

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 <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) 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.	Wider Aim(s) 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 <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)	

Protected Characteristic	Positive X	Adverse/Negative X	Neutral X	Identified impact / inequality and rationale, including mitigating practice where appropriate
Age	X			<p>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.</p>
Disability	X	X		<p>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.</p> <p>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.</p> <p>Carers are encouraged to share any barriers to communication with the Person Centred Improvement Advisor.</p>

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

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.