

Admission, Discharge and Transfer Policy for Community Hospitals

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**Lincolnshire Community Health Services NHS Trust
Version Control Sheet**

Admission, Discharge and Transfer Policy for Community Hospitals

Version	Section/Para/ Annex	Version/Description of Amendments	Date	Author/Amended by
1		New Policy	January 2012	Kay Darby
2		Planned policy review	July 2014	Clare Credland Kim Barr
2.1		Extended	August 2016	Corporate Assurance Team
2.2		Extended	January 2017	Corporate Assurance Team
2.3		Extended	September 2017	Corporate Assurance Team
2.4		Extended	November 2017	EPAG
3		Planned policy review	June 2018	Hayley Parkin
	Throughout	Minor amendments to grammar	July 2018	Hayley Parkin
	Section 5/para 3	Minor amendments to wording	July 2018	Hayley Parkin
	Section 6	Contacts added	July 2018	Hayley Parkin
	Section 7	Links to policies changed to text	August 2018	Hayley Parkin
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Lincolnshire Community Health Services NHS Trust

Admission, Discharge and Transfer Policy

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Lincolnshire Community Health Services NHS Trust

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Policy Statement

Background

Lincolnshire Community Health Services NHS Trust (LCHS) has Community Hospitals across the county which provide pathways of care for patients with Rehabilitation, Urgent Care, Transitional Care and End of Life Care needs.

Statement

The purpose of this policy is to establish safe and consistent pathways of care for patients with Rehabilitation, Urgent Care, Transitional Care and End of Life Care needs.

The objective of this policy is to set clinical standards to improve the admission of appropriate patients and gives information about specific services at different sites.

Responsibilities

Chief Executive, all Directors, Heads of Clinical Services, Clinical Governance Managers, Matrons, Staff

Training

All new members of staff will be introduced to the Organisation's procedures, during the Organisation Induction programme.

Dissemination

Website
Via email
Identified in the Organisation's staff newsletter

1. Background

Lincolnshire Community Health Services NHS Trust (LCHS) has Community Hospitals across the county which provide pathways of care for patients with Rehabilitation, Urgent Care, Transitional Care and End of Life Care needs.

2. Aim /Purpose

This Policy helps define the purpose of In-patient care at our Community Hospitals and how to access these services.

The Policy sets clinical standards to improve the admission of appropriate patients and gives information about specific services at different sites.

The Policy encompasses the whole patient pathway including the Admission, Discharge and Transfer processes of these services.

The Policy aims to support well-organised, safe and timely discharges or transfer for all patients through appropriate planning with the patient and their relatives/carers.

The Policy aims to ensure the specific needs of all patients are met in a fair and equitable way.

3. Definitions and an Explanation of Terms Used

An **Admission** for the purpose of this Policy is where a patient requires an in-patient facility and 24-hour care/treatment to meet their needs and achieve their goal of maximum independence.

A **Discharge** for the purpose of this Policy is where a patient no longer requires to be an in-patient to have their needs met. The patient is discharged home or transferred to an appropriate level of care as soon as they are clinically stable and fit for discharge.

A **Transfer** for the purpose of this Policy is where a patient has additional health care needs which cannot be met in the current setting.

A routine transfer is where the additional need is pre-planned and arranged accordingly.

An emergency transfer is where the patient's needs require urgent assessment and management which cannot be met in the current setting.

LCHS Patient Groups are determined by a patient's predominant health care need.

All patients referred to LCHS Community Hospitals will follow a pathway to support their Admission, Discharge and Transfer Process utilising core documentation.

A patient referred for **Assessment** and / or **Rehabilitation** has a predominant health care need to improve their independence with a plan of care agreed with the patient designed to facilitate the process of recovery from injury, illness or disease.

A patient referred for **Urgent Care**, this includes Admission avoidance, and includes the management of complex needs.

A patient referred for **End of Life, supportive or palliative care** will have an advanced, progressive, complex or life limiting illness. This includes management of pain and other symptoms and provision of psychological, social, spiritual and practical support. An holistic approach is used to meet the needs of the patient, family and carers.

4. Intended Users

Table of Intended Users:

LCHS	
Chief Executive's Department	YES
Finance Performance and Information	YES
Quality	YES
Strategy	YES
Service Delivery	YES
Human Resources	YES
Medical Directorate	YES

Within this policy where it states "all employees", please note, that it relates to all the employees who are highlighted in the table above

5. Full Details of the Policy

LCHS Community Hospitals provide general and specialist services.

The aim of community services is to prevent unnecessary admission to acute hospitals and facilitate early re-enablement, discharge home or end of life care.

Every patient will be assessed on that individual's need before a final decision whether "appropriate for admission" is made. This can include an MDT discussion prior to the decision being made.

We encourage discussion where there are doubts about the suitability of admission and/or the ability of the service to provide the right treatment and care to a particular patient.

Where there are any doubts as to the appropriateness of admission, the decision must be escalated to a Community Hospital Matron for discussion.

Ultimately, the final decision not to admit a patient should only be made following full discussion and escalation to a Community Hospital Matron and / or Head of Clinical Services for Community Hospitals or Transitional Care & Flow.

The main referral sources for patients to be admitted are from the following places:

- Integrated Discharge Hubs in local acute hospitals
- Assertive In Reach Teams in local acute hospitals
- Out of area acute hospitals (without Hub or AIR teams)
- GPs, Primary and Out of Hours Services
- St Barnabas
- Community Nurses and Therapists
- East Midlands Ambulance Service
- Minor Injuries Units & Urgent Care Centres

- Home Visiting and CAS clinicians
- Adult Social Care professionals

This list is not exhaustive.

5.1 ADMISSION CRITERIA (includes local variance due to service specification)

- Confirmation that patient is medically stable and evidence of plan.
- Patient has confirmed Diagnoses
- Complex medical investigations that must be conducted as an inpatient are not required.
- Clear purpose of assessment, treatment, rehabilitation, care or on-going management plan.
- Clinical risk has been assessed by the referrer and considered appropriate to support admission.
- Admission must be driven by patient need and their best interests, including family and carer needs.
- Minimum 3 days' supply of medication
- If recently commenced on warfarin regime, minimum 3 days of dosing is required

All admissions, where possible should take place within reasonable hours (i.e. 8a.m. to 8.p.m) and over seven days per week. Admissions outside of these hours will be facilitated to support acute hospital admission avoidance, or if our acute hospital partners are under pressure and require support.

Patients admitted directly from the community need to have been assessed by an appropriate health or social care professional. Relevant clinical information in order to understand the patient's level of need must be communicated to the Community Hospital so that they can forward plan to safely manage each case.

5.2 EXCLUSION CRITERIA

Medically unstable or at high risk of significant deterioration requiring close monitoring and intervention. Features include:

- High fever (>38.5°C)
- Low oxygenation (<92% O₂ on air) - exception for Long Term conditions if parameters identified in care plan
- Abnormal blood gases *
- Tachycardia (heart rate > 100 bpm)

- Unstable/low blood pressure (<90/66mm Hg)
- Reduced level of consciousness (excluding in end of life patients, where appropriate)
- Abnormal and unqualified/rapidly changing results, e.g. falling haemoglobin, high white cell count/CRP, worsening renal function.
- Patients receiving specialist respiratory treatments such as ventilation, unless agreed with ward nursing staff and identified in treatment plan.
- Infections: patients with a known or suspected infection must meet the admission criteria detailed within the relevant Infection Prevention and Control Disease specific policy. LCHS Infection Prevention Control Policy
- Where the patient does not meet the criteria but the referring hospital deems the admission appropriate, the admission must be risk assessed and agreed with a member of DCHS Infection Prevention and Control team, screening tool to be utilised.
- Complex functional illness requiring specialist care, including medical care (will include complex functional illness where there is significant risk of harm). Patients in whom there has been an acute and sudden onset of a confused state (delirium) related to a physical cause, e.g. acute infection which are causing increased NEWS scores and indicate escalation, endocrinological unbalance and where further physical investigations are required.
- Individuals who have complex functional or organic disorder who have been through the criminal justice system for behaviours resulting from illness and require care from a specialist forensic service.
- Individuals with organic, functional or mixed disorder who exhibit extremes of challenging behaviours including extreme physical violence, extreme sexual disinhibition including those behaviours with sexual deviances.
- Where no diagnosis can be offered and is requiring continued acute level specialist services.
- Access to complex, frequent or specialist diagnostic/imaging services.
- Patients awaiting pre-booked investigations within 24-hours that need to be undertaken within an acute setting, unless individually agreed due to acute hospital pressures.
- Specialist services that are provided elsewhere, e.g. specialist palliative care or mental health services
- Under 16 years of age.

On occasion the admission criteria may be applied slightly differently:

- In respect of particular escalation plans to support acute hospital pressures;
- When admissions might be restricted to Community Hospitals, e.g. infection control issues;
- In response to major emergencies – MAJAX.

- With agreement for individual cases for example, safeguarding or complex need

5.3 ADMISSION PROCESS

Key principles and tasks:

- i. The decision to refer must be taken by a health or social care professional.
- ii. Complete the clinical assessment and gain the patient's consent for referral.
- iii. Discuss with patient/family/carer the rationale for referral and an indication of expected duration of stay in the Community Hospital. This includes pathway, expected outcome and management plan.
- iv. Complete the Home First referral form for patient admission and send to the Operations Centre for processing and identification of the most local Community Hospital with capacity.
- v. On receiving the referral from the Operations Centre, a Nursing or AHP must review the Home First document and make a timely decision on whether the Community Hospital can safely manage the patient (response within 2 hours).
- vi. Ensure all relevant documentation transfers with the patient:
 - Treatment cards
 - MDT documentation
 - Copy of most recent episode of care
 - Copy of investigation results
 - Future management plan including appointments.
 - ADRT and DNACPR
 - CD1 forms
- vii. Complete electronic shares and consent to share
- viii. Confirm family and Carer involvement

The Operations Centre will liaise with the Community Hospital and notify the referrer of the outcome and next steps.

5.4 REFERRER RESPONSIBILITY

It will always be the legal responsibility of the referrer to assess the clinical situation and management risks of patients in their care. The referring professional/organisation must accept legal responsibility to ensure that the information they give is accurate and timely, respecting confidentiality.

- The referral form (Home First) must be completed prior to admission by the referrer (or completed over the phone with the Operations Centre). The Operations Centre will attach this to the relevant SystemOne unit and inform the Community Hospital ward staff.

- Medication/treatment card/electronic record – an up-to-date completed card should be sent with the patient.
- All current medications should accompany the patient to ensure continuity of medicines, minimum supply 3 days.
- Copies of relevant documentation of clinical priority issues, including Tissue Viability assessments, Infection Control information, Falls risk, communication issues, and special needs should form part of the Home First documentation.
- End of Life care/Supportive/Palliative: If a decision has been made about the treatment of the patient, including Do Not Attempt Resuscitation or a valid Advance Decision, these must be communicated before admission; information about advance care plans, including preferred priorities of care.
- Specialist equipment must be considered and planned prior to admission. In some circumstances it may be necessary for the appropriate equipment to be loaned to the Community Hospital in order to appropriately care for the patient.
- Prescribing, administration and on-going monitoring of specialist drugs should have a management plan.

5.5 LCHS RESPONSIBILITY

- All patients will be assessed on arrival and mandatory assessments completed in required timescales. The clinician will review the patient's clinical needs and ensure appropriate treatment is started and medication prescribed as per the Medicines Code Policy.
- All patients, within 72 hours of admission, will have undertaken goal setting and have a predicted date of discharge.

5.6 DISCHARGE PROCESS

It is the responsibility of the Discharging Ward to ensure all patients are safely discharged with a robust MDT discharge plan.

The Discharge Planning process should be commenced from admission in conjunction with the patient and family/carers.

Following admission and completion of initial multidisciplinary (MDT) assessments, patients and family/carers should be advised of the proposed planned date of discharge and plan.

The MDT should work with the patient and family towards the planned date of discharge. The involvement of the patient and family/carer is an integral and essential part of the discharge process.

Key Principles and Tasks:

- Decision made and documented in medical notes or electronic records to confirm that the patient is medically stable and risks identified and appropriate risk assessment and plans in place.
- Ensure a Continuing Health Care Check List has been completed and evidence documented if applicable.
- Complete Discharge Check List – give copy to patient.
- Discuss prescribed medication, assess for patients to self-medicate who will be responsible for managing own medicines on discharge.
- Supply TTOs (medicines patients are to be discharged with).
- If the patient's ongoing care is to be supported by the Direct Payments Scheme, staff must ensure the carers commissioned by the patient have had the necessary risk assessments and training to meet the patient's needs.
- Ensure patients are given all relevant information: Contact details of Community Nurse/ Community Matron, GP, and self-help groups as appropriate.
- Continence – supply seven days of equipment or check if patient has supplies.
- Bed Lever/Rails Risk Assessment – give copy to patient.
- Provide discharge information to patient's GP 24 hours prior to discharge.
- Ensure all relevant information for carers is provided.
- Discharge patient from SystemOne database in a timely manner.
- Discharge planning should always take place in conjunction with the Patient Choice and Delayed Transfers of Care Management SOPs.

5.6.1 Discharge Process Out of Hours

The process described in 6.6 must be followed in the same way out of hours.

5.6.2 Self Discharge

In the event of a patient wanting to take their own discharge against the advice of a health professional, all the facts should be recorded in the patient record. Where the situation allows, the risks of leaving against advice must be identified to the patient and the signature of the patient obtained. If the patient is unwilling to provide a signature this must be clearly documented in the patient record. The nurse in charge has a duty of care to ensure adequate and safe discharge arrangements are in place and must inform their line manager and senior clinician if discharge risks are identified.

5.6.3 Refusal to be Discharged

In the event of a patient refusing to be discharged, the situation must be managed in conjunction with the LCHS Choice Policy.

5.6.4 Vulnerable Adults

If an adult is at risk of harm or may have suffered harm, the nurse must refer the patient to LCC Social Care in accordance with the multi-agency vulnerable adult protection procedure. LCHS Safeguarding Adults

5.6.5 Patients Who Lack Mental Capacity

A patient should be supported to make their own decisions in connection with discharge planning. Where a patient is assessed as lacking capacity to do so then staff making decisions must do so in accordance with the Mental Capacity Act 2005 and accompanying Code of Practice. This requires decisions to be made in the patients best interests which includes involving the patient, family and carers, about the discharge plan wherever practicable and appropriate.

5.6.6 Independent Mental Capacity Advocate (IMCA)

Where there is no-one other than paid carers to consult with or on behalf of the patient, then the patient has a right to an IMCA in circumstances where long term care decisions are being made. This arises where a patient is expected to remain in a hospital setting for more than eight weeks.

5.6.7 Personal Welfare Lasting Power of Attorney (LPA)

A patient can appoint one or more people to make decisions on their behalf in circumstances where the patient is unable to make their own decisions due to incapacity. The person(s) must act in the patient's best interests. They can make decisions where the LPA gives them the authority to do so as it is registered with the Office of the Public Guardian.

5.7 TRANSFER OF PATIENTS

It is the responsibility of the transferring acute hospital ward or community referrer to ensure all patients are transferred in a safe and timely way. There are 'Emergency' and 'Routine' patient transfer routes.

Key Principles and Tasks:

- Routine transfer – as per 5.3
- Emergency transfer (during times of escalation / Major Incident) verbal handover and summary of electronic care plans will be completed, a copy retained in the records and a copy of the last medical episode of care sent with the patient. This includes other applicable documents which have been completed with the patient. The nurse responsible for the patient at time of the transfer will inform the family/carers if details have been given and agreed for this use.
- The patient's next-of-kin should be informed.
- The patient's GP practice/Case Manager/Community Matron/Community Nurse should be informed.

5.7.1 EMAS - direct referrals pathway

In order to support acute hospitals admission avoidance, EMAS are able to directly contact the Community Hospital to arrange an admission should they choose. They may also follow the process detailed in 5.3.

6. Support and Additional Contacts

Community Hospital Matron - JCH & Louth Hospitals	Maria Storti
Community Hospital Matron - Skegness & Johnson Hospitals	Lucy Creasey
Community Hospitals Head of Clinical Services	Petra Clarke
Operations Centre Manager	Elizabeth George
Transitional Care & Flow Head of Clinical Services	Hayley Parkin

7. References and Associated Documents

Locally held pathways and templates for rehabilitation and palliative care LCHS Patient Identification

LCHS Verification of Death by an Emergency Care Practitioner, Nurse Practitioner or Registered Nurse

LCHS Clinical Records Management Policy

LCHS Manual Handling

LCHS Infection Prevention Policy and Guidance

LCHS Procedure for the Management of Slips, Trips and Falls

LCHS Safe and Secure Handling of Medicines LCHS Safeguarding Adults Policy and Deprivation of Liberty Safeguards

LCHS Transcription of Medicines in Exceptional Circumstances

LCHS Advance Care Planning, Decision to Refuse Treatment and DNACPR .

LCHS Patient Choice Policy

8. Trust Accountability / Responsibilities

8.1 Individuals:

8.1.1 Chief Executive

The Chief Executive has responsibility from the LCHS Board for ensuring that there are safe and effective systems in place to deliver high quality services.

8.1.3 Director of Operations/Chief Nurse

The Director of Operations/Chief Nurse is responsible for:

The high quality, efficient and effective community services provided by the six Service Lines of the organisation ensuring that they meet and exceed performance standards.

Professional leadership of non-medical clinicians across the organisation and for ensuring the highest possible quality of care for patients and service users.

The development and implementation of effective strategies and systems to improve patient safety and patient experience across the Organisation

8.1.4 Director of HR & Organisation development

The Director of Strategy is responsible for developing and leading the Trust's business development function, ensuring business opportunities and challenges are proactively identified and effectively managed to support delivery of the Trust strategy.

8.1.5 Director of Finance, Performance & Information

The Director of Finance, Performance & Information is responsible for providing leadership and management to the finance, information and performance functions and takes responsibility for the financial stewardship, probity and governance of the Trust's resources.

8.1.6 Medical Director

The Medical Director is responsible for providing medical leadership and direction to the Trust Board to ensure that clinical issues are understood and appropriately drive the Trust's strategic and operational plans.

8.1.7 Head of Clinical Service

The Head of Clinical Service has a responsibility to ensure that the policy is implemented within their area and that their teams are aware of the policy and have received the appropriate training.

8.1.8 Employees

Professionally registered employees; all employees are accountable for their professional practice and hold individual responsibility to maintain their knowledge and skills.

All employees have a responsibility to be aware of and read policies appropriate to their roles and others where necessary. They should be aware of, and comply with, their responsibilities within the individual policies of the Trust.

8.1.9 Policy Sponsor

The policy sponsor is the Director of Operations/Chief Nurse

- the policy is developed in line with this framework
- the policy is disseminated to its target audience
- appropriate training is given in the use of the policy
- the policy is properly implemented

- its implementation is monitored and reviewed on a regular basis.

8.2 Committees:

8.2.1 LCHS Board

The LCHS Board has ultimate responsibility for LCHS. The Board's prime duty is to ensure good governance throughout the Trust and act in the best interests of the public for the services LCHS provides.

8.2.2 Audit Committee

The Governance Committee (GC) has delegated authority from the LCHS Board and is responsible for ensuring that controls are in place to support the achievement of LCHS' business objectives, whilst minimising its exposure to corporate, financial and clinical risks.

8.2.3 Clinical Governance Committee

The Quality Committee is responsible for ensuring the delivery and integration of the clinical governance agenda across LCHS including monitoring ongoing compliance with the CQC Registration.

8.2.4 Information Governance Committee

The Information Governance Committee is responsible for progressing the agenda on Information Governance encompassing Caldecott Guardianship, Information Governance Management, Data Protection, Freedom of Information and Information Security and Confidentiality

9. Monitoring & Performance Management of the Policy

The Policy will be implemented with a series of training sessions countywide on each LCHS Community Hospital site. The training session will invite representation from:

- All LCHS staff across all directorates including Finance, Performance and Information, Quality, Strategy, Human Resources, Estates and Service Delivery – Nursing, Therapy, Pharmacy, and Medical Staff.
- GP Practices
- Out of Hours Medical Cover
- United Lincolnshire Hospitals NHS Trust (ULHT)

The Policy's effectiveness will be monitored through the auditing of:

- Documentation Audit – annually
- Customer Satisfaction Survey – all patients
- Net Promoter
- Accolades
- IR1 – IR2 investigation
- National Audit of Intermediate Care

Name of Policy/Procedure/Function*

Admission, Discharge and Transfer Policy for Community Hospitals

Equality Analysis Carried out by:

Date:

Equality & Human rights Lead:

Rachel Higgins

Director\Head of Clinical Service:

***In this template the term policy\service is used as shorthand for what needs to be analysed. Policy\Service needs to be understood broadly to embrace the full range of policies, practices, activities and decisions: essentially everything we do, whether it is formally written down or whether it is informal custom and practice. This includes existing policies and any new policies under development.**

Section 1 – to be completed for all policies

A.	Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be	This objective of this policy is to ensure all patients follow the same robust processes during admission, transfer and discharge. The policy also provides staff with information about the individual phases and what is expected of them.		
B.	Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? Please give details	The policy impacts on patients, carers, relatives and staff. The policy also details what is expected at each transition so other providers can be informed of the requirements.		
C.	Is there is any evidence that the policy\service relates to an area with known inequalities? Please give details	No		
D.	Will/Does the implementation of the policy\service result in different impacts for protected characteristics?	No		
		Yes	No	
	Disability		x	
	Sexual Orientation		x	
	Sex		x	
	Gender Reassignment		x	
	Race		x	
	Marriage/Civil Partnership		x	
	Maternity/Pregnancy		x	
	Age		x	
	Religion or Belief		x	
	Carers		x	
If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2				
The above named policy has been considered and does not require a full equality analysis				
Equality Analysis Carried out by:				
Date:				

Section 2

Equality analysis

Title:

Relevant line in:

What are the intended outcomes of this work? *Include outline of objectives and function aims*

Who will be affected? *e.g. staff, patients, service users etc*

Evidence *The Government's commitment to transparency requires public bodies to be open about the information on which they base their decisions and the results. You must understand your responsibilities under the transparency agenda before completing this section of the assessment.*

What evidence have you considered? *List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations etc. If there are gaps in evidence, state what you will do to close them in the Action Plan on the last page of this template.*

Disability *Consider and detail (including the source of any evidence) on attitudinal, physical and social barriers.*

Sex *Consider and detail (including the source of any evidence) on men and women (potential to link to carers below).*

Race *Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.*

Age *Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.*

Gender reassignment (including transgender) *Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.*

Sexual orientation *Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.*

Religion or belief Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.

Pregnancy and maternity Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.

Carers Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.

Other identified groups Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.

• Engagement and involvement

Was this work subject to the requirements of the Equality Act and the NHS Act 2006 (Duty to involve) ? (Y/N)

How have you engaged stakeholders in gathering evidence or testing the evidence available?

How have you engaged stakeholders in testing the policy or programme proposals?

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

Summary of Analysis Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.

Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups.

Eliminate discrimination, harassment and victimisation Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).

Advance equality of opportunity Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).

Promote good relations between groups Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).

What is the overall impact? *Consider whether there are different levels of access experienced, needs or experiences, whether there are barriers to engagement, are there regional variations and what is the combined impact?*

Addressing the impact on equalities *Please give an outline of what broad action you or any other bodies are taking to address any inequalities identified through the evidence.*

Action planning for improvement *Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Actions to improve the policy/programmes need to be summarised (An action plan template is appended for specific action planning). Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.*

Please give an outline of your next steps based on the challenges and opportunities you have identified. Include here any or all of the following, based on your assessment

• **For the record**

Name of person who carried out this assessment:

Date assessment completed:

Name of responsible Director/ General Manager:

Date assessment was signed:

Appendix 2

NHSLA Monitoring Template

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals/ group/ committee	Frequency of monitoring/audit	Responsible individuals/ group/ committee (multidisciplinary) for review of results	Responsible individuals/ group/ committee for development of action plan	Responsible individuals/ group/ committee for monitoring of action plan
Completion of admission, discharge and transfer documentation	Audit	Matrons	Bi Annual	Local clinical governance committees Quality and Risk Committee	Matrons	Quality and Risk committee