting of all incidents within TSH.
		Requires TSH to be open and honest with patients if something goes wrong with their care and treatment. Early acknowledgement is likely to protect the integrity of therapeutic relationships.
		Data requires to be recorded which may be useful for any staff involved in a claim against TSH.
	Negative	The reporting of incidents may have a detrimental effect on therapeutic relationships and relationships with colleagues.
		Staff members may find involvement in investigation difficult at times due to having to relive the incident.
2. Patients	Positive	The reporting of incidents helps minimise the risks to patients by helping understand the cause and ensuring that a similar situation can be prevented in the future.
		The patient can be involved in the review process which could provide assurance to them and enable him to share his views.
	Negative	The reporting of incidents may have a detrimental effect on therapeutic relationships.
		Patients may find involvement in investigation difficult at times due to having to relive the incident.

		Engaging in the review process may cause increased anxiety which may impact on mental health.	
 Volunteers, Carers and Visitors (including, professionals and contractors) 	Positive	Requires TSH to be open and honest with volunteers, carers and visitors if something goes wrong with service delivery. Early acknowledgement is likely to protect the integrity of relationships.	
	Negative	The reporting of incidents may have a detrimental effect on-relationships with carers.	
		Volunteers may find involvement in investigation difficult at times due to having to relive the incident.	
4. Health and Safety Executive	Positive	Requires TSH to report to the Health & Safety Executive any major injury, dangerous occurrence, occupational disease. Ensures consistent recording of patient / staff incidents leading to injury and contributes to national learning.	
5. Scottish Government	Positive	Ensures compliance with national legislation and guidance.	
		The system is focused on learning, locally and nationally, and makes extensive use of improvement methodology to test and implement the necessary changes.	
4. Is a collaborative assessment with external partners required? No			
the policy impacts posit	ively, negatively and / or ne	ristics, please identify whether eutrally on these groups, ase also describe any identified	

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			An individually tailored process is in place to support patients to engage with barriers to communication which may be attributable to age related conditions e.g. Dementia. Engaging in the process may however cause some distress.
Disability	X	X		Individually tailored care and treatment plans identify any barriers to communication including, Intellectual Disability, Autism, sensory impairment, mental health disorder. This process enables patients to meaningfully contribute to reviews.
				Engaging in the review process may cause increased anxiety which may impact on mental health. Key worker 1:1 support is in place to prepare patients for the process and undertake a debrief post input.
				Carers are encouraged to share any barriers to communication with the Person Centred Improvement Advisor.

Gender	X		Where gender may be an issue in relation to the patient engaging meaningfully in the process e.g. as a result of positive symptoms of mental health disorder, previous experience of gender violence, there are sufficient numbers of staff with the appropriate skills available to allocate in terms of expressed gender preference.
Gender Reassignment		X	
Marriage and Civil Partnership		X	
Pregnancy and Maternity		X	
Race/Ethnicity	X		Individually tailored care and treatment plans identify language barriers. TSH enables access to interpretation / translation services, enabling patients to meaningfully contribute to reviews.
Religion and or Belief	X		Pre-admission assessment processes encourage disclosure of religion / faith related preferences. There is therefore an acknowledgement of the need to consider aspects of engagement e.g. timing of interviews, gender of facilitator.
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.

All staff are reassured that there is a clear process in place, through the reporting of incidents, to protect themselves from potential unlawful discrimination, harassment and victimisation. There is clear guidance as to what is an adverse event to ensure that staff and patients cannot be discriminated against or victimised.

All stakeholders are reassured that there is a robust process in place to support decision making within TSH, ensuring a fair and consistent approach to incident reporting.

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.

Arrangements will be made to support those financially should they incur any costs as a result of being involved in an investigation e.g. carers requiring to travel.

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

Service Lead / Director Designation: Head of Risk and Resilience

Date: 10/06/2021

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

Approved by Person Centred Improvement Lead	Date: 08/07/21
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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 (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.