### Title: Discharge Planning Meeting Best Practice Guidance (Children’s)

**Purpose:**
- To identify the purpose of a discharge planning meeting and responsibility for discharge planning.
- To identify criteria for holding a discharge planning meeting.
- To provide guidance on how to prepare and plan a discharge planning meeting.
- To provide guidance on the recording of discharge planning meetings.
- To provide guidance on support arrangements required for discharge.

**Applicable to:** Any member of staff involved in the discharge of a child with ongoing needs post discharge.

**Document Author:** Caroline Amukusana – Paediatric Discharge Liaison Coordinator

**Ratified by and Date:** Julie Dawson – Chief Operating Officer / Deputy Chief Executive
4 February 2015

**Review Date:** August 2017
6 months prior to the expiry date

**Expiration Date:** February 2018
3 years after ratification unless there are any changes in legislation or changes in clinical practice

**Document library location:** Clinical: Operating Procedures

**Related legislation and national guidance:**
- Department of Health, 2003 – ‘Discharge from Hospital: pathway, process and practice’
- Department of Health, 2003 Getting the right start: National Service Framework for Children Standard for Hospital Services
- Department of Health, 2010, Ready to go? Planning the discharge and the transfer of patients from hospital and intermediate care
- Department of Health, 2013, Improving Children and Young People’s Health Outcomes: a system wide response.
### Associated Trust Policies and Documents:
- RCHT, Royal Cornwall Hospitals Trust, 2014, Policy for the Discharge and Transfer of Children and Young People from Child Health.

### Equality Impact Assessment:
The Equality Impact Assessment Form was completed on 15/12/2014.

### Training Requirements:
None Identified

The organisation trains staff in line with the requirements set out in its training needs analysis and published in its Corporate Curriculum.

Training which is categorised as statutory or essential must be completed in line with the training needs analysis and Corporate Curriculum.

Compliance with statutory and essential training is monitored through the Learning and Development team with monthly manager’s reports and staff individual training records twice yearly. Training reports are also submitted quarterly through the Trust Quality and Governance Committee Meeting.

Staff failing to complete this training will be accountable and could be subject to disciplinary action.

### Monitoring Arrangements:
This Guidance will be monitored by the Paediatric Discharge Liaison Coordinator.

### Implementation:
All, relevant, clinical staff will be made aware of the policy via their service line communication channels.

### Version Control

<table>
<thead>
<tr>
<th>Version</th>
<th>Date Reviewed</th>
<th>Changes</th>
<th>By Whom</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>December 2014</td>
<td>New document</td>
<td>Caroline Amukusana</td>
</tr>
</tbody>
</table>

This document replaces:

N/A New document

This document can be released under the Freedom of Information Act.
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1. **Introduction**

These guidelines have been developed to aid the discharge planning process and to provide ward and community staff with direction regarding the process.

They provide guidance in order to decide whether or not to have a discharge planning meeting, who should be invited, and on how the meeting is arranged and documented.

The Department of Health have clearly stated that effective hospital discharges can only occur where all sectors involved in the commissioning and delivery of care work together and have a clear understanding of each other’s roles (Department of Health (a), 2003). Those involved in the admission and discharge process need to work together to meet the needs of the child (Department of Health (a), 2003) ensuring that all are involved in the discharge planning process, including those who work with the family in hospital and at home, the child/young person and their parent / carers, and education and social care (Department of Health (c), 2003).

2. **Responsibility for Discharge Planning**

‘Discharge from hospital is a process and not an isolated event’ (Department of Health (a), 2003) and it should be standard practice for all children/young people’s discharges to be planned (Department of Health (b), 2003).

Responsibility for this lies with the ward (Samwell and Linton 2009-2014, Department of Health 2010, Stephens 2005, and RCHT 2014), with the decision to discharge remaining the responsibility of the child/young person’s Consultant or authorised doctor (Tarling and Jaffur 2006).

3. **Core Criteria for a Discharge Planning Meeting**

The purpose of a discharge planning meeting is to bring together the child (where appropriate) and parents with all hospital and community professionals who work with the child. The aim is to identify the needs on discharge, to agree an action plan and identify those responsible for the actions.

Following feedback received from RCHT medical and nursing staff, the hospital named nurse for Child Protection, and the Community Children’s Nurses, it has been suggested that a meeting should be considered for the following:

- Those who have complex needs, especially those expected to stay in hospital for more than 2 weeks
- Those with medical and chronic conditions that may require multiple hospital admissions
- Social concerns
- Any concern raised regarding abuse
- Concerns raised by medical and nursing staff during the stay regarding parental skills
- All neonates who stay for more than 3 months on the neonatal unit; all neonates need to be considered for transfer to the Paediatric ward – Polkerris - if 44 weeks post-term
- Any neonate transferred to Polkerris in such circumstances.
- Any child with a current protection plan
- Child in need families who have caused concern to staff on the ward.
- Previous child protection issues (within the past 2 years)
Any significant changes to current treatments – such as the introduction of new medications, new surgical procedure, significant change in presentation during admission that may require changes in the community package, etc.

It may become clear that all arrangements are already in place for the child to go home, and therefore a discharge planning meeting may not be necessary.

The reasons why a meeting is not necessary and has not been held should be clearly documented.

4. Arranging the Meeting

- The child’s named nurse on the ward should organise the meeting.
- The Discharge Liaison Coordinator can be asked to arrange discharge planning meetings, and, with support from the ward, will do so where possible.
- The Department of Health, 2010 has highlighted that ward staff are ‘becoming increasingly reliant on specialist discharge teams in cases where they should be able to manage the process themselves’.
- Cornwall does not have a specialist discharge team for paediatrics and the ward should not rely solely on the Discharge Liaison Co-Ordinator to arrange meetings.
- The most important people to include are the parents and, if appropriate, the child/young person. Check parents availability – are there days that they would not be able to attend.
- Identify any other family members/friends that may be involved with the child’s care.
- Decide which professionals attendance is essential for the meeting to go ahead, and who should be invited even if they are unable to attend - those health professionals who will be providing care post-discharge will need to be at the meeting, or they will need to send a representative who is able to make appropriate contributions to the meeting and feed back to the community teams.
- Invite by telephone/email/face to face, ensuring that a record is kept of when and how the attendees were invited, and their response.
- Ensure that a room is booked for the meeting.
- Agree in advance who will be chairing the meeting, who will be taking minutes, where these will be recorded and how they will be circulated to the parents and key professionals.
- If the child is likely to remain in hospital for some time following the meeting, another Discharge Planning Meeting should be arranged, at which the action points from the previous meeting should be reviewed with updates and outcomes since then.

Accurate information about the child/young person’s condition (and, where possible, their pre-morbid condition) and social circumstances should be available for the meeting.

This should include, as a minimum:

- Clear information relating to the child/young person’s medical condition
- Knowledge of the child/young person’s nursing needs, social needs and any therapy needs
- Progress since admission/last meeting
The child / young person and their family should also be consulted in order for them to understand the purpose/agenda for the meeting and to enable them to prepare any questions they would like addressed at the meeting.

Please see Appendix 1 for a summary / step-by-step guide to the discharge process.

5. **People who should be invited to attend Discharge Planning Meetings**

Attendees should be given as much notice as possible to attend and they should be asked to confirm their attendance.

At this point it may be necessary to review the date/time of the meeting if key individuals respond and inform that they are unable to attend.

The following list is not exhaustive but gives a comprehensive indication of those who should be invited (those with a star are essential to the meeting. If the starred individuals, or their representative, are unable to attend then the meeting should be re-scheduled to a time/date that they are able to attend):

Anyone who is closely involved with the care of the child and can provide an update and / or make decisions:

- Parents / Carer and Child (if appropriate)
- Ward Nursing Staff / Ward manager
- Consultant Paediatrician (Ward) or nominated deputy
- If there are safeguarding concerns the Named Nurse for Child Protection should be invited
- Social Worker – * essential if child is on a child protection plan
- Community Paediatrician
- Community Nurse (or representative) * essential if follow up required in the community – CCN, Epilepsy, Continence, etc
- Liaison nurses – Learning Disability Liaison Nurse, Paediatric Discharge Liaison, etc
- Outreach nurses – Neonatal, Respiratory, Clic, etc
- Community Therapist – Physio, OT, SALT
- Psychology / CAMHS
- Dietician
- Homecare provider – BUPA/Stay at Home/CPFT provider etc.
- Pharmacist, hospital and community
- School Nurse, including special school nurses
- Health Visitor
- Support Workers – including youth workers, family support, education welfare,
- Early Support Co-Ordinator
- GP
- Hospice
- Voluntary support services
- Education

Any individual / team that will be providing a service post-discharge, as well as the professionals involved in the child’s care on the ward should be invited.
6. Minutes and Action Plans

Please see Appendix two for sample documentation.

The meeting should be recorded for the following reasons:

- To provide a record that can be referred to at a later date
- To identify who was present at the meeting
- To show what actions were agreed and who agreed them
- As a reminder for those who need to take action
- As a follow up tool to check that actions have been completed

As part of a health record, these minutes could also be used in any legal proceedings or internal investigations.

The minutes should be distributed to all those who attended the meeting and any identified others, with consent, who are key to the child’s care and treatment.

For those children with complex needs, a discharge checklist specific to their needs should be used by the ward to ensure all is in place prior to discharge, and a copy should be given to parents for them to double-check – see Appendix 2 for an example).

All involved – professionals / parents / carers- need to be clear about their roles and responsibilities following the meeting.

7. Support package arrangements that need to be in place prior to discharge

- All relevant community professionals need to be aware and informed of discharge – a list of professionals and their contact numbers should form part of the individual discharge checklist.
- Child’s Consultant / GP need to be informed of discharge, and they need to confirm that they are able to continue with any new treatments that have been started during admission.
- Follow up appointments should be booked and parents/carers informed of the details.
- Parents / carers should be provided with information regarding support for them post-discharge – this could include a ‘Going home – preparing for your child’s discharge from hospital’ leaflet.
- Parents/Carers should be trained in any skills they require to take care of their child at home.
- Equipment should be ordered and available prior to discharge.
- It should be confirmed that the family have appropriate transport home.
- All supplies required, including medications, dressings, consumables etc, should be ordered prior to discharge – 14 days supply - ready to be taken with the family on the day of discharge.
- Funding for any community care package should ideally be agreed prior to discharge.
- Where appropriate, Early Support should be instigated by contacting the Early Support Team for that child’s home area.
8. Supporting documents

Department of Health, (a), 2003 – ‘Discharge from Hospital: pathway, process and practice
Accessed 10/10/2014

Department of Health, (b), 2003 getting the right start: National Service Framework for Children Standard for Hospital Services, pg. 23 - 3.30
Accessed 10/10/2014

Department of Health, (c), 2003 getting the right start: National Service Framework for Children Standard for Hospital Services, pg. 18 3.27
Accessed 10/10/2014

Department of Health, 2010, Ready to go? Planning the discharge and the transfer of patients from hospital and intermediate care, page 15
Accessed 10/10/2014

Samwell, B and Linton, G. - RHSC Discharge Planning Process – Consultation paper, NMCN CEN (National Managed Clinical Network, Children with Exceptional Healthcare Needs) 2009-2014,
http://www.cen.scot.nhs.uk/discharge-planning - files/10l-rhsc-discharge-planning.doc
Accessed 10/10/2014

Accessed 10/10/2014


RCHT, Royal Cornwall Hospitals Trust, 2014, Policy for the Discharge and Transfer of Children and Young People from Child Health.
http://www.rcht.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/Clinical/Paediatrics/DischargeAndTransferOfChildrenAndYoungPeopleFromChildHealthDirectorateRCH.pdf
Accessed 10/10/2014

9. Bibliography

http://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/strategy4/Strat4_Implement_Hndbook_508_v2.docx
Accessed 10/10/2014

Accessed 10/10/2014

http://councilfordisabledchildren.org.uk/media/56834/discharge_from_hospital.pdf
Accessed 10/10/2014

Accessed 10/10/2014

NMCN CEN (National Managed Clinical Network, Children with Exceptional Healthcare Needs) 2009-2014,
http://www.cen.scot.nhs.uk/discharge-planning
Accessed 10/10/2014

http://www.barnardos.org.uk/from_hospital_to_home.pdf
Accessed 10/10/2014

Royal College of Nursing, 2013, *GUIDELINE 4 Day Surgery Information Discharge planning.*
Publication code: 004 465
Accessed 10/10/2014
Appendix 1 – Discharge Process for more complex admissions

Prior to the Meeting:

On admission – find out who else is involved with the patient.

* If parents are unable to provide this information use hospital PAS system to identify professionals involved who work for RCHT.

Contact the Children’s Care Management Centre (01872 221400) to identify those professionals working for the Community Trust.

If there are social concerns the MARU (03001231116) can also help with advice about any professionals that may be involved via social care.

  ➢ The Paediatric Discharge Liaison Coordinator can also help access this information – 01872 221444

Record the contact details of other professionals in the medical notes (suggestions of professionals who may be involved are included in this document)

In consultation with the parents / carers (and young person where appropriate) set a date for the Discharge Planning Meeting – and inform the family about the purpose of and what will happen at the meeting.

Book a room for the meeting

* Date / time of the meeting may need to be changed if there are no rooms available.

Contact those involved with the child / young person, hospital and community, to invite them to the meeting.
Ask for confirmation of their attendance.
The Meeting:

Identify who will chair the meeting, who will be taking minutes, where these will be recorded and how they will be circulated to the parents and key professionals.

If appropriate, allow time at the beginning of the meeting for a Multi-Disciplinary update of the current admission before the family join the meeting.

Ask attendees to sign an attendance sheet, and provide a contact number that they are happy to share with the family.

Ask attendees, including the family, to introduce themselves.

Share any apologies

Summarise what will happen at the meeting

Work through meeting agenda:

- Diagnosis
- Summary of current admission – treatment and progress (since admission or since last meeting)
- Identify predicted needs post discharge, support required for these needs, actions required to provide the support and who will lead the action.
- Identify any equipment needs
- Identify any training needs – parents / carers
- Identify any further assessments required – what assessments, why they are required and who will action this.
- Identify if another meeting is required – further discharge planning if child is likely to remain in hospital for some time, post discharge follow up, TAC, Child Protection, Multi-disciplinary meeting etc.
**After the meeting:**

<table>
<thead>
<tr>
<th>Task Description</th>
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<tbody>
<tr>
<td>Check that family are happy for minutes of the meeting to be shared with all those who are involved in the child/young person’s care / support – including the GP</td>
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<tr>
<td>Minutes should be completed as soon as possible after the meeting</td>
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<td>Where appropriate, create a patient specific discharge checklist to identify specific actions required to enable safe discharge.</td>
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<td>Family to be given a copy of this so they can double check the actions.</td>
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<td>Completed minutes to be sent to all those involved, filed in the medical notes and a copy given to the family, including, where appropriate, the child/young person.</td>
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<tr>
<td>Patient specific checklist to be completed prior to discharge</td>
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</tbody>
</table>

**On discharge:**

- Completed checklist to be filed in medical notes
- Discharge Summary to be completed and sent to GP as soon as possible.
- Copy of discharge summary to be made available to family on discharge.
Professionals who may be involved with a family:

- Health Visitors
- School Nurses
- Special School Nurses
- Children’s Community Nurses
- Specialist Nurses – Epilepsy, Continence, Tissue viability, Clic, etc
- Outreach Nurses – Neonatal, Respiratory, etc
- CAMHS
- Learning Disability Nurses
- Primary Mental Health Workers
- Psychology – Liaison, CAMHS, CCN Team
- Homecare – CFT homecare, BUPA, Stay at Home, etc
- Hospice
- Dietician
- Occupational Therapist
- Physiotherapy
- Speech and Language Therapist
- Hearing / Vision professionals
- Social Worker
- Family Support Workers
- Short Break Homes
- Education services – Teachers / Education Welfare
- Youth Workers
- Community Paediatricians
- Specialist Doctors
- Pharmacist
- Specialist Teams – e.g.: Pain Team
- Professionals working with parents – Community Psychiatric Nurses, Social Workers, Support Workers, etc
Appendix 2 – Discharge Planning and Follow up Documentation

Discharge Planning and Follow Up

Client Name

Date / time

Those Present at the Review (Meeting):

<table>
<thead>
<tr>
<th>NAME</th>
<th>ROLE</th>
<th>COMMENT (if required)</th>
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Apologies:
Diagnosis:

Summary of Child’s Treatment and Progress:

Predicted Needs post discharge and support required: (additional rows can be added).

<table>
<thead>
<tr>
<th>NEED (including social needs and appointments post discharge)</th>
<th>SUPPORT REQUIRED</th>
<th>ACTION</th>
<th>LEAD</th>
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<tbody>
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Equipment:

Does the client have equipment already at home:

New equipment required? Yes / No:

If ‘YES’ complete the following Table

<table>
<thead>
<tr>
<th>REQUIREMENT</th>
<th>RATIONALE</th>
<th>PROVIDER / SUPPLIER</th>
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Training for Parents / Carers / Staff:
Training required? Yes No

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<thead>
<tr>
<th>REQUIREMENTS</th>
<th>FOR WHOM</th>
<th>PROVIDER</th>
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Further Assessments

Are Further Assessments required? Yes No

If yes complete the following table

<table>
<thead>
<tr>
<th>ASSESSMENT REQUIRED</th>
<th>RATIONALE</th>
<th>WHO TO ACTION</th>
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Contact Information / Professionals involved:

Hospital Staff:
Community Paediatrician:
GP:
Health Visitor:
School:
School Nurse:
Specialist Nurse (e.g. Children’s Community Nurse, Asthma, Respiratory, CLIC, Diabetes, etc):
Social Worker:
Short Break House:
Homecare:
Psychology:
Dietician:

Hospice:

Therapies:

Speech and Language (SALT):
Occupational Therapy:
Physiotherapy:

Other:

**Will there be a Post- Discharge Meeting / Review?** Yes / No

**Date of Post – Discharge Meeting / Review**
Attendees – Discharge Planning Meeting

Name of Child:

Date of Meeting:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Role:</th>
<th>Work Base:</th>
<th>Contact Details:</th>
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</table>
To be used as a template with additional, relevant additions to be made, specific to the patient, and to include contact details of relevant services/professionals. Additional rows can be added.

**Discharge Checklist:**

<table>
<thead>
<tr>
<th>ACTION TO BE COMPLETED BEFORE DISCHARGE (48 hours pre discharge)</th>
<th>Done</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>TTO’s Ordered – including:</td>
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<tr>
<td>any new medications</td>
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<td>Feeds</td>
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<td>Supply of dressings provided (and GP informed of dressings prescription and relevant supplies)</td>
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<td>7 days supply of all consumables required.</td>
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</table>

Confirmation that Community Paediatrician/GP is able to prescribe any new medications

Follow up appointments arranged

Relevant information provided to family

Parents / carers trained to provide care

Parents / carers trained in Basic Life Support

Equipment ordered / supplied

Community supplies in place

Transport arranged

Early support instigated

Open access arranged
**Post Discharge** – All those involved with in the community have been informed of discharge:

<table>
<thead>
<tr>
<th>Role</th>
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<tbody>
<tr>
<td>Community Paediatrician</td>
<td></td>
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<tr>
<td>GP</td>
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<tr>
<td>Children’s Community Nurse</td>
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<tr>
<td>Social Worker</td>
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<tr>
<td>Dietician</td>
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<tr>
<td>Speech and Language (SALT)</td>
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<td>Occupational Therapy</td>
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<td>Physiotherapy</td>
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<td>Care Provider</td>
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</table>
**Equality Impact Assessment Proforma Initial Screening**

<table>
<thead>
<tr>
<th>Name of Procedural document to be assessed:</th>
<th>Discharge Planning Meeting Best Practice Guidance (Children’s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section:</td>
<td>Clinical: Operating Procedures</td>
</tr>
<tr>
<td>Officer responsible for the assessment:</td>
<td>Caroline Amukusana</td>
</tr>
<tr>
<td>Date of Assessment:</td>
<td>15/12/2014</td>
</tr>
<tr>
<td>Is this a new or existing procedural document?</td>
<td>N</td>
</tr>
</tbody>
</table>

1. Briefly describe the aims, objectives and purpose of the procedural document. To provide good practice guidance for discharge planning meetings.


3. Who is intended to benefit from this procedural document, and in what way? Children and their families and any staff working with children coming out of hospital, by providing guidance on how to organise meetings to maximise communication and planning prior to discharge.

4. What outcomes are wanted from this procedural document? Effective discharge planning meetings that can be organised, chaired and minuted by any member of staff.

5. What factors/forces could contribute/detract from the outcomes? Accessibility of the document, failure to follow the guidelines correctly.

6. Who are the main stakeholders in relation to the procedural document? Community Paediatrics and Hospital Paediatric services.

7. Who implements the procedural document, and who is responsible for the procedural document? Any member of staff can implement the document. Caroline Amukusana is responsible for the document.

8. Are there concerns that the procedural document could have a differential impact on RACIAL groups? Y ✓ Please explain
<table>
<thead>
<tr>
<th>Question</th>
<th>Y</th>
<th>N</th>
<th>✓</th>
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<tbody>
<tr>
<td>What existing evidence (either presumed or otherwise) do you have for this?</td>
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<td></td>
</tr>
<tr>
<td>The document is fully inclusive and does not discriminate. Any Child/Family that requires a service will have access to it regardless of ethnicity.</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>9. Are there concerns that the procedural document <strong>could</strong> have a differential impact due to GENDER?</td>
<td>Y</td>
<td>N</td>
<td>✓</td>
</tr>
<tr>
<td>What existing evidence (either presumed or otherwise) do you have for this?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The document is fully inclusive and does not discriminate. Any Child/Family that requires a service will have access to it regardless of gender.</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>10. Are there concerns that the policy <strong>could</strong> have a differential impact due to DISABILITY?</td>
<td>Y</td>
<td>N</td>
<td>✓</td>
</tr>
<tr>
<td>What existing evidence (either presumed or otherwise) do you have for this?</td>
<td></td>
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</tr>
<tr>
<td>The document is fully inclusive and does not discriminate. Any Child/Family that requires a service will have access to it regardless of ability/disability.</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>11. Are there concerns that the policy <strong>could</strong> have a differential impact due to SEXUAL ORIENTATION?</td>
<td>Y</td>
<td>N</td>
<td>✓</td>
</tr>
<tr>
<td>What existing evidence (either presumed or otherwise) do you have for this?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>The document is fully inclusive and does not discriminate. Any Child/Family that requires a service will have access to it regardless of sexual orientation.</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>12. Are there concerns that the procedural document <strong>could</strong> have a differential impact due to their AGE?</td>
<td>Y</td>
<td>N</td>
<td>✓</td>
</tr>
<tr>
<td>What existing evidence (either presumed or otherwise) do you have for this?</td>
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<td></td>
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</tr>
<tr>
<td>The document is fully inclusive and does not discriminate. Any Child/Family that requires a service will have access to it regardless of age.</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>13. Are there concerns that the procedural document <strong>could</strong> have a differential impact due to their RELIGIOUS BELIEF?</td>
<td>Y</td>
<td>N</td>
<td>✓</td>
</tr>
<tr>
<td>What existing evidence (either presumed or otherwise) do you have for this?</td>
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</tr>
<tr>
<td>The document is fully inclusive and does not discriminate. Any Child/Family that requires a service will have access to it regardless of religious belief.</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>14. Are there concerns that the procedural document <strong>could</strong> have a differential impact due to their MARRIAGE OR CIVIL PARTNERSHIP STATUS? (This MUST be considered for employment policies).</td>
<td>Y</td>
<td>N</td>
<td>✓</td>
</tr>
<tr>
<td>Question</td>
<td>Response</td>
<td>Notes</td>
<td></td>
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<td>------------------------------------------------------------------------</td>
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<td>-------------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>What existing evidence (either presumed or otherwise) do you have for this?</td>
<td>The document is fully inclusive and does not discriminate. Any Child/Family that requires a service will have access to it regardless of marital/civil partnership status.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Are there concerns that the procedural document <strong>could</strong> have a differential impact due to GENDER REASSIGNMENT OR TRANSGENDER ISSUES?</td>
<td>Y</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>What existing evidence (either presumed or otherwise) do you have for this?</td>
<td>The document is fully inclusive and does not discriminate. Any Child/Family that requires a service will have access to it regardless of gender reassignment or transgender issues.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Are there concerns that the procedural document <strong>could</strong> have a differential impact due to PREGNANCY OR MATERNITY?</td>
<td>Y</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>What existing evidence (either presumed or otherwise) do you have for this?</td>
<td>The document is fully inclusive and does not discriminate. Any Child/Family that requires a service will have access to it regardless of pregnancy/maternity.</td>
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<tr>
<td>17. How have the Core Human Rights Values of:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Fairness;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Respect;</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Equality;</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Dignity;</td>
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<td></td>
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<tr>
<td>• Autonomy</td>
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<tr>
<td>Been considered in the formulation of this procedural document/strategy</td>
<td>The policy is fully inclusive and does not discriminate. The document provides guidance so that discharge planning meetings will follow the same processes, ensuring a fair, equal and consistent service delivery. Core Human Rights are addressed and the document provides guidance designed to encourage effective communication between all services/organisations involved in the care of a child, and ensuring that the child and family are at the centre of care and treatment.</td>
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</tbody>
</table>
18. Which of the Human Rights Articles does this document impact?

<table>
<thead>
<tr>
<th>The right:</th>
<th>Y</th>
<th>N</th>
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</thead>
<tbody>
<tr>
<td>• To life;</td>
<td></td>
<td></td>
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<tr>
<td>• Not to be tortured or treated in an inhuman or degrading way;</td>
<td>Y</td>
<td></td>
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<tr>
<td>• To be free from slavery or forced labour;</td>
<td>Y</td>
<td></td>
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<tr>
<td>• To liberty and security;</td>
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<td>• To a fair trial;</td>
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<td>• To no punishment without law;</td>
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<tr>
<td>• To respect for home and family life, home and correspondence;</td>
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<td>Y</td>
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<tr>
<td>• To freedom of thought, conscience and religion;</td>
<td></td>
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<tr>
<td>• To freedom of expression;</td>
<td></td>
<td></td>
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<tr>
<td>• To freedom of assembly and association;</td>
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<td>• To marry and found a family;</td>
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<tr>
<td>• Not to be discriminated against in relation to the enjoyment of any of</td>
<td></td>
<td>Y</td>
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<tr>
<td>the rights contained in the European Convention;</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>• To peaceful enjoyment of possessions and education;</td>
<td></td>
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<tr>
<td>• To free elections</td>
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</tr>
</tbody>
</table>

What existing evidence (either presumed or otherwise) do you have for this?
The document outlines a process that is designed to ensure that the child and family are at the centre of care and treatment, promoting communication with full regard to the child/families wishes.

How will you ensure that those responsible for implementing the Procedural document are aware of the Human Rights implications and equipped to deal with them?
Via mandatory Human Rights Training

19. Could the differential impact identified in 8 – 13 amounts to there being the potential for adverse impact in this procedural document?

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
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</tr>
</tbody>
</table>

Please explain

20. Can this adverse impact be justified on the grounds of promoting equality of opportunity for one group? Or any other reason?

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
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<tbody>
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<td></td>
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</tbody>
</table>

Please explain for each equality heading (questions 8 –13) on a separate piece of paper.
<table>
<thead>
<tr>
<th>If Yes, describe why, and then proceed to a full EIA.</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. Should the procedural document proceed to a full equality impact assessment?</td>
</tr>
<tr>
<td>Y</td>
</tr>
<tr>
<td>If No, are there any minor further amendments that should take place?</td>
</tr>
<tr>
<td>22. If a need for minor amendments is identified, what date were these completed and what actions were undertaken</td>
</tr>
<tr>
<td>Y</td>
</tr>
</tbody>
</table>

Signed (completing officer)  
Caroline Amukusana  
Date 15 December 2014

Signed (Service Lead)  
Date

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