Equality and Health Impact Assessment for
Donation of Organs and Tissues after Death Policy and Procedure

1	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	**Cardiff and Vale University Health Board: Reference Number 110** **Donation of Organs and Tissues after Death Policy** **And Donation of Organs and Tissues after Death Procedure.**
2	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Cardiff and Vale University Health Board Organ Donation Committee. Clinical Lead for Organ Donation: Katja Empson Specialist Nurse for Organ Donation: Charlotte Goodwin
3	Objectives of strategy/ policy/ plan/ procedure/ service	• All patients are considered for organ donation as a usual part of end of life care. • All patients at the end of life who meet minimum notification criteria (NICE Guideline) are referred to the specialist nurse for organ donation. • The family of all patients with the potential to become an organ donor are approached in accordance with the best practice guidelines. • The decisions of all potential patients are determined by accessing the NHS organ donor register. • Consent for organ donation is explored using the criteria set out in the Code of practice. • Potential organ donors who have consented to proceed are managed according to clinical guidelines.
4	Evidence and background information considered. For example • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge	**Cardiff and Vale University Health Board**

Total population	482,000
Population aged 75 and over (%)	7.3
Life expectancy at birth - males	78.6 years
Life expectancy at birth - females	82.9 years
Adults who are overweight or obese (%)	54.0

- list of stakeholders and how stakeholders have engaged in the development stages
- comments from those involved in the designing and development stages

Population pyramids are available from Public Health Wales Observatory[1] and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need[2].

Adults who smoke (%)	18.4
Adults who drink above guidelines (%)	41.6
MMR uptake (%)	94.2
Live births per 1000 women aged 15-44	55.9
Emergency hospital admissions (European age standardised rate per 1,000 population)	92.9

'Public Health Wales Observatory'[3]
http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf

'Shaping Our Future Wellbeing'[3] http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face

1. Population size and composition

- Our population is:
  - growing rapidly in size - projected 4% increase between 2013-17; will pass 500,000 for the first time (much higher than average growth across Wales)
  - ageing - number of over 85s increasing at a much faster rate than the rest of the population (10.4% increase between 2013-17)
  - ethnically very diverse, compared with much of the rest of Wales. Arabic, Polish, Chinese and Bengali are the four most common languages spoken after English and Welsh. Cardiff is one of the few centres in the UK designated as a receiving centre for people newly arrived in the UK who are seeking asylum

2. Risk factors for disease

- Unhealthy behaviours which increase the risk of disease are endemic among adults
  - Nearly half (45-46%) drink above alcohol guidelines
  - Nearly two thirds (65-68%) don't eat sufficient fruit and vegetables
  - Over half (53-56%) are overweight or obese. This increases to two thirds (64%) among 45-64 year olds
  - Around three quarters (71-75%) don't get enough physical activity
  - Just over one in five (21%) smoke
- Many children are also developing unhealthy behaviours
  - Two thirds (66%) of under 16s don't get enough physical activity
  - Nearly a third (31%) of under 16s are overweight or obese
- Around 1 in 10 adults are recorded as having high blood pressure

3. Equity, inequalities and wider determinants of health

- There are stark inequalities in health outcomes and how, when people access healthcare
  - Life expectancy for men is nearly 12 years lower in the most-deprived areas compared with those in the least-deprived areas
  - The number of years of healthy life varies even more, with a gap of 22 years between the most- and least-deprived areas
  - Premature death rates are nearly three times higher among the most-deprived areas compared with the least deprived
- There are significant inequalities in the 'wider determinants' of health, such as housing, household income and education
  - For example, the percentage of people living without central heating varies by area from 1 in 100 (1%) to 1 in 10 (13%)
- The Annual Report of the Equality and Human Rights Commission highlights that of the 23% of people living in poverty in Wales, 46% are disabled, 43% are from minority ethnic communities, 27% are aged 16-25 years and 48% are lone parents (9/10 are women). There are clear links between socio-economic inequalities and those associated with particular protected characteristics who may have specific health needs to be met

4. Ill health in Cardiff and Vale

- The disease profile is changing
  - Chronic conditions including diabetes, respiratory and heart disease, are now common
  - Around 1 in 10 (9.4%) people consider their day-to-day activities are limited by a long-term health problem or disability
  - Many people with chronic conditions are not diagnosed and do not appear on official registers
  - Because of changes in the age profile of the population and risk factors for disease, new diagnoses for conditions such as diabetes and dementia are increasing significantly
- Heart disease, lung cancer and cerebrovascular disease are the leading causes of death in men and women
- Preventable illness and deaths
  - Many (but not all) of the most common chronic conditions and causes of death may be avoided by making changes in health-related behaviours

5	Who will be affected by the strategy/ policy/ plan/ procedure/ service	• Patients who are a potential organ and/or tissue donors and their families/carers. • Members of Organ Donation Committee. • Medical and nursing staff involved in the care and treatment of potential donors.

EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate.** Make reference to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65	There is a negative impact on a small minority due to the age limitations on organ and tissue donation. The upper age limit when considering organ donation is 85. Those under the age of 18 will not be eligible for deemed consent and the qualifying relationship will apply. However, they can register their wish or their parents on their behalf.	Set criteria are essential as above the age limit is not appropriate due to poor organ viability and the presence of certain conditions that may be associated with older people. Deemed consent criteria is stipulated within HTA Wales.	On referral to the SN-OD the patient's date of birth would be obtained. Referral to SNOD (3.0)
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	Specific medical contraindications may exclude certain individuals with varying disabling conditions from being organ and/or tissue donors; otherwise people with disabilities are not excluded from donating organs and/or tissues. Relatives with impaired hearing or visual impairments will need the policy to be provided in accessible formats	Each individual case is discussed and weighed on its merits. BSL signers or interpreters should be present to facilitate discussions as appropriate.	Referral allows the SN-OD to ascertain potential and establish contraindications to organ donation. Referral to SNOD (3.0) Eligibility for tissue donation will be communicated via the National Referral Center. Tissue Donation Referral (9.0)

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	and it must be ensured that they understand the consequences of implementation prior to any action being taken.		
6.3 People of different genders: Consider men, women, people undergoing gender reassignment **NB** Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	There is no evidence to indicate that men or women will be adversely impacted by this policy. No difference between gender is noted in the ability to become an organ and/or tissue donor. There is no reason or contraindication that would prevent a person from being an organ and/or tissue donor due to them being transgender. However, the registration on the ODR may have an impact if uncertainty surrounding what gender to document is experienced.	Expressed wish can be in varying formats and not solely ODR registration.	Reflected within consent for organ donation (5.0)
6.4 People who are married or who have a civil partner.	There is no evidence to suggest marriage or civil partnership will have any impact by this policy.	The qualifying relationship hierarchy gives greater weight to spouse or partner.	Reflected within consent for organ donation (5.0)
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	Any female between the ages of 13-53 years who is a potential organ donor, it must be considered that they may be pregnant. NHS Blood and Transplant have a management process description that guides the possibility of organ donation in relation to pregnancy. Pregnancy does not preclude organ and/or tissue donation	N/A	N/A

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	but it must be considered and planned for.		
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	NHSBT cited in The Welsh Government's EQIA of the Human Transplantation (Wales) Bill reported the people from Black and Minority Ethnic (BAME) Communities are under represented on the ODR with only 1.4% being of Asian origin and 0.4% Black, yet they are three times more likely to need a transplant due to their likelihood of developing conditions such as diabetes and high blood pressure, which can lead to kidney failure or heart disease. Finding a match can take longer, meaning that people from these communities on average wait a third longer than others for a transplant. There is also a much better success rate when transplants are carried out within the same ethnic group. Studies show that while African-Caribbean and South Asian People are supportive of organ donation and transplantation, they are not aware of the specific needs of their community for organs. References shown in Randahawa G. (2011) Achieving equality in organ donation and transplantation in the UK:challenges and solutions. BAME groups are likely to benefit from increased numbers of donors. Race is not a criteria for deciding on whether or	Translators/interpreters should be available to assist in discussions and information sharing.	Identification of translators/interpreters should be shared at the referral process (3.0)

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	not an individual may be a donor or recipient.		
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	For many BAME people, their faith will be significant in determining their decision on organ donation. No religious faiths object completely to the principle of organ donation, although there is a divergence of opinion within Islam. However, religious views are often cited as a reason by relatives not to consent to organ donation. It is unclear whether these views are an informed view of their faith's position or more personal, intuitive views based on personal interpretation. It should be recognised that both positions are legitimate. Religion or belief does not exclude an individual from being a donor/recipient.	This highlights the need to ensure that faith leaders and the public should be encouraged to discuss and debate organ donation within the context of their faith – included in publicity campaigns?	Consideration of BAME within the communication and education plan (10.0)
6.8 People who are attracted to other people of: • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual)	There is no evidence that LGB people will be adversely affected by the implementation of this policy and LGB individuals requiring donations will benefit from the implementation of the policy and are not excluded from receiving donations. Some LGB individuals will be excluded from being donors due to the presence of conditions as specified in the exclusion criteria, but the decision is on the basis of the condition being present, not on the basis of sexual orientation.	N/A	N/A

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design Well-being Goal – A Wales of vibrant culture and thriving Welsh language	The UHB Welsh Language Policy prescribes that service users may receive their services through the medium of Welsh. People for whom Welsh is their first language find it much easier, particularly when under distress or grieving to talk about emotions and issues in Welsh. The "active offer" should be implemented when introducing the topic of organ donation and bilingual information leaflets should be made available as appropriate.	The South Wales organ donation team has two first language Welsh speakers. If this is a preferred method of communication they can be mobilised to attend at the Cardiff and Vale UHB.	Consideration of a Welsh speaking SNOD requires implementation prior to approach/consent (4.0/5.0)
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	Income has no impact on the potential of organ and/or tissue donation. Information will be collected when conducting the patient assessment as risks need to be identified such as an individual who is homeless may be exposed to further infection risks.	N/A	N/A
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	Residency will only have an impact in regards to the Welsh legislation. Deemed consent can only apply when voluntary residence is at least 12 months within Wales.	N/A	N/A
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	Other groups that may be relevant to this policy are students, asylum seekers or refugees with regards to Welsh residency under the legislative act of deemed consent.	N/A	N/A

6. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts and any particular groups affected**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate** Make reference to where the mitigation is included in the document, as appropriate
7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities Well-being Goal - A more equal Wales	If eligible as a potential for organ and/or tissue donation all patients should be referred if they meet the minimum notification criteria as stipulated by NICE guidelines. Referrals are monitored and audited so that if a missed case has occurred this will be addressed and escalated to the clinical leads in organ donation.	Staff and public education and engagement.	Education Plan (10.0)
7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination,	N/A Previous and current lifestyle will be assessed during donor characterisation.	N/A	N/A

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc Well-being Goal – A healthier Wales			
7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions Well-being Goal – A prosperous Wales	N/A The impact of death for family/friends may have an impact financially but this is beyond the reach of this policy.	N/A	N/A
7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment	N/A	N/A	N/A

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces Well-being Goal – A resilient Wales			
7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos Well-being Goal – A Wales of cohesive communities	• Impact may be evident if criteria for deemed consent is not met. Therefore the hierarchical qualifying relationships will be established to gain consent for potential organ and/or tissue donation. • The policy will be in conjunction with the End-of-life to ensure social and community needs are respected after death.	N/A	N/A

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate Well-being Goal – A globally responsible Wales	N/A	N/A	N/A

Please answer question 8.1 following the completion of the EHIA and complete the action plan

8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	Obstacles to success might include: • Lack of engagement from the Critical Care areas. • Misunderstanding/misuse of the policy. • Staffs' personal feelings and perception about the policy. • Local Implementation of the policy across different areas of the UHB may differ. • Lack of awareness of the policy by staff that are not permanent employees of the Health Board and may be working locum/bank nurse shifts. • Lack of public and patient awareness around issues of organ and tissue donation. Elements which may enhance the success of the policy might include: • Training and awareness raising - there will be a need to educate staff about this policy and to include in education plans. • There are no financial implications to this policy as all donor activity is reimbursed.

Action Plan for Mitigation / Improvement and Implementation

8.2 Action Plan for Mitigation / Improvement and Implementation **What are the key actions identified as a result of completing the EHIA?**	A full impact assessment was undertaken and the policy was considered to have a high relevance to the Equality Duties and in relation to the organisation's activities and outcomes for service users. The intent behind this policy is to outline best practice in relation to the organ donation process. Evidence shows that there is potential for negative impact on certain groups of people such as medical contraindications precluding certain individuals from becoming organ donors at assessment. However, the need for organs is a significant issue in the UK and for this reason alone, every effort would be made to remove reasons why people can not donate. The only absolute reasons for people not being able to donate are on a risk: benefit ratio, where the potential for harm to a recipient outweighs the benefit. This is solely a clinical decision based on the risk: benefit ratio and not in any way based on any one protected characteristic.	CLOD SNOD	Completed For consultation at next policy review	No-one will be excluded from being a donor on the basis of any protected characteristic alone, nor will anyone be assumed to be consenting to be a donor on the basis of their protected characteristic. On this basis, the policy was assessed as having a neutral impact in terms of donors and a positive impact in terms of recipients across protected characteristics.

8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required? This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?	No further assessment is required at this stage as all factors have been considered at great length. The policy has been distributed for consultation to varying personal within the equality act and no further actions have been identified.	SNOD	Completed	No action required

8.4 What are the next steps? Some suggestions:- • Decide whether the strategy, policy, plan, procedure and/or service proposal: ○ continues unchanged as there are no significant negative impacts ○ adjusts to account for the negative impacts ○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) ○ stops. • Have your strategy, policy, plan, procedure and/or service proposal approved • Publish your report of this impact assessment • Monitor and review	**Cardiff and Vale UHB** is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff, patients and others reflects their individual needs and does not discriminate, harass or victimise individuals or groups. • Suggest adding in a section to ensure that alternative formats for the policy and /interpretation services (BSL and other languages) must be made available as appropriate to facilitate discussion and understanding and referring to the active offer of services provided through the medium of Welsh. This will ensure that such issues are not missed during crucial discussions at a sensitive time**.** • **The policy has been examined by Organ Donation Committee members and will be forwarded for board approval following appropriate amendments. Once published this will be accessible within the UHB and wider community on the internet/intranet.**	SNOD CLOD SNOD	Completed 3 Months	If a Welsh speaking SNOD is requested the Team Managers will endevour to mobilise a SNOD to the clinical unit. Recommendations will be examined and alterations made as appropriate.