

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:	Discharge against medical advice (Paediatrics and Neonates) policy
Main aims and intended outcomes of the function/policy:	To provide a systematic pathway to ensure that neonates, children and young people are discharged in a timely manner, whilst providing support to the parent/carer, in the event that they take discharge against medical advice.
How will the function/policy be put into practice?	Each time a parent/carer and/or a CYP takes discharge against medical advice, this policy will provide the process to take to ensure safety, what
Who will be affected/benefit from the policy?	All areas that care for children where discharge against medical advice may be taken
State type of document	policy
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)	
Assessment Carried out by:	Clinical governance lead for children's services
Date Completed:	07/06/24

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
<p>Debono, R. Paul, SP. Heaton, PA. (2013) Children discharged against medical advice. Nursing Times; 109 (31-32): 20-22.</p> <p>General Medical Council (GMC) (2018) Protecting children and Young People: The responsibilities of all doctors – Record Keeping. Available at: https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/protecting-children-and-young-people/keeping-records [Accessed May 2024]</p> <p>Nursing and Midwifery Council (NMC) (2018) The code: Professional standards of practice and behaviour for nurses, midwives and nursing associates. Available at: https://www.nmc.org.uk/standards/code/ [accessed May 2024].</p> <p>UK house of Lords Decisions. (1985) Gillick respondent and West Norfolk and Wisbech Area Health Authority first appellants and Department of Health and Social Security second appellants. Available at: http://www.bailii.org/uk/cases/UKHL/1985/7.html [accessed May 2024]</p> <p>Children Act 1989. Available at: http://www.legislation.gov.uk/ukpga/1989/41/contents [accessed May 2024]</p> <p>Children Act, 2004. Available at: http://www.legislation.gov.uk/ukpga/2004/31/contents [accessed May 2024]</p>	<p>Children’s Service Quality Practice Development Team</p> <p>Governance assurance meeting (GAME SW&C)</p>	<p>Safeguarding</p> <p>Head of children’s services</p> <p>Matron paediatrics</p> <p>Children’s Ward Outreach team</p> <p>Clinical Governance Lead for Children’s services</p> <p>Equalities team</p>

<p>Mental Health Act 2005. Available at: https://www.legislation.gov.uk/ukpga/2005/9/content_s [accessed May 2024]</p> <p>HM Government (2023) Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children [accessed May 2024]</p>		
<p>Engagement, Involvement and Consultation:</p> <p>If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:</p>		
<u>Engagement Activity</u>	<u>Protected Characteristic/ Group/ Community</u>	<u>Date</u>
Safeguarding	<ul style="list-style-type: none"> • Age • Disability • Other marginalised groups • Privacy, dignity, respect, fairness, etc. 	
Equalities team	<ul style="list-style-type: none"> • All 	
Head of Children’s Services	<ul style="list-style-type: none"> • Age • Disability • Race • Religion or Belief • Other marginalised groups • Privacy, dignity, respect, fairness, etc. 	
Matron Paediatrics	<ul style="list-style-type: none"> • Age • Disability • Race • Religion or Belief • Other marginalised groups 	

	<ul style="list-style-type: none"> • Privacy, dignity, respect, fairness, etc 	
Children's Ward Outreach team	<ul style="list-style-type: none"> • Age • Disability • Race • Religion or Belief • Other marginalised groups • Privacy, dignity, respect, fairness, etc 	
Clinical Governance Lead for Children's Services	<ul style="list-style-type: none"> • Age • Disability • Race • Religion or Belief • Other marginalised groups • Privacy, dignity, respect, fairness, etc 	
<ul style="list-style-type: none"> • 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:

- Staff may not be aware or understand the various acronyms within the document.
- Any cultural factors that could impact the need for a child to stay in hospital or need to leave within a set time frame need to be considered.
- Consider how will safety of children be maintained following taking self-discharge.

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)	<ul style="list-style-type: none"> • 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:							
Med			Understanding of what is happening	DAMA form includes sections to determine the understanding of the child, parent/carer.	JT	Continuous	3 yearly review, or earlier if required
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:							
	med		Staff may not be aware or understand the various acronyms within the document	Write the description in full with the acronym after	JT	Prior to ratification	3 yearly review, or earlier if required
3) Gender re-assignment Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment:							

		x					
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:							
		x					
5) Pregnancy & Maternity							
Describe any impact and evidence on pregnancy and maternity. This can include working arrangements, part-time working, and caring responsibilities:							
		x					
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:							
	low		Any cultural factors that could impact the need for a child to stay in hospital or need to leave within a set time frame	This is not an issues in relation to race. All patients are treated equally. If a child is unwell, regardless of race, religion, ethnicity, etc, then they are advised that they need to remain in hospital. The parents may request DAMA, and safety netting advice will be given and information on what to do if the child deteriorates.	LG	Continuus	3 yearly review, or earlier if required
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:							
		x					
8) Sex							
Describe any impact and evidence on men and women. This could include access to services and employment:							
		x					
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:							
		x					

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)

	med		How will safety of these children be maintained following taking self-discharge	Each child will be referred to the community. The community team will then make a telephone call to the parents/carers to check on the child.	LD LG	Continuo us	3 yearly review, or earlier if required
				Each child and family will be treated with respect and care will be provided on an individual requirement.	LG	Continuo us	3 yearly review, or earlier if required

11)Privacy, dignity, respect, fairness etc.

High			How will privacy and dignity be maintained.	Each child and family will be treated with respect and care will be provided on an individual requirement.	LG	Continuo us	3 yearly review, or earlier if required
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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 policies are subject to a 3-year review. Alongside the reviews new policies 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