### Appendix: 5: Equality Impact Assessment

**EQUALITY IMPACT ASSESSMENT**

**This is a legal document stating you have fully considered the impact on the protected characteristics and is open to scrutiny by service users/external partners/Equality and Human Rights Commission**

**If you require advice on the completion of this EQIA, contact** **elaine.savory@aapct.scot.nhs.uk**

**‘Policy’ is used as a generic term covering policies, strategies, functions, service changes, guidance documents, other**

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| **Name of Policy** | Dignity & Privacy (Single Sex Accommodation) Policy |
| **Names and role of Review Team:** | Mary Urquhart, Acute Services Risk Governance ManagerElaine Savory, Equality and Diversity Adviser | **Date(s) of assessment:** | 18 August 202223 August 2022 |
| **SECTION ONE AIMS OF THE POLICY** |
| * 1. **Is this a new or existing Policy : \_\_\_\_\_New\_\_\_\_\_\_\_\_\_\_\_\_\_**

**√****Please state which: Policy Strategy Function Service Change Guidance Other**  |
| **1.2 What is the scope of this EQIA?****√****NHS A&A wide Service specific Discipline specific Other (please detail)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **1.3a. What is the aim?**The Policy outlines NHS Ayrshire & Arran’s arrangements and processes to promote the privacy and dignity of all people and to comply with the provision of single sex accommodation for patients. It applies to all staff and provides clear information to inform them of their roles and responsibilities in relation to maintaining patients’ privacy and dignity and the requirement to comply with single sex accommodation for all patients admitted to in-patient areas across NHS Ayrshire & Arran. At times the Policy may be breached when there may be extreme situations that necessitate patients of one sex having to be admitted to an area occupied by patients of the opposite sex. In these circumstances there are procedures that require to be adhered to and additional actions to minimise discomfort. Conditions which may be compromised in such extreme situations include toilet facilities, and in such circumstances toilet and washing facilities must be lockable. The policy identifies the requirement and processes to monitor for breaches of compliance, and the actions, escalation and reporting of any breaches to enable teams to learn and improve care.  |
| **1.3b. What is the objectives?*** To ensure purpose and scope are clear
* Care is person centred with respect to individual values and beliefs
* Exemption areas are considered and defined
* Responsibilities for staff are clear, communicated and updated
* In line with Health and Social Care Standards (2018)
 |
| **1.3c. What is the intended outcomes?**The policy will provide staff with information to inform them of their roles and responsibilities of implementing the expected standards of care which afford the utmost privacy, dignity and respect to people who use our services and their carers.The policy will support eradicating inappropriate mixed sex accommodation in NHS Ayrshire & Arran hospitals.Compliance with the policy should improve patient’s experience of healthcare.Patients and service users will benefit by the implementation and application of the policy by the maintenance of patients’ privacy and dignity, and compliance with single sex accommodation will contribute to improved patient experience. |
| **1.4. Who are the stakeholders?**All Staff in NHS Ayrshire & ArranPatientsCarers |
| **1.5. How have the stakeholders been involved in the development of this policy?**A working group was established with representation from different disciplines across the organisation.Draft versions of the policy were shared with internal governance committees to allow input from a wider cohort of individuals. |
|  **1.6 Examination of Available Data and Consultation -** Data could include: consultations, surveys, databases, focus groups, in-depth interviews, pilot projects, reviews of complaints made, user feedback, academic or professional publications, reports etc)[Healthcare quality strategy for NHSScotland - gov.scot (www.gov.scot)](https://www.gov.scot/publications/healthcare-quality-strategy-nhsscotland/)[Carers (Scotland) Act 2016: statutory guidance - updated July 2021 - gov.scot (www.gov.scot)](https://www.gov.scot/publications/carers-scotland-act-2016-statutory-guidance-updated-july-2021/)Human dignity is an underlying principle of Human Rights (*Scottish Human Rights Commission 2012*). [Home | Scottish Human Rights Commission](https://www.scottishhumanrights.com/)The Equality Act 2010Recommendation of Health Improvement Scotland (HIS) |
| **Name any experts or relevant groups / bodies you should approach (or have approached) to explore their views on the issues.** Policy Development Short Life Working GroupAcute Clinical Governance GroupCross-site Professional CommitteeCorporate Management Team |
| **What do we know from existing in-house quantitative and qualitative data, research, consultations, focus groups and analysis?** Policy required and needed very quickly |
| **What do we know from existing external quantitative and qualitative data, research, consultations, focus groups and analysis?** |
| **1.7. What resource implications are linked to this policy?**This policy will be carried out within existing resources. |

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| **SECTION TWO**  | **IMPACT ASSESSMENT** |
| **Complete the following table, giving reasons or comments where:****The Programme could have a positive impact by contributing to the general duty by –*** **Eliminating unlawful discrimination**
* **Promoting equal opportunities**
* **Promoting relations within the equality group**

**The Programme could have an adverse impact by disadvantaging any of the equality groups. Particular attention should be given to unlawful direct and indirect discrimination.****If any potential impact on any of these groups has been identified, please give details - including if impact is anticipated to be positive or negative.** **If negative impacts are identified, the action plan template in Appendix C must be completed.** |
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| **Equality Target Groups – please note, this could also refer to staff** |
|  | **Positive impact** | **Adverse impact** | **Neutral impact** | **Reason or comment for impact rating** |
| **2.1. Age** * Children and young people
* Adults
* Older People
 | XX |  | X | This policy only applies to adults. A separate policy for children and young people will be developed and an EQIA of that will be undertaken.The intention of this policy is to ensure NHS A&A affords the utmost privacy, dignity and respect to people who require to access our in-patient services by accommodating them in a suitable setting. |
| **2.2. Disability** (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment, mental health) |  |  | X | There would be no differential impacts of this policy based on disability. The intention of this policy is to ensure NHS A&A affords the utmost privacy, dignity and respect to people who require to access our in-patient services. Should an individual require additional support due to disability, this will be accommodated as far as possible. |
| **2.3. Gender** **Reassignment** | X |  |  | The intention of this policy is to ensure NHS A&A affords the utmost privacy, dignity and respect to people who require to access our in-patient services by accommodating them in a suitable setting. Additional consideration has been given and guidance highlighted to support the specific requirements of trans people.  |
| **2.4 Marriage and Civil partnership** |  |  | X | There would be no differential impacts of this policy based on marriage and civil partnership. All partners are welcome to visit patients when in hospital subject to being symptom-free from any infectious diseases such as Covid. |
| **2.5 Pregnancy and Maternity** |  |  | X | There would be no differential impacts of this policy based on pregnancy or maternity. Should any situation arise due pregnancy or maternal conditions, the individual will be treated appropriately and with dignity and respect. Our maternity unit within NHS A&A offers accommodation in single bedded rooms to support this. |
| **2.6 Race/Ethnicity** |  |  | X | There would be no differential impacts of this policy based on race or ethnicity. The intention of this policy is to ensure NHS A&A affords the utmost privacy, dignity and respect to people who require to access our in-patient services by accommodating them in a suitable setting thus sex specific accommodation would support this aim. |
| **2.7 Religion/Faith** |  |  | X | There would be no differential impacts of this policy based on religious or faith beliefs. |
| **2.8 Sex (male/female)** | X |  |  | The intention of this policy is to ensure NHS A&A affords the utmost privacy, dignity and respect to people who require to access our in-patient services by accommodating them in a suitable setting. |
| **2.9 Sexual Orientation** * Lesbians
* Gay men
* Bisexuals
 |  |  | X | There would be no differential impacts of this policy based on marriage and civil partnership. All partners are welcome to visit patients when in hospital subject to being symptom-free from any infectious diseases such as Covid. |
| **2.10 Carers** | X |  |  | The intention of this policy is to ensure NHS A&A affords the utmost privacy, dignity and respect to people who require to access our in-patient services by accommodating them in a suitable setting. By doing so should improve patient experience and potentially that of carers and family members, knowing the person is in a safe and respectful environment. |
| **2.10 Homeless** |  |  | X | There would be no differential impacts of this policy based on accommodation status. |
| **2.12 Involved in criminal justice system** |  |  | X | There would be no differential impacts of this policy based on involvement in the criminal justice system. Where such an occurrence takes place, existing processes will be followed whilst maintaining the individual’s dignity and privacy. |
| **2.13 Literacy** |  |  | X | There would be no differential impacts of this policy based on literacy. Staff who require additional support will be known to managers and necessary support will be provided to ensure all staff are aware of their responsibilities in line with the policy. |
| **2.14 Rural Areas** |  |  | X | There would be no differential impacts of this policy based on an individual living in a remote or rural area. Individuals will be accommodated in a suitable setting to ensure privacy and dignity are respected. |
| **2.15 Staff** * Working conditions
* Knowledge, skills and learning required
* Location
* Any other relevant factors
 | X |  |  | The Policy outlines NHS Ayrshire & Arran’s arrangements and processes to promote the privacy and dignity of all people and to comply with the provision of single sex accommodation for patients. It applies to all staff and provides clear information to inform them of their roles and responsibilities in relation to maintaining patients’ privacy and dignity and the requirement to comply with single sex accommodation for all patients admitted to in-patient areas across NHS Ayrshire & Arran. At times the Policy may be breached when there may be extreme situations that necessitate patients of one sex having to be admitted to an area occupied by patients of the opposite sex. In these circumstances there are procedures that require to be adhered to and additional actions to minimise discomfort. The policy identifies the requirement and processes to monitor for breaches of compliance, and the actions, escalation and reporting of any breaches to enable teams to learn and improve care.  |
| **2.16. What is the socio-economic impact of this policy / service change? (The** [**Fairer Scotland Duty**](https://www.gov.scot/publications/fairer-scotland-duty-interim-guidance-public-bodies/) **places responsibility on Health Boards to actively consider how they can reduce inequalities of outcomes caused by socio-economic disadvantage when making strategic decisions)** |
|  | **Positive** | **Adverse** | **Neutral** | **Rationale/Evidence** |
| **Low income / poverty** |  |  | X | There would be no differential impacts of this policy on socio-economic status of individuals. Low income, poverty or living in areas of deprivation would not have any impact on the ward in which an individual is placed. The intention of the policy is to ensure NHS A&A affords the utmost privacy, dignity and respect to people who require to access our in-patient services by accommodating them in a suitable setting |
| **Living in deprived areas** |  |  | X |
| **Living in deprived communities of interest** |  |  | X |
| **Employment (paid or unpaid)**  |  |  | X |  |
| **SECTION THREE** |  **CROSSCUTTING ISSUES** |
| **What impact will the proposal have on lifestyles? For example, will the changes affect:**  |
|  | **Positive impact** | **Adverse impact** | **No impact** | **Reason or comment for impact rating** |
| **3.1 Diet and nutrition?**  |  |  | X | There would be no differential impacts of this policy on diet and nutrition. |
| **3.2 Exercise and physical activity?** |  |  | X | There would be no differential impacts of this policy on exercise and physical activity. |
| **3.3 Substance use: tobacco, alcohol or drugs?**  |  |  | X | There would be no differential impacts of this policy on substance use. |
| **3.4 Risk taking behaviour?** |  |  | X | There would be no differential impacts of this policy on risk taking behaviour. |

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| **SECTION FOUR** |  **CROSSCUTTING ISSUES** |
| **Will the proposal have an impact on the physical environment? For example, will there be impacts on:**  |
|  | **Positive impact** | **Adverse impact** | **No impact** | **Reason or comment for impact rating** |
| **4.1 Living conditions?**  |  |  | X | There would be no differential impacts of this policy on living conditions. |
| **4.2 Working conditions?**  |  |  | X | There would be no differential impacts of this policy on working conditions. The aim of the policy is to ensure we maintain the privacy, dignity and respect of our patients when in hospital, therefore, it is anticipated that the policy will improve the patient’s experience which could potentially improve staff experience. |
| **4.3 Pollution or climate change?** |  |  | X | There would be no differential impacts of this policy on pollution or climate changes. |
| **Will the proposal affect access to and experience of services? For example:**  |
|  | **Positive impact** | **Adverse impact** | **No impact** | **Reason or comment for impact rating** |
| **Health care**  | X |  |  | Compliance with the policy will improve patient’s experience of health care, through assuring privacy, dignity and respect therefore in-patients who feel comfortable within their environment will have a better sense of wellbeing and potentially better clinical outcomes. |
| **Social Services** |  |  | X | There would be no differential impacts of this policy for social services. |
| **Education**  |  |  | X | There would be no differential impacts of this policy for education services. |
| **Transport**  |  |  | X | There would be no differential impacts of this policy on transport services. |
| **Housing** |  |  | X | There would be no differential impacts of this policy on housing services. |

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| **SECTION FIVE** | **MONITORING** |
| **How will the outcomes be monitored?** Number of breaches and response to them |
| **What monitoring arrangements are in place?** |
| **Who will monitor?** |
| **What criteria will you use to measure progress towards the outcomes?** |
| **PUBLICATION** |
| Public bodies covered by equalities legislation must be able to show that they have paid due regard to meeting the Public Sector Equality Duty (PSED). This should be set out clearly and accessibly, and signed off by an appropriate member of the organisation. Once completed, send this completed EQIA to the **Equality & Diversity Adviser** |
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| **Authorised by** |  | **Title** |  |
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| **Signature** |  | **Date** |  |

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| **Identified Negative Impact Assessment Action Plan** |

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| **Name of EQIA:** |  |

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| **Date** | **Issue** | **Action Required** | **Lead (Name, title, and contact details)** | **Timescale** | **Resource Implications** | **Comments** |
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| Further Notes: |  |

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| Signed: |  | Date: |  |