

### Policy Equalities Impact Assessment

This checklist must be completed for all new policies to understand any potential impact on equalities and to assure equality in service delivery and employment.

<b>Policy Name:</b>	<b>Seclusion Policy</b>
<b>Author:</b>	██████████
<b>Role:</b>	<b>Director of Nursing</b>
<b>Directorate:</b>	<b>Corporate</b>
<b>Date</b>	<b>20.03.24</b>

- If any of the questions are answered ‘yes’, then the proposed policy is likely to be relevant to the Trust’s responsibilities under the equalities duties. Please provide the ratifying Committee with information on why ‘yes’ answers were given and whether or not this is justifiable for clinical reasons.
- The author should consult with the Associate Director of People & Culture to develop a more detailed assessment of the Policy’s impact and, where appropriate, design monitoring and reporting systems if there is any uncertainty.
- A copy of the completed form must be submitted to the relevant committee when submitting the document for ratification.
- The ratifying committee will inform you if they perceive the impact to be sufficient that a more detailed assessment is required.

<b>Equalities Impact Assessment Question</b>	<b>Yes</b>	<b>No</b>	<b>Always give further information if you answer “YES”</b>
1. How does the attached policy/service fit into the Trusts overall aims?	Y		
2. How will the policy/service be implemented?	Y		
3. What outcomes are intended by implementing the policy/delivering the service?			Existing policy with additions to clarify expected standards of care for patient in seclusion and use of Tear Proof Clothing.  This will ensure services maintain oversight of clinical care and treatment of service users in seclusion and have consistent approaches to delivering care to service users in seclusion.
4. How will the above outcomes be measured?			Clinical audit Service user feedback
5. Who are they key stakeholders in respect of this policy/service and how have they been involved?			Clinical staff and service users Policy updates have not been shared for comments or review as they are minor and

			reflect learning already identified and formalising standards around current practice (use of Tear Proof Clothing)
6. Does this policy/service impact on other <b>policies or services</b> ?			No
7. If YES is that impact understood?			
8. Does this policy/service impact on other <b>agencies</b> ?			No
9. If YES is that impact understood?			
10. Is there any data on the policy or service that will help inform the equalities impact assessment?			There is data monitored through the Trustwide Restrictive Practices group that looks at incidence of seclusion.
11. Are there any information gaps, and how will they be addressed/what additional information is required?			N/a
<b>Equalities Impact Assessment Questions</b>	<b>Yes</b>	<b>No</b>	<b>Comment</b>
12. Does the policy or service development have an adverse impact on any particular group?		x	
13. Could the way the policy is carried out have an adverse impact on equality of opportunity or good relations between different groups?		x	
14. Where an adverse impact has been identified can changes be made to minimise it?			
15. Is the policy directly or indirectly discriminatory, and can the latter be justified?		x	
16. Is the policy intended to increase equality of opportunity by permitting Positive Action or Reasonable Adjustment? If so is this lawful?		x	

## Policy Submission Form / Checklist

To be completed and attached to any policy or procedure submitted to the Trust Policy Group

<b>1 Details of policy</b>		
1.1	Title of Policy:	Seclusion Policy
1.3	Author (job title)	██████████ (Director of Nursing)
1.4	Lead / Sponsor Sub Committee	
1.5	Reason for Policy	Update required to formalise expectations in relation to standards of care already in practice
1.6	Who does policy affect?	All staff
1.7	Are national guidelines/codes of practice /best practice/ references incorporated and cited?	Yes
1.8	Has an Equality Impact Assessment been carried out?	Yes
1.9	Is this a revision of an existing policy?	Yes
1.10	If yes have you identified the changes in the document?	Yes
1.11	Is the policy in the correct format?	Yes
<b>2 Information Collation</b>		
2.1	Where was Policy information obtained from?	Learning from previous Trust serious incident Review on guideline for the use of Tear Proof Clothing
<b>3 Policy Management</b>		
3.1	Is there a requirement for a new or revised management structure if the policy is implemented?	No
3.2	If YES attach a copy to this form	
3.3	If NO explain why	Changes are minor and formalises expectations in relation to standards of care already in practice
<b>4 Consultation Process</b>		
4.1	Was there internal/external consultation?	No
4.2	List groups/Persons involved	N/A

4.3	Have internal/external comments been duly considered?	N/A
4.4	Date approved by relevant Sub-committee	N/A
4.5	Signature of Sub committee chair	N/A
<b>5</b>	<b>Implementation</b>	
5.1	How and to whom will the policy be distributed?	All Inpatient Staff
5.2	If there are implementation requirements such as training, please detail?	No
5.3	What is the cost of implementation and how will this be funded?	Nil
<b>6</b>	<b>Monitoring</b>	
6.1	List the key performance indicators e.g. core standards	Seclusion audit standards
6.2	How will this be monitored and/or audited?	Existing structures for oversight and audit of episodes of seclusion
6.3	Frequency of monitoring/audit	Monthly

Completed by ██████████

Date policy approved by the Sponsor Committee : N/A

Date policy approved by the Ratifying Committee :