

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: SP15 Patients' Mail Policy		
Directorate: Security, Estates and Resilience		Date: 24/11/2021
Designation of Lead Author: 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"/>
(*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)	Wider Aim(s)	
To ensure systems are in place to evidence that the processing of patients' mail complies with legislation.	To support staff to apply least restrictive practice relating to patients' mail, which enables the organisation to protect the safety and security of all those associated with the work of the State Hospital and the wider public who may be at risk.	
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
1. Patients	Positive	Maintains safety, and safeguards against risks of antisocial and / or dangerous behaviours. Sets out a clear protocol in respect of ensuring that mail to/from Listed Persons is treated appropriately.

	Negative	Impacts on privacy
2. Medical Staff	Positive	Empowers RMOs to take action as required.
	Negative	Requires monitoring and individually tailored approaches. May involve legally defending decisions made. May be exposed to distressing written / graphic material as part of the screening process.
3. Nursing staff	Positive	Maintains safety, and safeguards against risks of antisocial and / or dangerous behaviours which may cause harm to staff.
	Negative	Requires close monitoring, management and documenting of the process. Can create emotive and negative reactions to restrictions being imposed. May impact on key worker / patient therapeutic relationship. May be exposed to distressing written / graphic material as part of the screening process.
4. Carers	Positive	Maintains safety, and reduces risks of antisocial, distressing or dangerous behaviours.
	Negative	May impact on relationships if patients try to influence carers to attempt to intervene. May impact on privacy.
5. Volunteers	Negative	May impact on privacy.
6. Mental Welfare Commission	Positive	Reassured of robust processes supporting a fair and evidence based approach to access.
	Negative	May be approached by patients, either in person or via the telephone who are unhappy with the process.
7. Translators	Negative	May be asked to translate material which is potentially distressing or offensive.
8. NHS Public Purse	Negative	Potential costs incurred through translation services.
9. General public	Positive	Supports and encourages appropriate behaviour and expectations as part of rehabilitation for reintegration to society. Provides reassurance that TSH has a due process in place to protect members of the public from potentially inappropriate contact.

10. Victims of index offence	Positive	Ensures a robust process is in place to manage the potential for inappropriate exchanges of correspondence with victims and / or other patients relating to the index offence.
<p>4. Have external partners / other relevant stakeholders contributed to this assessment? No</p> <p>* If not, please provide rationale</p> <p>Consultation with external partners & stakeholders took place during original development of the policy, CLO consulted during revision of policy.</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		Cognitive issues experienced by TSH patients may create significant barriers to understanding the rationale. Individually tailored care and treatment plans support Clinical Teams to communicate with patients who experience barriers to communication as a result of age related conditions e.g. Dementia.
Disability		X		Mental health issues experienced by TSH patients may create significant barriers to understanding the rationale. Individually tailored care and treatment plans support Clinical Teams to communicate with patients who experience barriers to communication e.g. Psychosis, Intellectual Disability, Autism.
Gender			X	
Gender Reassignment	X			Policy acknowledges intrusive practice relating to incoming / outgoing mail. The policy identifies NHS Boards as 'listed persons', supporting a robust approach to protecting the confidentiality of patients relating to gender reassignment.

Marriage and Civil Partnership			x	
Pregnancy and Maternity			x	
Race/Ethnicity		x		Those communicating in a language other than English will experience a delay that others do not, as their mail may require to be translated. This is to ensure no correspondence enters or leaves the Hospital that could impact negatively on security, health, safety and welfare, cause alarm or distress to the recipient or cause harm, alarm or distress to any other individual.
Religion and or Belief		x		Relevant for exchange of faith related correspondence / material.
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.

The policy aims to ensure safety for all, assessing risk on an individual basis, consistently, adhering to agreed standards and legal requirements.

Protects all stakeholders from dangerous items entering the Hospital.
Safeguards carers / volunteers / victims from the circulation of any inappropriate material which may discriminate, harass or victimise.

All stakeholders are considered equally in terms of implementing processes to eliminate discrimination, harassment and victimisation.

Acknowledges inequities in relation to those for whom English is not the first language, identifying an agreed process to support understanding.

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, Estates and Resilience

Date: 24/12/2021

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

Approved by Person Centred Improvement Lead

Date: 24/12/21

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.