

Equality Impact Assessment Summary

Name: Lesley Spencer

Policy/Service: Communicating Significant News

Background

- **Description of the aims of the policy**
- **Context in which the policy operates**
- **Who was involved in the Equality Impact Assessment**

The aim of this document is to provide some practical guidance for professionals at all levels communicating with patients and their relatives within ASPH. Guidelines are not rigid constraints upon decision making and leave room for health care professionals to use clinical judgment on an individual case basis. Breaking Bad News (BBN) has perhaps the highest profile in terms of significant conversations with patients and relatives and there are many well described guidelines for this specific area. The NICE guidance published in 2004 for improving supportive care for adults with cancer specifies that all staff should be trained to deal effectively with difficult and searching questions, and talks of significant and 'key' conversations in addition to breaking bad news or the giving of significant information. NICE suggest that trusts formalise guidance and policies in this area.

The scope of this document includes conversations with all adults (patients and relatives - relative being used loosely throughout this document and intended to include all significant others for that patient, whether or not officially related) not just those with cancer. Many of the principles will also be applicable to those working in the child health setting although additional guidance within a developmentally appropriate framework may be required for this area. The guidelines as outlined below should be applied, as appropriate, for breaking bad news to patients in all clinical areas including Accident & Emergency and Outpatients

This policy was updated by the Consultant/Lead Cancer nurse. The original policy was compiled by the Lead Chaplain. The policy was disseminated to the Faith Leaders group for feedback. This group contains patient representation and meets quarterly. The End of Life Care Group was also asked for comments and feedback incorporated.

Methodology

- **A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age)**
- **The data sources and any other information used**
- **The consultation that was carried out (who, why and how?)**

The original policy was compiled by the Lead Chaplain. The policy was disseminated to the Faith Leaders group for feedback. This group contains patient representation and meets quarterly. The End of Life Care Group was also asked for comments and feedback incorporated. The draft of this updated policy has been approved by the End Of Life Care working group and the End of life Care steering group. Patients are represented on these

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groups
Key Findings <ul style="list-style-type: none"> • Describe the results of the assessment • Identify if there is adverse or a potentially adverse impacts for any equalities groups
<p>It is recognised that staff and patients whose first language is not English may have difficulty reading and interpreting this policy. This policy may impact on those individuals who are hearing or sight impaired.</p> <p>All patients need to have difficult news broken to them in a sensitive manner providing them with enough time for questions and to assimilate the information. The policy guidelines provide staff with a framework as to how to accomplish that.</p>
Conclusion <ul style="list-style-type: none"> • Provide a summary of the overall conclusions
<p>All staff need to be aware that every patient will be affected by significant news. Race, culture, gender and age may mean that individuals respond and behave in different ways after receiving bad news. Staff should aim to treat and speak to patients according to their individual needs despite potential diversity.</p>
Recommendations <ul style="list-style-type: none"> • State recommended changes to the proposed policy as a result of the impact assessment • Where it has not been possible to amend the policy, provide the detail of any actions that have been identified • Describe the plans for reviewing the assessment
<p>For staff members or patients whose first language is not English, a relevant clinical member of staff may need to go through the policy with the individual or employ a translator as necessary. Relevant and related policies are also referenced</p> <p>Clinicians to show evidence of diversity awareness training in order to be aware of 8 possible areas of discrimination</p> <p>The Trust will need to continue to provide information other than in read format such as Communicating significant news lectures on Trust communication days and Mandatory registered nurse days</p>

Guidance on Equalities Groups

Race and Ethnic origin (includes gypsies and travellers) (consider communication, access to information on services and employment, and ease of access to services and employment)	Religion or belief (include dress, individual care needs, family relationships, dietary requirements and spiritual needs for consideration)
Disability (consider communication issues, access to employment and services, whether individual care needs are being met and	Sexual orientation including lesbian, gay and bisexual people (consider whether the policy/service promotes a culture of openness

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whether the policy promotes the involvement of disabled people)	and takes account of individual needs
Gender (consider care needs and employment issues, identify and remove or justify terms which are gender specific)	Age (consider any barriers to accessing services or employment, identify and remove or justify terms which could be ageist, for example, using titles of senior or junior)
Culture (consider dietary requirements, family relationships and individual care needs)	Social class (consider ability to access services and information, for example, is information provided in plain English?)