

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: Disassociation Policy		
Directorate: Security, Estates and Facilities		Date: 02/11/2021
Designation(s) of Lead Author: Head of Security		
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)	
Enables The State Hospital (TSH) to individually tailor arrangements to support justifiable restriction of patient movement.	Supports least restrictive practice relating to safeguarding stakeholders.	
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	Safeguards against risks of antisocial or dangerous behaviours.
	Negative	Impacts on freedom of movement and potentially the way in which activities are accessed

2. Staff	Positive	Provides a framework to empower staff to manage the risks of antisocial or dangerous behaviours.
	Negative	Requires ongoing documenting monitoring. May involve legally defending decisions made. Can create emotive and negative reactions. May impact on therapeutic relationships
3. Carers / Named Persons	Negative	May impact on quality of interactions with patient as a result of patient response to the restriction.
4. Mental Welfare Commission	Positive	Reassured of robust processes supporting a fair and evidence based approach to access.
	Negative	May be contacted by patients who are unhappy with the process / decisions made.
4. Is a collaborative assessment with external partners required? Yes / No		
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.		

Protected Characteristic	Positive X	Adverse / Negative X	Neutral X	Identified impact / inequality and rationale, including mitigating practice where appropriate
Age		X		Patients who experience age related cognitive conditions e.g. Dementia may experience increased distress as a result of restrictions of contact with others. Assistive communication aids are in place to support the patient's understanding as part of an individually tailored care and treatment plan.
Disability		X		Positive symptoms of mental health issues / cognitive / sensory impairment may impact on a patient's ability to understand the need for restricted contact with others. All patients have an individually tailored care and treatment plan which identifies barriers to communication and supports in place to support equitable understanding
Gender			X	
Gender Reassignment			X	
Marriage and Civil Partnership			X	
Pregnancy and Maternity			X	

Race/Ethnicity		X		Language barriers for patients who do not have English as a first language may impact on a patient's ability to understand the need for restricted contact with others. Patients who do not have a good command of the English language have an individually tailored care and treatment plan which identifies this barrier to communication and ensures a proactive approach to the need for interpretation and translation services
Religion and or Belief		X		May impact on ability to engage in religious activities e.g. Mass, Church, Christian Fellowship if disassociated a volunteer and/or Hospital Chaplain
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.

This policy deals specifically with managing the impact of anti-social behaviour which may result in discrimination / victimisation / harassment.

A commitment through this policy to manage anti-social / risk related behaviour fosters relationships between stakeholders.

The policy applies to all patients and protects all stakeholders equally ensuring a non-discriminatory approach to safeguarding everyone within the Hospital.

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 Facilities

Date: 08/11/2021

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

Approved by Person Centred Improvement Lead

Date: 16/11/2021

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.