

Equality Impact Assessment Tool

This Tool has been developed to ensure that equalities, human rights, economic, social factors and the Armed Forces Covenant Duty are being considered ahead of the implementation of any new or revised policies, provisions, criteria, functions, practices and activities, including the delivery of services. Please note for the purpose of this document these will be grouped together and simply referred to as 'activity'.

General Information			
Name of activity	Cree Ward Locked Door Policy		
Lead person and job title	Eilidh Dickson (Senior Charge Nurse, Cree Ward)		
Contact Information (telephone and/or email)	[REDACTED]	Date of this assessment	12.11.2025
Names and roles of those involved in the impact assessment process	<p>Eilidh Dickson, Cree Senior Charge Nurse Lois Crolla, Cree Charge Nurse Jake Garton, Inpatient Service Manager Dr Fraser Gibb, Consultant Psychiatrist Dr Alan Duncan, Consultant Psychiatrist Caroline Strathearn, Occupational Therapist</p>		
Describe the activity in no more than 200 words	<p>To ensure the safe management of patients with dementia who may be at risk of harm if they leave the ward unsupervised. The Policy aims to balance patient safety with dignity, autonomy, and legal safeguards. The policy outlines procedures for locking ward doors, staff responsibilities, and communication with patients, families, and carers.</p>		
How will people be affected by this activity?	<p>Patients:</p> <ul style="list-style-type: none"> Current inpatients in Cree Ward will be impacted as it is necessary for the door to be locked in order to maintain the safety and wellbeing of those individuals. <p>Family/Carers/Visitors</p> <ul style="list-style-type: none"> Family and carers may be affected by the Locked Door Policy, however there is provision of dedicated visiting space and access if required to the ward area or patient bedrooms can be supported by accompanying staff. <p>Staff:</p> <ul style="list-style-type: none"> Staff in Cree Ward should not experience any impact but they should be aware of the Policy and the reasons for this, whilst being able to share this others. <p>Emergency Services:</p> <ul style="list-style-type: none"> Emergency Services will be supported to access Cree Ward by staff. There will be no limitations to access in the case of an emergency. 		
Who has been involved in the development of this activity and in what capacity?	<p>Clinical Staff:</p> <ul style="list-style-type: none"> Nurses, Occupational Therapists, Psychologist and Medical Staff who all work directly on Cree Ward were consulted. <p>Equality & Diversity Rep:</p> <ul style="list-style-type: none"> Local Equality and Diversity Lead was consulted to ensure that the policy did not disproportionately affect vulnerable groups. 		

Staff Side Representative:

- Union reps and workforce leads were involved to assess the operational impact.

Methods of Engagement

- Circulation of draft policy for comment by multi-disciplinary team
- Circulation of draft policy for comment across departments
- Reference to national dementia care standards and legal frameworks

Please include any evidence or relevant information that has influenced the overall decision being considered within this impact assessment

National Legislation and Regulatory Frameworks

- **Adults with Incapacity (Scotland) Act 2000:** Provides legal authority for decisions made on behalf of individuals lacking capacity, including restrictions like locked doors, when justified by safety and welfare.
- **Mental Welfare Commission for Scotland:**
 - Their Dignity and Respect reports emphasize that locked doors must be justified, regularly reviewed, and communicated clearly to patients and carers.
 - They advocate for signage explaining the rationale and for staff training to support respectful care.

Research Evidence

- A 2024 study published in BMC Geriatrics explored the **association between freedom of movement and health outcomes** in dementia patients. It found that while increased mobility can improve wellbeing, safety risks must be carefully managed, especially in advanced dementia stages.

Ethical and Human Rights Considerations

- Locked door policies must be framed within **human rights principles**, ensuring that restrictions are:
 - The least restrictive option
 - Proportionate to the risk
 - Time-limited and subject to review

Impact Assessment Questions

Please complete the table below and outline within the comments sections:

1. any evidence, relevant information or involvement that has influenced the decision on impact (this may also include demographic profiles, audits, research, health needs assessment, work based on national guidance, findings from engagement and consultation). Prompts are available on [page 6](#) to support discussion around potential impacts.
2. Mitigating measures that will be taken to ensure that no impact is negative

When assessing the impact on each protected characteristic, you should consider the following aims of the Public Sector Equality Duty:

- Does the proposed activity impact on the **elimination of discrimination?**

- Does the proposed activity contribute towards **advancing equality of opportunity** by removing or minimising disadvantages, meeting the needs of particular groups and encouraging participation in a particular activity?
- Does the proposed activity **foster good relations** between different groups?

Protected Characteristics/Impact Areas	Are there any positive impacts? Yes/No	Are there any negative impacts? Yes/No	Rationale for decision and further comments Use prompts from page 6 onwards to expand on what the potential positive and negative impacts might be. Use space to include any specific evidence or data relating to the protected characteristic/ impact group that has been noted or gathered. You may find further information on the Equality and Diversity Folders on Beacon	What measures will be put into place to mitigate any negative impacts? Please note any measures that will be put in place to mitigate negative impacts
Age	Yes	Yes	<p>Positive Impacts:</p> <ul style="list-style-type: none"> Cree Ward is accessible for Older Adults who have a Cognitive Impairment; this has previously been adults over the age of 65, however due to the changing demographic, Cree Ward will accept those under 65. <p>Negative Impacts:</p> <p>Loss of Autonomy and Independence</p> <ul style="list-style-type: none"> Older adults, especially those in early or moderate stages of dementia, may feel disempowered by locked environments. Restricting movement can lead to frustration, agitation, or distress, 	<ul style="list-style-type: none"> Clear, compassionate communication about the purpose of locked doors Regular reviews of restrictions based on individual risk assessments Accessible outdoor spaces or safe wandering paths Staff training on de-escalation and person-centered care Involvement of patients and carers in care planning and policy feedback

			<p>particularly if individuals do not understand the rationale.</p> <p>Cognitive and Emotional Decline</p> <ul style="list-style-type: none"> Lack of stimulation and social interaction due to restricted movement may accelerate cognitive deterioration and contribute to: <ul style="list-style-type: none"> Depression Anxiety Social withdrawal <p>Perception of Institutionalisation</p> <ul style="list-style-type: none"> Older patients may associate locked doors with loss of dignity or imprisonment, especially if communication about the policy is unclear. 	<ul style="list-style-type: none"> Time out of the Ward patients can be supported/accompanied by staff or families/carers to support
<p>Disability (This includes physical disability, learning disability, sensory impairment, long term medical conditions and</p>	Yes	Yes	<p>Positive Impacts:</p> <ul style="list-style-type: none"> Accessibility to Ward: The ward is accessible, allowing individuals with a physical disability to access the service. There is also access to disabled toilet provision 	<ul style="list-style-type: none"> Individual risk assessments Clear, accessible communication about the policy Regular reviews of locked door policy Staff training on person-centred care and stress/distress/de-escalation

<p>mental health conditions)</p>			<ul style="list-style-type: none"> • Personalised Support: Cree Ward will focus on working with each individual, their families and Carers to create a person centred plan with goals. For disabled individuals, this means tailored interventions that consider both mental health challenges and physical, sensory, or cognitive impairments — promoting better outcomes. • Social inclusion: by supporting users to engage with groups provided within hospital and provision of 1:1 person centred activities, the service can help combat the isolation often experienced by people with both mental health issues and disabilities <p>Negative Impacts:</p> <p>Loss of Autonomy/Freedom</p> <ul style="list-style-type: none"> • People with dementia/disability may feel trapped or disempowered by locked environments, especially if they retain partial cognitive awareness. • Restrictions on movement can lead to frustration, agitation, or emotional distress, particularly if 	<ul style="list-style-type: none"> • Accessible design features to support navigation and dignity
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			the rationale is not clearly communicated.	
Sex/Gender	Yes	Yes	<p>Positive Impacts:</p> <ul style="list-style-type: none"> • Facilities: Patient have their own bedroom with en suite facilities. • Environment: There will be no gender specific areas • Inclusive Resources: All resources/documentation will use gender neutral terms to encourage engagement and reduce exclusion. <p>Negative Impacts:</p> <ul style="list-style-type: none"> • Higher Hospitalization Rates in Men <p>A large cohort study using Medicare data (over 5.7 million individuals) found that men with dementia had significantly higher rates of hospitalisation compared to women (50.5% vs. 46.9%)</p> <ul style="list-style-type: none"> • Women Have Higher Dementia Prevalence Overall 	<p>Gender-Sensitive Care Planning</p> <ul style="list-style-type: none"> • Ensure care plans reflect individual preferences and needs, including gender-specific health issues (e.g. prostate care for men, menstrual care for women). • Avoid gender stereotypes in behavioural assessments (e.g. assuming aggression is more acceptable in men or emotional distress is more typical in women). <p>Staffing and Training</p> <ul style="list-style-type: none"> • Provide gender-awareness training for staff, including trauma-informed approaches and understanding gendered experiences of dementia. • Aim for gender-balanced staffing to allow residents to choose carers of the same sex for personal care when preferred. <p>Environment and Privacy</p>

			<p>Despite higher admission rates for men, women are more likely to develop dementia due to longer life expectancy and biological factors like hormonal changes post-menopause</p>	<ul style="list-style-type: none"> • Offer single-sex accommodation or bathrooms where possible to protect dignity and reduce distress. • Design spaces that are safe and comforting for both sexes, avoiding institutional environments that may feel threatening or isolating
Gender reassignment and Transgender	Yes	Yes	<p>Positive Impacts:</p> <ul style="list-style-type: none"> • Documentation: Any new documentation developed will ensure appropriate language is used and aligns with legal requirements • Language: care has been taken to ensure that transgender (including non-binary) people are not excluded by language around gender in the context of any aspect of resources. <p>Negative Impacts:</p> <ul style="list-style-type: none"> • Use of incorrect names or pronouns: may lead to distress for individuals and lack of trust with staff 	<p>Eliminate discrimination through staff training and education</p> <ul style="list-style-type: none"> • All staff are required to complete core mandatory training on equality and diversity which encompasses each of the protected characteristics
Marriage and Civil Partnership	Yes	Yes	<p>Positive Impacts:</p> <ul style="list-style-type: none"> • Personalised recovery support: by developing person centred plans focussing on goal setting, spouses 	<ul style="list-style-type: none"> • Relationship-inclusive policies: review and, where necessary, revise policies and documentation to ensure all types of legally recognised relationships, including civil

			<p>and civil partners will be recognised as key support</p> <p>Negative Impacts:</p> <ul style="list-style-type: none"> • Lack of recognition of significant relationships: Staff may overlook or undervalue civil partnerships or non-traditional marriages, particularly same-sex partnerships, leading to exclusion from care planning or decision-making. • Restricted visiting or communication: Inpatient settings may not always accommodate the needs of married or partnered individuals, such as flexible visiting hours or private spaces for connection, which can impact emotional wellbeing and recovery. • Assumptions about support networks: There may be assumptions that married individuals have adequate support, which could lead to under-assessment of their needs. Conversely, unmarried individuals may be perceived as lacking support, even when strong informal networks exist. 	<p>partnerships and same-sex marriages, are explicitly acknowledged and respected.</p> <ul style="list-style-type: none"> • Eliminate discrimination through staff training and education: all staff are required to complete core mandatory training on equality and diversity which encompasses each of the protected characteristics • Inclusive care planning: Involve spouses or partners in care discussions and planning where appropriate, ensuring that patients' wishes around information sharing and involvement are documented and followed. • Flexible arrangements: the use of private visiting spaces out with the ward area, to support patients' visiting opportunities • Monitoring and feedback: Encourage feedback from patients and partners about their experiences and use this information to inform service improvement.
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			<ul style="list-style-type: none"> • Discrimination or bias: Individuals in same-sex marriages or civil partnerships may face subtle or overt discrimination, especially if staff are not adequately trained in inclusive practice. 	
Pregnancy and Maternity	No	No	Not applicable to this policy	Not applicable to this policy
Race (includes Gypsy/Travellers and those whose first language is not English)	No	Yes	<p>Negative Impacts:</p> <p>Language and Communication Barriers</p> <ul style="list-style-type: none"> • People from minority ethnic backgrounds may have limited English proficiency, making it harder to understand why doors are locked or how to request assistance. <p>Cultural Perceptions of Dementia and Care</p> <ul style="list-style-type: none"> • Different cultures have varying attitudes toward dementia and institutional care. Some communities may view locked wards as stigmatizing or culturally inappropriate. 	<ul style="list-style-type: none"> • Ensure translated materials and interpreting services are available for patients and families. • Ensure advocacy services are culturally and linguistically accessible to uphold rights under the Mental Health Act and Equality Act • All NHS Staff undertaker Equality and Diversity training as part of their role

			<p>Risk of Disproportionate Impact</p> <ul style="list-style-type: none"> Minority ethnic groups may already face health inequalities and social exclusion. Locked door policies could exacerbate feelings of isolation or mistrust in healthcare settings. <p>Access to Advocacy and Support</p> <ul style="list-style-type: none"> Patients from racial minority groups may have less access to advocacy services or family support networks. 	
Religion or belief	Yes	Yes	<p>Positive Impacts:</p> <p>Access to spiritual support:</p> <ul style="list-style-type: none"> Inpatients in Midpark currently have access to the Spiritual Care Lead for the Partnership. By embedding access to spiritual care, the service can offer comfort, meaning, and hope <p>Access to community resources:</p>	<p>Faith-sensitive care planning: Incorporate patients’ religious or spiritual needs into individual care plans, including dietary preferences, prayer times, and observance of religious holidays or rituals.</p> <p>Access to spiritual support: Cree Ward currently works in collaboration with spiritual care and other groups and there are designated quiet spaces for religious activity. The team must ensure patients are aware of how to access this support.</p>

			<ul style="list-style-type: none"> • People will be supported to continue to link in with their community resources including any religious groups or activity <p>Negative Impacts:</p> <p>Inadequate accommodation of religious practices:</p> <ul style="list-style-type: none"> • Patients may be unable to observe key aspects of their faith—such as prayer times, dietary requirements, or religious holidays—if the service environment is not designed with these needs in mind. <p>Cultural or religious insensitivity:</p> <ul style="list-style-type: none"> • Staff may unintentionally use language or behaviours that conflict with a patient’s beliefs, leading to discomfort, mistrust, or disengagement from care. <p>Stigma or internal conflict:</p> <ul style="list-style-type: none"> • Some individuals may experience religious guilt, shame, or fear related to their mental health condition, which can be exacerbated if not handled with sensitivity and understanding. 	<p>Staff training and awareness: Identify opportunities for staff to attend training to increase staff confidence in engaging with religious and spiritual diversity, including how to respond respectfully to beliefs that may influence mental health or treatment preferences.</p> <p>Inclusive environment: Create a welcoming space by offering multi-faith prayer rooms, displaying inclusive materials</p> <p>Partnership with faith communities: Build relationships with local religious and belief-based organisations to support culturally appropriate outreach, referrals, and aftercare.</p> <p>Feedback and monitoring: Encourage patients to share their experiences related to faith and belief, and use this feedback to inform service improvements and staff development.</p>
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			Discrimination or exclusion: <ul style="list-style-type: none"> Patients from minority faiths may feel marginalised if their beliefs are not acknowledged or respected, or if the service environment reflects only dominant religious norms. 	
Sexual orientation	Yes	Yes	Positive Impacts: <ul style="list-style-type: none"> Community resources: individuals will be supported to continue to link in with their community resources including any groups or activity Negative Impacts: <ul style="list-style-type: none"> Access and Admission: LGBTQ+ individuals may delay seeking care due to fear of discrimination or previous negative experiences. 	<ul style="list-style-type: none"> Access and Admission: When working with patients and their families at point of admission an throughout time as an inpatient, Cree staff will work with referring agencies and community mental health teams to ensure LGBTQ+ inclusivity is embedded all aspects of care.
Human Rights	Yes	No	Positive Impacts: Rights Based approach: the service will ensure a Rights Based approach is embedded in the model which supports the PANEL principles of Participation, Accountability, Non-discrimination, Empowerment and Legality.	

<p>Carers</p>	<p>Yes</p>	<p>No</p>	<p>Positive Impacts:</p> <p>Carer involvement:</p> <ul style="list-style-type: none"> Carers will be fully involved when supporting someone within Cree Ward. They will be included in discussions and decisions with the cared for person 	<ul style="list-style-type: none"> Staff education and training: Carer Awareness module is core mandatory training for all NHS staff. Staff will be made aware of how to refer individuals and families to the local Carers centre for support and advice
<p>Staff:</p> <ul style="list-style-type: none"> Full time Part time Shift workers Staff with protected characteristics Staff vulnerable to falling into poverty 	<p>No</p>	<p>No</p>	<p>Not applicable to this policy</p>	<p>Not applicable to this policy</p>
<p>Poverty 'at risk' groups</p> <ul style="list-style-type: none"> Unemployed people People on benefits Pensioners Care Experienced people Those living in the most deprived communities Remote rurality 	<p>No</p>	<p>Yes</p>	<p>Negative Impacts:</p> <p>Travel costs:</p> <ul style="list-style-type: none"> Visiting locked dementia wards can be prohibitive for low-income families or pensioners. <p>Digital Exclusion</p> <ul style="list-style-type: none"> Remote and rural residents, and older adults, may lack reliable internet or digital literacy. 	<ul style="list-style-type: none"> Provide clear, accessible information in plain language and ensure advocacy services are free and easy to access

			<p>Access to Services</p> <ul style="list-style-type: none"> Rural areas often have fewer dementia care facilities, meaning patients may be placed far from home <p>Health Inequalities</p> <ul style="list-style-type: none"> Poverty correlates with higher dementia risk and poorer health outcomes. <p>Communication and Advocacy</p> <ul style="list-style-type: none"> Pensioners and low-income individuals may struggle to navigate complaints or advocacy systems. 	
<p>People with low literacy/numeracy, poorer skills and/or attainment</p>	No	Yes	<p>Negative Impacts:</p> <p>Understanding of Policy and Rights</p> <ul style="list-style-type: none"> People with low literacy may struggle to read signs, consent forms, or information about why doors are locked. 	<ul style="list-style-type: none"> Mitigation: Use plain language, visual aids, and verbal explanations. Consider Easy Read formats for dementia care information. Mitigation: Ensure staff assistance is always available, and use

			<p>Communication During Emergencies</p> <ul style="list-style-type: none"> If someone cannot read instructions or numeric codes, they may panic or feel unsafe. 	<p>symbol-based signage (e.g., icons for exit/help).</p>
<p>Those involved in the criminal justice system and their families</p>	No	Yes	<p>Stigma and Discrimination</p> <ul style="list-style-type: none"> Individuals with a criminal record may experience bias in care decisions, including assumptions about risk or aggression. <p>Legal and Human Rights</p> <ul style="list-style-type: none"> People under probation or parole may have legal obligations that affect visiting or leave arrangements. 	<ul style="list-style-type: none"> EQIA should ensure locked door policies do not conflict with legal requirements and that liaison with criminal justice agencies is clear. All staff undertake Equality and Diversity training as part of their role.
<p>Homelessness</p>	Yes	Yes	<p>Positive Impacts:</p> <p>Recognising homelessness as a health inequality issue demonstrates proactive compliance with the Equality Act 2010 and Fairer Scotland Duty.</p> <p>Negative Impacts:</p>	<ul style="list-style-type: none"> Ensure that those accessing Cree Ward struggling with homelessness have access to housing support and appropriate third sector agencies.

			<p>Risk of Disproportionate Restriction</p> <ul style="list-style-type: none"> Homeless individuals may feel more distressed or disempowered by locked doors due to previous experiences of exclusion or institutionalisation 	
<p>People who are displaced incl. refugees & asylum seekers</p>	<p>Yes</p>	<p>Yes</p>	<p>Positive Impacts:</p> <p>Access to Integrated Support</p> <ul style="list-style-type: none"> Admission under the policy could create opportunities to link asylum seekers/refugees with interpreters, cultural mediators, and social services, improving holistic care. <p>Negative Impacts:</p> <p><input type="checkbox"/> Language and Communication Barriers</p> <ul style="list-style-type: none"> Locked environments may feel more intimidating if patients cannot understand why doors are locked or what their rights are. Lack of 	<ul style="list-style-type: none"> All staff undertake Equality and Diversity training as part of their role. Ensure that written materials/policies are available in correct language All staff undertake Trauma Training within their role and use a trauma informed approach to care and treatment. All inpatients will have access to an independent advocate.

			<p>interpreters can lead to confusion and distress.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cultural Sensitivity Issues <ul style="list-style-type: none"> • Some asylum seekers/refugees may associate locked doors with imprisonment or past trauma, which can worsen anxiety or PTSD symptoms. <input type="checkbox"/> Risk of Indirect Discrimination <ul style="list-style-type: none"> • Immigration status is not a protected characteristic under the Equality Act, but asylum seekers/refugees often share protected characteristics (race, religion, disability). If the policy does not account for these, it could lead to unequal outcomes. <input type="checkbox"/> Access to Advocacy <ul style="list-style-type: none"> • These groups may have limited knowledge of complaint procedures or advocacy services, making them more vulnerable to rights infringements. 	
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<p>Economic & Social Sustainability</p>	<p>No</p>	<p>Yes</p>	<p>Negative Impacts:</p> <p>Social Inclusion and Isolation</p> <ul style="list-style-type: none"> • Locked wards can limit social interaction, reducing opportunities for meaningful engagement and community connection. • People with dementia may experience exclusion from normal social roles, which can worsen cognitive decline and emotional wellbeing. <p>2. Stigma and Public Perception</p> <ul style="list-style-type: none"> • Locked door policies may reinforce negative stereotypes about dementia (e.g. danger, unpredictability), contributing to stigma. 	<ul style="list-style-type: none"> • All policies must be reviewed within the agreed timescale and should be available on an accessible platform.
<p>Environmental</p>	<p>No</p>	<p>Yes</p>	<p>Negative Impacts:</p> <p>Geographical Isolation</p> <ul style="list-style-type: none"> • Dumfries & Galloway is a largely rural region. Limited public transport 	<ul style="list-style-type: none"> • Inpatients within Cree Ward should be supported by staff to utilise alternative to face to face visiting when this is not possible; through use of technology.

			<p>and long travel distances can make visiting patients harder for families, especially for homeless individuals or refugees who lack private transport.</p> <ul style="list-style-type: none"> • This can increase feelings of isolation and reduce social support during admission. <p>Care Home Availability</p> <ul style="list-style-type: none"> • Scarcity of care home availability locally means discharge planning is harder. Patients may remain in hospital longer, increasing bed pressures and potentially creating inequity in access. <p>Digital Connectivity</p> <ul style="list-style-type: none"> • Poor broadband/mobile coverage in rural areas can limit access to virtual consultations. <p>Community Resources</p> <ul style="list-style-type: none"> • Limited local charities compared to urban areas means fewer options for wraparound care. This can 	<ul style="list-style-type: none"> • Cree Ward Senior Team to ensure oversight of all delayed discharges and escalate as necessary.
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			disproportionately affect vulnerable groups.	
Armed Forces Personnel and Veterans	Yes	Yes	<p>Positive Impacts:</p> <p>Structured Environment</p> <ul style="list-style-type: none"> Many veterans are accustomed to structured and secure environments from their military background. A controlled setting can feel familiar and reassuring, reducing anxiety for some. <p>Negative Impacts:</p> <p>Triggers for PTSD or Trauma</p> <ul style="list-style-type: none"> Locked doors and restricted movement can evoke feelings of confinement or imprisonment, which may trigger traumatic memories for veterans who experienced captivity or high-security environments during service. <p>Loss of Autonomy</p>	<ul style="list-style-type: none"> Clear communication, visible rationale for locked doors, and therapeutic activities can reduce negative psychological impacts. Policy should be reviewed in line with agreed timescales.

			<ul style="list-style-type: none"> • Military culture values independence and control. Being unable to leave freely may cause frustration, agitation, or feelings of disempowerment. 	
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<p>Does this activity require consideration of the <u>Fairer Scotland Duty</u>? If yes, please outline the steps taken to meet the needs of the duty.</p>	<p>Supporting efforts to promote inclusion by:</p> <ul style="list-style-type: none"> • Enhance safety for vulnerable individuals, such as those with mental health conditions, disabilities, or at risk of exploitation. • Promote dignity and privacy, especially in clinical or care settings. • Encourage inclusive design by prompting services to consider alternative access routes (e.g. staff-assisted entry, digital access). • Align with NHS Dumfries and Galloway’s commitment to mainstreaming equality and advancing opportunity for protected groups under the Equality Act 2010 		
<p>Please indicate how are you ensuring the information about the activity and around the proposed changes is accessible in terms of communication in the following formats, where relevant:</p>	Easy Read	Will be considered if required/requested	
	British Sign Language	Will be considered if required/requested	
	Alternative Languages	Will be considered if required/requested	
	Large Print	Will be considered if required/requested	
	Other (please specify)		

Summary Sheet

Name of Activity	Locked Door Policy
Date of Impact Assessment	12.11.2025
Key Lead Contact	Eilidh Dickson (Senior Charge Nurse, Cree Ward)

Please summarise any identified negative impacts and associated mitigations/actions:

Negative Impact	Mitigation/Action	Responsibility/ Timescale

Monitoring

How will you monitor the ongoing impact of the activity on all population groups?

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Next Steps in the Impact Assessment Process

When complete, the lead person should send a copy of the full Impact Assessment Tool to the Equality and Diversity Lead by emailing it to [REDACTED].

The impact assessment will then be published on the NHS Dumfries and Galloway public website at www.nhsdg.co.uk.

Please take 5 minutes to share your experience of completing this Impact Assessment by completing [this short survey](#)

Please note that this is a legal document stating that you have fully considered the impact on the protected characteristics and is open to scrutiny by service users/external partners/Equality and Human Rights Commission.

