

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: CP49 Palliative and End of Life Care Policy and Procedure		
Directorate: Nursing, AHP & Operations		Date: 01/12/2021
Designation(s) of Lead Author: Senior Nurse for Infection Control		
Strategy <input type="checkbox"/>	Policy <input checked="" type="checkbox"/>	Protocol <input type="checkbox"/> Project <input type="checkbox"/> *Other <input type="checkbox"/>
(*please provide details)		
New <input type="checkbox"/>	update to existing policy <input checked="" type="checkbox"/>	*replacement <input type="checkbox"/>
(*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 purpose of the policy is to set out a strategic framework for palliative and end of life care for patients at The State Hospital (TSH).	To ensure that patients have a dignified end of life experience, taking into consideration the principles and objectives contained within national guidance	
2. Please identify the scope of the policy		
Forensic Network wide <input type="checkbox"/>	Hospital wide <input checked="" type="checkbox"/>	Service specific <input type="checkbox"/>
Discipline specific <input type="checkbox"/>	*Other <input type="checkbox"/>	
(*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
Stakeholder(s) Patients	Positive	Endeavours to ensure that all patients who are diagnosed with a Palliative condition will be cared for / treated based on the latest evidence based research. The ultimate aim is to ensure that

		<p>patients have a dignified person-centred end of life experience. Also provides guidance on how to support other patients who are grieving for the loss of a peer.</p> <p>The policy supports consideration of transfer / discharge from TSH to meet the preferred needs of patients who may choose to spend the end stages of life within a hospice / home environment.</p>
Carers	<p>Positive</p> <p>Negative</p>	<p>The patient's carers will be kept up to date with care plans and have the input they need to support the patient during this process. The policy supports consideration of transfer to a local hospice / home for patients who would wish to be closer to family / friends.</p> <p>Carers may require to travel significant distances to spend time with a patient, whom at the end of life, requires to remain within TSH. This may cause financial hardship for some families, particularly where local accommodation is required to enable carers to visit more regularly.</p>
Staff	Positive	<p>Establishes clear roles and responsibilities which will enable staff (who are inexperienced in this field) to provide the optimum level of care for the patient. Staff will also be aware of the support available to them during and after this episode of care.</p>
Volunteers	Positive	Volunteers will be aware of the support available to them during and after this experience.
Spiritual and Pastoral Care Team	Positive	Chaplaincy Team will be aware of the support available to them during and after this experience.
<p>4. Is a collaborative assessment with external partners required? Yes/ *No</p> <p>*If not, please provide rationale</p> <p>External stakeholders involved in development of original policy. Content of update does not require further engagement.</p>		
<p>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.</p>		

Protected Characteristic	Positive X	Adverse/Negative X	Neutral X	Identified impact / inequality and rationale, including mitigating practice where appropriate
Age	X	X		Provides support to respond to patient demographics. It is likely that TSH will provide care and treatment for an aging patient population of those unable to transfer to step down services. No provision within the policy for transfer of patients at the end of life to age appropriate facilities.
Disability	X			Provides a framework to support patients diagnosed with a physical health condition through which disabilities develop / progress.
Gender	X			Appendix dedicated to respecting gender related practice in respect of contact with the body.
Gender Reassignment			X	
Marriage and Civil Partnership	X			Supports flexible access for spouses / partners to visit.
Pregnancy and Maternity			X	
Race/Ethnicity	X			*Appendix dedicated to ensuring that practice respects culture.
Religion and or Belief	X			*Appendix dedicated to ensuring that practice is respectful of religion / beliefs.
Sexual Orientation			X	

* Due to the nature of the organisation and the formal process which requires to be adopted when a patient dies within the Hospital, it will not always be possible to prepare the body prior to approval from the police. This may impact on gender / cultural / religious preferences.

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 ensures all patients at end of life are treated equally, that carers are supported equitably and all staff/ volunteers have access to support mechanisms.
The framework supports positive relationships between dying patients, their carers and staff who provide support to both 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.

Carers may require to travel significant distances to spend time with the patient. This may cause financial hardship for some families, particularly where local accommodation is required to enable carers to visit more regularly at the end of life stage.

The Supporting Visitor Travel Policy provides for exceptional circumstances such as supporting the dying patient. The referral process supports Clinical Teams to apply for additional funding to contribute to costs incurred by carers, based on personal financial circumstances.

The policy acknowledges situations where carers may have difficulty affording the cost of a funeral. Provision is made for covering the cost of a basic funeral, if carers do not qualify for social fund funeral payments.

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, AHPs and Operations

Date: 15/12/2021

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

Approved by Person Centred Improvement Lead	Date: 15/12/21
Comments Feedback incorporated. No requirement for detailed EQIA.	
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.