Form 1: Preparation

Part A must be completed at the beginning of a Policy/function/strategy development or review, and for every such occurrence. (Refer to the Step-by-Step Guide for additional information).

Step 1	- Preparation	
1.	Title of Policy - what are you equality impact assessing?	Policy for the Donation of Tissues and Organs following Death
2.	Policy Aims and Brief Description - what are its aims? Give a brief description of the Policy (The What, Why and How?)	To provide a structured framework for the facilitation of organ and tissue donation following death. It will ensure that where donation is a possibility the wishes of the individual patient and their families are ascertained and fulfilled.
3.	Who Owns/Defines the Policy? - who is responsible for the Policy/work?	Cardiff and Vale University Health Board Organ Donation Committee
4.	Who is Involved in undertaking this EqIA? - who are the key contributors to the EqIA and what are their roles in the process?	Mary Coakley (Specialist Nurse – Organ Donation)
5.	Other Policies - Describe where this Policy/work fits in a wider context. Is it related to any other policies/activities that could be included in this EqIA?	All Wales End of Life Care Pathway Legal issues relevant to non-heart beating donation. Organs for Transplants – A Report from the Organ Donation Taskforce - 2008 Mental Capacity Act 2005 Equality, Diversity & Human Rights Policy UK Donation Ethics Committee – An Ethical Framework for Controlled Donation After

	1 - Preparation	Circulatory Death. NICE guidance: Organ donation for transplantation: improving donor identification and consent rates for deceased organ donation. The Policy was referred to Cardiff and Vale UHB Clinical Ethics Committee. The Committee's meeting was attended by Specialist Nurses and Clinical Lead for Organ Donation. A response to the policy from the Ethics Committee was received and we have responded to this in turn and made adjustments to the policy where appropriate.
6.	Stakeholders - Who is involved with or affected by this Policy?	Clinical staff Patients who are potential donors and relatives/carers of such patients
7.	What factors may contribute to the outcomes of the Policy? What factors may detract from the outcomes? These could be internal or external factors.	(Contribute) –Education/awareness of the donation process (Detract) – Local implementation may differ, Potential lack of awareness and misunderstanding of policy Training – there will need to be education surrounding introduction of the policy. This can be carried out by the Specialist Nurses for Organ Donation within the current educational processes in the health board to increase awareness of donation. Financial – there will be no financial impact from the introduction of the policy due to the current system of financial reimbursement to the health board for donor activity.

Form 2: Evidence Gathering

Equality Strand	Evidence Gathered	Does the evidence apply to the following with regard to this Policy/work?
		Tick as appropriate.

			,		-				
Race	Search performed on: 25/01/12		$\sqrt{}$		$\sqrt{}$				
	1. Medway NHS Foundation								
	www.medway.nhs.uk/EasysiteWeb/getresource.axd?AssetID=								
	<u>127699</u>								
	No impact								
	2. Portamouth Hagnitale								
	2. Portsmouth Hospitals www.porthosp.nhs.uk/Policies/Organ%20Tissue%20Donat								
	ion%20Policy.doc								
	No impact								
	·								
	3. Brighton and Sussex University Hospital							Ta	
	www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=299							Take	
	917 Low impact. People who do not have English as their first							account of difference	
	language may be at a disadvantage, though generally							9	
	relatives will not be reading the actual policy unless							Ħ.	
	specifically requested.							<u></u>	
	Written and oral information will have to be provided in a	₽						d≓	
	language understandable to patients and relatives					Pr		fer	
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	www.newcastle-	ing		l -		o <u>t</u> i	l ii		
	hospitals.org.uk//policies//OrganCornealandTissueDonat	<u>D</u>		ŏ		ng	ě	even	
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	20 Organ %20 Dona No impact							more	
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	7&type							9	

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	Search performed on 25/01/2012 found					
	Brighton and Sussex University Hospital www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=299 917					
	Low impact to relatives with hearing implants.					
	2. Hampshire Hospitals www.hampshirehospitals.nhs.uk/ Equality_Impact_Assess ments/tissue_donation_policy_eia_approved_2011oct05.pd					
	Low impact – patients with neurodegenerative disease or memory loss are contra-indicated to donate tissues.					
	3. Medway NHS Foundation www.medway.nhs.uk/EasysiteWeb/getresource.axd?AssetID= 127699					
	No impact					
	4. Portsmouth Hospitals www.porthosp.nhs.uk/Policies/Organ%20Tissue%20Donation%20Policy.doc No impact					
	5. Newcastle Upon Tyne NHS foundation Trust hospitals.org.uk//policies//OrganCornealandTissueDonationTransplantationPolicy201102.pdf					
	6. East Kent Hospital University www.ekhuft.nhs.uk/EasysiteWeb/getresource.axd?AssetID=16 8371 – No impact					
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	8. Southport and Ormskirk Hospital NHS Trust www.southportandormskirk.nhs.uk/policies/Clinical%20Polici					

	es//CLIN%20CORP%2085%20Policy%20for%20Potential%20Organ%20Dona No impact 9. Salford Royal NHS Foundation Trust www.srft.nhs.uk/EasysiteWeb/getresource.axd?AssetID=1298 7&type No impact						
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	No impact							
	9. South London							
	www.slh.nhs.uk/media/documents/slh-trust-board-papers- 2012-01-25.pdf							
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	ionTransplantationPolicy201102.pdf No impact							
	East Kent Hospital University							
	www.ekhuft.nhs.uk/EasysiteWeb/getresource.axd?AssetID=16							
	8371 – No impact							

	5. Hampshire Hospitals ww.hampshirehospitals.nhs.uk/Equality_Impact_Assessm ents/tissue_donation_policy_eia_approved_2011oct05.pdf No evidence 6. Southport and Ormskirk Hospital NHS Trust www.southportandormskirk.nhs.uk/policies/Clinical%20Polici es//CLIN%20CORP%2085%20Policy%20for%20Potential% 20Organ%20Dona No impact 7. Salford Royal NHS Foundation Trust www.srft.nhs.uk/EasysiteWeb/getresource.axd?AssetID=1298 7&type No impact 8. South London www.slh.nhs.uk/media/documents/slh-trust-board-papers- 2012-01-25.pdf Not required 9. Medway NHS Foundation www.medway.nhs.uk/EasysiteWeb/getresource.axd?AssetID= 127699						
Age	Search performed on 25/01/12 1. Medway NHS Foundation www.medway.nhs.uk/EasysiteWeb/getresource.axd?AssetID= 127699 In very elderly patients, organ donation is not appropriate due to poor organ viability No evidence or impact found in 2. Portsmouth Hospitals www.porthosp.nhs.uk/Policies/Organ%20Tissue%20Donat ion%20Policy.doc No impact 3. Brighton and Sussex University Hospital www.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=299 917	V	√	√	√		

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	4. Newcastle Upon Tyne NHS foundation Trust					
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	10. South London					
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Religion or Belief	found in	V	V	V	V	
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	6. Hampshire Hospitals www.hampshirehospitals.nhs.uk/ Equality_Impact_Assess				
	ments/tissue_donation_policy_eia_approved_2011oct05.pd				
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	7. Southport and Ormskirk Hospital NHS Trust				
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	7&type No impact				
	9. South London www.slh.nhs.uk/media/documents/slh-trust-board-papers-				
	2012-01-25.pdf Not required				
	·				
1	All major religions support organ donation				

Welsh Language	Our Welsh Language Scheme clearly states we will provide a bilingual patient and public service. Anecdotally, via the Welsh Language Officer, we know that choice should be given to the qualifying relatives and friends, as categorised under the policy, if they wish to discuss in their preferred language of Welsh or English. Many people in Wales find it much easier, when under distress or grieving, to		√		√		√		√		
	talk about emotions and issues in Welsh. By giving them a language choice, (by making Welsh speaking staff available to talk with them) the process of discussing and consenting organ donation will be easier and less traumatic. Providing bilingual information should also be offered to and not requested by the grieving relatives and friends. It's important that we provide it in their preferred language so that they can understand as fully as possible the donation procedure.										
e punished with	This Policy ensures that every person, who is suitable to do	and co t be dis nate, is	orresp crimin offer	ondend nated ag ed the d	ce; to gains optio	freedo st in rel n of do	om of ation	thoug to any	ht, co y of th	nscience rights	ce and religion; to s contained in the r life. In accordan
numan Rights	with the policy of Minimum Notification Criteria within the d or have life sustaining treatment withdrawn are referred to t contra-indications exist, the case will be discussed with training that no discrimination will occur.	he SN-0	Ds fo	r asses	ssme	ent for s	suitab	ility to	o don	ate. Unl	ess absolute
	This policy supports all the Human Rights but particularly to respect for private and family life and to freedom of thou						d or t	reated	d in a	degradi	ng way; to liberty

^{*} This column relates only to Disability due to the specific requirement in the DDA 2005 to treat disabled people more favourably to achieve equal outcomes. This is not applicable to the other equality strands.

Form 3: Assessment of Relevance and Priority

Equality Strand	Evidence: Existing evidence to suggest some groups affected. Gathered from Step 2. (See Scoring Chart A)	Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score (See Scoring Chart B)	Decision: Multiply 'evidence' score by 'potential impact' score. (See Scoring Chart C)
Race	2	-1	-2
Disability	2	-1	-2
Gender	1	0	0
Sexual Orientation	1	0	0
Age	3	-1	-3
Religion or Belief	1	0	0
Welsh Language	1	0	0
Human Rights	1	0	0

Scoring Chart A: Evidence Available

3	Existing data/research
2	Anecdotal/awareness data only
1	No evidence or suggestion

Scoring Chart B: Potential Impact

-3	High negative
-2	Medium negative
-1	Low negative
0	No impact
+1	Low positive
+2	Medium positive
+3	High positive

Scoring Chart C: Impact Decision

-6 to -9	High Impact (H)			
-3 to -5	Medium Impact (M)			
-1 to -2	Low Impact (L)			
0	No Impact (N)			
1 to 9	Positive Impact (P)			

FORM 4: (Part A) Outcome Report

Policy Title:	Policy for the Donation of Organs and Tissues following Death
Organisation:	Cardiff and Vale University Health Board
Name:	Mary Coakley
Title:	Specialist Nurse – Organ Donation
Department:	Critical Care
Summary of	There is evidence of potential impact due to somebody having a disability
Assessment:	or dependent on race. The policy may not be as easily accessible to some.
	People with neurodegenerative disease or memory loss are contra-
	indicated to donate tissues.
	There is also evidence of impact on the older population as organ donation may not be suitable due to poor organ viability.
Decision to Proceed to	No
Part B Equality Impact Assessment:	Evidence found that people may be discriminated in accessing the policy if
	they have disability or do not have English as their first language. Based
	on our UHB experience it will be a very rare occasion when a relative
	on our UHB experience it will be a very rare occasion when a relative requests to access the policy, where they do translation services can be
	· · · · · · · · · · · · · · · · · · ·
	requests to access the policy, where they do translation services can be
	requests to access the policy, where they do translation services can be provided.
	requests to access the policy, where they do translation services can be provided. Evidence of discrimination based on age as there is an age criteria set for
	requests to access the policy, where they do translation services can be provided. Evidence of discrimination based on age as there is an age criteria set for donation; this is justified as it would put the potential recipient at risk to
	requests to access the policy, where they do translation services can be provided. Evidence of discrimination based on age as there is an age criteria set for donation; this is justified as it would put the potential recipient at risk to transplant elderly organs due to poor viability.
	requests to access the policy, where they do translation services can be provided. Evidence of discrimination based on age as there is an age criteria set for donation; this is justified as it would put the potential recipient at risk to transplant elderly organs due to poor viability. Decision taken based on the fact that the policy is consistent and applies to
	requests to access the policy, where they do translation services can be provided. Evidence of discrimination based on age as there is an age criteria set for donation; this is justified as it would put the potential recipient at risk to transplant elderly organs due to poor viability. Decision taken based on the fact that the policy is consistent and applies to
	requests to access the policy, where they do translation services can be provided. Evidence of discrimination based on age as there is an age criteria set for donation; this is justified as it would put the potential recipient at risk to transplant elderly organs due to poor viability. Decision taken based on the fact that the policy is consistent and applies to
	requests to access the policy, where they do translation services can be provided. Evidence of discrimination based on age as there is an age criteria set for donation; this is justified as it would put the potential recipient at risk to transplant elderly organs due to poor viability. Decision taken based on the fact that the policy is consistent and applies to

Action Plan

You are advised to use the template below to detail any actions that are planned following the completion of Part A or Part B of the EqIA Toolkit. You should include any remedial changes that have been made to reduce or eliminate the effects of potential or actual adverse impact, as well as any arrangements to collect data or undertake further research.

	Action(s) proposed or taken	Reasons for action(s)	Who will benefit?	Who is responsible for this action(s)?	Timescale
What changes have been made as a result of the EqIA?	Included an equality statement	To demonstrate the UHB commitment to the equality agenda	The Statement makes it clear that all our patients or carers or relatives will benefit in knowing that they will not be discriminated against due to any protected characteristic	The author of the Policy	Already completed
2. Where a Policy may have differential impact on certain groups, state what arrangements are in place or are proposed to mitigate these impacts?	Use of a translator where needed	To ensure all are given equal access to information regarding donation	Anyone who does not have English as their first language	SN-OD	We will meet individual need upon request or where we have advanced notice

3.	Justification: For when a policy may have adverse impact on certain groups, but there is good reason not to mitigate.	Adverse impact on elderly population who are contraindicated to donate organs due to poor organ viability. Justified by reducing risk to potential organ recipients so no action needed.	To meet the individual health needs of this particular group of patients	This particular group of patients	Appropriate staff with responsibility for dealing with this group of patients	We will meet individual need upon request or where we have advanced notice
4.	Describe any mitigating actions taken?	None	N/A	N/A	N/A	N/A
5.	Provide details of any actions planned or taken to promote equality.	We have included an equality statement into the guideline that clearly states that the policy is applicable to all as appropriate to individual, service area and organisational	Cardiff & Vale UHB want to be explicit about its commitment to the equality agenda/legislation. To ensure that are policies are accessible to all	Patients will be primary benefit which will impact positively on their families and/or patients as applicable Any individual making the request as well as	The SN-OD	Already completed within the document There is no timescale as this will be responsive to individual need.

circumstances	the organisations
We would provide copies of the document in alternative formats, including Welsh if required as via appropriate Single Equality and Welsh	reputation.
Language Schemes.	

Date:	
Monitoring Arrangements:	Application of policy to be monitored
	Audit of translation services for policy and organ donation discussions
	Audit provision of policy in alternative formats and occasions where
	discussions on organ donation require BSL interpreters or other assistance.
	The SN-OD will audit all deaths occurring within the Critical Care Unit
	(Potential Donor Audit). The audit will demonstrate rates of potential donor identification, referral and approach to relatives and consent to
	donation.
Review Date:	The Policy will be reviewed in 2 years or sooner if new evidence,
	legislation or changes in best practice occurs.
Signature of all Parties:	Mary Coakley

Part B has three steps:

Step 4 - Assemble
evidence: explore existing
evidence, obtain/consider
need to get new evidence
(see Form 5)

Step 5 - Judge/assess the impact of the Policy across the equality strands (see Form 5)

Step 6 - consider alternatives (see Form 5)

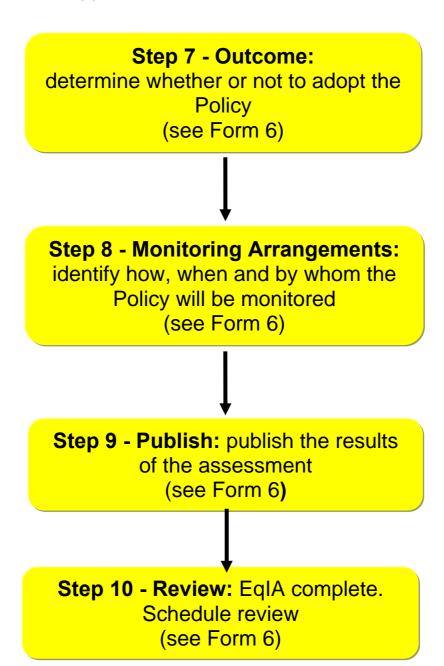
Form 5: Equality Impact Assessment

Step 4 - Assemble evidence		
1.	Do you have adequate information? Refer to Form 2 (Part A, Step 2: <i>Evidence Gathering</i>) If not, can the Policy go ahead during this process?	
2.	Does the evidence relate to all strands? (please explain)	
3.	What additional information is required?	
4.	State which representative bodies of relevant groups you will liaise with for support. Is the information representative?	

Detail below whether yo	u have identified any positive, adverse or differ				ving strands:
	EQUAL	TY STRAI	ND/GROU	JP 	T
		Adverse	Differential	Positive	Comments
Age					
Disability					
Gender					
Race					
Religion or Belief					
Sexual Orientation			1		
Welsh Language					
Human Rights					

Step 6 - Consider Alte	Step 6 - Consider Alternatives				
6.	Describe any mitigating actions taken to reduce adverse impact.				
7.	Is there a handling strategy for any unavoidable but not unlawful negative impacts that cannot be mitigated?				
8.	Describe actions taken to maximise the opportunity to promote equality i.e. changes to the Policy, regulation, guidance, communication, monitoring or review				
9.	What changes have been made as a result of the equality impact assessment?				

Part C is a four step process as follows:



Form 6: Outcome, Monitoring, Publication and Review

Step 7	ep 7 - Outcome: determine whether to adopt the policy or not				
1.	Will the policy be adopted?				
2.	If No please give reasons and any alternative action(s) agreed: (If the policy is not to be adopted please proceed to step 9).				
Step 8	- Monitoring arrangements: identify ho	ow, when and by whom the policy will be monitored.			
3.	How will the policy be monitored?				
4.	What monitoring data will be collected?				
5.	How will this data be collected?				

6.	When will the monitoring data be analysed?		
7.	Who will analyse the data?		
Step 9	- Publish the results of the assessment		
8.	What changes have been made?		
9.	Describe any mitigating actions taken Provide details of any actions taken to promote equality		
10.	Describe the arrangements for publishing the EQIA Outcome Report		

Step 10 - Schedule review			
11.	When will the policy be subject to a further review?		