

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: Duty of Candour	
Directorate: Medical	Date: 25/07/2022
Designation(s) of author(s): Risk Management Facilitator & Head of Risk and Resilience	
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?	
<p style="text-align: center;">Aim(s) / Outcome(s)</p> <p>The State Hospital (TSH) has embraced NHS Scotland's set of values which includes:</p> <ul style="list-style-type: none"> Open, honesty and quality. This Policy will contribute to embedding these values within TSH. Compliance with the "Duty of Candour" (DoC) Procedure laid down within the DoC (Scotland) Regulations, 2018 	<p style="text-align: center;">Wider Aim(s)</p> <p>To ensure the Board:</p> <ul style="list-style-type: none"> Are open, honest and supportive when there is an unexpected or unintended incident resulting in harm (i.e. "Notifiable Safety Incident") Review the circumstances leading up to a "Notifiable Safety Incident" Improve the support, quality and consistency of communication, with patients and/or relevant person when a "Notifiable Safety Incident" has occurred Provide clear information to staff on what they should do when they are involved in a "Notifiable Safety Incident", including the support available to them to manage the circumstances of the incident Prepare and publish a "DoC" Annual Report
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	<ol style="list-style-type: none"> 1. Provides a clear framework for the promotion of an open, honest and supportive culture throughout the Organisation when there is an unexpected or unintended incident that causes harm. 2. Promotes a culture of openness and truthfulness which will improve the safety of patients and the quality of healthcare systems and provisions.
	Negative	<ol style="list-style-type: none"> 3. Potential negative impact on therapeutic relationship(s) as a result of participating in an Investigation.
2. Relevant Person/ Patient's Relevant Person	Positive	<ol style="list-style-type: none"> 1. Where the patient is not competent/ lacks capacity to understand details concerning the unexpected/unintended incident or to make a decision in relation to their care/treatment, the patient's relevant person can act on their behalf. This will enable them to have significant positive input into the process.
	Negative	<ol style="list-style-type: none"> 2. Potential negative impact with regard to the relationship with the Clinical Team as a result of participating in an Investigation.
3. TSH Board	Positive	<ol style="list-style-type: none"> 1. This Policy will ensure the Organisation act in an open and transparent manner with regard to incidents that cause unexpected/unintended harm to patients. 2. The Organisation will fully review the circumstances leading up to all DoC incidents and where appropriate take action to prevent a recurrence. 3. The Policy will ensure the Organisation complies with the statutory requirements of the Duty of Candour Procedure (Scotland) Regulations, 2018 4. Will lead to an improvement in the safety of patients and the quality of the Organisation's healthcare systems and provision.
4. Staff	Positive	<ol style="list-style-type: none"> 1. The Policy provides a robust process, (incorporating clear Governance) around the management of DoC incidents. 2. This framework will also provide clear guidance to members of staff on how to manage such incidents, and provide support to staff, where required. 3. The Policy encourages effective communication between the patient and/or the patient's relevant person and

		members of staff (at local or senior level).
5. Social Work	Positive	1. Supports the sharing of information and the involvement (where required) within DoC incidents.
6. Patient Advocacy Service (PAS)	Positive	1. Supports the sharing of information and the involvement (where required) within DoC incidents.
7. Volunteers	Positive	1. Provides a clear framework for the promotion of an open, honest and supportive culture throughout the Organisation when there is an unexpected or unintended incident that causes harm. 2. Promotes a culture of openness and truthfulness which will improve the safety of patients and the quality of healthcare systems and provisions.
	Negative	3. Potential negative impact with regard to the volunteer : patient relationship as a result of participating in an Investigation.
8. Scottish Government	Positive	1. Supports national consistency around the management of DoC incidents 2. The “Annual Report” provides the Scottish Government with information about the following: <ul style="list-style-type: none"> • Number and nature of incidents • Information about TSH’s Policies & Procedures in relation to DoC. • Information on the support to staff • Information concerning changes to Policies/Procedures as a result of learning points identified from the review of DoC incidents,
4. Is a collaborative assessment with external partners required? No		
If not, please provide rationale		National legislative requirement
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			The supporting policy documents highlight potential barriers to communication which may impact on the meaningful involvement of patients as a result of age related conditions e.g. Dementia.
Disability	X			<p>The Policy highlights the benefits of seeking input from the patient's "relevant person" to act on behalf of a patient who is not competent or does not have capacity to understand the process is a significant benefit.</p> <p>The Policy also highlights the need to consider patients with:</p> <ul style="list-style-type: none"> • Mental health issues • Cognitive impairment • Intellectual disabilities • Sensory impairment • Autism
Gender			X	
Gender Reassignment			X	
Marriage and Civil Partnership			X	
Pregnancy and Maternity			X	

Race/Ethnicity	X			The Policy highlights the need to take into account the need for translation / interpretation services, including cultural needs. The supporting documents signpost staff to the local 'Supporting Patient and Carer Involvement' Policy which provides comprehensive guidance around meeting individual communication needs.
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.

The policy aims to ensure that all stakeholders benefit from open, honest and supported input following an unexpected or unintended incident resulting in harm.

Guidance supports staff to investigate events fairly, regardless of which stakeholder group is involved, acknowledging the need to communicate using that person's preferred style of communication to ensure everyone is able to contribute to the process.

All stakeholders are considered equally in terms of implementing this policy, which, through learning from events, supports the organisation to eliminate discrimination, harassment and victimisation for any stakeholder group.

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.

There may be occasions when a patient's Relevant Person requires to attend meeting(s). However, the Policy states that "meetings should be accessible to the patient and/or the patient's relevant person having regard to their needs, one of which is travelling difficulties, which includes the cost of travel".

TSH 'Supporting Visitor Travel Policy' makes provision for anyone acting on behalf of a patient to apply for partial reimbursement of the costs of travelling to / from meetings which have been requested by the Hospital.

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

Service Lead / Director Designation: Medical Director Date: 15/08/22
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Then forward this screening document and your policy document to the Person Centred Involvement Lead for approval.

Approved by Person Centred Improvement Lead	Date: 16/08/22
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Comments

No requirement for detailed EQIA.

Detailed EQIA required. Please contact Person Centred Improvement Lead for advice / support
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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 PAG as sensitive information), content should not include the names of any stakeholders and/or include any information which would identify individuals.