

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: CP57 Clinical Care Policy	
Directorate: Nursing and Operations Original Assessment Date: 05/12/2022	
Designation(s) of author(s): Professional Nurse Advisor	
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 checked="" type="checkbox"/> update to existing policy <input type="checkbox"/> *replacement <input type="checkbox"/> This new clinical Care policy replaces all observation practice documentation currently used within The State Hospital.	
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?	
<p style="text-align: center;">Aim(s) / Outcome(s)</p> <p>This policy is intended to provide a framework for person-centred, least-restrictive care that is responsive to patient need and not dictated by observation status (commonly referred to as “levels”). It replaces all previous observation practices within hospital.</p> <p>The policy supports and promotes a culture where decisions about a patient’s care are based on best available evidence and effective multidisciplinary working.</p>	<p style="text-align: center;">Wider Aim(s)</p> <p>In 2015 the Scottish Government committed to the development of new observation guidance in response to concerns about the effectiveness of existing policies and practices used within mental health hospitals. These concerns had arisen following an increase in the number of recorded self-harm and suicide incidents by patients who were being cared for using either “general” or “enhanced” observations. Similarly, this same issue was highlighted by the Mental Welfare Commission (MWC) after a series of unannounced visits to patients across Scotland identified concerns for those who were being cared for using enhanced levels of observations</p> <p>The underpinning principles of the new Clinical Care policy are concordant with the principles of relevant legislation, including the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Adults with Incapacity (Scotland) Act 2000.</p>
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	<p>The new Clinical Care policy will:</p> <ul style="list-style-type: none"> • Ensure that every patient in TSH receives the appropriate level of personalised care, treatment and safety planning relevant to their mental health and/or risk needs at any given time • Ensure there is a focussed effort from the multidisciplinary team (MDT) to support the early recognition of, and response to, any deterioration in the mental health and/or increase in risk of a patient under their care • Ensure there is a focussed effort from the MDT to support patients to return to general care following a period of enhanced care • Set out the expectation of all staff who are involved in the delivery of patient care and safety planning using the IOP framework • Ensure there are evidence-based processes and procedures in place for requesting and making changes to a patient's care • Ensure there are procedures in place for recording and monitoring these changes to care • Set out the expectations on staff to involve patients and carers in decisions about their care
	Negative	<ul style="list-style-type: none"> • Some patients may view certain care and support mechanisms that are put in place to manage clinical risk as non-necessary or even restrictive at times.
2. Staff	Positive	<ul style="list-style-type: none"> • The new policy clearly sets out the expectation of all staff who are involved in the delivery of patient care and safety planning using the principles of the Improving observation practice framework.
	Negative	<ul style="list-style-type: none"> • The need to implement additional care and risk management strategies to ensure patient safety, at points, may have an unintended adverse impact on the therapeutic relationship between staff and patient(s)
3. Carers/Named Persons	Positive	<ul style="list-style-type: none"> • New policy sets out clear expectations on staff to ensure that carers are involved in decisions about patient care (where applicable).
<p>4. Is a collaborative assessment with external partners required? No</p> <p>The overarching Improving Observation Practice (IOP) framework has been developed collaboratively by Health Improvement Scotland (HIS) and a number of NHS test sites across Scotland.</p> <p>Outcome measures from the framework will continue to be monitored through the Patient Safety programme.</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.

Protected Characteristic	Positive	Adverse / Negative	Neutral	Identified impact / inequality and rationale, including mitigating practice where appropriate
Age			X	This policy applies to all patients, regardless of age
Disability			X	All patients in TSH have individualised care and treatment plans which highlight any specific communication needs and subsequently ensure equal access to information in relation to their care and treatment. Processes are in place to mitigate the impact of potential inequality for any patients who experience communication barriers due protected characteristics (e.g. easy read information, information translated into different formats, staff trained to communicate using British Sign Language)
Gender			N/A	Currently no female patients within TSH – however policy would apply to all patients regardless of gender
Gender Reassignment			N/A	
Marriage and Civil Partnership			N/A	
Pregnancy and Maternity			N/A	
Race/Ethnicity	X			Any additional care and support measures identified for a patient will consider individual risks and needs – taking into account communication barriers and/or cultural factors that may influence these. Processes are in place to mitigate the impact of inequality. For example, in cases where English is not the first language patients will have access to translation and interpretation services, and essential information will be provided in different formats if required.
Religion and or Belief	X			As Above. Any additional care and support measures identified for a patient will

				consider specific religious or faith beliefs and ensure that the patient is able to practice in accordance with their beliefs in a safe manner.
Sexual Orientation			N/A	This policy applies to all patients regardless of sexual orientation
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.				
<p>Patients This policy applies to all staff and patients, and aims to ensure that a consistent and person-centred approach is delivered across all patients care and treatment plans developed by multidisciplinary teams (MDTs)</p> <p>Staff This policy supports an evidenced-based approach to good clinical practice. It promotes a consistent and person-centred approach, and will help to ensure that staff receive ongoing training and support commensurate with their role and associated responsibilities.</p> <p>Carers/Named Persons There is regular contact with Carers/Named persons throughout a patient's journey within The State Hospital. Carers/Named Persons are (with the patient's consent) included in regular care review updates and have access to members of the Multidisciplinary Team on an ongoing basis to ensure they can raise questions or concerns accordingly. This policy supports a collaborative approach to care; ensuring carers/named persons have regular, valued input into the care journey.</p>				
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 the EQIA with the Service Lead/Director and complete below to indicate this person is in agreement with your findings.

Designation of Service Lead/Director: Director of Nursing and Operations

Date: 13 December 2023

If a **detailed EQIA** is required please contact the Director of Nursing and Operations for information.

Please note: as EQIA documents are within the public domain via the Hospital's website (unless identified as sensitive information) content should not include the names of any stakeholders and/or include any information which would identify individuals.