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: Nursing Clinical Supervision & Reflection Activities
Directorate: Nursing & Operations **Date:** 13/1/2023   **Designation(s) of author(s):** Senior Nurse Nursing Practice Development
Strategy ☐ **Policy** ☒ **Protocol** ☐ **Project** ☐ ***Other** ☐   **(*please provide details)**
New ☐ **update to existing policy** ☒ ***replacement** ☐   **(*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)
The aim of the supervision process is to develop the supervisee's sense of autonomy; behavioural, emotional and cognitive self-government. The overall intention of supervision is to support continuous professional development to improve practice and promote wellbeing and motivation at work.	• Provide a clear understanding of the supervision measures in place to support nursing staff. • Promote good practice in relation to nursing clinical supervision (CS) and reflection activities (RA). • Ensure that CA and RA are available to all nurses that have a clinical, therapeutic or professional role with patients. • Ensure there are robust, evidence based processes and procedures in place for nursing staff participating in CA and RA. • Ensure that supervisors have the appropriate evidence-based training and on-going support to carry out their role. • Ensure that there are robust procedures in place to record nursing CS and RA.

	• Describe what supervisees can expect from the CS process and what the expectations are of them. • Embed a culture where CS and RA become the expected norm.

2. Please identify the scope of the policy

Forensic Network wide ☐   **Hospital wide** ☒   **Service specific** ☐

Discipline specific ☒   ***Other** ☐   **(*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. Nursing Staff (Supervisor)	Positive	Policy promotes: - Professional accountability - Learning & Development - Positive health and well-being for nurses.
	Negative	Engaging in group CS and RA could cause stress to individuals who are uncomfortable in a group situation. There might also be an emotional impact for the supervisor due to the nature of discussions.
2. Nursing Staff (Supervisee)	Positive	CS & RA promotes: - Professional accountability - Learning & Development - Promotes positive health and well-being for nurses.
	Negative	Engaging in group CS and RA could cause stress to individuals who are uncomfortable in a group situation.
3. Staff Families	Positive	CS enables staff to discuss work-related issues during work time, which may have a positive impact on their home life as they might not take these issues home.
	Negative	This could impact the health and wellbeing of staff due to the nature of discussions and experiences that they may take home with them.
4. Patients	Positive	The combination of the three components mentioned above supports and develops nurses to fully meet the requirements of their professional role to deliver high quality to the patients in their care.
	Negative	Staff will engage in CS and RA during their working day which will remove them from direct clinical care.

| **5.** Carers | Positive | CS and RA support nurses to work effectively with patients and their carers. |
| | Negative | Staff may be attending CS or RA at a time that coincides with a carer's visit, resulting in them being unable to speak to a carer when required. |

4. Is a collaborative assessment with external partners required? No

The policy mirrors other Forensic services and is in line with national guidance.

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	
Disability	x	x		Staff will have an opportunity to explore issues impacting their work e.g. their own mental or physical health, supported by facilitators with appropriate skills. Staff experiencing mental health issues e.g. anxiety / depression may feel under pressure to contribute to group discussions. A suite of reflection practice activities is available, which includes 1:1 CS.
Gender	x			CS and RA applies to nursing staff of all genders. Staff can choose their supervisor to ensure that they are comfortable engaging in the process.
Gender Reassignment	x			CS and RA can provide a safe and supportive space to discuss and reflect on the impact of provision of care for patients undergoing gender reassignment.
Marriage and Civil Partnership	x			CS and RA can provide a safe, supportive space for staff who wish to reflect on how home-life issues may be affecting work-life. This also gives staff space to discuss issues and not take them home.
Pregnancy and Maternity	x			Staff, if they choose, will have an opportunity to discuss potential changes to their role e.g. not working in direct clinical care when pregnant or not being in the work environment during maternity leave.

Race/Ethnicity	x			CS and RA offers an opportunity for staff to share any issues or concerns in relation to care provision for patients with e.g. language barriers, cultural needs. Staff that may face racial abuse through their direct work with patients have an opportunity to reflect and gain support.
Religion and or Belief	x			CS and RA can provide a space to reflect on any sectarian behaviour staff may be directly exposed to as part of their role.
Sexual Orientation	x			Staff can seek support to reflect on any issues relating to sexual orientation that may relate to their clinical role or their own sexual orientation.

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 promotes choice, allowing staff to choose the type of CS and/or RA that meets their individual learning and development needs. The collaborative working during CS and RA sessions promotes trust, safety and empowerment enabling staff an opportunity to discuss their clinical role and issues, which arise from that, including personal matters, which may impact on their professional role.

The policy is explicit to the values of CA and RA in supporting staff to share and work through personal difficulties e.g. personal, race, and disability, whilst offering a consistent message so staff feel supported.

The policy acts as a supportive mechanism, recognising the challenges of working in a forensic environment, which has the potential to impact negatively on relationships: staff/staff, staff/patients, staff/carers and staff/families. CS / RA support staff to highlight interpersonal issues and work towards resolving same, through a structured, professional process.
Protected time to enable staff to engage in CS / RA recognises the importance of fostering good relationships between all stakeholder groups.

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.

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 and Operations   **Date:** 13/02/2023

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

Approved by Person Centred Improvement Lead   Date: 20/02/2023
Comments   Feedback incorporated. No requirement for detailed EQI
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.