EQIA – Standard Impact Assessment (Form 1)

EQIA – Standard Impact Assessment (Form 1)

Question 1:

Which Service, Dept, Group or Committee is responsible for carrying out the Standard Impact Assessment?

Name	Patient Centred Care Steering group

Question 2:

Lead Assessor's contact details

Name	Dianne Williamson	Tel. No	01592 729557
Job Title:	Equality and Human Rights Lead	Ext:	29557
Department	Patient Relations	Email	Dianne.williamson@nhs.scot

Question 3:

Title of Document / Policy (please include the Policy number) / Proposed Change (project or initiative)

Virtual Visiting

Question 4

Define the work– is it?   N= New, R= Review / Redesign

Policy		Procedure		Guideline		Project	
Strategy		Protocol		Service	✓		
Other?							

Question 5

Briefly outline the aim and the purpose of the work that is being screened for Adverse Impact.

Aim	Implement virtual visiting
Purpose	As a result of national guidance and management of COVID 19, NHS Fife ceased visiting for patients for a period of time which was then quickly followed by a new visitor management arrangement. These were put in place to protect the patient / local communities and prevent the spread of the disease. NHS Fife recognised there would be an impact on patients and families, and that their recovery and welfare would possibly be affected. In addition, we understood that there would be tremendous suffering for those individuals that were very ill with COVID and their families and as such an alternative way of providing contact for both the patient and families would have to be considered. A virtual visiting means was considered and implemented. The use of on line technology and social media methods would enable virtual visiting. The means to providing this contact would be provided via the purchase of an IPAD for each ward. Therefore, following the application and agreement for NHS Fife endowments to fund the source and purchase of IPADS, these were purchased for wards across NHS Fife Hospital settings. NHS Fife also identified that communication with patients who speak community languages or British Sign Language would also be challenging at this time as a result of the restrictions on providing face to face interpreting for patients. However, Patients and staff still required interpreting support. In order to resolve this, the virtual visiting IPADS were given an additional application called the 'INSight' APP. This APP provided each ward with access to interpreting for community languages and British Sign language. An EQIA is now required to ascertain the impact of the virtual visiting service and use of the InSight APP.

Question 6

Is this a new development? (Please tick)

Yes	✓	No	

Question 7

If yes, is this proposal/ decision strategically important or not, please describe below?

The decision to implement a virtual visiting service was made as a result of COVID 19 and the risk this posed to patients and families from physically entering a hospital setting. This important measure is designed to reduce risk but provide comfort and support and will continue to provide a safe way of maintaining their connection with family that aids a patient welfare and recovery.

This has been a strategic decision to cease visiting and implement virtual visiting.

Question 8:

What is the scope for this EQIA? (Please tick*)

NHS Fife (all)	✓	NHS Fife (Acute)		NHS Fife (Corporate)	
HSCP West Division		HSCP East Division		HSCP Fife wide Division	
*Service specific? Name			*Discipline specific? Name		

Question 9:

Who is it intended to benefit?-CYP Children and Young People

Staff	✓	Service Users including CYP	✓	Public Including CYP	✓

Question 10:

Identifying the Impacts

Consider any potential Impacts on the Protected Characteristic Groups, and Children and Young People etc and the relevance of policy/ change to each group is described as:

H- High Relevance, M = Medium Relevance or **L= Low relevance**

Equality Impact Assessment Matrix

Protected Characteristic	Positive Impact	No Impact	Adverse Impact
High Relevance	NO Full EQIA required	NO Full EQIA required	Full EQIA required – Action Plan required
Medium Relevance	NO Full EQIA required	NO Full EQIA required	Full EQIA required – Action Plan required
Low Relevance	NO Full EQIA required	NO Full EQIA required	EQIA may be required – discuss with Equality and Participation Co-ordinator as you may be able to address these Impacts immediately.

Relevant Protected Characteristics	Employees	Applies to
Age - including children and young people NHS Fife will addressing language barriers between staff, patient and families etc by providing an interpreting services as part of the ipads. We will ensure children and young people can include support	LR	MR Children and young people may not be able to keep connected with their

from their carers and parents etc. And that they remain involved in care decisions via virtual meetings. That children and young people will still be able to connect with their siblings. We will work to understand the patient needs in using virtual visiting, making improvement to access and methods of virtual visiting. We will gather feedback and use this to inform our developments.		families if they are digitally excluded. Older people may not have digital access. Older people may not have families but rely on close contact with friends (families living away from main parent base). Friends may not understand or know how to use digital on line virtual visiting. Cost of internet connection to cyp and older people or those who are working but experiencing 'in work poverty'.
Disability - including people with mental health difficulties	LR	HR People with disabilities including physical, mental health may not be able to use virtual visiting. Those who are hard of hearing, deaf, Deaf will find it difficult to use a virtual visiting on line –Deaf community are not confident with digital technology for accessing services or information. We will encourage and support the role of the advocate in the patients care, as appropriate, using the IPADS. Patients with

		dementia may find access via video link/ipad distressing and find it challenging to understand. Patients with a profound learning disability will not be able use virtual visiting, as they would only recognise their carer or parent with physical contact. Those who have a learning disability may find understanding the spoken word challenging via the online access, as they often need to be able to see the full face, hear the clear spoken word and also use communication aids to support their communication. This would apply to those who have speech and language needs, including those with augmented and assisted communication.
Race - black and ethnic people including Gypsy Travellers, racism by cast We will ensure that communication re virtual visiting is provided in a variety of formats suitable for their needs, reflecting on community languages, BSl and also those who may need information in easy read – considering the use of health literacy in the way we design and draft that information. Respect is at the heart of **cultural** competence-patients who feel their **healthcare** providers respect their beliefs, customs,	LR	LR Some cultures may not find the use of online virtual visiting is supportive nor culturally appropriate or helpful. Some cultures may have very extended families, which would

values, language, and traditions are more likely to communicate freely and honestly, which can, in turn, reduce disparities in **healthcare** and improve patient outcomes- respecting patient connections with their families and carers in their care and as part of their recovery via their continued contact with their families will be enabled with the use of the ipads and virtual visiting.		naturally have many family visitors, on line access would not be able to meet the usual expectations. Gypsy Travellers may not find the use of ipads and virtual visiting confidential enough or that those living on some sites have a lack of digital wifi access. Some individuals may be from a homeless background, and rely on support from other individual s who are also in a similar situation, these groups are usually disadvantaged and digitally excluded.
Sex - women and men	LR	LR Men may be less likely to use an ipad to remain connected with their families.
Sexual orientation - lesbian, gay or bisexual	LR	LR LGBT community may have contact with members of their own community rather than family-virtual visiting will help with this but may expose their sexuality as a result of the virtual contact (through conversations) so may be less confidential.
Religion and Belief	LR	LR

A consideration of the use of the ipads to join in to spiritual care meetings and services?		
Gender Reassignment – transitioning pre and post transition	LR	LR
Pregnancy and Maternity –mainly applicable to staff and work force policy	LR	LR
Marriage and Civil Partnership	LR	LR

Fairer (Scotland) Duty 2018 – Assessing impacts on socio-economic disadvantage and/or inequalities of outcome **Is this a proposal / decision strategically important?**	**Yes** ✓	**No**

If yes, please complete what was discussed?

1.	What evidence do have you have about socio-economic disadvantage and inequality of outcome in relation to this issue/ decision? (How have people who are affected socially and economically affected?)	Communities experiencing poverty and financial exclusion may find that their digital access is limited or not sufficient enough to be able to host on line visiting.
2.	Have you discussed at a strategic level what the main impacts will be of the issue/ decision?	Yes this has been discussed and a variety of co production and partnership arrangements are being pursued to ensure improvement for particular

		communities to be able to access digital and virtual services. Fifewide work to improve digital access is being undertaken by our partner organisations locally and at a national level action is being taken to address digital exclusion.
3.	Have you considered ways of reducing those impacts? Who will you work with to address these issues?	Ongoing work with partners including the establishment of a joint working group tasked with addressing digital exclusion for the most disadvantaged such as homeless is in place. Establishment of hubs for near me access may help to alleviate access issues to on line virtual visiting. The use of telephone for those who can't use an ipad. Further work with our BSL provider may be needed to help people who are Deaf /deaf and don't use technology.

Children and Young People (Scotland) Act 2014	**Yes**	**No**
Have you considered completing a Participation of Children & Young People Template? Fife Children's Services E&P Framew CRWIA & Engagement and Parl **Is this a proposal / decision strategically important?**	✓ A full CRWIA will be carried out to ensure children and young people are actively involved and connected with their families as part of their care.	Please tick

Standard Impact Assessment	Equality and Human Rights Team	V1.5	Next review date- October 2020

1.	What evidence do have you have about Children and Young people, possible disadvantage and inequality of outcome in relation to this issue/ decision?	Digital poverty impacts on children's access to on line virtual visiting. Children and young people may find it distressing to see their parents in hospital. Young carers need to remain involved in their parents care, staff may not be aware that the individual is cared for by their child, and that the young person has a role in decision making.
2.	Have you discussed at a strategic level what the main impacts will be of the issue/ decision?	
3.	Have you considered ways of reducing those impacts?	

Question 11:
Have you consulted with staff, public, service users, children and young people and others to help assess for Impacts?
(Please tick)

Yes	✓	No	

If yes, **who** was involved and **how** were they involved? If not, why not, was this necessary as it is just a refresh of existing policy or guidance already in place for example?

A range of staff groups were consulted. Various wards were involved with preliminary discussions. Dementia strategy lead and governance groups were consulted.

(empty box)

Question 12:

If necessary- please include in brief evidence or relevant information that has influenced the decisions being made (this could include demographic profiles, audits, research, published evidence, and health needs assessment, work based on national guidance or legislative requirements etc) . Any evidence /data that support's your assessment can be inserted into the box below.

Please enter evidence/data links :

Any documents re impact of lack of contact for patient and families during their stay in hospital?

Question 13:

Meeting the Public Sector Duty as part of the Equality Impact Assessment

Please provide a rationale to support the results of the Standard Impact Assessment, in that due consideration has been given to:

- **Eliminate unlawful discrimination, harassment and victimisation**
- **Advance equality of opportunity between different groups; and**
- **Foster good relations between different groups**

What we must do	Provide a description or summary of how this has been achieved
Eliminate discrimination	We will ensure that the ipads are accessible for all patients including those that speak community languages. We will continue to promote the use of the IPADS and virtual visiting for all

	families and individuals to ensure individuals have and remain in contact with their family and friends.
Advance equality of opportunity	We are actively ensuring that everyone will have access; this will include written information, or for example a short video etc of the virtual visiting arrangements and interpreting which is also provided as an on line service, to promote to staff and patients and enable them to feel confident to use it. More promotion and communication about visiting arrangements and virtual visiting.
Foster good relations	Virtual visiting will continue to ensure contact with home community based support such as advocacy. We will make sure that the virtual patient visiting service support access to any family member including those who are from a protected characteristic.

Question 14:

Has your assessment been able to demonstrate the following?

Positive Impact	There are some evident positive impacts for both staff, patient and families etc
No Impact	
Adverse Impact	There are some adverse impacts in terms of access, sharing of equipment across whole wards, people who have a disability may find further challenges using the IPAD, depending on their physical and mental health issues, and some individuals may have domestic situations that would limit their opportunity or restrict their ability to join a virtual on line visiting arrangement, such as domestic violence. Those with dementia and other neurological conditions may find the use of virtual visiting and technology very challenging and distressing.

If you have identified that a full EQIA is required then you will need to ensure that you have in place, either a working group or a means to address the results of the Impact Assessment and any adverse outcomes at your meetings or as a separate arrangement.

Contact Equality and Human Rights Lead Officer for support

Prepare for this in advance; bring any information, plans, surveys or reports to the meeting. You should make contact with patient relations to request community and public representation, and then contact the Scottish Health Council for further support with participation and engagement.

To be completed by Lead Assessor	
Name	**Dianne Williamson**
Email	**Dianne.williamson@nhs.scot**
Telephone (ext)	
Signature	
Date	**21.10.2020**

Return to Equality and Human Rights Lead Officer at

Fife.equalityandhumanrights@nhs.scot