

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 Patient and Carer Involvement (incorporating Interpretation, Communication Support and Translation) Policy	
Directorate: Nursing, AHP and Operations	Date: 14/4/22
Designation(s) of author(s): Person Centred Improvement Lead	
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 checked="" type="checkbox"/> (*please advise what this policy is replacing) Interpretation and Translation Policy now included in this wider policy	
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?	
<p style="text-align: center;">Aim(s) / Outcome(s)</p> <p>To support the organisation to adopt an inclusive approach to ensuring communication with patients and carers is accessible, mitigating potential health inequalities.</p> <p>To identify and implement an individually tailored approach to mitigate barriers to communication.</p>	<p style="text-align: center;">Wider Aim(s)</p> <p>To ensure that all patients and carers are supported to communicate effectively in a form, language and manner that enables them to meaningfully contribute to supporting patient recovery.</p> <p>To ensure that all relevant staff are aware of how to arrange relevant support.</p> <p>To effectively monitor services procured.</p> <p>To meet legislative obligations.</p>
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. Staff	Positive	<p>Supports staff to engage meaningfully with patients. Enables therapeutic intervention to be delivered, adopting an individually tailored communication style.</p> <p>Ensures that patients are able to understand security protocols / safeguarding expectations in place to support the safety of all stakeholders, including staff.</p>
	Negative	<p>Access to wi-fi enabled technology is currently limited, impacting on the range of supportive communication devices in use to enable staff to engage as they would in other health care settings.</p> <p>Wide range of specialisms within the communications agenda requiring the use of complex support mechanisms. Lead AHP and Person Centred Improvement Lead identified to provide support. External resources provided to compliment local support.</p>
4. Volunteers	Positive	<p>Ensures that patients are able to understand security protocols / safeguarding expectations in place to support the safety of all stakeholders, including volunteers.</p>
	Negative	<p>Access to wi-fi enabled technology is currently limited, impacting on the range of supportive communication devices in use to enable volunteers to engage as they would in other health care settings.</p>
5. Scottish Government	Positive	<p>Demonstrates a commitment to ensuring an equitable approach is taken to supporting patients and carers to be meaningfully involved in the work of the Hospital.</p> <p>Provides reassurance that processes are in place to support effective risk management where there may be barriers to communication.</p>
6. Third Sector Organisations	Positive	<p>External communication specialist partners are included within resources / support mechanisms available. Involvement in development of the policy highlights opportunities for partnership working.</p>
<p>4. Is a collaborative assessment with external partners required? Yes / *No</p> <p>* If not, please provide rationale Contributing authors have supported all aspects of this policy development including the EQIA.</p>		
<p>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</p>		

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>The policy supports needs arising from Pre-admission Specific Needs screening and individually tailored care plans which identify age related physical health conditions e.g. dementia, cataracts, loss of hearing which may impact on the ability to communicate effectively.</p> <p>Limitations on access to wi-fi enabled communication aids within the Hospital may impact on meaningful interactions. An individually tailored approach is taken to mitigating impact.</p>
Disability	X	X		<p>Pre-Admission Specific Needs screening and individually tailored care and treatment plans identify any barriers to communication including, Intellectual Disability, sensory impairment, and positive symptoms of mental health conditions.</p> <p>Carers are encouraged to share any barriers to communication on initial contact with the Hospital.</p> <p>Limitations on access to wi-fi enabled communication aids within the Hospital may impact on meaningful interactions. An individually tailored approach is taken to mitigating impact.</p>
Gender			X	
Gender Reassignment			X	
Marriage and Civil Partnership			X	

Pregnancy and Maternity			X	
Race/Ethnicity	X	X		<p>Pre-Admission Specific Needs screening and individually tailored care and treatment plans identify any language barriers. Access to interpretation / translation services enable patients to meaningfully engage.</p> <p>Limitations on access to wi-fi enabled communication aids within the Hospital may impact on meaningful interactions. An individually tailored approach is taken to mitigating impact.</p>
Religion and or Belief	X			<p>Pre-Admission Specific Needs screening and individually tailored care and treatment plans incorporate faith related needs, in addition to highlighting barriers to communication which may require a tailored approach to supporting the patient to engage in faith related practice.</p>
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.

By taking a proactive approach to supporting all stakeholders to communicate, relationships between groups are more effective in terms of collaborative input which recognises the value of ensuring that carers are enabled to support Clinical Teams to work towards achieving agreed care and treatment plan objectives.

Supporting patients to communicate effectively and, specifically to understand the safeguarding processes in place to keep everyone safe mitigates the risk of violence and aggression through frustration.

Communication support processes are in place to ensure patients and carers have equitable access to local services and the transfer pathway.

The policy acknowledges the need to mitigate potential health inequalities which may emerge as a result of accessibility issues.

With support, patients with barriers to communication are enabled to develop relationships with peers and staff and maintain relationships with family / friends who support them.

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.

None identified. Cost of interpretation / translation services / development of accessible formats form part of NHS provision for patients and carers.

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, AHP and Operations

Date: 29/04/22

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

Approved by Person Centred Improvement Lead **Date:** 02/05/22

Comments

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 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 Policy Approval Group as sensitive information), content should not include the names of any stakeholders and/or include any information which would identify individuals.