

### Equality Analysis Screening Form

<b>Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc</b>	MHSOP County Durham and Darlington					
<b>Name of responsible person and job title</b>	Sarah Mc George Clinical Director Carl Bashford HoS					
<b>Name of working party, to include any other individuals, agencies or groups involved in this analysis</b>	Business Plan group					
<b>Title</b>	MHSOP D&D location of organic beds					
<b>Is the area being assessed a</b>	<b>Policy/Strategy</b>	<input type="checkbox"/>	<b>Service/Business plan</b>	<input checked="" type="checkbox"/>	<b>Project</b>	<input checked="" type="checkbox"/>
	<b>Procedure/Guidance</b>			<input type="checkbox"/>	<b>Code of practice</b>	<input type="checkbox"/>
	<b>Other – Please state</b>					<input type="checkbox"/>
<b>Geographical area</b>	County Durham and Darlington					
<b>Aims and objectives</b>	To consider options for the location of the organic wards, to reduce from 3 wards to 2 wards ( retaining the same number of beds)					
<b>Start date of Equality Analysis Screening</b>	July 2015					
<b>End date of Equality Analysis Screening</b>	9 September 2015					

**Please read the Equality Analysis Procedure for further information**

You must contact the E&D team if you identify a negative impact. If you require further advice and support please ring Sarah Jay or Tracey Loynes on 0191 3336267/3542

<b>1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?</b>					
Delivery of effective organic service which provides value for money – benefit for the Trust, Commissioners staff and patients					
<b>2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?</b>					
<b>Race</b> (including Gypsy and Traveller)	No	<b>Disability</b> (includes physical and mental impairment)	No	<b>Gender</b> (Men and women)	No
<b>Gender reassignment</b> (Transgender and gender identity)	No	<b>Sexual Orientation</b> (Lesbian, Gay, Bisexual and Heterosexual)	No	<b>Age</b> (includes, young people, older people – people of all ages)	No
<b>Religion or Belief</b> (includes faith groups, atheism and some other non religious beliefs)	No	<b>Pregnancy and Maternity</b> (includes pregnancy, women who are breastfeeding and women on maternity leave)	No	<b>Marriage and Civil Partnership</b> (includes opposite sex and same sex couples who are either married or civil partners)	No

**Yes – Please describe the anticipated negative impact**

**No – Please describe any positive outcomes**

The preferred option is for single sex wards on one site. This will ensure that the privacy and dignity of patients is preserved as far as possible, but will still allow for social mixing of men with women with supervision.

**3. Have you considered any codes of practice, guidance, project or business plan benefit?  
 If 'No', why not?**

**Yes**

**x**

**No**

**Sources of Information may include:**

- Feedback from equality bodies, e.g. Care Quality Commission, Disability Rights Commission, etc
- Investigation findings
- Trust Strategic Direction
- Data collection/Analysis
- Staff grievances
- Media
- Community Consultation/Consultation Groups
- Internal Consultation
- Other (Please state below)

**The service has reviewed information on**

- the number and gender of admissions,
- the location of where patients admitted are from
- the Length of stay of admissions
- the further travel times ( both mileage and by public transport) if patients current organic ward is closed)
- environmental information – eg space available within current wards, which includes wander pathways, dining areas
- QUAG information regarding complaints from families regarding mixed sex wards
- CQC guidance and reports on mixed sex accommodation
- National Eliminating Mixed Sex Accommodation guidance ( EMSA)

<b>4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Gender, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership</b>					
<b>Yes – Please describe the engagement and involvement that has taken place</b>					
Clinical staff within the MHSOP inpatient and community services ( including all professional groups) were involved in the development of the benefit criteria, development of long list of options and scoring of each of the 4 shortlisted options. Feedback from patients and families as evidenced from SDG minutes were considered when developing the criteria and scoring the options					
<b>No – Please describe future plans that you may have to engage and involve people from different groups</b>					
<b>5. As part of this equality analysis have any training needs/service needs been identified?</b>					
No	Please describe the identified training needs/service needs below				
<b>A training need has been identified for</b>					
Trust staff	Yes/No	Service users	Yes/No	Contractors or other outside agencies	Yes/No
<b>Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so</b>					

<p>The completed EA has been signed off by:</p> <p>You the Policy owner/manager:</p> <p style="text-align: center;">Type name: Sarah McGeorge, Clinical Director</p>	<p>Date:</p> <p><b>09.09.2015</b></p>
<p>Your reporting manager:</p> <p style="text-align: center;">Type name:</p>	<p>Date:</p>
<p>Please forward this form by email to: <a href="mailto:tewv.policies@nhs.net">tewv.policies@nhs.net</a></p> <p><b>Please Telephone: 0191 3336267/6542 for further advice and information on equality analysis</b></p>	