




Open Door Policy

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Please contact the Equality, Diversity and Human Rights Team on 01273 778383 or email
equality.diversity@sussexpartnership.nhs.uk

1. Equality and Human Rights Impact Analysis (EHRIA)

1.1 Board Lead:	Chief Nurse	1.2 Analysis Start Date:	September 2017
		1.3 Analysis Submission Date:	May 2012 February 2018
1.4 Analysis Team Members:	1) Author / Editor: Associate Director of Nursing		
1.5 If this is a cross agency policy/service or strategy please indicate partner agencies and their formal title	2) Frontline Staff: Acute Care Forum, Matrons		
1.6 Completion Statement	3) Patient / End-user:		
	4) I/We, being the author(s), Service Managers, acknowledge in good faith that this analysis uses accurate evidence to support accountable decision-makers with due regard to the National Equality Duties, and that the analysis has been carried out throughout the design or implementation stage of the service or policy.		
1.7 Policy Aim	The policy will make clear to staff the Trust practice standard for the door to ward environments being open. Areas where it has been considered and agreed that access and egress should be limited is made listed in appendix 1. The policy also outlines a procedure for locking doors temporarily when clinical needs dictates		
 Send draft analysis along with the policy, strategy or service to equality.diversity@sussexpartnership.nhs.uk for internal quality control prior to ratification.			
1.8 Quality Assessor sign off	Cassandra Blowers		
1.9 Reference Number	CB 206B		

2. Evidence Pre-Analysis – The type and quality of evidence informing the assessment

X 2.1 Types of evidence identified as relevant have X marked against them			
	Patient / Employee Monitoring Data		Risk Assessments
X	Recent Local Consultations	X	Research Findings
	Complaints / PALS / Incidents	X	DH / NICE / National Reports
	Focus Groups / Interviews	X	Good Practice / Model Policies
	Service User / Staff Surveys	X	Previous Impact Analysis
	Contract / Supplier Monitoring Data		Clinical Audits
	Sussex Demographics / Census		Serious Untoward Incidents
	Data from other agencies, e.g. Services, Police, third sector		Equality Diversity and Human Rights Annual Report
Please provide detailed evidence for the areas			
<ul style="list-style-type: none"> The Equality Act (2010) Deprivation of Liberty Safeguards, an amendment to the Mental Capacity Act 2005 DH Code of Practice Mental Health Act (1983) revised 2015 European Convention of Human rights – Human rights act (1998) Huber et al (2016) Suicide risk and absconding in psychiatric hospitals with and without open door policies: a 15 year, observational study. The Lancet Psychiatry, Volume 3, Issue 9, 842 – 84 Mental Capacity Act (2005) Van De Merwe et al (2009) – Locked doors in acute inpatient psychiatry: a literature review - Journal of Psychiatric and Mental Health Nursing 16(3):293-9 Previous EHRA - 2012 			

3. Impact and outcome Evaluation – Any impacts or potential outcomes are described below.

Ref	Mark one X		Describe how this policy, strategy or service will lead to positive + outcomes for the protected characteristics . Describe how this policy, strategy or service will lead to negative - outcomes for the protected characteristics . (Please describe in full for each)	People's Characteristics (Mark with 'X'):								
	+	-		Age	Disability & Carers	Gender Reassignment	Pregnancy & Maternity	Race	Religion & Belief	Sex	Sexual Orientation	Human Rights
3.1	+		Access statement on front of policy for alternative formats		X			X				

Ref	Mark one X		Describe how this policy, strategy or service will lead to positive + outcomes for the protected characteristics . Describe how this policy, strategy or service will lead to negative - outcomes for the protected characteristics . (Please describe in full for each)	People's Characteristics (Mark with 'X'):								
	+	-		Age	Disability & Carers	Gender Reassignment	Pregnancy & Maternity	Race	Religion & Belief	Sex	Sexual Orientation	Human Rights
3.2	+		1.4.3 Staff must give due regard to the following articles of the Human Rights Act (1998) (the right to liberty, Article 3, the right to a private and family life, Article 5 and Article 8 respect for one's private and family life)and ensure that doors are only locked when a situation is risky enough to warrant this action and that the duration of the period that the door is locked is no longer than is necessary.									X
3.3	+		1.4.4 The locking of a door must not be used as an alternative to considering whether a patient may need to become subject to the Mental Health Act (1983) and detained.									X
3.4	+		1.4.6 Locking the door that is usually 'open' is considered to be an incident, and should be recorded and reported using the Trust's incident reporting procedure, in order that statistical information can be provided for quality monitoring..									X
Add more rows if necessary with new reference numbers in the left column												

4. Monitoring Arrangements

<p>4.1 The arrangements to monitor the effectiveness of the policy, strategy or service considering relevant characteristics? E.g.</p> <ul style="list-style-type: none"> ➤ survey results split by age-band reviewed annually by EMB and Trust Board ➤ Service user Disability reviewed quarterly by Equality and Diversity Steering Group or annually in the EDHR Annual Report 	<p>1.4.6 Locking the door that is usually 'open' is considered to be an incident, and should be recorded and reported using the Trust's incident reporting procedure, in order that statistical information can be provided for quality monitoring.</p> <p>This will enable statistical data to be captured and analysed and to ensure that no characteristic is being disproportionately affected. For example, high number of BME incidents.</p>
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5. Human Rights Pre-Assessment

The Impacts identified in sections () have their reference numbers (e.g. 4.1) inserted in the appropriate column for each relevant right or freedom		
	+	-
A2. Right to life (e.g. Pain relief, DNAR, competency, suicide prevention)		
A3. Prohibition of torture, inhuman or degrading treatment (e.g. Service Users unable to consent)	3.2, 3.3, 3.4 & 4.1	
A4. Prohibition of slavery and forced labour (e.g. Safeguarding vulnerable patients policies)		
A5. Right to liberty and security (e.g. Deprivation of liberty protocols, security policy)	3.2, 3.3, 3.4 & 4.1	
A6&7. Rights to a fair trial; and no punishment without law (e.g. MHA Tribunals)		
A8. Right to respect for private and family life, home and correspondence (e.g. Confidentiality, access to family etc)	3.2, 3.3, 3.4 & 4.1	
A9. Freedom of thought, conscience and religion (e.g. Animal-derived medicines/sacred space)		
A10. Freedom of expression (e.g. Patient information or whistle-blowing policies)		

A11. Freedom of assembly and association (e.g. Trade union recognition)		
A12. Right to marry and found a family (e.g. fertility, pregnancy)		
P1.A1. Protection of property (e.g. Service User property and belongings)		
P1.A2. Right to education (e.g. accessible information)	3.1	
P1.A3. Right to free elections (e.g. Foundation Trust governors)		

6. Risk Grading

6.1 Consequence of negative impacts scored (1-5)	1	6.2 Likelihood of negative impacts scored (1-5):	1	6.3 Equality & Human Rights Risk Score = Consequence x Likelihood scores:	1
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7. Analysis Outcome— The outcome (A-D) of the analysis is marked below ('X') with a summary of the decision

X	7.1 The outcome selected (A-D):	7.2 Summary for the outcome decision (mandatory)
	A. Policy, strategy or service addresses quality of outcome and is positive in its language and terminology. It promote equality and fosters good community relations	Protecting the human rights of service users, some who may be vulnerable and some who may have limited capacity, is fundamental to providing quality mental health services. Therefore, this policy applies to all inpatient services except those detailed in Appendix 1.
X	B. Improvements made or planned for in section 9 (potential or actual adverse impacts removed and missed opportunities addressed at point of design)	
	C. Policy, service or strategy continues with adverse impacts fully and lawfully justified (justification of adverse impacts should be set out in section 3 above	
	D. Policy, service or strategy recommended to be stopped. Unlawful discrimination or abuse identified.	

8. Equality & Human Rights Improvement Plan

Actions should when relevant and proportionate meet the different needs of people.

Impact Reference(s) (from assessment)	What directorate (team) action plan will this be built into 	<u>Action</u>	Lead Person	Timescale	Resource Implications
	No further action				

Add more rows if necessary