It is essential to follow the EQIA Guidance in completing this form

**Name of Strategy, Policy or Plan**


| Please tick box to indicate if this is a | Current Strategy, Policy or Plan [ ] | New Strategy, Policy or Plan ☑ |

**Brief description of the above: (Please include if this is part of a Board-wide Strategy, Policy or Plan or is locally determined).**

These guidelines are to facilitate good care at the end of life and in death by ensuring staff have the information and resources to deliver care of high quality at, and around the time of neonatal death.

**Who is the lead reviewer and where based?**

Clare Gonella, Clinical Midwife Specialist, Queen Mother’s Hospital.

**Please list the staff groupings of all those involved in carrying out this EQIA (when non-NHS staff are involved please record their organisation or reason for inclusion):**

Paediatric Oncology Research Nurse, Yorkhill Hospital; Mortuary Services Manager, Yorkhill Hospital; Family Bereavement Service Manager, Yorkhill Hospital; Neo-natal midwife, Queen Mother’s Hospital; Paediatric Senior Staff Nurse, Royal Alexander Hospital, Quality Co-ordinator; Equality and Diversity Assistant.
### Impact Assessment – Equality Categories

<table>
<thead>
<tr>
<th>Equality Category</th>
<th>Positive Impact</th>
<th>Negative Impact</th>
</tr>
</thead>
</table>
| **Gender**        | - The guidelines have an equality and diversity statement.  
- The guidelines state that it is important to assess and recognise the needs and wishes of the family.  
- The guidelines recognise that care should be sensitive and appropriate to help the parents during this difficult time.  
- The guidelines recognise that the bereavement can also affect staff.  
- A private room can be allocated for the parents with an engaged sign to avoid disruptions.  
- Families can take the baby home directly from the ward.  
- Families can view the baby in the chapel of rest.  
- Staff issue the families with memory boxes which can include hand or foot prints, photographs or a lock of hair.  (Staff ask the families permission beforehand).  
- A ‘blanket of love’ is also given to the families as a keepsake.  
- The clinical psychologist is available for families.  
- The Family Bereavement Service offers support, counselling information and advice to bereaved families.  
- Registration of death – in cases of cremation the on call registrar can be contacted out of hour if required. | - Some gender pronouns (e.g. he/she) are used in the guidelines. |
| **Ethnicity**     | - The guidelines have an equality and diversity statement.  
- The guidelines state that it is important to assess and recognise the needs and wishes of the family.  
- The guidelines recognise that care should be sensitive and appropriate to help the parents during this difficult time.  
- The guidelines recognise that the bereavement can also affect staff.  
- The post mortem patient information leaflet is not available in other languages. | |
also affect staff.

- A private room can be allocated for the parents with an engaged sign to avoid disruptions.
- Families can take the baby home directly from the ward.
- Families can view the baby in the chapel of rest.
- Staff issue the families with memory boxes which can include hand or foot prints, photographs or a lock of hair. (Staff ask the families permission beforehand).
- A ‘blanket of love’ is also given to the families as a keepsake.
- The clinical psychologist is available for families.
- The Family Bereavement Service offers support, counselling information and advice to bereaved families.
- Registration of death – in cases of cremation the on call registrar can be contacted out of hours if required.

<table>
<thead>
<tr>
<th>Disability</th>
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</table>
| - The guidelines have an equality and diversity statement.  
  - Work is underway to investigate the possibility of having the guidelines in an audio format using the browse a loud computer software programme.  
  - The guidelines state that it is important to assess and recognise the needs and wishes of the family.  
  - The guidelines recognise that care should be sensitive and appropriate to help the parents during this difficult time.  
  - The guidelines recognise that the bereavement can also affect staff.  
  - A private room can be allocated for the parents with an engaged sign to avoid disruptions.  
  - Families can take the baby home directly from the ward.  
  - Families can view the baby in the chapel of rest.  
  - Staff issue the families with memory boxes which can include hand or foot prints, photographs or a lock of hair. |

- The document is not visually friendly e.g. use of upper casing text and underlined text.
| Sexual Orientation | The guidelines have an equality and diversity statement. |
|                   | The guidelines state that it is important to assess and recognise the needs and wishes of the family. |
|                   | The guidelines recognise that care should be sensitive and appropriate to help the parents during this difficult time. |
|                   | The guidelines recognise that the bereavement can also affect staff. |
|                   | A private room can be allocated for the parents with an engaged sign to avoid disruptions. |
|                   | Families can take the baby home directly from the ward. |
|                   | Families can view the baby in the chapel of rest. |
|                   | Staff issue the families with memory boxes which can include hand or foot prints, photographs or a lock of hair. (Staff ask the families permission beforehand). |
|                   | A ‘blanket of love’ is also given to the families as a keepsake. |
|                   | The clinical psychologist is available for families. |
|                   | The Family Bereavement Service offers support, counselling information and advice to bereaved families. |
|                   | Registration of death – in cases of cremation the on call registrar can be contacted out of hours if required. |

| | No negative impact identified. |
| Religion and belief | The guidelines have an equality and diversity statement.  
Families are offered the services of the hospital chaplain or to contact the families own religious or spiritual advisor.  
Families can take the baby home directly from the ward.  
Staff can advise families of the Rose Chapel if they wish to pray or want some privacy.  
The guidelines recognise that it is important to be aware of any religious rituals that the family may require.  
The guidelines acknowledge the Multi Faith Resource for Healthcare Staff.  
The guidelines suggest that if the staff are unsure about customs and practices of a religion to ask the family.  
The services of the hospital chaplain can be offered for the funeral service.  
Leaflets are available which provide information about the hospital chaplains.  
A book of remembrance is located in the chapel.  
Once a month there is a Memorial services for bereaved families.  
Contact telephone numbers for the Chaplaincy Team are available in the appendix.  
Registration of death – in cases of cremation the on call registrar can be contacted out of hours if required.  
The guidelines states’ that all lines may be removed’ but this may contradict religious beliefs for some religions. |
| --- | --- |
| Age (Children/Young People/Older People) | The guidelines have an equality and diversity statement.  
The guidelines recognise the needs of siblings and encourages parents to involve them in the grieving process.  
A BD8 form provides assistance for help with funeral costs if parents are eligible.  
Families who are members of a trade union can contact  
No negative impact identified. |
| Social Class/Socio-Economic | No negative impact identified. |
### Status
- The guidelines state that it is important to assess and recognise the needs and wishes of the family.

### Additional marginalisation
- The guidelines state that it is important to assess and recognise the needs and wishes of the family.

- No negative impact identified.

<table>
<thead>
<tr>
<th>Actions to address negative impacts</th>
<th>Date for completion</th>
<th>Who is responsible?(initials)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cross Cutting Actions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Specific Actions</strong></td>
<td></td>
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<tr>
<td>- Investigate the possibility of having the post mortem information leaflet translated into other languages.</td>
<td>Oct 2009</td>
<td>Clare Gonella</td>
</tr>
<tr>
<td>- Remove all gender pronouns from the guidelines.</td>
<td>Oct 2009</td>
<td>Janice Heggie</td>
</tr>
<tr>
<td>- Contact the Chaplaincy Team for advice regarding if it is appropriate to 'remove all lines from the body'.</td>
<td>Oct 2009</td>
<td>Clare Gonella</td>
</tr>
<tr>
<td>- Ensure the document is visually friendly – e.g. remove use of upper casing text and underlined text.</td>
<td>Oct 2009</td>
<td>Janice Heggie</td>
</tr>
</tbody>
</table>

**Ongoing Review.** Please write the date when the policy and EQIA will be reviewed.

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**Lead Reviewer:** Name: Clare Gonella  
**Sign Off:** Job Title Clinical Midwife Specialist  
**Signature** Clare Gonella  
**Date:** 30.11.09
Please email copy of the completed EQIA form to irene.mackenzie@ggc.scot.nhs.uk

Irene Mackenzie, Corporate Information and Development Manager, Corporate Inequalities Team, NHS Greater Glasgow and Clyde, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ. Tel: 0141-201-4