

EQIA Report For
Best Practice Statement
Caring for the child/young person with a
tracheostomy

Date: 17-Sep-08

Policy, Function or Output Details

Section One:		Ownership / Commitments	
1.1 Organisation: NHS Quality Improvement Scotland Including SIGN		1.2 Directorate: Nursing and Practice Development	
1.3 Person Responsible: Fiona Dagge-Bell		1.4 Unit: Practice Development Unit	
1.5 Output Title: Best practice statement: caring for the child/young person with a tracheostomy		1.6 Target Completion Date: 23-Sep-08	
1.7 What stage is it at? Ready to publish		1.8 Status: New	
1.9 Partner Organisations			
This work has been developed : wholly by NHS QIS			
This EQIA report encompasses all versions/formats of the publication e.g. Patient Information leaflet, easy read leaflet etc.			
1.10 Background Knowledge			
What equality data are you aware of being available in relation to the subject matter? A full literature search was carried out on the subject matter			

Section Two:		The Output Background	
2.1	What is the purpose of this Output The best practice statement is designed to provide healthcare professionals, who come into contact with a child/young person with a tracheostomy, with evidence-based best practice guidelines.		
2.2	Which NHS QIS work themes does this relate to? Maternal and Child Health Give details:		
2.3	Who are the stakeholders? Stakeholder are healthcare professionals who care for a child/young person with a tracheostomy as well as child/young people with a tracheostomy and their parents/families/carers.		
2.4	Who is it to benefit or affect? The output will benefit healthcare professionals who come into contact with a child/young person with a tracheostomy as well as children/young people with a tracheostomy and their parents/families/carers. In what way? Healthcare professionals will be provided with consistent guidance and best practice for caring for a child/young person with a tracheostomy. Children/young people with a tracheostomy will be provided with consistent evidence-based care.		

Section Three:**Initial Checklist****Equality target groups**

Please check the relevant boxes, where it is anticipated that there will be a differential impact on the equality group (due to their membership of that equality group)

Age: consider children, young people and older people	<input checked="" type="checkbox"/>
Disability eg. physical, sensory impairment and learning disability.	<input type="checkbox"/>
Gender: male, female, transgender and transsexual people	<input type="checkbox"/>
Race/ethnic groups including minorities eg. gypsy travellers, refugees & asylum seekers.	<input type="checkbox"/>
Religion or belief: religious or other groups with a recognised belief system	<input type="checkbox"/>
Sexual orientation eg. lesbian, gay, bisexual	<input type="checkbox"/>

Cross Cutting Strands

People in poverty	<input type="checkbox"/>
Homeless people	<input type="checkbox"/>
Language or social origins issues	<input type="checkbox"/>
People in Criminal Justice System	<input type="checkbox"/>
People with mental health issues	<input type="checkbox"/>
Marital status including civil partnership	<input type="checkbox"/>

Section Four:	Initial Checklist - Summary Sheet
4.1	Have actual or potential differential positive impacts been identified for one or more equality target groups? Yes A positive impact has been identified for children/young people who have a tracheostomy. Although adults were not included within the scope of this project an earlier project did produce a best practice statement for adult services (caring for the patient with a tracheostomy).
4.2	Have actual or potential differential negative impacts been identified for one or more equality target groups? No
4.3	Additional information and evidence required: None
4.4	Assessment status: <ul style="list-style-type: none"> • Data collection was sufficient for the initial checking Yes • If not what can / should be done to improve it: • The assessor team's knowledge was appropriate for the initial checking Yes • If not give details and recommendations:
4.5	This has been subjected to EQIA before No Date: Give details of outcomes etc.
4.6	What efforts will be made/ have been made to include representatives from the relevant equality target groups as identified in Section 3? The output is evidence-based clinical guidelines for healthcare professionals and was sent widely to relevant stakeholders in NHSScotland during the national consultation.
4.7	How have they been/will they be involved in the development? A consultation of the best practice statement took place for 6 weeks. Give details: The consultation included charity groups involved in supporting parents/carers whose child/young person has a tracheostomy, professional colleges (eg. Royal college of nurses, Royal college of paediatrics and child health) and key stakeholders such as ENT surgeons, allied health professionals, nurses etc..
4.8	What research or consultation has been/requires to be carried out with regard to the impact on equality target groups as identified in Section 3? A full literature search was carried out which resulted in a number of journal articles which provided a wide range of evidence. Some relevant literature from the project caring for a patient with a tracheostomy (the adult best practice statement) was also used to inform this project.

Initial Checklist	Recommended actions and sign off
4.9	Further initial checking No If yes what should be undertaken?
4.10	Rapid impact assessment No If not what are the reasons? The reviewers did not identify any negative impacts on any equality groups.
4.11	Full impact assessment No If not what are the reasons? .As above.
4.12	Recommendations summary: The reviewers recommend that this output is published as only one positive and no negative impacts have been identified.
4.13	No further action is recommended and the conclusions of the initial checklist are accurate and comprehensive <input checked="" type="checkbox"/> If not give reasons:
Name:	Joanne McDonald (Lead Assessor)

Summary of Impact Assessment and sign off		
9.1 Adverse impacts found No	9.2 Amended to reduce/stop adverse effect Select	
9.3 Consultation conducted Yes	9.4 Positive impacts found Yes	
9.5 (a) Who will approve or authorise the recommendations? (Essential to consider also in partnership developments). Fiona Dagge-Bell		
9.5 (b) Following the consultation, what is the decision? <input type="checkbox"/> Reject <input checked="" type="checkbox"/> Introduce <input type="checkbox"/> Amend the Select <input type="checkbox"/> Other – please explain N.B. An impact assessment should be made of any amended Select.		
9.6 Person responsible for publishing results of impact assessment: Joanne McDonald		
9.7 Person responsible for arranging review: Joanne McDonald		
9.8 Due for review 3 years	9.9 Results due to be published 23-Sep-08	
Decision-making and reports to line management / board (Repeat this section for each stage of the decision-making process.)		
Directorate	Nursing and Practice Development	Assessment dates
Assessors	1: Specialist nurse respiratory support (working group member)r	Start: 2-Sep-08
	2: Respiratory physiotherapist (working group member)	Finish: 17-Sep-08
	3: Practice Development Project Co-ordinator	
	4:	
I confirm this is report is an accurate account of the EQIA findings for this Output <input checked="" type="checkbox"/>		
Name:	Joanne McDonald (Lead Assessor)	Date: 1-Sep-08
Agreed by Manager/Head of Unit	Name/Job Title: Fiona Dagge-Bell / Professional Practice Development Office	Date: 1-Sep-08
Quality approved	Name: Jeniffer Kibagendi	Date: 23-Oct-08