Equality Analysis

Legislation requires that our policy and strategy documents consider the potential to affect groups differently and eliminate or minimise this where possible. This process helps to address inequalities by identifying steps that can be taken to ensure equal access, experience and outcomes for all groups of people.

Step One – Policy Definition

Function/policy name and number:	Complex Discharge Operational Policy
Main aims and intended outcomes of the function/policy:	Through the setting of shared principles of discharge, this policy is designed to support the delivery of best practice, reduction in avoidable risk or harm, and support the health, safety, and wellbeing of all adults in our care. It supports the person, and their family or carers, to be at the centre of decision-making and care arrangements using 'Home First' principles and prioritising discharge for the person to the best destination to promote recovery and management of any ongoing care needs they may have.
How will the function/policy be put into practice?	Shared on Trust Hub
Who will be affected/benefit from the policy?	All Patient with complex care needs age 17 and over Allied Health Professionals Pharmacists Nurses Doctors Patient Flow Team/Site Co-ordinators Transport Services Safeguarding Team Mental Health Teams Infection control Team All senior managers responsible for adult inpatient services Care Co-ordinators Transfer of Care Hub partners
State type of document	Procedural document
Is an EA required? NB :Most policies/functions will require an EA with few exceptions such as routine procedures-see guidance attached	Yes
Accountable Director: (Job Title)	Director of Clinical & Community Services
Assessment Carried out by:	Head Complex Discharge
Date Completed:	16th July 2024

To help you to determine the impact of the policy think about how it relates to the Public Sector Equality Duty, the key questions as listed below the and prompts for each protected characteristic included Step 3:

-Eliminate unlawful discrimination, victimisation, and harassment

-Advancing equality of opportunity
-Fostering good community relations

KEY QUESTIONS

- Are people with protected characteristics likely to be affected differently even though the policy is the same for everyone?
- Could there be issues around access, differences in how a policy is experienced and whether outcomes vary across groups?
- What information /data or experience can you draw on to indicate either positive or negative impact on different groups of people in relation to implementing this function policy?

Step Two – Evidence & Engagement

What evidence have you identified and considered? This can include research ((national, regional ,local) surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, information about Dudley's demographics, The Dudley Group equality and diversity reports, Joint Strategic Needs Assessment (JSNA) or other equality analyses, Workforce Race and Disability Equality data, anecdotal evidence.		
Research/Publications	**Working Groups**	**Clinical Experts**
Mental Capacity Act 2005 - Mental Capacity Act 2005 (legislation.gov.uk)		
Care Act 2014 Care and support statutory guidance - GOV.UK (www.gov.uk)- updated Nov 2022		
Hospital Discharge and community Support guidance - https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance		
Focus Group with Clinical & Community Support Services Division		Divisional Chief AHP Community with Core Clinical Services (CCCS)
Focus Group with Complex Discharge Team		Local Governance
Engagement with Medicine Division		Clinical Governance Administrator

Engagement	Surgery	Divisional PA - Surgery, Women & Children Division
Engagement, Involvement and Consultation: If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:		
Engagement Activity	**Protected Characteristic/ Group/ Community**	**Date**
Emailed communication consultation with Clinical Governance Lead for Children Services	Age	16/11/2023
Safeguarding Team	Disability	9th April 2024 - 10th May 2024
Consultation with Divisional lead Medicine	All	9th April 2024 - 10th May 2024
Consultation with Divisional leads Surgery	All	9th April 2024 - 10th May 2024
Consultation Head of Therapy	All	9th April 2024 - 10th May 2024
Consultation Complex Discharge team	All	9th April 2024 - 10th May 2024
Engagement CCCS	All	16th June 2024
Consultation Head patient Access and Discharge (site)	All	9th April 2024 - 10th May 2024
Engagement with Director of Operations CCCs	All	9th April 2024 - 10th May 2024
For each engagement activity, please state the key feedback and how this affected / or will shape policy/service decisions (E.g. patient told us …. So we will …..):		

Summary of the feedback:
Paediatrics There is a separate document that looks at CYP aged 16-17 years. Although this document is regarding correct admission placement, wherever the CYP is admitted then that areas discharge pathways should be followed. If help or advice

is required (from an adult area), the team is more then welcome to contact the Lead Nurse Paediatrics or matron/deputy matron of paediatrics.
All looks good,
Therapy - The paragraph 5.4 reads fine in my opinion, I did review but didn't feel it needed anything added. Apologises for not confirming this in writing.
Equipment KPI is equipment should be ordered within 24 hours of a patient being MOFD, and access visits are the same.

Direct of Operations (Corporate) The CCG no longer exists and I have referred to the ICS. Are we intending to share this with a Patient Group and PEG?
Factsheet A (appendix 1) should be given to and discussed with the patient as part of the admission process by the ward's nursing team.
Factsheet A (appendix 1) should be given to and discussed with the patient as part of the admission process by the ward's nursing team.

MCA for capacity will be conducted by a member of the MDT.
Out of area referrals will be completed and sent to the relevant authority by an appropriate assessor.

Surgery

In some instances, family/carer may be approached to bridge care until it is provided in the community. This must be done in reference to the Bridging of Care SOP and can only be commenced when a finalised date for the package of care to start has been given.

If no agreement has been reached regarding discharge arrangements after the seven day window escalation process or if transfer arrangements are challenged by the patient/family member if patient does not have capacity,

If the patient declines NHS treatment and a care or support package, they may be discharged from hospital. In those circumstances they will be advised in advance of any discharge on the further NHS or social care support they may be able to access in the community and warned of the risks if they refuse such support. Should this be reported somewhere?

Step Three – Assessment of Impact

Complete **relevant** boxes below to help you record your assessment
Consider information and evidence from previous section covering:
- Engagement activities
- Equalities monitoring data
- Wider research

Also think about due regard under the general equality duty, NHS Constitution and Human Rights.

Positive Impact HIGH MEDIUM LOW	**Negative Impact** HIGH MEDIUM LOW	**Neutral Impact** (Tick)	• **List concerns raised for possible negative impact** **OR** • **List beneficial impact** (utilise information gathered during assessment)	**Mitigation** **List actions to redress concerns raised if a negative impact has been identified** in previous column	**Lead** [title]	**Time-scale**	**How are actions going to be monitored/reviewed/ reported**? (incl. after implementation
Positive OR Negative Impact (not both)							
1) Age Describe age related impact and evidence. This can include safeguarding, consent and welfare issues:							
	Medium		There is a separate document that looks at CYP aged 16-17 years. Although this document is regarding correct admission placement, wherever the CYP is admitted then that areas discharge pathways should be followed. If help or advice is required (from an adult area), the team is more then welcome to contact the Lead Nurse Paediatrics or matron/deputy matron of paediatrics.	Hyperlink added to the policy to link to the children and young person policy	Clinical Governance Lead for Children's Services	Completed	Tested link works this will be monitored by children lead
2) Disability							

Describe disability related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health/ learning disabilities, cognitive impairments:							
		√					
3) Gender re-assignment Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment:							
		√					
4) Marriage and civil partnership Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part-time working, and caring responsibilities:							
		√					
5) Pregnancy & Maternity Describe any impact and evidence on pregnancy and maternity. This can include working arrangements, part-time working, and caring responsibilities:							
		√					
6) Race Describe race related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers:							
High		√					
7) Religion or Belief Describe any religion, belief or no belief impact and evidence. This can include dietary needs, consent and end of life issues:							
		√					
8) Sex Describe any impact and evidence on men and women. This could include access to services and employment:							

		√					
9) Sexual Orientation Describe any impact and evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers:							
		√					
10) Other marginalised groups e.g. Homeless people Describe any impact and evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include lower socio-economic status, resident status (migrants, asylum seekers), homeless, looked after children, single parent households, victims of domestic abuse, victims of drugs / alcohol abuse: (This list is not exhaustive)							
	High		In some instances, family/carer may be approached to bridge care until it is provided in the community. This must be done in reference to the Bridging of Care SOP and can only be commenced when a finalised date for the package of care to start has been given. If no agreement has been reached regarding discharge arrangements after the seven-day window escalation process or if transfer arrangements are challenged by the patient/family member if patient does not have capacity, If the patient declines NHS treatment and a care or support package, they may be	There is a process to act in best interest, meeting is arranged on ward with representative from the MDT involved in care and decision making	Head of complex discharge	Completed	Discussed daily on ward board rounds with MDT

			discharged from hospital. In those circumstances they will be advised in advance of any discharge on the further NHS or social care support they may be able to access in the community and warned of the risks if they refuse such support. Should this be reported somewhere?				
11)Privacy, dignity, respect, fairness etc.							
High		√	MCA for capacity will be conducted by a member of the MDT. Out of area referrals will be completed and sent to the relevant authority by an appropriate assessor.	Generic inbox for the complex discharge team, monitored daily by all on shift.	Head of complex discharge	Com plete d	Monitored through complaints process, and feedback from the out of area local authority
			Factsheet A (appendix 1) should be given to and discussed with the patient as part of the admission process by the ward's nursing team. Factsheet A (appendix 1) should be given to and discussed with the patient as part of the admission process by the ward's nursing team.	Factsheet are given to patients so they have all information required when leaving the hospital environment.	Head of complex discharge	Com plete d	Monitored by reviewing patient feedback.

EQUALITY ANALYSIS - GUIDANCE NOTES

Equality Analysis is a tool for ensuring that issues for equality, diversity and inclusion are considered when drawing up or revising policies or proposals which affect the delivery of services and the employment practice of the Trust.

Why do carry out Equality Analysis?

We are required to carry out equality impact assessments because:

- There is a legal requirement to do so in relation to the protected characteristics
- They are helpful in identifying gaps and make improvements to services
- They help avoid continuing or adopting harmful policies or procedures
- They help you to make better decisions
- They will help you to identify how you can make your services more accessible and appropriate
- They enable the Trust to become a better employer

Equality Impact Assessments help us to:

- Determine how Trust policies and practice, or new proposals, will impact or affect different communities groups, especially those groups or communities who experience inequality, discrimination, social exclusion or disadvantage.
- Measure whether policies or proposals will have a negative, neutral, or positive effect on different communities.
- Make decisions about current and future services and practice in fuller knowledge and understanding of the possible outcomes for different communities or customer groups.

What do we need to assess?

Trust polices are subject to a 3-year review. Alongside the reviews new polices will emerge. Most policies, strategies, and business plan will need an EA.

However, EAs are not required in relation changes in routine procedures, administrative processes or initiative that will not have a material impact on staff, patients, carers and the wider community. Examples include things such as checking the temperature of fridges, highly technical clinical procedures, office moves etc.

DGFT Process for EAs

The revised EA process is a single stage process carried out in three steps

Step One: Policy Definition

This involves a description of the policy details. This also decides whether the policy under consideration needs an assessment

Step Two: Evidence and Engagement

EAs should be underpinned by sound data and information. This should be sought from a variety of sources including information on Trust record systems, consultation and engagement activities, demographic information sources etc

Step Three: Assessment of Impact

This is the main and the most important part of the EA.

To help you to determine the impact of the policy think about how it relates to the Public Sector Equality Duty, the key questions as listed below and prompts for each protected characteristic.

-Eliminate unlawful discrimination, victimisation, and harassment
-Advancing equality of opportunity
-Fostering good community relations

KEY QUESTIONS

- What information /data or experience can you draw on to indicate either positive or negative impact on different groups of people in relation to implementing this function policy

- Are people with protected characteristics likely to be affected differently even though the policy is the same for everyone?

- Could there be issues around access, differences in how a service or policy is experienced and produces outcomes that vary across different groups
- Does the policy relate to the Trust's equality objectives?

NB It is important that, where adverse impact is known or is likely, mitigation measures must identified and acted upon to reduce or minimise the impact.

Step Four: Assurance

This section enables the EA to be signed off