Royal Devon University Healthcare NHS Foundation Trust

Delivering Same Sex Accommodation

Reference Number: F4898
Date of Response: 22/09/2022

Further to your Freedom of Information Act request, please find the Trust's response, in **blue bold text** below:

Royal Devon's Eastern FOI Office Response

Please could you provide me with a copy of your DSSI policy. To clarify - Delivering Same Sex Accommodation (for patients).

The Trust does not have a standalone DSSI or Delivering Same Sex Accommodation policy. However, delivering same sex accommodation is outlined in our Admissions Policy under 9.1 and referenced in our Privacy, Dignity and Compassion Policy under 5.10 as attached.

Royal Devon and Exeter NHS Foundation Trust

Admissions Policy

Post holder responsible for Procedural Document	Sheila Guinchard, Lead Nurse / Head of Patient Flow
Author of Policy	Sheila Guinchard, Lead Nurse / Head of Patient Flow
Division/ Department responsible for Procedural Document	Operations Support Unit
Contact details	[redacted]
Date of original document	January 2010
Impact Assessment performed	**Yes**/ No
Ratifying body and date ratified	Safety & Risk Committee 29 July 2019
Review date	Upon MyCare Go Live June 2020
Expiry date	June 2022
Date document becomes live	5 August 2019

Please *specify* standard/criterion numbers and tick ✓ other boxes as appropriate

Monitoring Information		**Strategic Directions – Key Milestones**	
Patient Experience	✓	Maintain Operational Service Delivery	✓
Assurance Framework		Integrated Community Pathways	
Monitor/Finance/Performance		Develop Acute services	
CQC Fundamental Standards – Regulations 12		Infection Control	
Other *(please specify)*:			
Note: This document has been assessed for any equality, diversity or human rights implications			

Full History		Status: Final	
Version	Date	Author	Reason
1.0	01/11/2009	Trust Lead Patient Flow	New Policy
2.0	01/12/2013	Trust Lead Patient Flow	Routine Revision
3.0	01/09/2015	Trust Lead Patient Flow	Routine Revision
4.0	03/04/2019	Lead Nurse / Head of Patient Flow	Routine Revision

Associated Trust Policies/ Procedural documents:	Identification of Patients Policy Access Policy Patient Placement and Movement Policy Consent to Examination or Treatment Policy Infection Prevention and Control Policy Source Isolation Procedures Protective Isolation Policy Violence, Aggression and Challenging Behaviour Policy Privacy and Dignity Policy Security Policy Deprivation of Liberty Policy Infection Control on Torridge Ward Operational Policy
Key Words	Admission, pre-admission, planned, emergency, transfer, repatriation, referral, expected, elective
In consultation with and date: Governance Leads – 20/04/19 Divisional Directors – 20/04/19 Cluster Managers – 20/04/19 Assistant Directors of Nursing – 20/04/19 Associate Medical Directors – 20/04/19 Senior Nurses – 20/04/19 Equality and Diversity Manager – Quality Assurance 11 June 2019 Safety & Risk Committee 29 July 2019	
Contact for Review:	Sheila Guinchard, Lead Nurse / Head of Patient Flow
Executive Lead Signature: *(Applicable only to Trust Strategies & Policies)*	 **P.Adey**

CONTENTS

KEY POINTS OF THIS POLICY:

- This policy has been created to ensure that there is a standardised pathway for admission of both emergency and elective patients which, if addressed on arrival in the Trust, will result in a safe and effective patient stay.

- The policy gives explanation as to the differing sources of admissions, as well as outlining the responsibilities of different staff groups in the monitoring and execution of admissions.

- The standardised pathway for admission is explained.

- Consideration is given to infection control restrictions and accommodation of patients.

- The appendices outline the accepted variations to this policy for the following designated client groups;

    - Gynaecology
    - Cancer Services
    - Maternity
    - Paediatrics
    - Intensive Care Unit (ICU) / Coronary Care Unit (CCU)
    - Respiratory High Dependency Unit (HDU)
    - Medical Triage Unit (MTU)
    - Renal Unit
    - Acute Stroke Unit (ASU)
    - Ambulatory Care Unit (ACU)
    - Surgical admissions incl ENT
    - Community Hospital

1. INTRODUCTION

1.1 It is the policy of the Royal Devon & Exeter Hospital NHS Foundation Trust (hereafter referred to as the Trust) that all patients who require inpatient and day case treatment will be admitted to hospital as soon as practicable in accordance with their clinical need.

1.2 The admission to an inpatient unit of a patient takes place when the patient may be severely unwell and at their most vulnerable. It is important that the process for admission and transfer safeguards and promotes patient safety, is person-centred and ensures that communication between patients and their families is effective and timely. All services should put the patient at the centre of plans involving relevant care and provide information in a format the person can access and understand, involving family and carers as appropriate. Permission to share and consideration of the Mental Capacity Act (2005) must be referred to in all cases.

1.3 An admission should be planned. Even in urgent situations a degree of planning will occur however quickly the admission takes place. The assessment prior to admission should be based on clinical practice decisions utilising all appropriate information and include information from the patient whenever possible.

1.4 It is recognised that every patient will be admitted when there is a clearly identified need for admission in order to receive clinical inpatient assessment and treatment. Every admission will be lawful in relation to the patient's needs, wants and wishes and that the admission process takes account of all appropriate legislation e.g. Equality Act 2010; Mental Health Act 1983, Mental Capacity Act 2005.

1.5 In light of the implementation of MyCare in June 2020, this policy will be reviewed and amended as required following the go live.

1.6 Failure to comply with this policy could lead to disciplinary action.

2. PURPOSE

2.1 The purpose of this policy is to ensure that there is a standardised pathway for admission of both emergency and elective patients which, if addressed on arrival in the Trust, will result in a safe and effective patient stay.

2.2 This policy will apply to inpatients and day cases in all clinical settings within the Trust.

2.3 Each service may have their own specific pathway to reflect the needs of the patients in and out of their inpatient unit. These are appended in this document (Appendix 1 to 13).

2.4 It is expected that all relevant staff involved in the admission of patients within each service will be affected by, and will need to, comply with this policy.

2.5 The Trust will expect other services that utilise and support inpatient settings to apply the principles of this policy as a minimum standard within their services, thus ensuring the provisions of a robust patient admission.

2.6 The appendices outline the accepted variations to this policy for the following designated client groups;

- Gynaecology

- Cancer Services
- Maternity
- Paediatrics
- Intensive Care Unit (ICU) / Coronary Care Unit (CCU)
- Respiratory High Dependency Unit (HDU)
- Medical Triage Unit (MTU)
- Renal Unit
- Acute Stroke Unit (ASU)
- Ambulatory Care Unit (ACU)
- Surgical admissions incl ENT
- Community Hospital

3. DEFINITIONS

3.1 **Pre-Admission** - the assessment process used to identify the need for admission to an inpatient setting.

3.2 **Admission** - the act of transferring care from a Primary, Secondary or Tertiary environment to the Trust inpatient service.

3.3 **Planned** - where the admission has been negotiated with the community team, general practitioner or carer but the process started the day, or days previous, to the admission.

3.4 **Emergency** - where the admission process was initiated and carried through on the same day from any service.

3.5 **Transfer** - the movement of a patient and their care and treatment needs from one inpatient unit to another.

3.6 **Repatriation** - the movement of a patient from one inpatient unit to another inpatient unit nearest their home address.

4. DUTIES AND RESPONSIBILITIES OF STAFF

4.1 The **Chief Operating Officer** has overall responsibility for the Admissions Policy across the Trust. Implementation of this policy has been delegated to the Deputy Chief Operating Officer and the Divisional Directors.

4.2 The **Deputy Chief Operating Officer** is responsible for overseeing the operational interface between patient flow and Site Management.

4.3 The **Divisional Directors** are responsible and accountable for the clinical divisions to oversee that service provision ensures the delivery of safe and efficient patient care, including access for admission and timely discharge.

4.4 The **Lead Nurse / Head of Patient Flow** is responsible for ensuring adherence to this policy and for escalating any capacity pressures to the appropriate specialty or clinical division.

4.5 The **Site Practitioners** are responsible for facilitating and coordinating the movement of patients within the organisation to the most appropriate bed, based on clinical need.

4.6 The **Senior Nurses in the Community** are responsible for ensuring the appropriateness of patients transferring into the community hospitals in line with the SOP.

4.7 The **Consultants**, or their delegated representative, have the responsibility for the decision to admit a patient.

4.8 The **Ward Matrons / Ward Nursing Staff** are responsible for ensuring inpatients are discharged in a timely way to ensure capacity for admissions.

4.9 The **Trauma Nurse Practitioner** is responsible for assessing all stable fractured neck of femur pathway and minor injury trauma patients.

4.10 The **Infection Prevention and Control Nurses** are responsible, when necessary, for providing guidance on potential or actual infection control issues.

4.11 The **Stroke Nurse Practitioner** is responsible for identifying patients who meet the criteria for direct admission to the Acute Stroke Unit (ASU).

4.12 The **Consultant Secretaries** are responsible for booking elective patient admissions and communicating appropriate information to the patient.

4.13 The **Ward Clerks / Patient Flow Co-ordinators / Ward Support** are responsible for ensuring that up to date information is entered on the Patient Administration System (PAS) as soon as possible, or immediately if clinically urgent.

4.14 **All Staff** are responsible for ensuring infection prevention and control guidance is adhered to for both emergency and elective patients

5. SOURCE OF ADMISSIONS

5.1 **Unplanned**

Unplanned admissions by definition arrive at any time and with little or no warning. Typically patients will be assessed in the Emergency Department (ED), whether self-presenting or ambulance 999 admissions. Where appropriate, the ED Clinician will refer to the relevant specialty team. Decision to admit will be made and appropriate transfer arranged within 4 hours from the patient's arrival to ED.

5.2 **Medical General Practitioner referral**

General Practitioners (GPs) will discuss the admission options with the Admission Coordinator based in the Medical Triage Unit between the hours of 10:00 and 18:00. The Admission Coordinator may agree an admission for assessment to the Medical Triage Unit, Emergency Medical Clinic or another Hot Clinic. At other times the Nurse in Charge on AMU will agree an admission for assessment based on the patients' clinical need.

5.3 **Surgical General Practitioner referral**

General Practitioners will discuss the admission options with the Surgical F2 on call bleep based on the patient's clinical need and agree to an admission for assessment on the Surgical Triage and Assessment Unit (STAU).

5.4 **Specialist Surgery expected**

Expected Specialist Surgery will be examined in the Emergency Department (with the exception of ENT and septic joints). GPs will discuss options with the speciality on call teams. The speciality on call team will request the patient is brought to the Emergency Department. On arrival, the ED Patient Flow Coordinator will contact the relevant

speciality to inform them that their patient has arrived. The speciality doctor will assess the patient in ED. If the decision to admit is made, the Site Practitioner will be contacted for an appropriate bed. These specialities include; Ear Nose and Throat (ENT), Plastics, Oral and Maxillofacial, and Ophthalmology.

ENT patients will be seen in STAU between the hours of 07:30 and 20:00 7 days a week and septic joint patients will be seen in STAU between the hours of 07:30 and 20:00 Monday to Friday.

5.5 **Orthopaedic emergency / orthopaedic expected**
Emergency orthopaedic admissions are assessed in the ED or Fracture Clinic and, where appropriate, the ED Clinician will refer to the Orthopaedic On-Call team. Orthopaedic expected will be reviewed by the Orthopaedic On-Call team in ED.

5.6 **Consultant referral from Outpatient Department**
The Consultant will arrange admission with the Site Practitioner, usually directly to the Consultant's base ward. Where this is not possible, the patient will be admitted as an emergency via the appropriate route (AMU or STAU).

5.7 **Domiciliary visit by Consultant**
The Consultant will arrange admission with the Site Practitioner, usually directly to the Consultant's base ward. Where this is not possible, the patient will be admitted as an emergency via the appropriate route.

5.8 **Transfers from other hospitals (repatriations)**
Transfers from other hospitals are arranged in agreement with receiving Consultant / delegated representative, Site Practitioner and the base ward. Initial referrals are made via the Site Practitioner and the Nurse Practitioner for the required speciality. See Appendix 2.

5.9 **Paediatric Admission**

- Patients aged 16 or 17 should be offered the choice of an adult ward or a paediatric ward, BUT clinicians must consider the best interests of the patient based on:
    - Medical need
    - Social need
    - Maturity
    - Child protection needs
    - Psychiatric / mental health needs
    - Safety of the other children on Bramble.
- Should the individual not be able to make the choice, the clinician and parent / carer would need to advocate.
- Child and Adolescent Mental Health Service (CAMHS) will assess a young person for their mental health needs up to the age of their 18th birthday. The CAMHS Deliberate Self-Harm Team will assess on either Bramble or an adult ward at the Trust if deemed necessary.
- Individual cases need to be discussed at Registrar level and with the Paediatric Senior Nurse at the time.
- When bed capacity is an issue, the patient's safety is paramount and this will necessitate flexibility in use of these guidelines.

- Paediatric expected patients are triaged in ED and are assessed in the Paediatric Assessment Unit (PAU) between the hours of 10:30 and 07:00 unless otherwise directed by Infection Control or need for resuscitation in the Emergency Department. Children who present to ED are also triaged in ED and then the Emergency Clinician will refer to either the Paediatric Team or the Specialist Teams (e.g. Orthopaedics, Plastics and CAMHS) according to their diagnosis, or treat and discharge. These children will be moved to PAU where appropriate. Any unwell child will be treated in the resuscitation bay for stabilisation prior to admission.

5.10 **Electives**

Elective patients have been referred for treatment by the pre-admission process as either a day case or an inpatient and will have been sent in advance, the date and time of admission, ward location, and any relevant information pertaining to their procedure. They will also have been sent any preparation medication that would be required with instructions (Access Policy).

- Adult medical elective patients will be placed on Consultant's base ward wherever possible.

- Adult surgical elective patients will report to Knapp at staggered times and, if deemed a day case, will return and be recovered there post procedure.

- Adult orthopaedic elective patients will report to the Orthopaedic Admissions Unit (OADM) and, if deemed a day case, the patient will return and recover there post procedure.

- Wherever possible inpatients will be allocated a bed on their Consultant's base ward post procedure. Trauma day cases will be telephoned by the Trauma Nurse Practitioner and will be informed which area to report to.

- Bramble ward is the only acute inpatient area for paediatric care.

6. ADMISSION PROCEDURE

6.1 On admission each patient must be made aware of approximate length of time they can expect to stay in hospital. For some conditions or procedures a standard length of stay can be predicted, for others this may be variable. All lengths of stay are approximate and may change due to the patients' condition, and patients should be made fully aware of this.

6.2 Clear advice around expectations following acceptance for community hospital – intermediate care model.

6.3 The predicted discharge date is to be added to the Ward Whiteboard to co-ordinate a safe and timely discharge, enabling the Trust to safely manage capacity.

6.4 A Fitness to Work certificate should be issued where necessary.

7. PATIENT IDENTIFICATION

7.1 All admissions must be entered onto the Patient Administration System (PAS) within 1

hour to obtain a unique identification number. Out of hours Ward Support will assist with this.

7.2 Case notes / documentation should be prepared prior to admission when possible.

7.3 All patients should have two identity bracelets put in place as soon as possible following admission. (See Identification of Patients Policy).

8. INFECTION CONTROL

8.1 Any patient that has an infection control alert, regardless of mode of entry, must be treated as infectious and nursed in a side room wherever possible (see Infection Prevention and Control Policy). An Infection Control Risk Assessment should be undertaken at the earliest possible opportunity and documented in the admission booklet. If a patient is being transferred from another care provider, the risk assessment should be completed prior to their transfer at the time of referral to ensure appropriate bed allocation. Any patient presenting with symptoms or history suggestive of an infectious condition will be managed in accordance with the Source Isolation Policy. Any patient presenting with a recent history of diarrhoea and vomiting and / or who has had contact with diarrhoea or vomiting within the last 48 hours will be nursed in a side room. If a side room is not available, the Infection Prevention and Control Team will be contacted to prioritise side room capacity. Any patient who has received inpatient hospital care outside of Devon, Somerset and Cornwall is at risk of carrying Carbapenemase producing Enterobacteriaceae (CPE), and must be screened on admission in accordance with the Multi Drug Resistant Organism Policy. Screening to identify MRSA colonisation should be managed in accordance with the MRSA Policy.

9. ACCOMMODATION

9.1 All adult patients will be provided single sex accommodation, either in a single room, a single sex bay or a single sex ward according with gender to which they identify. Exceptions to this are critical care areas e.g. Intensive Care Unit, Respiratory High Dependency Unit (RHDU), Coronary Care Unit, Bramble, Emergency Department, Surgical Triage & Assessment Unit and Medical Triage Unit, whereby there will be a commitment to provide single sex areas wherever possible (see Privacy and Dignity Policy). In exceptional circumstances it may be necessary to place a patient in a mixed sex area for clinical or infection control reasons. In hours, this decision will be made by the Assistant Director of Nursing for the division or by Infection Control in conjunction with Site Management. Out of hours, the decision will be made by the On Call Team or Infection Control in conjunction with the Site Management team. Where this occurs, a Datix incident form should be completed by the ward. In the event of exceptional bed capacity issues the decision to mix accommodation will be made at Executive Director level. In the event of this, patients will be correctly placed in single sex bays within 24 hours.

10. IN HOSPITAL TRANSFERS

10.1 Emergency patients that have been assessed in the Emergency Department (ED) or Medical Triage Unit (MTU) and require an inpatient stay will, for Medicine, be transferred to the Acute Medical Unit (AMU) or other identified inpatient area subject to the appropriate agreed clinical pathway.

- The medical / nursing staff will identify the nature of the medical condition and

identify the speciality required on the electronic Whiteboard.

- The morning medical meeting on AMU will allow the specialities to prioritise patients identified for their speciality e.g. Cardiology and Gastroenterology.

- Patients will be allocated to beds within the speciality as available.

- In the event of beds being available but no speciality patients identified then the medical / nursing staff on AMU will be requested to identify a general medical patient or short stay patient of another speciality.

10.2 Emergency patients who present with signs and symptoms of stroke and are Face Arms Speech Time (FAST) positive will be referred to the Stroke Nurse Practitioner (bleep 758) and transferred to the Acute Stroke Unit within 3 hours of presentation (Clyst ward carries the bleep overnight).

10.3 Surgical patients who have been assessed on the Surgical Triage and Assessment Unit as requiring an inpatient admission within Surgery will be transferred to inpatient wards according to the nature of the surgical problem. Patients should remain on the Surgical Triage and Admissions Unit for the shortest time possible.

10.4 Adults who are seen in an outpatient setting but are deemed unwell enough to require an inpatient admission will be placed on the appropriate ward by the Site Practitioner who will be contacted by the doctor/nurse in Outpatients.

11. CAPACITY ISSUES

11.1 The Organisational Capacity Plan & Escalation Framework will be invoked when the Trust is experiencing capacity issues. It may be necessary to out-lie patients from Medicine to Surgery and Orthopaedics, or from Surgery to Orthopaedics, or Orthopaedics to Surgery. If Gynaecology is full, pregnant women would be out-lied to Maternity.

11.2 Medical patients suitable to be out-lied should be identified by the medical / nursing staff at morning board round. This information is collated by Site Management and if capacity dictates, the patients should then be allocated to their own twin ward (each surgical and orthopaedic ward has a medical speciality that is responsible for any outlying patients) where possible to ensure continuity of care within the medical teams. Where there is no bed availability in the appropriate area, the next most appropriate bed will be allocated.

11.3 Surgical patients suitable to be admitted to a surgical base ward should be identified by the surgical / nursing staff on the Surgical Triage and Assessment Unit.

See Patient Placement and Movement Policy.

12. PATIENTS REFUSING ADMISSION

12.1 Admission to hospital is by patient's consent. Any patient may refuse admission and his / her wishes must be respected even if this is to the patient's obvious detriment. Exceptions to this are;

- Those unable to give informed consent e.g. due to unconsciousness or illness. In this event the medical staff will proceed in the patient's best interests.

- Patients under compulsory treatment orders (Mental Health Act 1983).
- Where patients lack capacity to consent to admission and are detained under Mental Capacity Act 2005 and Deprivation of Liberty Policy (DOLS).
- Where there are safeguarding issues (young people under 18yrs).

12.2 **Refused Admissions**

- Every effort should be made to explain clearly and simply to the patient the medical reasons for admission. Record of refusal for admission should be recorded in detail in the patient's case notes. It is desirable that the patient signs the self-discharge form, but if he / she refuses, that should be recorded. (See Consent to Examination or Treatment Policy.)

13. ARCHIVING ARRANGEMENTS

The original of this policy will remain with the author. An electronic copy will be maintained on the Trust Intranet Hub. Archived electronic copies will be stored on the Trust's "archived policies" shared drive, and will be held indefinitely.

14. PROCESS FOR MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THE POLICY

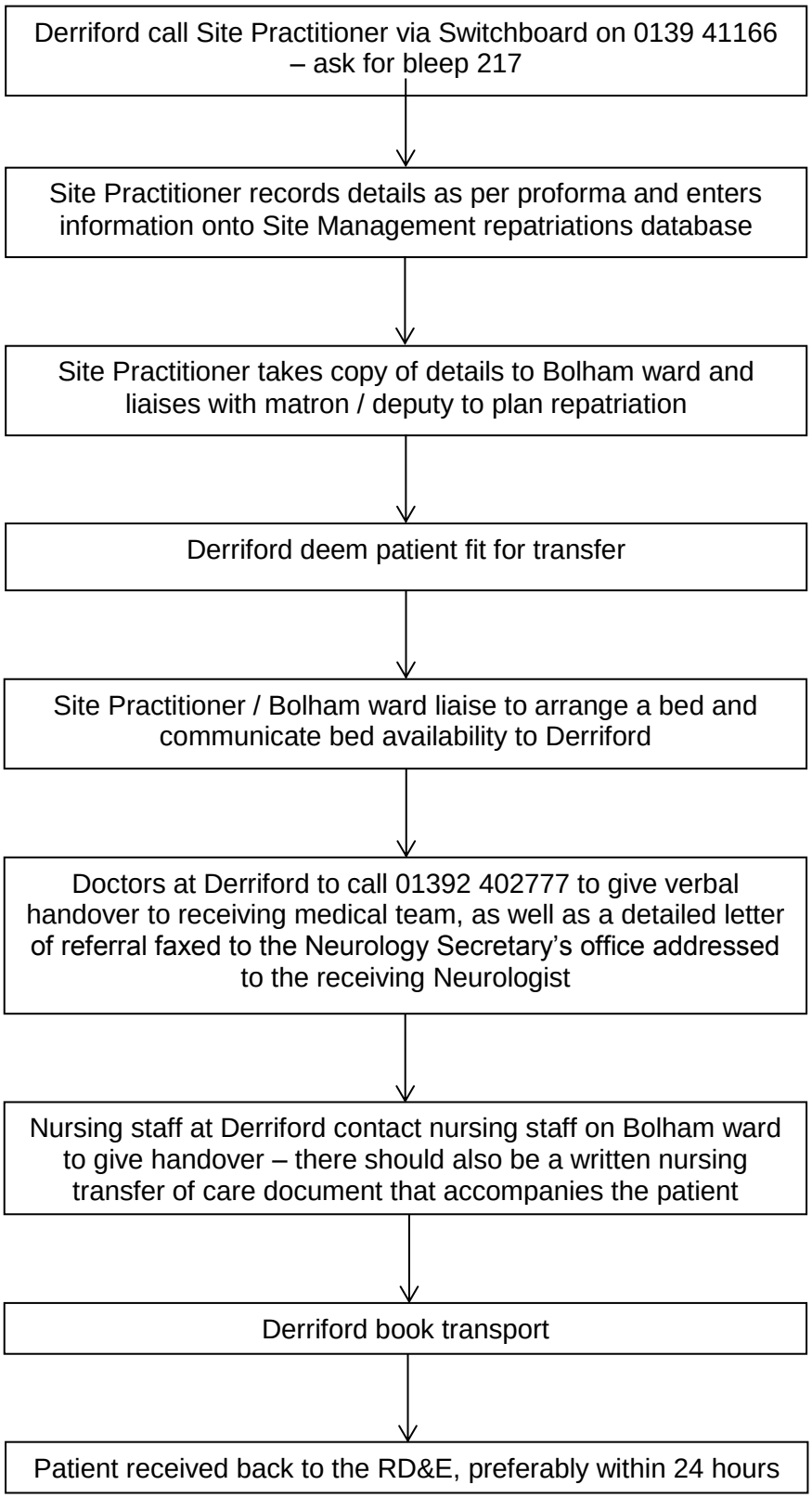
14.1 To evidence compliance with this policy, the following elements will be monitored:

What areas need to be monitored?	How will this be evidenced?	Where will this be reported and by whom?
Patients are admitted to appropriate specialty bed	- Review of Datix incidents - By The Site Management Team whilst undertaking routine clinical visits to the wards - By the daily reporting via the Trust barometer and daily operational meetings	- Lead Nurse / Head of Patient Flow - Daily operational meetings
Single sex accommodation achieved	- Review of Datix incidents	- Lead Nurse / Head of Patient Flow

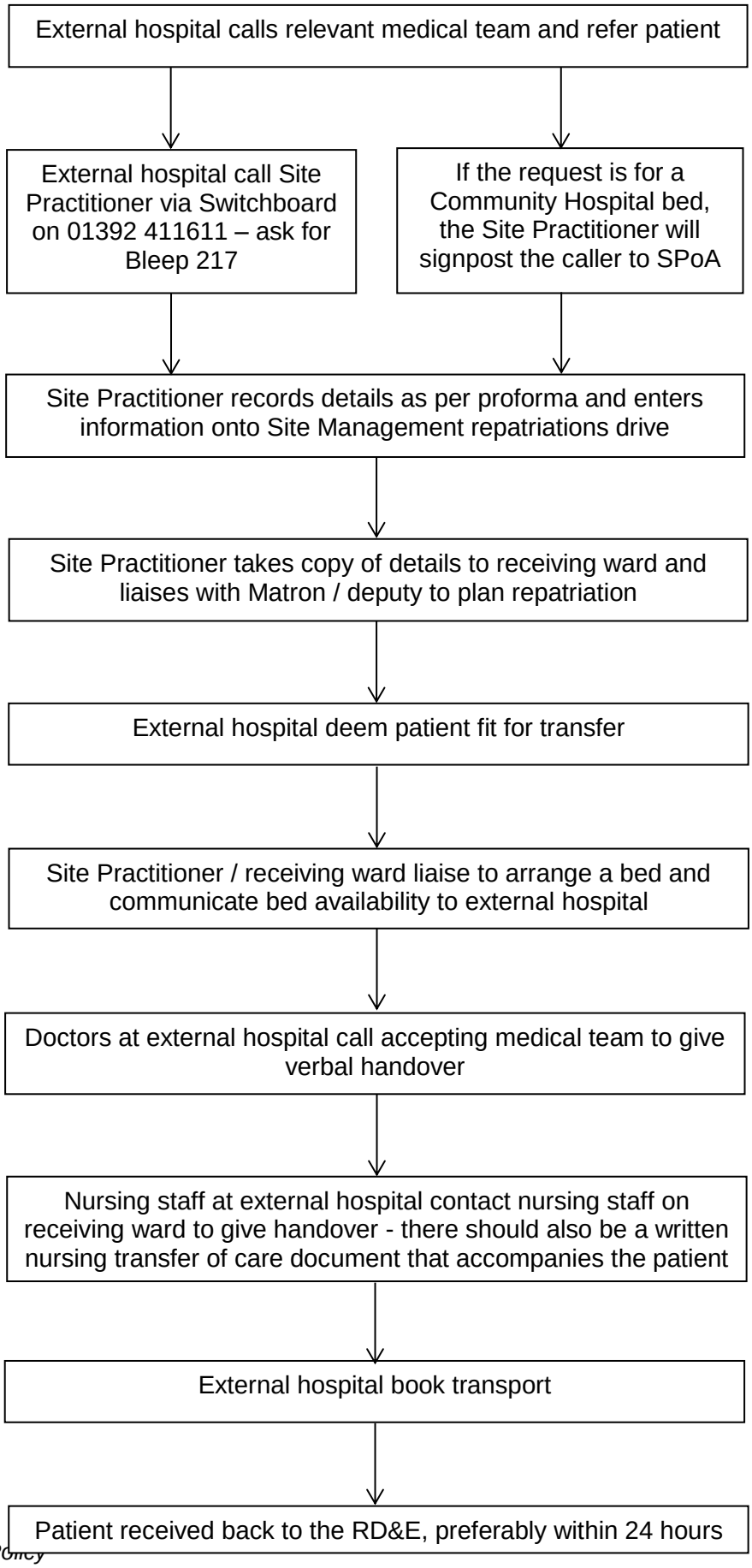
15. REFERENCES

Mental Health Act 1983
Disability Discrimination Act 1995
Mental Capacity Act 2005

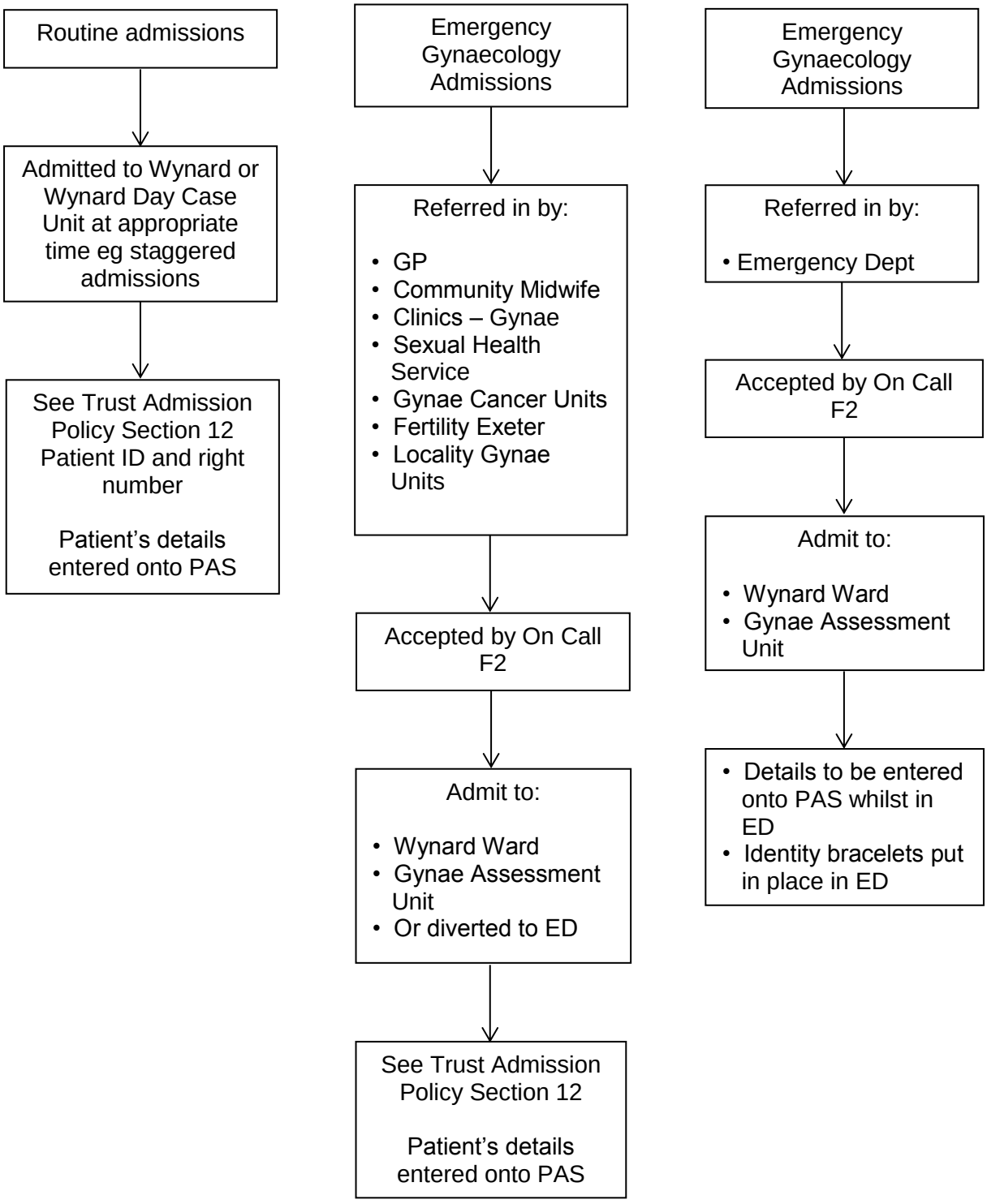
APPENDIX 1: REPATRIATIONS FROM DERRIFORD REQUIRING NEURO-REHABILITATION



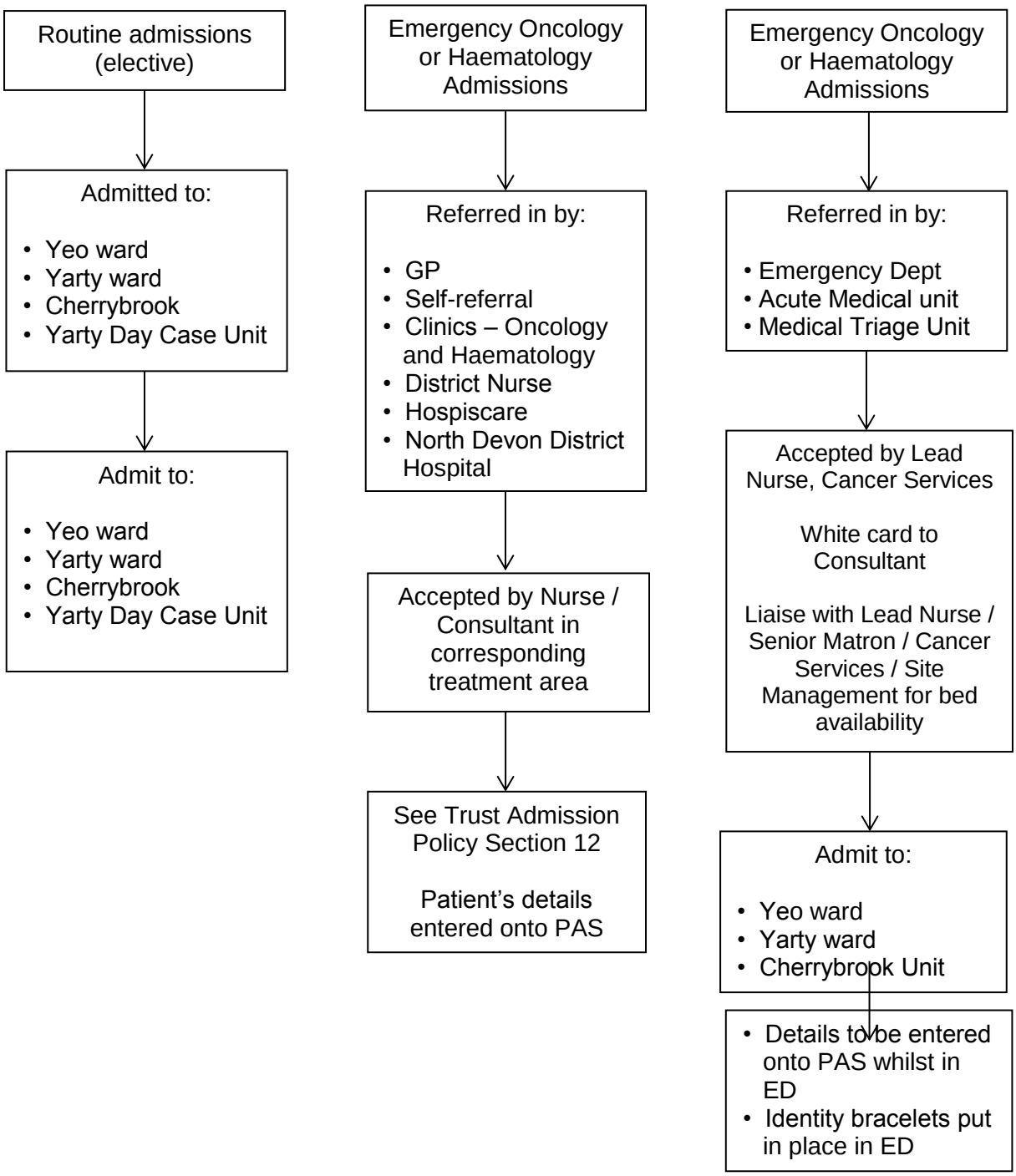
APPENDIX 2: REPATRIATIONS FROM EXTERNAL HOSPITALS (excluding Derriford Neuro-Surgical patients)



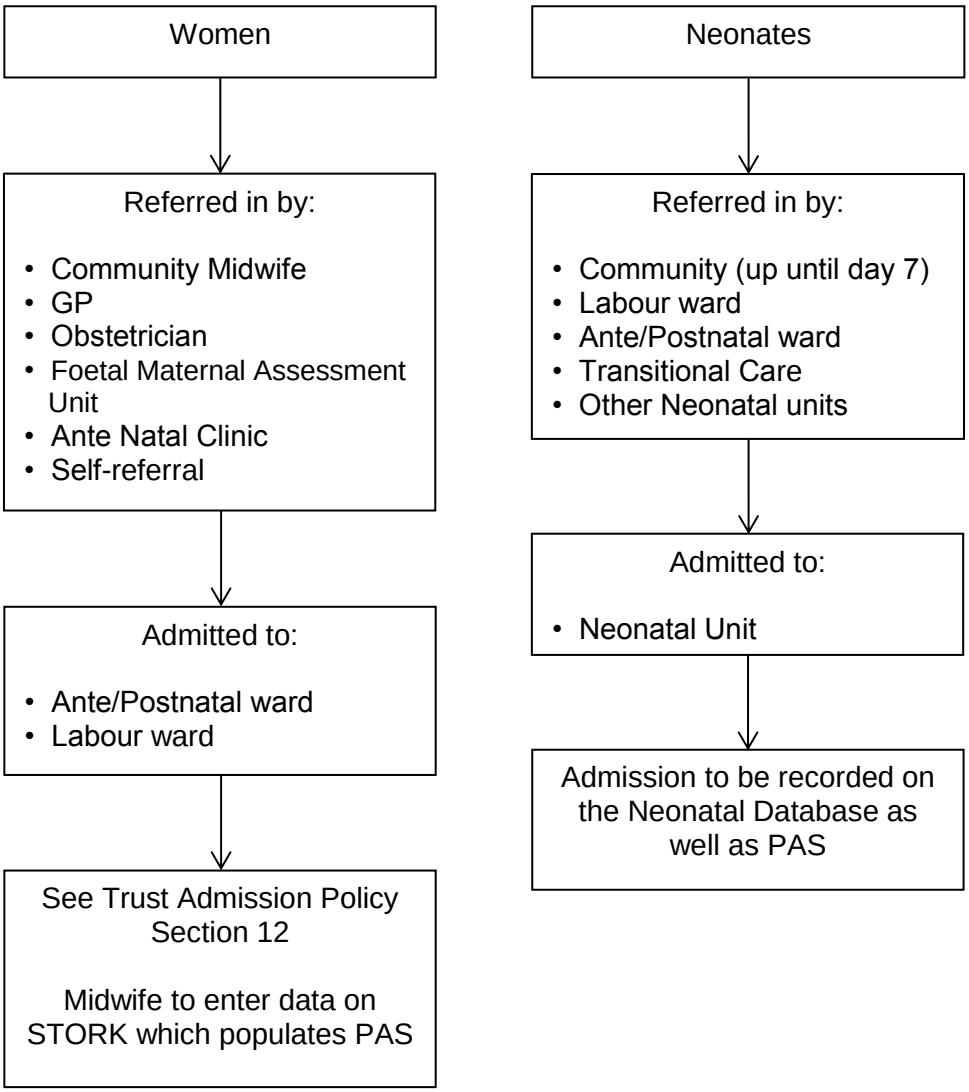
APPENDIX 3: GYNAECOLOGY ADMISSIONS PATIENT'S FLOW



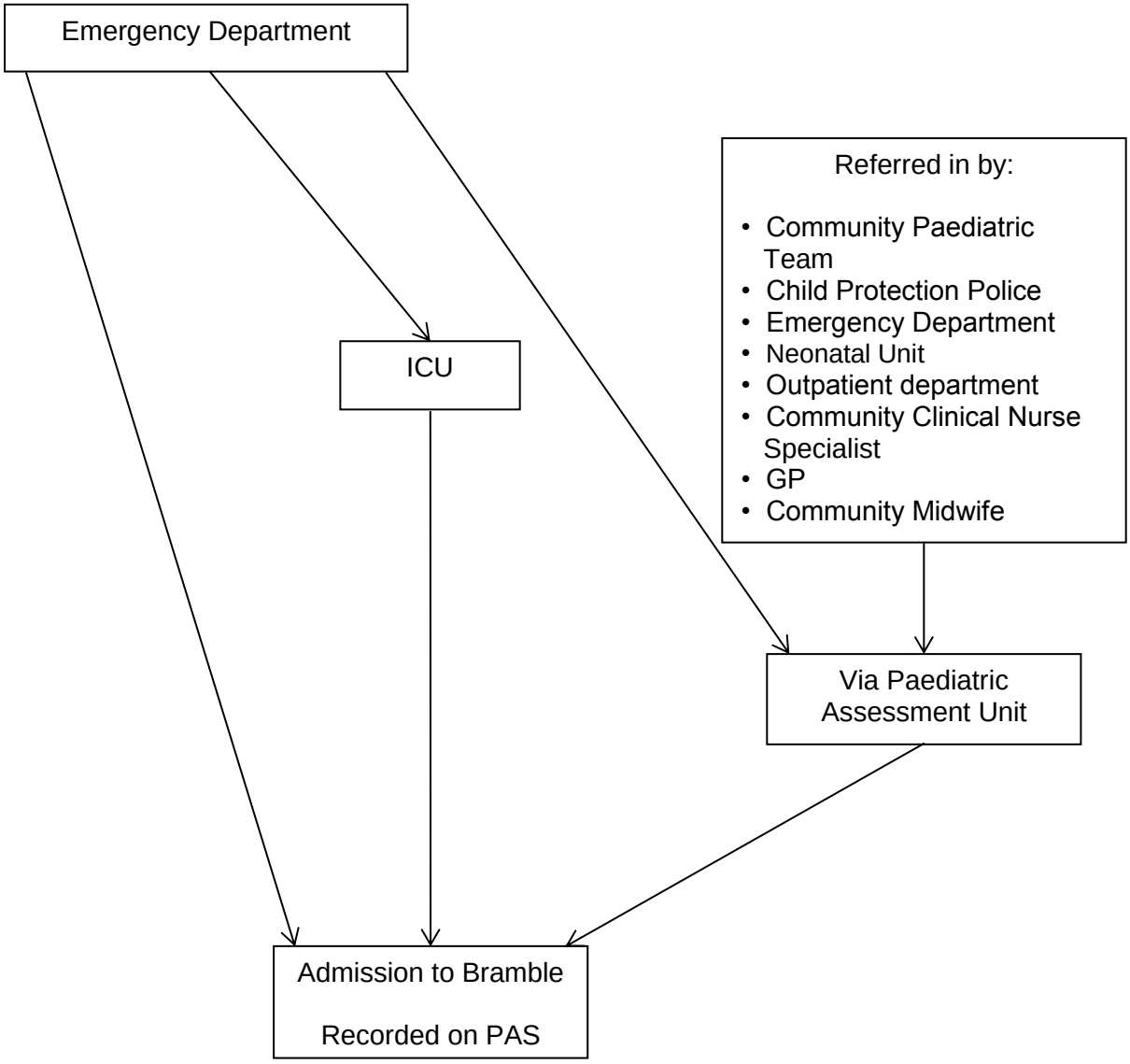
APPENDIX 4: CANCER SERVICES ADMISSIONS PROCESS Yeo & Yarty Inpatients Wards, Cherrybrook and Yarty Day Case Units



APPENDIX 5: WOMEN & CHILDRENS ADMISSIONS PROCESS



APPENDIX 6: PAEDIATRICS ADMISSIONS PROCESS

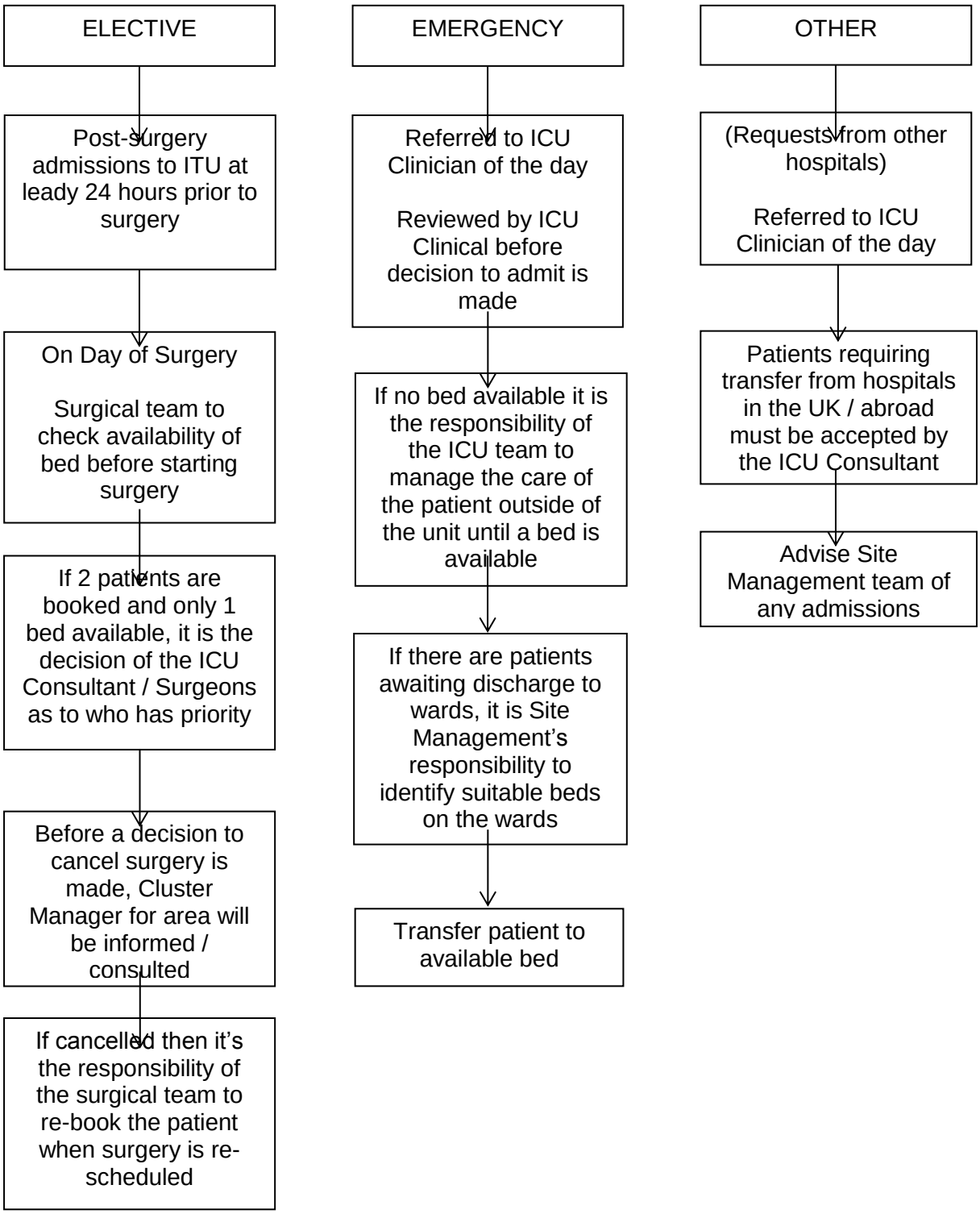


<16 years admit to Bramble

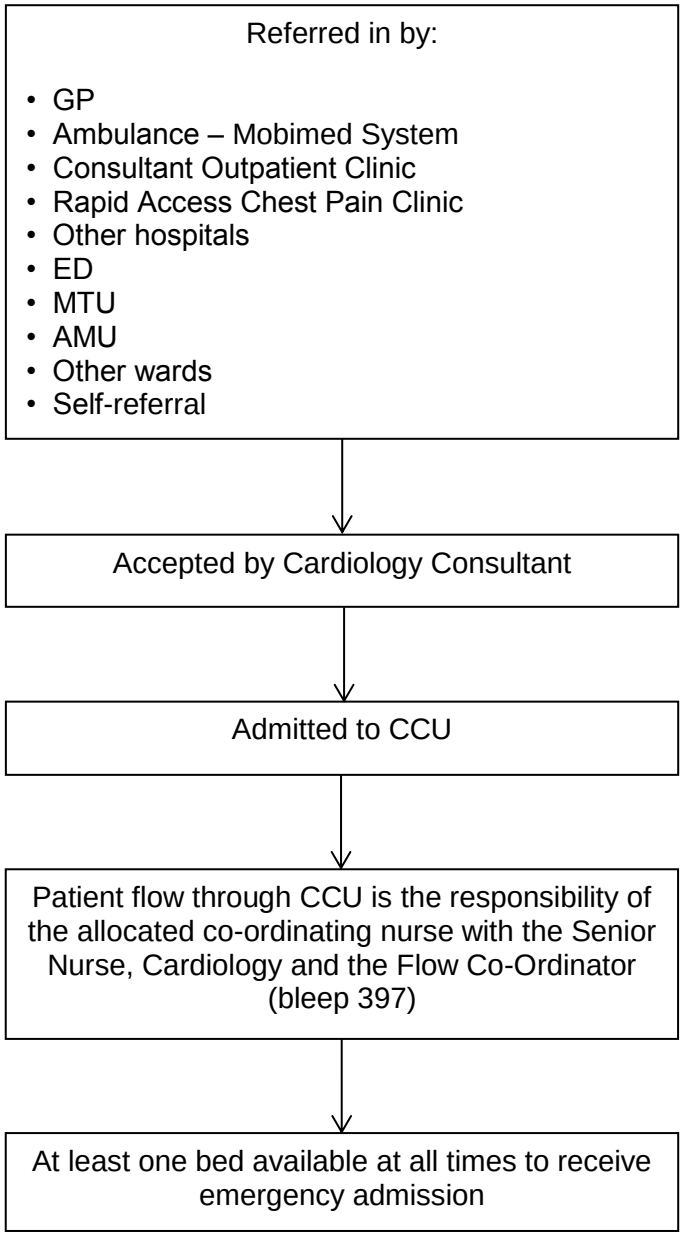
16-17 offer choice (see section 6.15)

>18 years admit to Bramble only under special circumstances with Paediatrician agreement

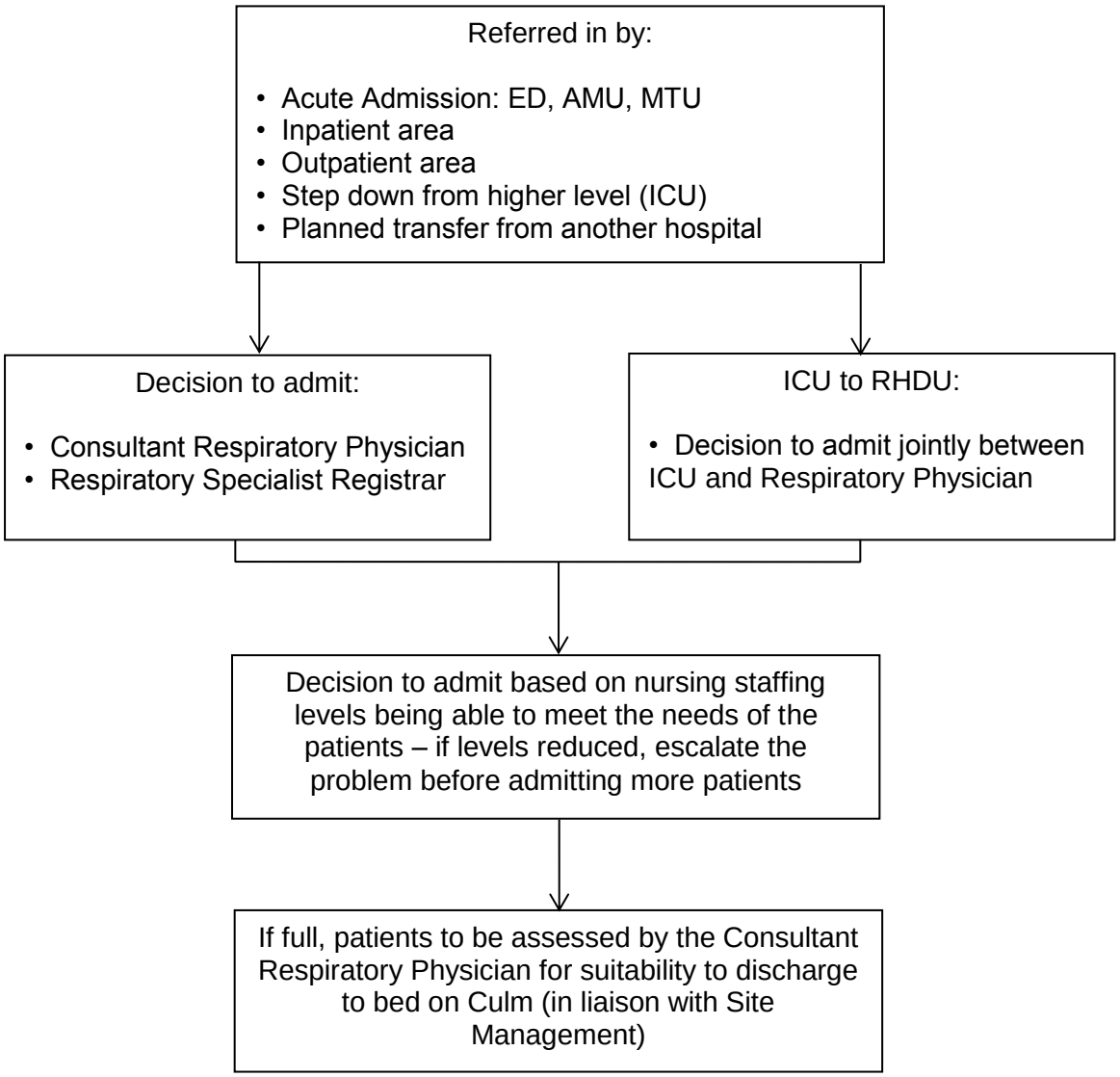
APPENDIX 7: ICU ADMISSIONS PROCESS



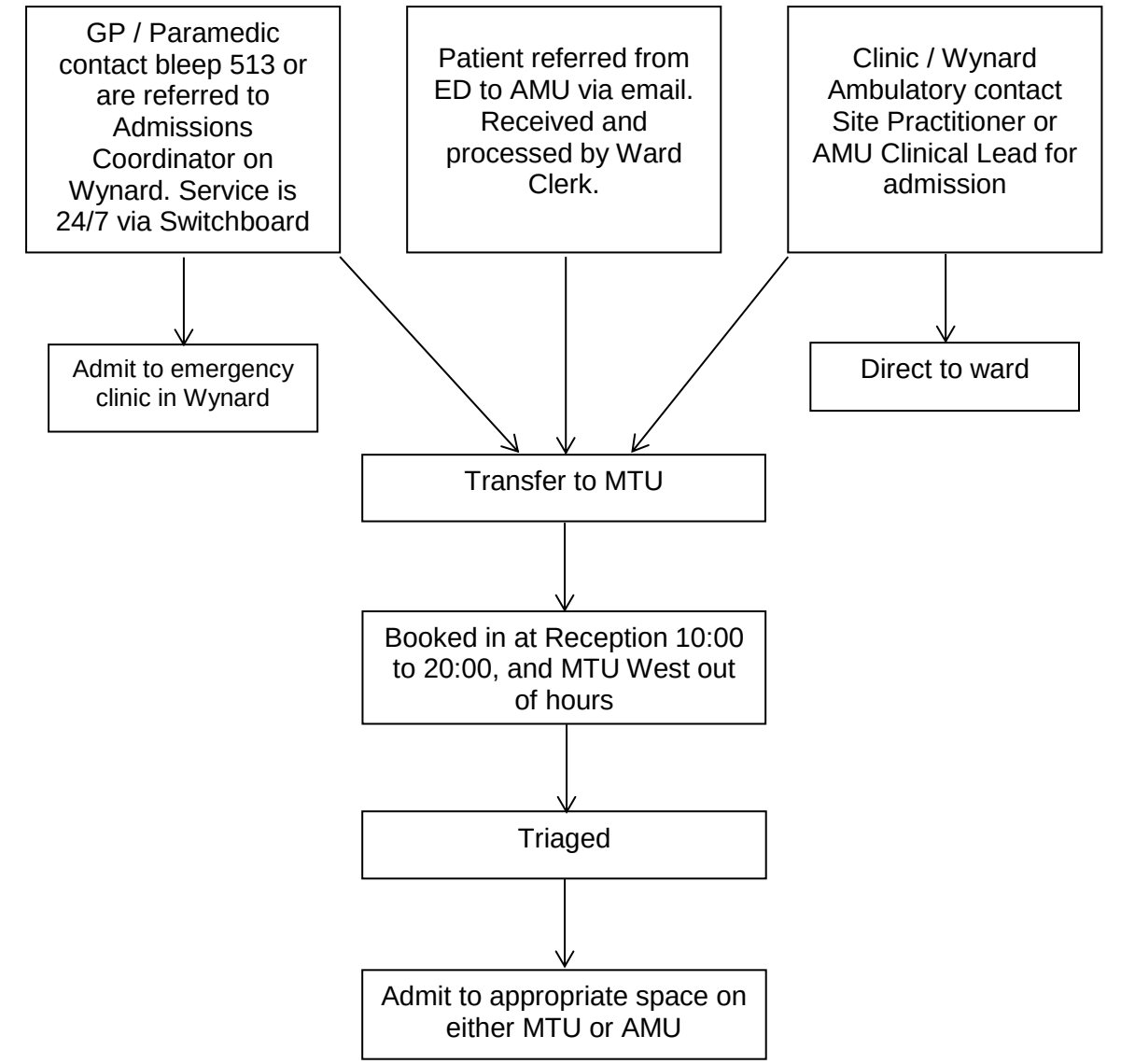
APPENDIX 8: CCU ADMISSIONS PROCESS



APPENDIX 9: RESPIRATORY HDU ADMISSIONS PROCESS



APPENDIX 10: MTU ADMISSIONS PROCESS



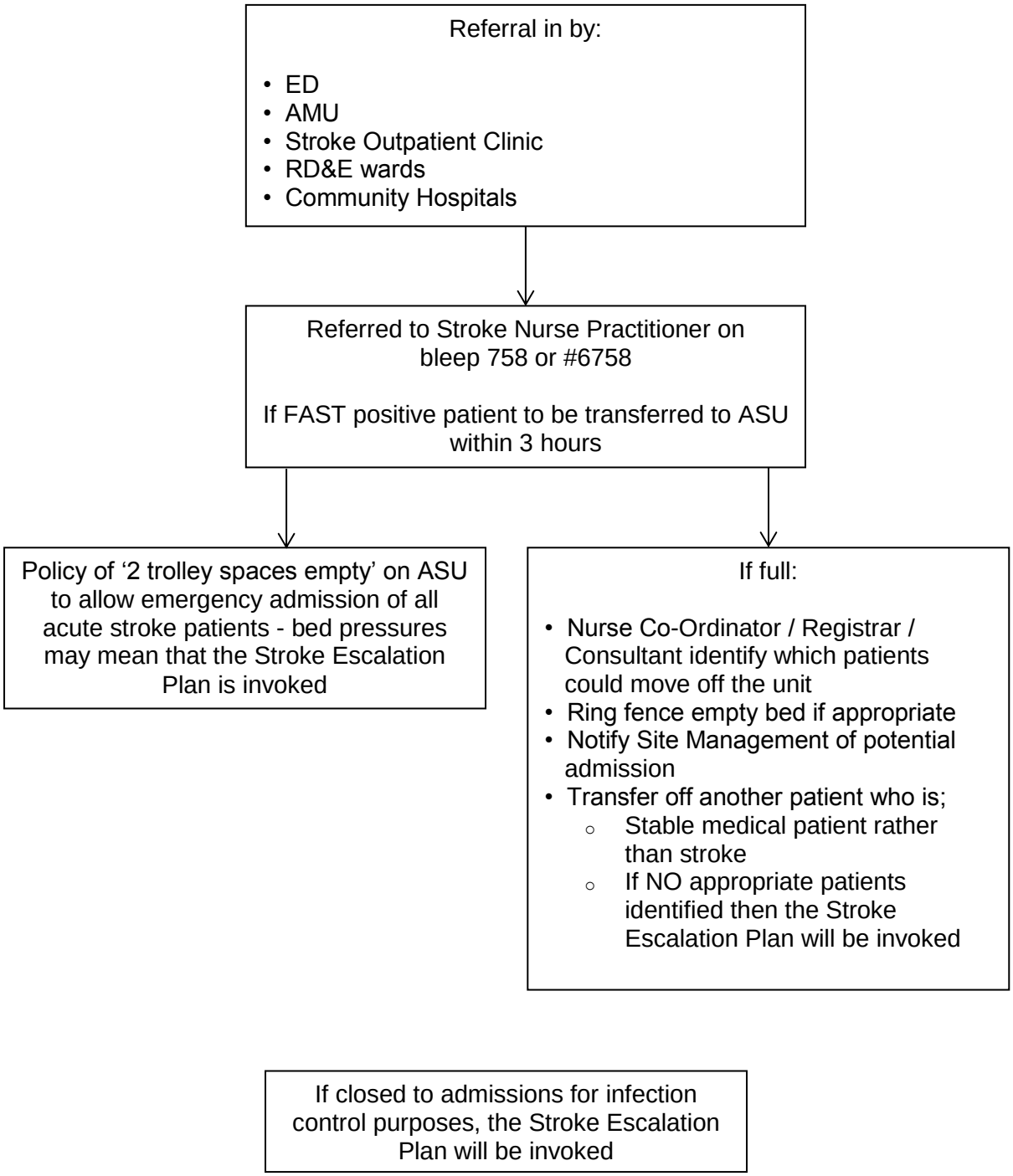
MTU

Capacity: 6 bed spaces, 2 triage spaces and up to a maximum of 16 in the seated assessment area.

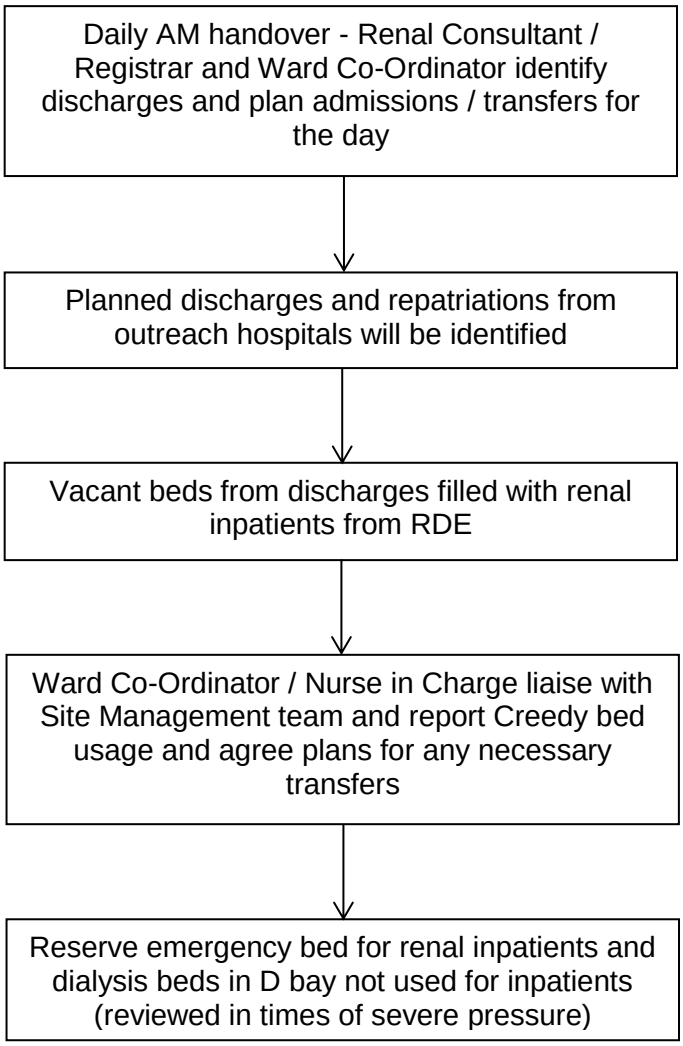
If full, contact Site Management and the Senior Nurse for AMU BEFORE diverting patients to ED. Site Management to contact ED prior to diverting to ensure safety – patients to be diverted on a case by case basis

→ Ambulance crews diverted to ED until bed availability enables Medical take to resume in MTU

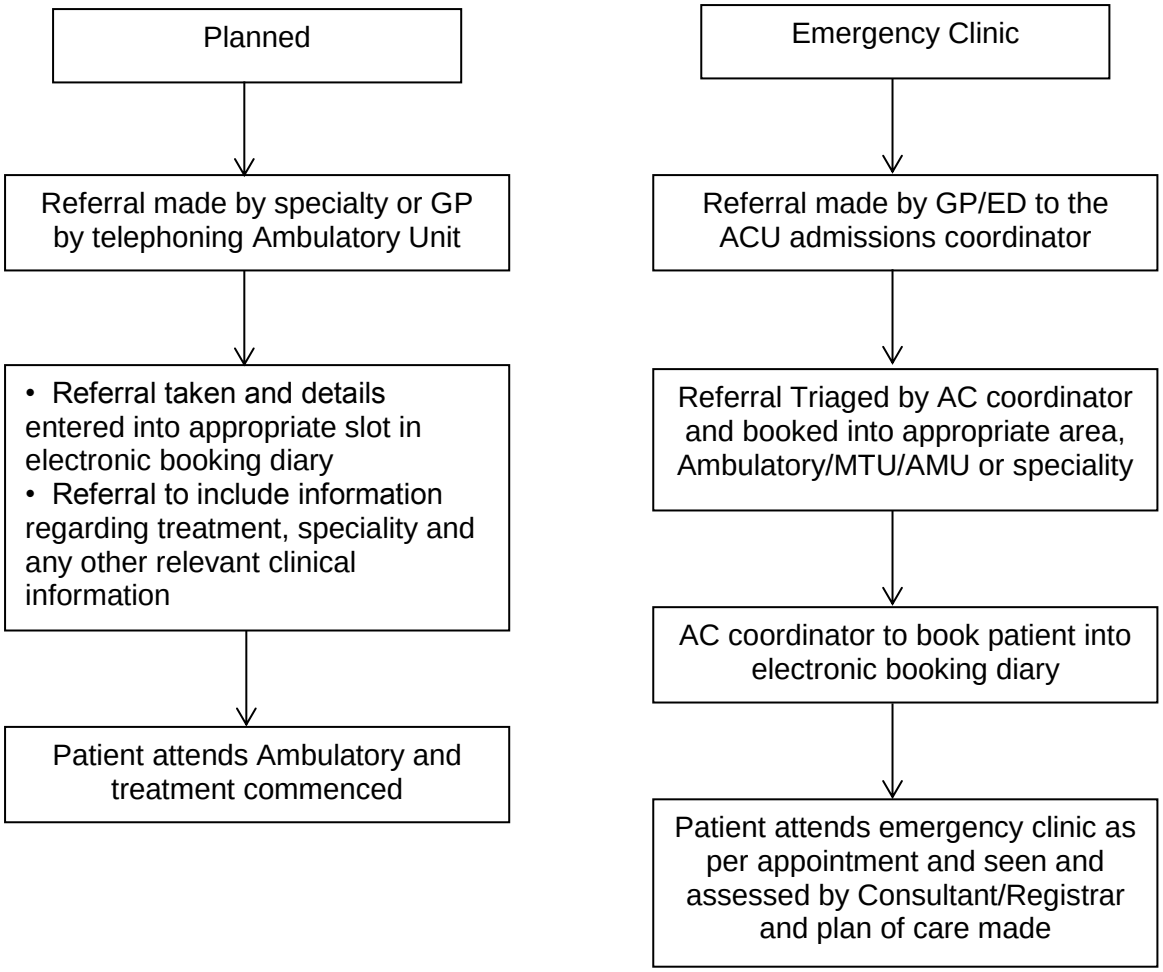
APPENDIX 11: ASU ADMISSIONS PROCESS



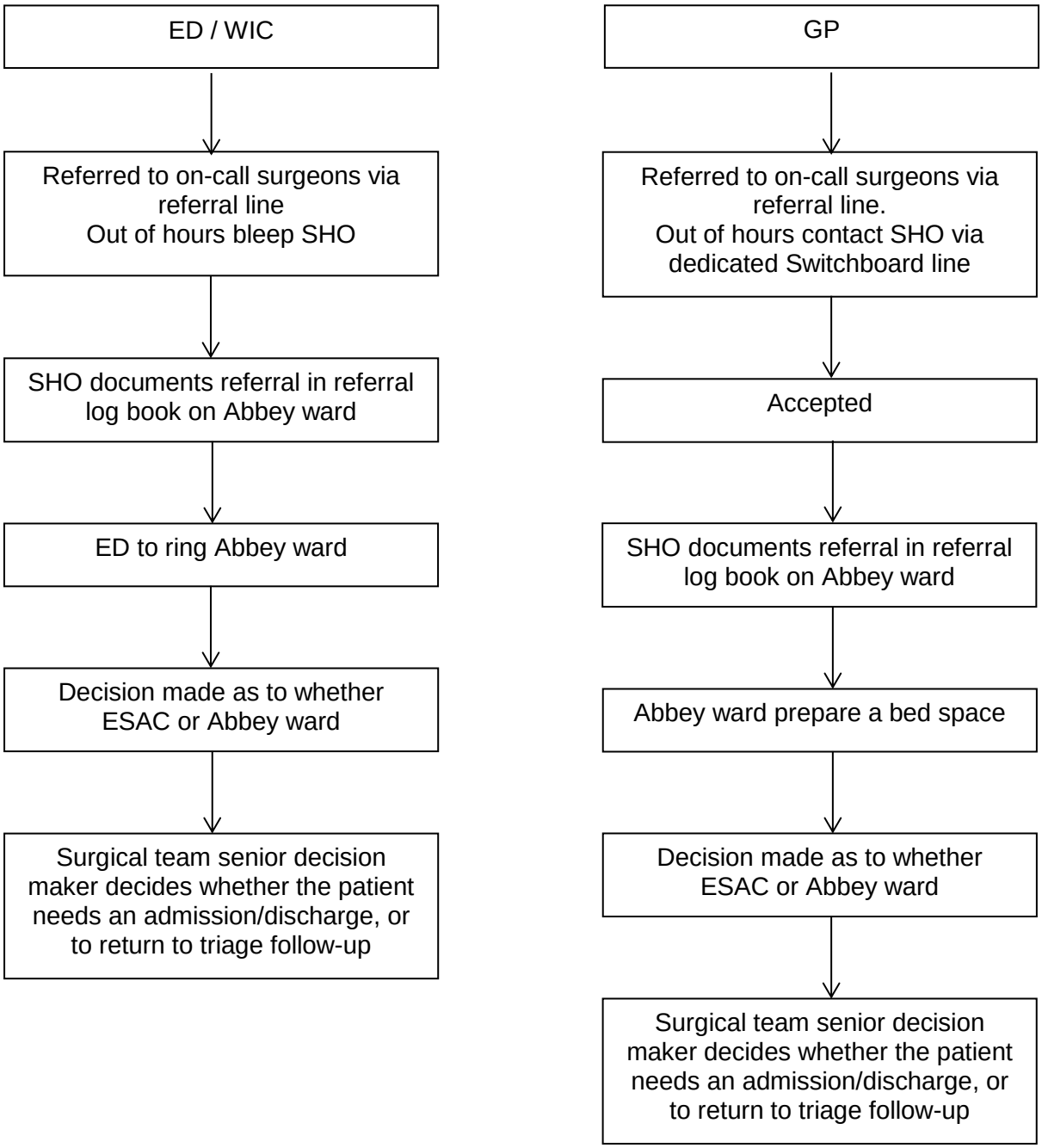
APPENDIX 12: RENAL UNIT ADMISSIONS PROCESS



APPENDIX 13: AMBULATORY ADMISSIONS PROCESS



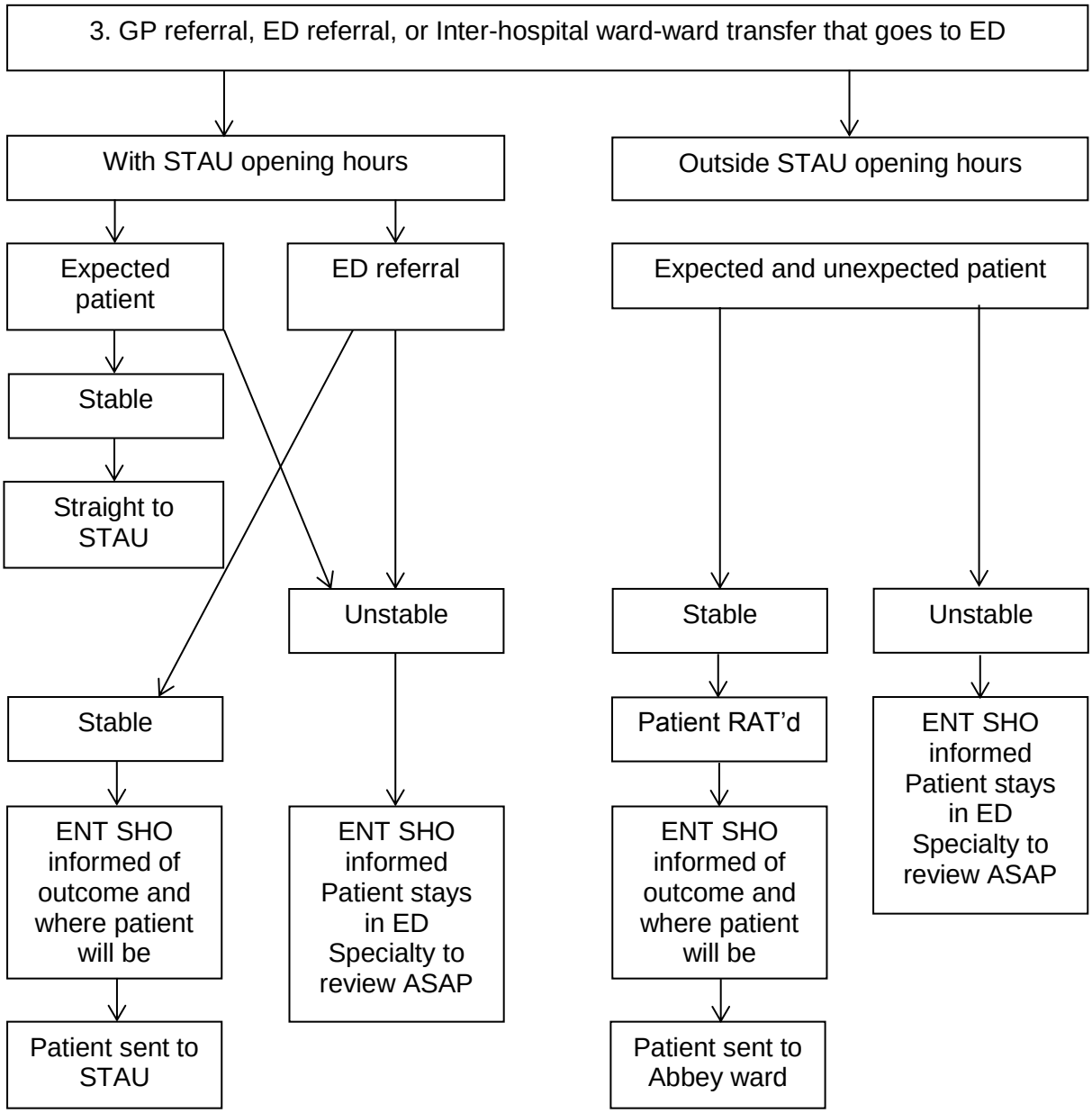
APPENDIX 14: ADMISSION TO SURGERY



APPENDIX 14: ENT PATIENTS INTO ED

1. For inter-hospital ward to ward transfers– junior must ascertain whether patient is stable and ask for EWS, if they are stable and there is no deterioration on journey patient goes ward to ward. There must be a bed available here for the patient if they are stable – the junior must arrange this with the site team. If unstable or any deterioration patient goes to ED.

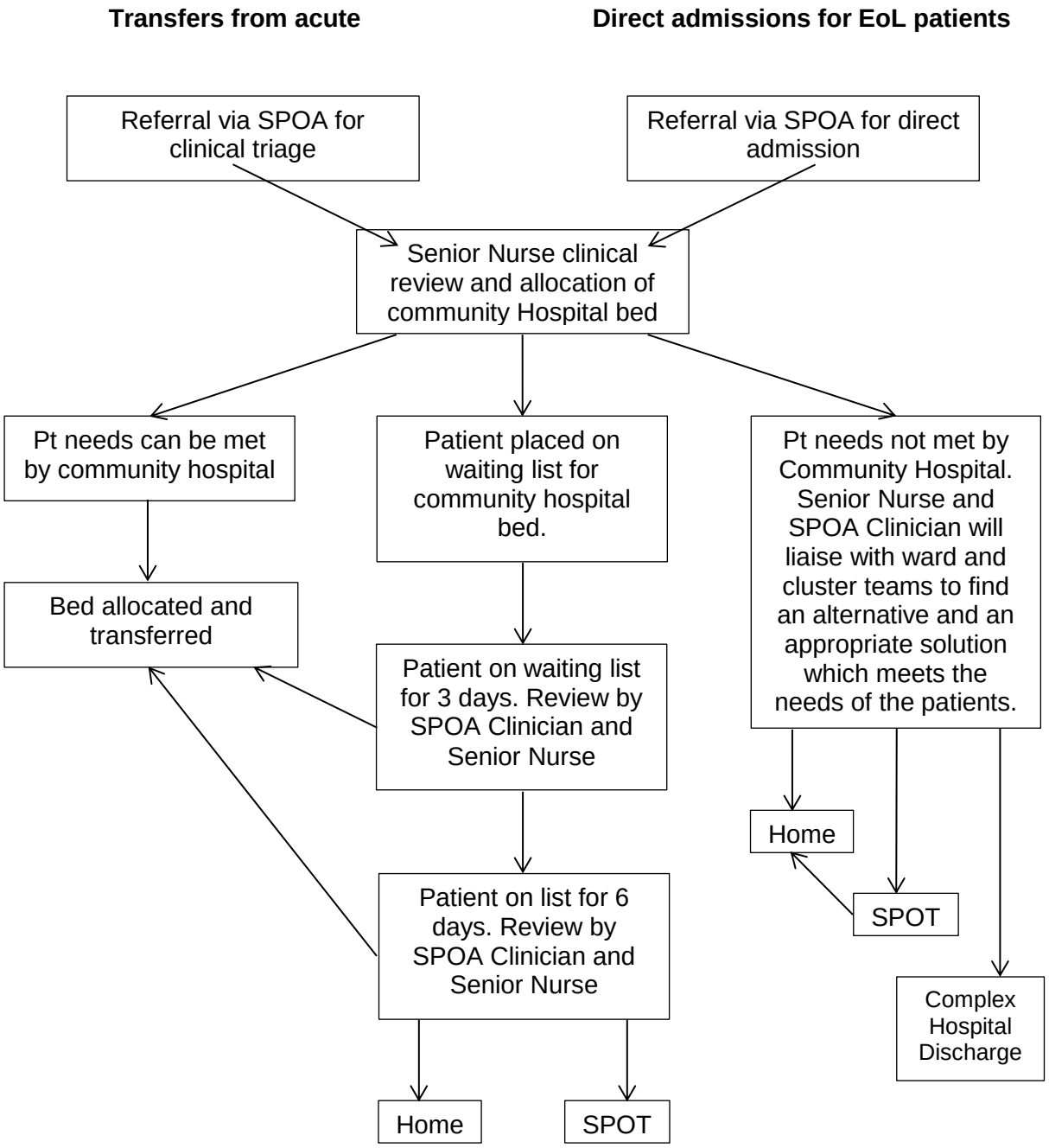
2. For inter-hospital ED to ED – patient goes to ED, for NDDH patients this must be via the middle grade.



Stable – EWS 1-2
Unstable – EWS 3 and above

N.B. Where a specialty review in ED or STAU is required, if there is no response within 1 hour this will be escalated to the registrar

APPENDIX 15: COMMUNITY HOSPITAL ADMISSIONS



APPENDIX 16: COMMUNICATION PLAN

Royal Devon and Exeter NHS
NHS Foundation Trust

COMMUNICATION PLAN

The following action plan will be enacted once the document has gone live.

Staff groups that need to have knowledge of the policy	All staff.
The key changes if a revised policy	Minor amendments.
The key objectives	To ensure there is a standardised pathway for admission of both emergency and elective patients, which if addressed on arrival, in the Trust will result in a safe and effective patient stay.
How new staff will be made aware of the policy and manager action	Through the induction process.
Specific Issues to be raised with staff	Staff should be made aware of the policy.
Training available to staff	Details available through the Trust's electronic Training Needs Analysis (TNA) on the Learning and Development Services pages of the Trust's Intranet.
Any other requirements	Nil.
Issues following Equality Impact Assessment (if any)	No negative impacts.
Location of hard / electronic copy of the document etc.	The original of this policy will remain with the author. An electronic copy will be maintained on the Trust Intranet. Archived electronic copies will be stored on the Trust's 'Archived Policies' shared drive and will be held indefinitely.

APPENDIX 14: EQUALITY IMPACT ASSESSMENT TOOL

Name of document	Admissions Policy
Division/Directorate and service area	Operations Support Unit
Name, job title and contact details of person completing the assessment	Sheila Guinchard - Lead Nurse / Head of Patient Flow
Date completed:	June 2019

The purpose of this tool is to:

- **identify** the equality issues related to a policy, procedure or strategy
- **summarise the work done** during the development of the document to reduce negative impacts or to maximise benefit
- **highlight unresolved issues** with the policy/procedure/strategy which cannot be removed but which will be monitored, and set out how this will be done.

1. What is the main purpose of this document?

The admission to an inpatient unit of a patient takes place when the patient may be severely unwell and at their most vulnerable. It is important that the process for admission and transfer safeguards and promotes patient safety, is person-centred and ensures that communication between patients and their families is effective and timely. All services should put the patient at the centre of plans involving relevant care and provide information in a format the person can access and understand involving family and carers as appropriate. Permission to share and mental capacity must be referred to in all cases.

2. Who does it mainly affect? *(Please insert an "x" as appropriate:)*

Carers ☒ Staff ☒ Patients ☒ Other (please specify)

3. Who might the policy have a 'differential' effect on, considering the "protected characteristics" below? (By *differential* we mean, for example that a policy may have a noticeably more positive or negative impact on a particular group e.g. it may be more beneficial for women than for men)

Please insert an "x" in the appropriate box *(x)*

Protected characteristic	Relevant	Not relevant
Age	☐	☒
Disability	☐	☒
Sex - *including: Transgender, and Pregnancy / Maternity*	☐	☒
Race	☐	☒
Religion / belief	☐	☒
Sexual orientation – *including: Marriage / Civil Partnership*	☐	☒

4. Apart from those with protected characteristics, which other groups in society might this document be particularly relevant to… (e.g. those affected by homelessness, bariatric patients, end of life patients, those with carers etc.)?

None.

5. Do you think the document meets our human rights obligations? ☒

Feel free to expand on any human rights considerations in question 6 below.

A quick guide to human rights:
• ***Fairness –*** *how have you made sure it treat everyone justly?* • ***Respect –*** *how have you made sure it respects everyone as a person?* • ***Equality –*** *how does it give everyone an equal chance to get whatever it is offering?* • ***Dignity –*** *have you made sure it treats everyone with dignity?* • ***Autonomy –*** *Does it enable people to make decisions for themselves?*

6. Looking back at questions 3, 4 and 5, can you summarise what has been done during the production of this document and your consultation process to support our equality / human rights / inclusion commitments?

7. If you have noted any 'missed opportunities', or perhaps noted that there remains some concern about a potentially negative impact please note this below and how this will be monitored/addressed.

"Protected characteristic":	None.
Issue:	
How is this going to be monitored/ addressed in the future:	
Group that will be responsible for ensuring this carried out:	