

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: Supporting Visitor Travel Policy and Protocol		
Directorate: Nursing and Allied Health Professions Date: 7/4/21		
Designation(s) of author(s): Person Centred Improvement Lead		
Strategy <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Protocol <input checked="" 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)	
Describes the processes supporting fair and equitable support for visitors to access the Hospital	Drivers including The Healthcare Quality Strategy for NHSScotland and The Equality Act (2010), The Fairer Scotland Duty, Carers' (Scotland) Act 2016, advocate the need to ensure that carers/named persons are equally supported to participate in the care and treatment process.	
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. Visitors	Positive	Acknowledges remote location and puts in place mitigating actions to address this issue.

	Negative	<p>Supports an individually tailored approach.</p> <p>Supports maintenance of relationships and input to care and treatment planning / attendance at social events.</p> <p>Acknowledges value of carer / named person / family role within the recovery journey.</p> <p>Limits funding and requires visitors to disclose personal information which may be required as part of the rationale supporting decision making.</p> <p>Limited budget, therefore level / frequency of support may not facilitate as regular contact as carers would wish.</p>
2. Patients	Positive	<p>Supports maintenance of relationships and input to care and treatment planning / attendance at social events.</p> <p>Acknowledges value of carer / named person / family role within the recovery journey.</p> <p>Limited budget, therefore level / frequency of support may not facilitate as regular contact as carers would wish.</p>
3. Staff	Positive	<p>Supports clinical teams to involve carers / named persons / family within care and treatment planning processes.</p> <p>In-person contact supports a more effective way of information gathering and partnership working contributing to care and treatment aims.</p> <p>Supports those responsible to demonstrate meaningful application of equality legislation.</p>

	Negative	<p>May require staff to engage in difficult conversations when the Hospital is unable to fund level / frequency of support requested.</p> <p>Potential additional workload for Social Work who may be tasked with meeting with the visitor as part of preparation for submission of rationale as part of the application process.</p> <p>Can be challenging interacting with visitors who may be anxious about disclosing financial concerns about accessing the Hospital.</p> <p>Creates additional administrative workload.</p>
4. The State Hospital's Board	Positive	<p>Helps to break down stigma based on perception of mental health services.</p> <p>Continuity of arrangements in place highlighted within the 'Independent Review into the Delivery of Forensic Mental Health Services', in relation to the value of supporting visitors to access forensic settings.</p>
5. External regulatory organisations	Positive	<p>Generates income, jobs and volunteer roles.</p> <p>Evidence of robust processes ensuring appropriate use of tax payers' money.</p>
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			Supports individually tailored approach sensitive to the needs of all ages e.g. older adults who may be infirm and babies / small infants who require a more direct travel route.
Disability	X			Adopts a person-centred approach to support visitors who may have a disability which causes issues in respect of less tailored travel arrangements. Acknowledges the value of maintaining family relationships within the mental health recovery journey.
Gender			X	
Gender Reassignment			X	
Marriage and Civil Partnership			X	
Pregnancy and Maternity	x			Process supports short-term changes to level of support required.
Race/Ethnicity		x		Potential challenges in terms of understanding this policy for visitors whom English is not the first language. The Person Centred Improvement Advisor contacts new visitors to discuss any barriers to involvement.

Religion and or Belief	x			The policy supports a person-centred approach, mindful of the specific religious beliefs of some visitors e.g. Muslim females who should not be in close proximity to unfamiliar males, including transport drivers.
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.

Rationale

Applies equitably to all visitors who are supported to access support relating to visitor travel.

Transport provision is regularly reviewed to reflect the demographics of visitors.

Service providers contracted to provide transport are required to confirm robust processes in place to protect any visitor travelling to the Hospital from harassment / victimisation.

The Person Centred Improvement Advisor assumes responsibility for liaising with service providers and challenging any alleged inappropriate behaviour shared through visitor feedback in this respect.

The Hospital adopts a zero tolerance approach to harassment and victimisation of any staff member, including those involved in decision making processes supporting this policy.

NHS tendering process ensures any transport service provider who feels able to deliver the service is afforded the opportunity to bid for the contract.

Supports access to the Hospital environment, maintaining relationships. Promotes regular contact with staff, thereby developing relationships. Facilitates more meaningful therapeutic relationships, based on an informed approach.

Regular contact with volunteer drivers, helps to develop supportive relationships.

Helps to break down stigma based on perception of mental health services.

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.

Visitors require to outlay cost of travel prior to being reimbursed. Individually tailored arrangements are in place through which tickets are purchased by the Hospital in advance where intelligence is available indicating this may cause financial hardship.

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: 8/4/21

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

Approved by Person Centred Improvement Lead

Date: 8/4/21

Comments

Minor terminology updates. 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.