

Hywel Dda University Health Board Equality Impact Assessment (EqIA)

Please note:

Equality Impact Assessments (EqIA) are used to support the scrutiny process of procedures / proposals / projects by identifying the impacts of key areas of action before any final decisions or recommendations are made.

It is recognised that certain proposals or decisions will require a wider consideration of potential impacts, particularly those relating to service change or potential major investment. For large scale projects and strategic decisions please consult the Health Board's Equality and Health Impact Assessment Guidance Document and associated forms.

The completed Equality Impact Assessment (EqIA) must be:

- Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval.
- Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.

For in-house advice and assistance with Assessing for Impact, please contact:-

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Form 1: Overview

1.	What are you equality impact assessing?	741 - Information to Patients Procedure MHA 1983
2.	Brief Aims and Description	<p>The aim of this procedure is to ensure that those detained in hospital under the Mental Health Act or are subject to compulsion in the community are given information in accordance with Section 132 & Section 132A Mental Health Act 1983(amended 2007) and that information is given in a way in which the patient is able to understand, taking into account language, gender, religion, age, cultural background and any disability which may inhibit the patient's understanding.</p> <p>The aim of the procedure will be achieved by:</p> <ul style="list-style-type: none"> • Standardising practices and processes of providing information • Clarifying and providing guidance to staff responsible for delivering the information • Providing a framework to staff on the information that should be given to detained patients and their nearest relative • Identifying who should deliver this information and the expected frequency of the delivery of information
3.	Who is involved in undertaking this EqIA?	Sarah Roberts, Mental Health Legislation Manager Ruth Bourke, Mental Health Act Administration Lead Alan Winter, Senior Diversity & Inclusion Officer
4.	Is the Policy related to other policies/areas of work?	625 - Community Treatment Order Policy 596 - Section 5(2) Doctors Holding Power Policy 626 - Section 5(4) Nurses Holding Power Policy (draft) Hospital Managers Scheme of Delegation Policy 214 - Independent Mental Health Advocacy Policy (IMHA) 367 – In Patient Visiting policy
5.	Who will be affected by the strategy / policy / plan / procedure / service? (Consider staff as well as the population that the project / change may affect to different degrees)	Staff, Patients and their families/Carers

6.	What might help/hinder the success of the Policy?	Training for all Mental Health Staff and relevant staff within general hospital settings Communication to and Cooperation of staff

Form 2: Human Rights

Human Rights: The Human Rights Act contains 15 Articles (or rights), all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below.

Depending on the Policy you are considering, you may find the examples below helpful in relation to the Articles.

Consider, is the Policy relevant to:	Yes	No
<p>Article 2 : The right to life</p> <p>Example: The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control</p>	✓	
<p>Article 3 : The right not be tortured or treated in an inhuman or degrading way</p> <p>Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control</p>	✓	
<p>Article 5 : The right to liberty</p> <p>Example: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control</p>	✓	
<p>Article 6 : The right to a fair trial</p> <p>Example: issues of patient choice, control, empowerment and independence</p>	✓	
<p>Article 8 : The right to respect for private and family life, home and correspondence; Issues of patient restraint and control</p> <p>Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life</p>	✓	
<p>Article 11 : The right to freedom of thought, conscience and religion</p> <p>Example: The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers</p>	✓	

How will the strategy, policy, plan, procedure and/or service impact on:-	Positive	Negative	No impact	Potential positive and / or negative impacts Please include unintended consequences, opportunities or gaps. This section should also include evidence to support your view e.g. staff or population data.	Opportunities for improvement / mitigation If not complete by the time the project / decision/ strategy / policy or plan goes live, these should also been included within the action plan.
Age Is it likely to affect older and younger people in different ways or affect one age group and not another?	✓			The procedure highlights a number of factors around confidentiality and patient safety and breaks down the age category into relevant practices	A child aged under 16 who is admitted must have their legal rights under section 132 explained to them in the presence of their parent(s) (or others with parental responsibility) who will also be given a copy of the appropriate rights form. A person aged 16–17 , the usual procedure with regard to reading a person their legal rights under this procedure must apply. However, consideration must be given to completing this in the presence of their parent(s), if the patient agrees.
Disability Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	✓			The procedure overall does not differentiate people with disabilities. There are processes in place to support persons with disabilities, for example (not restricted to):- <ul style="list-style-type: none"> - Easy read patient information leaflets - Wheelchair access at places of safety facilities. - Translation services for those with Sensory issues 	5.8 Explaining and understanding patient rights Take all reasonable steps to provide information in a suitable format, i.e. easy word version large print version or pictorially in order to facilitate capacity to understand if at all possible. Staff need to be aware that they may have to explain their rights to such individuals on more than one occasion in the first instance and on a more frequent and ongoing basis.
Gender Reassignment Consider the potential impact on individuals who either: •Have undergone, intend to undergo or are currently undergoing gender reassignment. •Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth.			✓	A proportion of service users applying or receiving a continuing care package under may be considering gender reassignment or have started the transitioning pathway. The Welsh Government Guidance prescribes a person-centred approach to meeting assessed needs. Patients may not have made their choices known to family and/or Carers and staff are trained to protect the individuals confidentiality	

Marriage and Civil Partnership			✓	A patients marital status has no bearing in the delivery of this procedure	
Pregnancy and Maternity Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.			✓	A patients marital status has no bearing in the delivery of this procedure	
Race/Ethnicity or Nationality People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, gypsies/travellers, asylum seekers and migrant workers.			✓	The policy does not differentiate between persons of differing race, ethnicity or nationality. Health Board approved translation services will be contacted at the earliest instance if it is suspected that one will be required.	
Religion or Belief (or non-belief) The term 'religion' includes a religious or philosophical belief.			✓	A patients Religious beliefs has no bearing in the delivery of this procedure, however, cultural practices will be observed on an individual case by case basis.	
Sex Consider whether those affected are mostly male or female and where it applies to both equally does it affect one differently to the other?			✓	A patients sex has no bearing in the delivery of this procedure	

Form 3 Gathering of Evidence and Assessment of Potential Impact

<p>Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.</p>			<p>✓</p> <p>A patients' sexual orientation has no bearing in the delivery of this procedure. A proportion of service users may identify as LGB or be questioning their sexual orientation. Similarly, carers may identify as LGB. Patients may not have made their choices known to family and/or Carers and staff are trained to protect the individuals confidentiality</p>	
<p>Socio-economic Deprivation Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.</p> <p>For a comprehensive guide to the Socio Economic Duty in Wales and supporting resource please see: https://gov.wales/more-equal-wales-socio-economic-duty</p>			<p>✓</p> <p>A patients Socio-economic status has no bearing in the delivery of this procedure</p>	
<p>Welsh Language Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.</p>	<p>✓</p>		<p>A large number of staff are Welsh speakers and will be able to read the patients their rights and any other information in Welsh if required. Forms are produced in English and Welsh. If staff are not Welsh speakers then the Health Board approved translation services will be contacted.</p>	

Form 4: Examine the Information Gathered So Far

1.	Do you have adequate information to make a fully informed decision on any potential impact?	Yes
2.	Should you proceed with the Policy whilst the EqIA is ongoing?	Yes
3.	Does the information collected relate to all protected characteristics?	Yes
4.	What additional information (if any) is required?	None
5.	How are you going to collect the additional information needed? State which representative bodies you will be liaising with in order to achieve this (if applicable).	N/A

Form 5: Assessment of Scale of Impact

This section requires you to assign a score to the evidence gathered and potential impact identified above. Once this score has been assigned the Decision column will assist in identifying the areas of highest risk, which will allow appropriate prioritisation of any mitigating action required.

Protected Characteristic	Evidence: Existing Information to suggest some groups affected. (See Scoring Chart A below)	Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score (See Scoring Chart B below)	Decision: Multiply 'evidence' score by 'potential impact' score. (See Scoring Chart C below)
Age	3	1	3
Disability	3	2	6
Sex	3	0	0
Gender Reassignment	1	0	0
Human Rights	3	1	3
Marriage and Civil Partnership	1	0	0
Pregnancy and Maternity	1	0	0
Race/Ethnicity or Nationality	3	1	3
Religion or Belief	1	0	0
Sexual Orientation	1	0	0
Welsh Language	3	1	3

Scoring Chart A: Evidence Available	
3	Existing data/research
2	Anecdotal/awareness data only
1	No evidence or suggestion

Scoring Chart B: Potential Impact	
-3	High negative
-2	Medium negative
-1	Low negative
0	No impact
+1	Low positive
+2	Medium positive
+3	High positive

Scoring Chart C: Impact	
-6 to -9	High Impact (H)
-3 to -5	Medium Impact (M)
-1 to -2	Low Impact (L)
0	No Impact (N)
1 to 9	Positive Impact (P)

Form 6 Outcome

You are advised to use the template below to detail the outcome and any actions that are planned following the completion of EqIA. You should include any remedial changes that have been made to reduce or eliminate the effects of potential or actual negative impact, as well as any arrangements to collect data or undertake further research.

Will the Policy be adopted?	Yes
If No please give reasons and any alternative action(s) agreed.	
Have any changes been made to the policy/ plan / proposal / project as a result of conducting this EqIA?	Gender specific language has been changed to gender neutral language.

<p>What monitoring data will be collected around the impact of the plan / policy / procedure once adopted? How will this be collected?</p>	
<p>When will the monitoring data be analysed? Who will be responsible for the analysis and subsequent update of the impact assessment as appropriate?</p>	
<p>Where positive impact has been identified for one or more groups please explain how this will be maximised?</p>	
<p>Where the potential for negative impact on one of more group has been identified please explain what mitigating action has been planned to address this.</p> <p>If negative impact cannot be mitigated and it is proposed that HDUHB move forward with the plan / project / proposal regardless, please provide suitable justification.</p>	

Form 7 Action Plan

Actions (required to address any potential negative impact identified or any gaps in data)	Assigned to	Target Review Date	Completion Date	Comments / Update

EqIA Completed by:	Name	Ruth Bourke
	Title	Mental Health Act Administration Lead
	Team / Division	Mental Health Act Department
	Contact details	Ruth.bourke@wales.nhs.uk
	Date	26.08.2021
EqIA Authorised by:	Name	Sarah Roberts
	Title	Mental Health Legislation Manager
	Team / Division	MH&LD Services
	Contact details	Sarah.roberts@wales.nhs.uk

	Date	26.08.2021
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