

The State Hospital Equality Impact Assessment (EQIA)

You should read the guidance document prior to completing this template.

Please note, the EQIA should be proportionate to the significance and coverage of the policy and should take cognisance of the nature of the environment and patient group.

Step 1: Screening to determine if the policy requires a detailed EQIA

Name of the policy: Complaints and Feedback Policy and Procedure		
Directorate: Nursing and AHPs / Corporate Services		Date: 25/03/2021
Designation(s) of author(s): Person Centred Improvement Lead/Complaints Manager		
Strategy <input type="checkbox"/>	Policy <input checked="" type="checkbox"/>	Protocol <input type="checkbox"/> Project <input type="checkbox"/> *Other <input type="checkbox"/>
(*please provide details)		
New <input type="checkbox"/>	update to existing policy <input checked="" type="checkbox"/>	*replacement <input type="checkbox"/>
(*please advise what this policy is replacing)		
1. What are the main aims and outcomes of the policy and how do these fit in with the wider aims of the organisation, legislation and national drivers?		
Aim(s) / Outcome(s)	Wider Aim(s)	
People using our services are aware of how they can share feedback and/or make a complaint, and the support that is available for them to do so.	Our own staff and service providers are aware of this procedure, and know how to respond to complaints and feedback locally; We are able to demonstrate that learning opportunities emerge from feedback and complaints which directly influences service improvement.	
2. Please identify the scope of the policy		
Forensic Network wide <input type="checkbox"/>	Hospital wide <input checked="" type="checkbox"/>	Service specific <input type="checkbox"/>
Discipline specific <input type="checkbox"/>	*Other <input type="checkbox"/>	
(*please provide details)		
3. Who are the key stakeholders potentially affected by the policy? Will the policy impact on these groups in a positive and/or negative and/or neutral way? Why do you say this?		
Stakeholder(s)	Impact	Rationale
1. Patients	Positive	Provides a clear framework to support the sharing of feedback and complaints.

	Negative	<p>Dedicated Complaints Officer / feedback team / PAS readily available on site.</p> <p>Seeks feedback about experience of sharing complaints.</p> <p>Feedback is actively incorporated within service development.</p> <p>All feedback shared widely via reporting structures.</p> <p>Process supports early resolution.</p> <p>Supports patients to share feedback via a third party / anonymously when the person wishes to do so.</p> <p>Potentially stressful process which may impact on relationships with care givers due to nature of long-term care setting.</p>
2. Carers	<p>Positive</p> <p>Negative</p>	<p>Provides a clear framework to support the sharing of feedback and complaints.</p> <p>Dedicated Complaints Officer and feedback team readily available on site.</p> <p>Seeks feedback about experience of sharing complaints.</p> <p>Feedback is actively incorporated within service development.</p> <p>All feedback shared widely via reporting structures.</p> <p>New process supports local early resolution.</p> <p>Potential impact on relationships with staff as a result of sharing negative feedback.</p>
3. TSH Board	Positive	<p>Robust process incorporating clear governance around reporting.</p> <p>Demonstrates service improvement based on stakeholder feedback</p>
4. Staff	<p>Positive</p> <p>Negative</p>	<p>Clear process, empowering front line staff to resolve issues at the first point of contact.</p> <p>Supports the sharing of compliments, reflecting best practice where appropriate.</p> <p>Requires input to electronic system sharing all feedback.</p> <p>Some dubiety around categorising a 'complaint' and a 'concern' and awareness of which staff deal with the information shared.</p>

5. Patient Advocacy Service (PAS)	Positive	Supports the independent role of PAS. Promotes awareness and understanding of this element of the PAS role.
	Negative	Requires input to electronic feedback system when the information is deemed not to be confidential.
6. Scottish Public Services Ombudsman	Positive	Supports national consistency enabling a public services complaints handling model. Policy negates complaints being shared with the SPSO prematurely.
7. Community Engagement	Positive	Informs national awareness, enabling understanding of commonalities, trends and themes. Clearer indication of where learning from feedback is incorporated within service development.
8. Scottish Government	Positive	Supports national consistency and enables more effective benchmarking processes.
4. Is a collaborative assessment with external partners required? No		
5. Specifically, in relation to the protected characteristics, please identify whether the policy impacts positively, negatively and / or neutrally on these groups, providing rationale in support of your decision. Please also describe any identified inequality and indicate practice in place which mitigates aspects of the policy contributing to any adverse impact or inequality.		

Protected Characteristic	Positive X	Adverse/Negative X	Neutral X	Identified impact / inequality and rationale, including mitigating practice where appropriate
Age	X	X		<p>Patients / carers with age related conditions may find it difficult to engage / may be unaware of their rights. Individually tailored care and treatment plans inform the need for support where required. PAS based on site and easily accessible to initiate the process where appropriate.</p> <p>Carer/visitors who experience any issues are supported by Social Work / Person Centred Improvement Advisor / to ensure they can engage in the process.</p>

Disability	X	X		<p>Patients who may be unable to leave the ward environment as a result of a physical / mental health disability are supported to engage in the process by the Complaints Officer / PAS / Person Centred Improvement Team, who meet with them in the ward.</p> <p>The impact of symptoms of mental health are considered in terms of a holistic approach to supporting patients to share their views, regardless of presentation.</p> <p>Patients with an Intellectual Disability are supported to engage in the process without the need for written input.</p> <p>The PAS / Person Centred Improvement Team act on behalf of patients with literacy skill issues, ensuring that updates / outcomes are shared verbally.</p>
Gender			X	
Gender Reassignment			X	
Marriage and Civil Partnership			X	
Pregnancy and Maternity			X	

Race/Ethnicity	X	X		<p>Individually tailored care and treatment plans inform the need for support where required e.g. translator, interpreter.</p> <p>The Person Centred Improvement Advisor is aware of the needs of Carers / visitors who have made TSH aware of specific communication needs.</p> <p>Translations of the MCHP are available within the public domain NHSInform.</p>
Religion and or Belief			X	
Sexual Orientation			X	

6. Thinking about the key stakeholders you have identified in no. 3, please explain how the policy supports the organisation to eliminate any potential unlawful discrimination, harassment and victimisation of these groups, promoting equality of opportunity and fostering good relationships between all stakeholders.

Support services are in place to encourage all patients to share their views, regardless of mental health, sensory impairment or any barrier to communication. A clear process is in place to define 'persistent' / 'unreasonable' complainants which ensures that a non-discriminatory approach is taken at a senior level.

The policy requires staff to apply a consistent approach in responding to feedback from patients and carers.

The policy promotes the role of PAS in terms of inclusive input.

The policy clearly acknowledges the role of SPSO as the independent external reviewer accessible to all complainants.

The policy supports Community Engagement to monitor efficacy of process and outputs supporting all patients and carers to share their views which contribute to service development.

The policy promotes consistency of application of practice and supports health equalities.

7. Thinking about the key stakeholders you have identified in no. 3, please identify potential inequalities of outcome which may arise in relation to socio-economic disadvantage (low income), including material deprivation.

The policy is applied equally to all carers, regardless of home location and does not call for carers to travel to the Hospital to engage in the process, thereby incurring additional costs.

Please discuss with the Service Lead / Director and complete below to indicate this person is in agreement with your findings.

Service Lead / Director Designation: Director of Nursing, AHPs and Operations

Date: 21/04/21

Then forward this screening document and your policy document to the Person Centred Improvement Lead for approval.

Approved by Person Centred Improvement Lead

Date: 21/04/21

Comments

Minor update to policy content which does has no bearing on the EQIA. Terminology updated to reflect changes since previous policy issue.

No requirement for detailed EQIA.

Detailed EQIA required. Please contact Person Centred Improvement Lead for advice / support

Date: / /

Following consultation, this EQIA should be attached to the policy document and included within the paperwork for consideration by the Policy Approval Group (PAG) prior to implementation. If any changes to the EQIA are required as a result of feedback from the consultation, please contact the Person Centred Improvement Lead.

Please note, as policy and EQIA documents are within the public domain, via the Hospital's website (unless identified by the PAG as sensitive information), content should not include the names of any stakeholders and/or include any information which would identify individuals.