

Equality & Health Impact Assessment for

Defibrillation – Guidelines for Healthcare Professionals

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Defibrillation – Guidelines for Healthcare Professionals.
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Surgical Clinical Board [Perioperative Directorate] Chair of Resuscitation Committee; Senior Nurse Resuscitation Service ext 48297
3.	Objectives of strategy/ policy/ plan/ procedure/ service	<ul style="list-style-type: none"> ▪ To ensure patients receive safe, evidence based, effective defibrillation when appropriate. ▪ To provide staff with guidance on the resuscitation courses most appropriate to them depending on their clinical role/department, in order to achieve competence in performing defibrillation. ▪ To ensure relevant staff are updated and adequately supported to deal with resuscitation situations that require defibrillation. ▪ To promote practice based on RC (UK) guidelines. ▪ Ensure staff and patient safety during defibrillation. ▪ To satisfy legal and professional requirements. ▪ To minimise clinical risk and litigation. ▪ To comply with UHB requirements for UHB Wide guidelines. ▪ To maximise access to and uptake of training.
4.	Evidence and background information considered. For example <ul style="list-style-type: none"> • population data 	Cardiff & Vale University Local Health Board (LHB) area is the smallest and most densely populated LHB area in Wales, primarily due to Wales' capital city: Cardiff. 72.1 and 27.9 percent of the LHB area population

	<ul style="list-style-type: none"> • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages <p>Population pyramids are available from Public Health Wales Observatory¹ and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need².</p>	<p>live within Cardiff and the more rural Vale of Glamorgan respectively.</p> <p>We have a responsibility to provide Resuscitation Techniques in line with current Guidelines/Frameworks and publications.</p> <ul style="list-style-type: none"> • Advanced Life Support Course, Provider Manual, 7th Edition. UK Resuscitation Council. 2016 • Quality Standards for cardiopulmonary resuscitation practice and training. A Joint Statement from the Royal College of Anaesthetists, The Royal College of Physicians of London, Intensive Care Society and Resuscitation Council (UK) 2016. • All Wales DNACPR Policy, 2015.
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	<ul style="list-style-type: none"> • Resuscitation Practitioners • All clinical staff. • Patients who receive safe, evidence based, effective defibrillation. • UHB Resuscitation Committee • Medical Director • Director of Nursing

		<ul style="list-style-type: none"> • Directorate Managers • All Senior Nurses • All ward managers • Operational Development and Training • Post-graduate organisers • Each individual has a responsibility to attend allocated training sessions.
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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: <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	No documented evidence found from the assessment review of the information available on the date the search was performed to suggest that there are any statements, condition, rules or requirements which could potentially exclude or where	N/A	N/A

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	applied cause an adverse impact against any group of individuals in respect of age.		
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	The UHB is aware from its demographic information that it employs staff who have disabilities as defined within the Act. As such, the procedure has been made accessible to staff in both electronic and paper copy.	N/A	N/A
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	There appears not to be any impact on staff regarding gender. No documented evidence found from the assessment review of the information available on the date the search was performed to suggest that there are any statements,	N/A	Procedure put out for consultation within the organisation and ratified by Resuscitation Committee

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
process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	condition, rules or requirements which could potentially exclude or where applied cause an adverse impact against any group of individuals in respect of gender.		
6.4 People who are married or who have a civil partner.	There appears not to be any impact. No documented evidence found from the assessment review of the information available on the date the search was performed to suggest that there are any statements, condition, rules or requirements which could potentially exclude or where applied cause an adverse impact against any group of individuals in respect of sexual orientation.	N/A	Procedure put out for consultation within the organisation and ratified by Resuscitation Committee.

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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.	There appears not to be any impact.	N/A	N/A
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	There appears not to be any impact regarding race, nationality, colour, culture or ethnic origin. No documented evidence found from the assessment review of the information available on the date the search was performed to suggest that there are any statements, condition, rules or requirements which could	Whilst there doesn't appear to be any impact, if a member of staff was known to have difficulties with the written word, good management would dictate that alternative arrangements be made, such as individual meetings. Members of the public would be supported by staff or family members	All departments to be aware of their staff profiles. Procedure put out for consultation within the organisation and ratified by Resuscitation Committee

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	potentially exclude or where applied cause an adverse impact against any group of individuals in respect of race	as appropriate	
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	It is unlikely to be any impact on staff regarding their religion.	Staff are able to raise any issues with their line manager/Human Resources	Procedure put out for consultation within the organisation and ratified by Resuscitation Committee
6.8 People who are attracted to other people of: <ul style="list-style-type: none"> the opposite sex (heterosexual); the same sex (lesbian or gay); both sexes (bisexual) 	There appears not to be any impact on staff or patients.		Procedure put out for consultation within the organisation and ratified by Resuscitation Committee
6.9 People who communicate using the Welsh language in terms of correspondence,	There is no Welsh Language provision within the policy		Procedure put out for consultation within the organisation and ratified by Resuscitation Committee

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
information leaflets, or service plans and design Well-being Goal – A Wales of vibrant culture and thriving Welsh language			
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	There appears not to be any impact	N/A	Procedure put out for consultation within the organisation and ratified by Resuscitation Committee
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	There appears not to be any impact on staff, and this policy has a positive impact on people on low income as the policy is applicable to all people.	N/A	Procedure put out for consultation within the organisation and ratified by Resuscitation Committee

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6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	There appears not to be any impact or risk factors to take into account with regard to this Policy.		Procedure put out for consultation within the organisation and ratified by Resuscitation Committee

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	<ul style="list-style-type: none"> To ensure patients receive safe, evidence based, effective defibrillation when 	N/A	Procedure put out for consultation within the organisation and ratified by Resuscitation Committee

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<p>and/or those experiencing health inequalities</p> <p>Well-being Goal - A more equal Wales</p>	<p>appropriate.</p> <ul style="list-style-type: none"> ▪ To provide staff with guidance on the resuscitation courses most appropriate to them depending on their clinical role/department, in order to achieve competence in performing defibrillation. ▪ To ensure relevant staff are updated and adequately supported to deal with resuscitation situations that require defibrillation. ▪ To promote practice based on RC (UK) guidelines. ▪ Ensure staff and patient safety during defibrillation. ▪ To satisfy legal and professional requirements. ▪ To minimise clinical risk 		

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	<p>and litigation.</p> <ul style="list-style-type: none"> ▪ To comply with UHB requirements for UHB Wide guidelines. ▪ To maximise access to and uptake of training. 		
<p>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, falls prevention). Also consider impact on access to supportive services including smoking cessation</p>	<p>As a policy, there will be no impact.</p>	<p>N/A</p>	<p>Procedure put out for consultation within the organisation and ratified by Resuscitation Committee</p>

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
<p>services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>			
<p>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</p> <p>Well-being Goal – A prosperous Wales</p>	<p>The Cardiff and Vale Health Board staff should have a yearly update in CPR (unless an ALS provider)</p> <p>Managing, investigating and reporting adverse events non compliance with protocols</p> <p>.</p>	<p>To comply with the organisation's regulatory requirements, the Resuscitation Service must ensure that they have a robust auditing system to monitor resuscitation prevalence across the UHB. The organisation supports and promotes quality within the field of resuscitation and the principles must be adhered to both in non clinical and clinical environments. This includes the reporting of incidents, accidents and near misses in relation to</p>	

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		resuscitation, the investigation of their cause and the implementation of corrective and preventative actions.	
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 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	For this guideline, there will be no impact.		

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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		DNACPR orders must be made in accordance with the All Wales DNACPR policy so that the wishes and concerns of family can be considered. The Family Witnessed Resuscitation Guideline addresses the issue of the resuscitation of patients whose families are witnessing resuscitation attempts.	
7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of	Welsh Government Policy		

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
<p>government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</p>			

8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	On reviewing the previous policy and writing the latest version, improvements have been made in people who communicate using the Welsh language, people with a religion or belief or with no religion or belief. Overall, there appears to be very limited impact on the protected characteristics and health inequalities as a result of this policy.
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Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	Overall, there appears to be very limited impact on the protected characteristics and health inequalities as a result of this policy.	Dr Aled Roberts	N/A	Action in accordance with UHB Employment Policies and Procedures.

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</p> <p>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?</p>	<p>As there has been potentially very limited impact identified is unnecessary to undertake a more detailed assessment.</p>	N/A	N/A	

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.4 What are the next steps?</p> <p>Some suggestions:-</p> <ul style="list-style-type: none"> Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> 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 	<p>It has been approved by the Resuscitation Committee, and will continue to be reviewed as necessary as part of the quarterly Resuscitation Committee meetings. When this procedure is reviewed, this EHIA will form part of that consultation exercise. This EHIA will be reviewed three years after approval unless changes to terms and conditions, legislation or best practice determine that an earlier review is required. The UHB standard is that all policies are reviewed within 3 years (1 year if a statutory requirement).</p>	<p>Dr Aled Roberts/ Angela Jones</p>	<p>3 years</p>	

