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: CP52 Reflective Practice Groups for the Multi-Disciplinary Team Policy	

Directorate: Nursing and Operations   **Date:** 13/01/2023

Designation(s) of Lead Author(s): Consultant Psychiatrist in Psychotherapy

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Strategy ☐   **Policy** ☒   **Protocol** ☐   **Project** ☐   ***Other** ☐

(*please provide details)

New ☐   **update to existing policy** ☒   ***replacement** ☐

(*please advise what this policy is replacing)

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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 support further embedding of multidisciplinary (MDT) groups.	To ensure Reflective Practice Groups (RPG) are an integral component of practice within the Hospital.

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2. Please identify the scope of the policy

Forensic Network wide ☐   **Hospital wide** ☒   **Service specific** ☐

Discipline specific ☐   ***Other** ☐

(*please provide details)

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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	Enables staff to express themselves with colleagues in a supported space. Potential enabler for improve health and wellbeing. Acknowledges and validates challenges of working within this environment. Sends a clear message around value of RPGs.

December 2021

		Supports effective communication across all disciplinary groups, promoting team cohesion.
	Negative	Engaging in RPGs may cause stress for some individuals. Who may feel uncomfortable engaging within a group setting.
2. Patients	Positive	As a result of RPGs, staff will be better equipped to interact with and care for patients / support carers. RPGs support staff to be more tolerant and understanding of individual patient presentation. Supports effective communication across all disciplinary groups, promoting consistency of care. The consistency of care may improve as a result of reduced sickness absence directly relating to staff work stresses.
	Negative	Staff are unable to provide direct patient care when engaged in RPGs.
3. Carers	Positive	As a result of RPGs, staff will be better equipped to interact with and care for patients / support carers. RPGs support staff to be more tolerant and understanding of individual patient presentation. This more informed approach indirectly impacts on carers who may otherwise be exposed to patient feedback around misunderstanding etc.
	Negative	Carers who wish to meet with members of the MDT may be unable to do so if the RPG coincides with their preferred time.

4. Have external partners / other relevant stakeholders contributed to this assessment?   No

* If not, please provide rationale

The policy itself draws heavily on external partners (i.e. Forensic Network Matrix groups) who wrote the underpinning guidance documents on Reflective Practice in forensic settings and on Structured Clinical Care.

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			Acknowledges and supports staff caring for patients with age related conditions e.g. dementia. Supports staff who are caring for patients at the end of life (either age related of physical health conditions) Provides a support for staff with long service to maintain a fresh outlook and interest in their role.
Disability	X			Acknowledges the frustrations of caring for patients with challenging conditions including Intellectual Disability, Autism and major mental illness. RPGs support a more tolerant and informed approach. Supports staff who are caring for patients with a sensory impairment to share concerns and ideas within a safe space.
Gender	X			RPGs provide a forum for any staff who may be on the receiving end of discriminatory behaviour by patients in relation to gender to express their feelings and seek support from colleagues.
Gender Reassignment	X			RPGs provide a safe space to develop staff understanding of people who have chosen to change gender.
Marriage and Civil Partnership			X	

Pregnancy and Maternity	X			Provides an opportunity for staff who are pregnant and therefore may be displaced to continue to offer insight and support to colleagues. This contact with colleagues supports them to remain included in the role of the MDT
Race/Ethnicity	X			Supports staff who are caring for patients with a language barrier to share concerns and ideas within a safe space.
Religion and or Belief	X			Provides a safe space for staff who are exposed to sectarian comments to process and reflect on their responses.
Sexual Orientation	X			Provides a safe space for staff whose values and beliefs are challenged by policies / practice relating to this area of care and treatment.

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 set-up and purpose of RPGs would be expected to help with these very issues, through promoting reflection in clinicians and in the ability of the team as a whole to be reflective and act in helpful ways. Through involvement in RPGs, clinicians would be expected to be more tolerant of each other, patients, and carers, and less likely to inadvertently assume an unhelpful or discriminatory stance. Having an external facilitator for the RPG sessions who has appropriate skills and training further supports this process, and ensures the RPGs are facilitated in concordance with best practice.

RPGs are explicitly open to all staff and provide a setting and opportunity to discuss all patients appropriately.

We noted the potential negative for staff in that engaging in RPGs may cause stress for some individuals who may feel uncomfortable engaging within a group setting. One way of mitigating against this is through initial training at induction for all nursing staff which covers interpersonal dynamics and the key role of RPGs, including their purpose, format, and what to expect. Information leaflets are also available at all groups to explain key information about RPGs. At the start of a new RPG, the first 2-3 sessions are initial training, which is designed to make staff feel more comfortable in the group setting.

The RPG facilitator's role includes responsibility for closely attending to group participants, and where appropriate 'checking-in' with participants at the end of / through 1:1 discussion following the group enabling participants to share any concerns arising from engaging in this process.

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 Nursing and Operations

Date: 23/01/2023

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

Approved by Person Centred Improvement Lead	**Date:** 24/01/2023
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 SMT 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.