

NHS Greater Glasgow and Clyde Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Please refer to the EQIA Guidance Document while completing this form. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact Equality@ggc.scot.nhs.uk for further details or call 0141 2014560.

Name of Policy/Service Review/Service Development/Service Redesign/New Service:

NHS Greater Glasgow and Clyde Acute inpatient Services Locked Door Policy

Is this a: Current Service Service Development Service Redesign New Service New Policy X Policy Review New Guideline

Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally driven).

The overall aim of the Policy is to advise and guide staff in the requirements of the locking of access doors to wards to ensure compliance with the requirements of the Mental Health (Care and Treatment)(Scotland) Act 2003, the Adults with Incapacity (Scotland) Act 2000, and the associated codes of practice to both Acts. The intention is to ensure that no service user is subject to an unauthorised or de-facto detention.

Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Name: Lead of programme Victoria Cannon	Date of Lead Reviewer Training:
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Please list the staff involved in carrying out this EQIA

(Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):

Victoria Cannon	Lead Nurse, Medical Directorate QUEH
Tracy Donaldson	Lead Practice Education Facilitator

	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>1. What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.</p>	<p><i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i></p>	<p>This policy will be in use for Adult Acute Inpatient Services. When patients are admitted equalities information is routinely collected on the, demographics capture in TRAK and the digital My Admission Record & Care Plan.</p>	<p>n/a</p>
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>2. Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p><i>A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not</i></p>	<p>This document is based on the requirements of the Mental Health Act 2003 Mental Health (Care and Treatment) (Scotland) Act 2003 (legislation.gov.uk) Adults with Incapacity (Scotland) Act 2000 Adults with Incapacity (Scotland) Act 2000 (legislation.gov.uk) and the Deprivation of Liberty deprivation_of_liberty_2021.pdf (mwscot.org.uk)</p>	

	<p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>		
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>3.</p>	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected</p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and</i></p>	<p>The policy working group sought expertise knowledge. This informed the policy to ensure all patients have the correct person centred risk reduction and considerations. E.g. Staff must establish who & what matters to the patient When appropriate receive a multidisciplinary assessment of their capacity using relevant legislation Mental Health Act 2003 Mental Health (Care and Treatment) (Scotland) Act 2003 (legislation.gov.uk) Adults with Incapacity (Scotland) Act 2000 Adults with Incapacity (Scotland) Act 2000 (legislation.gov.uk) and the Deprivation of Liberty deprivation of liberty 2021.pdf (mwcscot.org.uk) Nurse in charge/SCN will ensure that all patient documentation reflects a person centre approach to the individuals treatment plan, care plan and</p>	<p>There is the possibility that staff do not follow the policy</p> <p>The policy makes it clear that clinical judgement of the nurse in charge confirms the decision to exercise the policy, influenced by individual patient person centred care. If, after discussion with the multidisciplinary team, patient and/or carer, there are good reasons for not following this policy, it is good practice to record these and communicate them to others involved in the care of the patient.</p>

	characteristics <input checked="" type="checkbox"/> 4) Not applicable <input type="checkbox"/>	<i>victimisation and fostering good relations).</i>	anticipatory care plans Referral and access to appropriate specialist services Ongoing risk assessment A person centred care plan that is reviewed and evaluated daily	
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
4.	<p>Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation</p> <p>2) Promote equality of opportunity</p>	<p><i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>There were no stakeholder consultations for this update. Staff consultations have taken place for previous versions of this policy. Locking a ward door is determined by the needs and risks of the individual, to show parity between different groups and fairness to all inpatients. Inpatients can share views on their experience and to help manage behaviours in the future.</p>	

	<p>3) Foster good relations between protected characteristics</p> <p>4) Not applicable <input checked="" type="checkbox"/></p>			
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
5.	<p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation</p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected</p>	<p><i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>Inpatients may require to move between departments, attend appointments, be transferred off site or to another hospital and will be supported to do this when locked doors are active. All buildings are compliant with DDA regulations and are fully accessible.</p>	

	characteristics. <input type="checkbox"/> 4) Not applicable <input checked="" type="checkbox"/>			
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
6.	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British</p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>This policy relates to all users of NHS GGC Acute Inpatient services who access in patient care and treatment. This policy applies equally to all service users irrespective of their legal status, background and characteristics over the age of 16 who access our services. The Mental Health Act 2003 Mental Health (Care and Treatment) (Scotland) Act 2003 (legislation.gov.uk) Adults with Incapacity (Scotland) Act 2000 Adults with Incapacity (Scotland) Act 2000 (legislation.gov.uk) and the Deprivation of Liberty deprivation of liberty 2021.pdf (mwcscot.org.uk) applies specifically to patients who are subject to the MHA..</p> <p>All patients families, carers, POA, Guardians will be informed of the Locked Door Policy, when it is applied to the clinical environment. Signage and information will be available.</p> <p>All acute adult inpatients receive a communication assessment on admission to hospital. This assessment identifies communication requirements, for example, access to a BSL signer, an interpreter, communication aids and/or referral to speech and language therapy.</p> <p>The communication assessment informs the patients care plan which is assessed and evaluated daily.</p>	n/a

	<p>Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>		<p>The policy promotes an approach to include patients families, carers, POA, Guardians when appropriate which aids in communication</p>	
7	Protected Characteristic		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(a)	<p>Age</p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		<p>NHS GGC provides services to children and young people through to older age adults, however, Equality Act legislation defines age as 18 years circumstances.</p> <p>This policy may be used in Adult Acute Inpatient Services more frequently in the Older People population. It may be required for patients living with dementia and or delirium who have increased levels of stress & distress or are withdrawn and their function may be impacted due to cognitive impairment. The policy promotes a preventative approach to restrictive practice and staff should use person centred risk reduction and intervention considerations e.g.</p> <p>Falls risk assessment to be complete for all patients within 24 hours of admission</p> <p>Delirium/TIME bundle to be completed for patients age 65 and over, patients of any age with an existing cognitive impairment, previous delirium, current hip fracture or severe illness</p> <p>Multidisciplinary assessment of capacity to consent to care and use were required the <u>Adults with</u></p>	

		<p>Incapacity (Scotland) Act 2000 and or Mental Health (Care and Treatment) (Scotland) Act 2003 (legislation.gov.uk)</p> <p>Ensure family/carer input when appropriate Ensure inclusion of POA/Guardian when appropriate Develop person centred care plan and evaluate and update at least daily.</p>	
(b)	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>NHS GGC will ensure that services remain fully accessible. We will use the service EIA to ensure we fully understand the nature of the disability so we can adjust and adapt our services according to need, remaining person centred throughout.</p> <p>Any person who has a visual impairment or literacy issues may be at a disadvantage in knowing how to leave the ward.</p> <p>The policy is applicable to all Adult Acute Inpatients and aims to raise care standards for everyone. This policy has significant relevance for disabled people, particularly anyone with a cognitive impairment and who may be displaying signs of stress and distress. The policy promotes a social model of disability and is used to improve care and maintain independence whilst in hospital. The policy promotes a preventative approach to restrictive practice and staff should use person centred risk reduction and intervention</p> <p>Multidisciplinary assessment of capacity to consent to care and use were required the Adults with Incapacity (Scotland) Act 2000 and or Mental Health (Care and Treatment) (Scotland) Act 2003.</p> <p>Develop person centred care plan and evaluate and update at least daily.</p>	<p>This approach is to ensure staff do not default to restrictive locked door practices and that we remove disability related discrimination. By promoting this standard of care for all we are promoting equality of opportunity.</p>

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	<p>Gender Reassignment</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Tran's people should be accommodated according to their presentation, the way they dress, the name or pronouns that they currently use. However, services will follow guidance as per Equality and Human Rights Commission and assess each admission on a case by case basis. Guidance on the decision making process is available via the EHRC's Separate and Single Sex Service Providers guidance document EHRC Guidance</p>	<p>n/a</p>
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	<p>Marriage and Civil Partnership</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p>	<p>N/A</p>	

	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>		
(e)	<p>Pregnancy and Maternity</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	N/A	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required

<p>(f)</p>	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The Locked Door Policy is inclusive of all Adult Acute Inpatients with the aim to raise the standard of care for all.</p> <p>All Adult Acute Inpatients receive a communication assessment on admission to hospital. This assessment identifies communication requirements, for example, access to a BSL signer, an interpreter, communication aids and/or referral to speech and language therapy.</p> <p>The communication assessment informs the patients care plan which is assessed and evaluated daily.</p> <p>The policy also promotes an approach to include patients families, carers, POA, Guardians when appropriate which aids in communication.</p> <p>.</p>	<p>n/a</p>
<p>(g)</p>	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected</p>	<p>Patients may have Religion and Belief requirements, e.g., a quiet area to pray may be required or a patient may wish to have an object with them e.g. rosary beads or a bible. This will be identified through assessment and identifying what matters to a patient. NHS GGC has a Pastoral care and Chaplaincy team, this service provides digital chaplaincy services to both patients and staff. The service provides pastoral care and is a person centred approach. It also provides spiritual care which is a holistic approach to recovery and well-being.</p>	<p>n/a</p>



	<p>characteristics.</p> <p>4) Not applicable <input type="checkbox"/></p>		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		n/a
(i)	<p>Sexual Orientation</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant</p>	<p>NHS GGC has support and work closely with our LGBTQI forum</p> <p>Our policy identifies that patients will be admitted to the ward setting that aligns to their gender identity. Mandatory equality and diversity training highlights to all NHSGGC staff adjustments that may be required for service users. The Locked door policy applies equitably to all gender identities.</p>	n/a

	<p>boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	<p>Socio – Economic Status & Social Class</p> <p>Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?</p> <p>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic</u> decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty:</p> <p>1. What evidence has been considered in preparing for the decision, and are there any gaps in the</p>	<p>The policy aims to improve the standard of care for all Adult Acute Inpatients. This means that patients will not be disadvantaged due to their social class or experience.</p> <p>The policy also guides staff to refer patients to relevant guidelines and policies.ie continuous Intervention policy/enhanced observation policy</p>	

	<p>evidence?</p> <p>2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)?</p> <p>3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage?</p> <p>4. Are some communities of interest or communities of place more affected by disadvantage in this case than others?</p> <p>5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions?</p> <p>6. How has the evidence been weighed up in reaching our final decision?</p> <p>7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? ‘Making Fair Financial Decisions’ (EHRC, 2019)²¹ provides useful information about the ‘Brown Principles’ which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement²² should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.</p>		
(k)	<p>Other marginalised groups</p> <p>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum</p>	<p>NHS GGC support and welcomes service user/family/carers feedback and involvement.</p>	<p>n/a</p>

	seekers & refugees and travellers?		
8.	<p>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	no	n/a
		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
9.	<p>What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.</p>	It is mandatory for all NHSGGC staff to complete: GGC:004 Equality, Diversity & Human Rights	

10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

The Human Rights Act sets out rights in a series of articles – right to Life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

Please explain in the field below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.

The NHS GGC Locked Door policy may have an impact on patient's right to privacy and dignity due to the restrictions of movement within the ward environment. The multidisciplinary team must ensure that they provide a sound rationale and that in accordance with Mental Health legislation it is **necessary, reasonable** and **proportionate**. The multidisciplinary team must be reflective and thoughtful including the patient and when appropriate families, carers, POA, Guardianship to ensure their wishes are taken into consideration.

Through this approach, the Locked Doors Policy will uphold the key principles of articles 3, 8 and 14 of the European Convention on Human Rights (ECHR), incorporated into domestic law by the Human Rights Act 1998, which govern the use of restraint across all settings.

Through the development and dissemination of this policy we are promoting safe person centred environment for all patients and staff. The policy is patient led, flexible, non-stigmatising and protective of human rights. It focuses on individualised person centred interventions that focus on promoting engagement, safety and recovery. The policy promotes a workforce planning approach to plan for resources regarding staffing, skills and interventions required to deliver care that is preventative, early intervention focused and promotes patient safety

Please explain in the field below any human rights based approaches undertaken to better understand rights and responsibilities resulting from the service or policy development and what measures have been taken as a result e.g. applying the PANEL Principles to maximise Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality or FAIR* .

Through this policy development it was important to ensure a human rights-based approach to public health work, to make it person focused was achieved .By reviewing The PANEL principles¹ NHSGGC have considered and acknowledge the importance of this framework

Participation: People should be able to voice their experiences and take part in decision-making. Policies and practice should support people to participate in society and lead fulfilling lives. • **Accountability:** Organisations and people should be accountable for realising human rights. There is a floor below which service standards must not fall, but above that human rights should be understood as a progressive journey towards fulfilling the full potential of every human being. • **Non-discrimination:** Everyone has the same rights, regardless of their ethnicity, gender, income and religion. • **Empowerment:** People, communities and groups should have the power to know and claim their rights in order to make a difference. • **Legality:** All decisions should comply with human rights legal standards.. **Ref any additional docs (MWC etc) that can add weight to this.**

¹[inclusion-health-principles-and-practice.pdf \(healthscotland.scot\)](#)

Identify Responsibilities

The Lead Nurse for Acute Inpatient Services is responsible in developing, seeking governance approval and dissemination of the policy

Review Actions

The Policy will be monitored via Strategic Policy Oversight committee

* [corphsfs22.pdf](#)

- Facts: What is the experience of the individuals involved and what are the important facts to understand?
- Analyse rights: Develop an analysis of the human rights at stake
- Identify responsibilities: Identify what needs to be done and who is responsible for doing it
- Review actions: Make recommendations for action and later recall and evaluate what has happened as a result.

Having completed the EQIA template, please tick which option you (Lead Reviewer) perceive best reflects the findings of the assessment. This can be cross-checked via the Quality Assurance process:

- Option 1: No major change (where no impact or potential for improvement is found, no action is required)
- Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
- Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
- Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

11. If you believe your service is doing something that 'stands out' as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

N/A

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.

Date for completion	Who is responsible?(initials)
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n/a	
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Ongoing 6 Monthly Review please write your 6 monthly EQIA review date:

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Lead Reviewer:

Name: Victoria Cannon

EQIA Sign Off:

Job Title: Lead Nurse Medical Directorate QEUH

Signature: Victoria Cannon

Date: 22/12/23

Quality Assurance Sign Off:

Name

Alastair Low

Job Title

Planning Manager

Signature

Alastair Low

Date

08/01/2024

NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL
MEETING THE NEEDS OF DIVERSE COMMUNITIES
6 MONTHLY REVIEW SHEET

Name of Policy/Current Service/Service Development/Service Redesign:

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Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

		Completed	
		Date	Initials
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

		To be Completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any new actions required since completing the original EQIA and reasons:

		To be completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any discontinued actions that were originally planned and reasons:

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

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Name of completing officer:

Date submitted:

If you would like to have your 6 month report reviewed by a Quality Assuror please e-mail to: alastair.low@ggc.scot.nhs.uk