



## Equality Impact Assessment (EIA) Stage 1

### Policy or Service being Assessed:

Policy and Procedure for the Safe and Supportive Observation of Patients at Risk

### Lead Person:

- Deputy Director of Nursing

### Person(s) responsible for carrying out the assessment (if not the Lead Person).

- Deputy Director of Nursing
- Head of PPI / Equality

1. Is this a new or existing policy or service?

New

Existing:

✓

2. What is the expected outcome of the service / policy? (E.g. aims, objectives and purposes of the service / policy, standards for practice).

The purpose of this policy is to ensure that all patients admitted to Trust wards and units receive an appropriate level and type of observation and monitoring whilst they remain an inpatient.

3. Does this policy / service link to others? If yes please state link below:

Yes:

### ASSOCIATED POLICY AND PROCEDURAL DOCUMENTATION

Confidentiality of Patient and Employee Personal Information Policy and Supporting Guidance 7.1.

Clinical Risk Policy 1.41

Divisional Clinical Risk Procedure 1.59

Guidance on the management of Standards for Clinical Record Keeping 1.38a

Risk Management Policy 4.18

Medical/Nursing Policy for the Management of Violence and aggression using Rapid Tranquilisation. 1.27

Procedure for the Management of Leave of Absence for In-patients in Mental Health and Learning Disability Services MHA 12.

<p><b>4. Who is intended to benefit from the policy / service? In what way?</b></p> <ul style="list-style-type: none"> <li>Staff – Provides a framework and procedures to work within associated with the observation of patients. Observation levels are 'live' procedures determined and reviewed following clinical risk assessment. There are four levels or tiers of observation which are inextricably linked with clinical risk assessment. These provide a comprehensive framework for staff to work within. <ol style="list-style-type: none"> <li>GENERAL OBSERVATION.</li> <li>CLOSE INTERMITTENT OBSERVATION</li> <li>CONSTANT VISUAL OBSERVATION</li> <li>SPECIAL OBSERVATION</li> </ol> </li> <li>Patients - The overarching aim of the policy is to provide safe, therapeutic and patient-focused care which sensitively takes into account the issues of privacy, dignity and respect and to recognise the role of formal observations and their place in clearly structured and time-limited care plans.</li> </ul>		
<p><b>5. How is the policy / service to be put into practice? Who is responsible?</b> Section 3 of the policy clearly defines roles and responsibilities from Trust Chief Executive to all clinical staff.</p>		
<p><b>6. How and where is information about the policy / service publicised? Example on the Trust intra net, and the internet/portal.</b> The Policy will be accessible via the Trust's intra net and Portal.</p>		
<p><b>7. What regular consultation do you carry out with difference communities and groups re the policy / service?</b></p> <p>A copy of this policy will be filed on the intra-net in the Clinical Policy Folder. The policy will be consulted on with the following groups:</p> <ul style="list-style-type: none"> <li>Period of 12 week consultation via the Trust intra net.</li> <li>Review at the Trusts Quality and Information Governance Committee</li> </ul>		
<p><b>8. Are there concerns that the policy / service could have an adverse impact because of:</b></p>	<p><b>Yes:</b></p>	<p><b>No:</b></p>
<p><b>Age</b></p>	<p><b>Yes</b></p>	<p><b>No</b></p>
<p>If YES to the above please state evidence (either presumed or otherwise)</p>		✓

<b>Disability</b>		
If YES to the above please state evidence (either presumed or otherwise)		✓
<b>Gender</b>		
If YES to the above please state evidence (either presumed or otherwise)		✓
<b>Ethnicity</b>		
If YES to the above please state evidence (either presumed or otherwise)		✓
<b>Sexual Orientation</b>		
If YES to the above please state evidence (either presumed or otherwise)		✓
<b>Religion / Belief</b>		
If YES to one or more of the above please state evidence (either presumed or otherwise) do you have for this?		✓
<p><b>9. Do the differences amount to discrimination and the potential for adverse impact in this policy?</b></p> <p><b>The policy acknowledges the following:</b></p> <p><i>Formal observations impact on the individual's human rights, their privacy and dignity, and therefore require a skilled and balanced approach to maintaining these rights in a safe environment, using the opportunity for therapeutic interventions in order to facilitate the patient's recovery.</i></p> <p>The policy promotes the above factors throughout endeavouring to ensure that the above is taken in to consideration at all stages. And also states:</p> <p><i>It is important that observation levels are designated to ensure the "least intrusive" level of observation that is appropriate is adopted.</i></p> <p>Reference and acknowledgement to the use of rapid tranquillisation:</p> <ul style="list-style-type: none"> <li>• <b><i>Where rapid tranquillisation is used refer to the policy for the Management of Violence and Aggression Using Rapid Tranquillisation. 1.27. for specific observation guidance in addition to this policy.</i></b></li> </ul> <p>The Trusts rapid tranquillisation policy has undergone equality Impact assessment and a responsive action plan identified the need for further monitoring around patient demographics re use of rapid tranquillisation and route of administration.</p> <p><b>AREA FOR DEVELOPMENT</b></p>		

**Prolonged use of high observation levels (monitoring reports)**

Annual monitoring report to identify use of prolonged or special observations against patient demographics This data could be provided on a quarterly basis compiled in to an annual monitoring report, EqiA to be reviewed alongside annual report.

*If a patient remains on an observation level of constant visual or special observation for a period of two weeks (14 days) an extended multidisciplinary review must be convened*

Data to be provided via random or planned audit of notes/ minutes of Multi Disciplinary Meetings.

<p><b>10. If YES could it still be justifiable e.g. on grounds of promoting equality of opportunity for one group? Or any other reason</b> i.e. Indirect discrimination can be justifiable sometimes when a service is being provided for a particular target group e.g. Asian women's breast screening, Gay men's sexual health clinic, gender specific services /environments</p>	Yes:	No:
<p><b>If YES, please give reasons:</b></p>		No
<p><b>11. Do you think this policy / service specifically contributes to promoting equality and diversity in North Staffordshire? If so, in what way? Please note any examples of good practice</b></p> <p>No, the policy is a detailed and thorough procedural framework for staff to work within and share with patients. It recognises the impact that observations may have on an individual's privacy dignity and human rights balanced against risk and patient safety requirements at any given time.</p>		
<p><b>12. Should there now be a Full Impact Assessment and if so, what are the reasons for this?</b></p>	<p>No, this is not required as long as the monitoring reports referred to in the action plan below are maintained, monitored and responded to accordingly.</p>	
<p><b>13. Date on which full assessment to be completed by.</b></p>	<p><b>N/A</b></p>	

## Equality Impact Assessment Action Plan

**Name of Service or Policy:**

Policy and Procedure for the Safe and Supportive Observation of Patients at Risk

**Date:** 29/7/10

**Groups or Communities Affected:**

All groups accessing Trust inpatient services.

Action to be taken	By when	Lead person	Expected Outcome	Monitoring Arrangements
<b>Prolonged use of high observation levels – Annual monitoring report</b>  To start monitoring data in respect of prolonged use of high observation / by patient demographics at quarterly intervals to be compiled into an annual monitoring report. Data to be collated from patient notes (random audit samples) and minutes from multidisciplinary meetings.	Policy approved and implemented – start Quarterly reports.	Policy Lead	Annual monitoring report for review & monitoring purposes / action accordingly	Review by Policy Lead and: Clinical Leads Trust Equality & Human Rights Group

**Signed (Lead Assessors) ...Val Stronach**
**Date:** 29 July 2010

**Review Date:** This policy will be reviewed every 3 years or sooner should new legislation/guidance be released. The equality Impact assessment will be reviewed in line with policy review and in addition as part of the annual report for the policy.

