



## **Part A: Preparation and Assessment of Relevance and Priority**

Part A is a three step process which will help you to prioritise work and prepare for EqlA.

**Step 1 - Preparation:**  
identify the title of the  
Policy/function/strategy, the main aims and  
the key contributors  
(see **Form 1**)



**Step 2 - Gather Evidence:**  
collect, but do not analyse information at  
this stage - just see what evidence is  
available  
(see **Form 2**)



**Step 3 - Assessment of Relevance and  
Priority:**  
determine whether or not the evidence  
demonstrates high, medium, low, or no  
relevance and priority across the core  
dimensions of the equality duties, by each of  
the equality strands  
(see **Form 3**)

## 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.	<b>Title of Policy</b> - what are you equality impact assessing?	Policy for Provision of Intra-operative Cell Salvage
2.	<b>Policy Aims and Brief Description</b> - what are its aims? Give a brief description of the Policy (The What, Why and How?)	The aim of the policy is to ensure that intra-op cell salvage is used safely, effectively, efficiently and appropriately.
3.	<b>Who Owns/Defines the Policy?</b> - who is responsible for the Policy/work?	The policy has been adopted from a template by the UK Cell Salvage Action Group and revised to suit local requirements by the Cell Salvage Working Group. CSWG reports to the Blood Transfusion Group, which reports to the Quality and Safety Committee.
4.	<b>Who is Involved in undertaking this EqlA?</b> - who are the key contributors to the EqlA and what are their roles in the process?	The Cell Salvage Working Group.
5.	<b>Other Policies</b> - Describe where this Policy/work fits in a wider context. Is it related to any other policies/activities that could be included in this EqlA?	Blood Transfusion Policy.

## Step 1 - Preparation

6.	<b>Stakeholders</b> – Who is involved with or affected by this Policy?	<ul style="list-style-type: none"><li>• Staff who require training and assessment in relation to intra-op cell salvage.</li><li>• Cell salvage operators</li><li>• Patients from various surgical specialties.</li></ul>
7.	<b>What factors may contribute to the outcomes of the Policy? What factors may detract from the outcomes?</b> These could be internal or external factors.	<ul style="list-style-type: none"><li>• Challenges of progressing training and competence assessment</li><li>• ICS machine availability</li><li>• Resources for consumables</li></ul>

## Form 2: Evidence Gathering

Equality Strand	Evidence Gathered	Does the evidence apply to the following with regard to this Policy/work? Tick as appropriate.									
<b>Race</b>	No evidence of any issues affecting outcome of policy.	<b>Eliminating Discrimination and Eliminating Harassment</b>		<b>Promoting Equality of Opportunity</b>		<b>Promoting Good Relations and Positive Attitudes</b>		<b>Encouraging participation in Public Life</b>		<b>Take account of difference even if it involves treating some individuals more favourably*</b>	
<b>Disability</b>	No evidence of any issues affecting outcome of policy.										
<b>Gender</b>	No evidence of any issues affecting outcome of policy.										
<b>Sexual Orientation</b>	No evidence of any issues affecting outcome of policy.										
<b>Age</b>	No evidence of any issues affecting outcome of policy.										
<b>Religion or Belief</b>	Policy will be consulted with Hospital Liaison Committee for Jehovah's Witnesses; risks of availability of ICS machines and trained staff at all times; need to ensure that discussion with and consent of individual Jehovah's Witness patients is undertaken and documented regarding acceptability of ICS to the individual.		✓		✓		✓				
<b>Welsh Language</b>	National patient information leaflet being written. The leaflet is available in a number of languages (Welsh, Albanian, Arabic, Bengali, Chinese, Croatian, Farsi, French, Greek, Gujarati, Pashto, Polish, Punjabi, Serbian, Somali, Sorani, Turkish, Urdu, Vietnamese).		✓		✓		✓				

**People have a human right to: life; not to be tortured or treated in a degrading way; to be free from slavery or forced labour; to liberty; to a fair trial; not to be punished without legal authority; to respect for private and family life, home and correspondence; to freedom of thought, conscience and religion; to freedom of expression and of assembly; to marry and found a family and to not be**

**discriminated against in relation to any of the rights contained in the European Convention.**

**Human  
Rights**

Potential with regards to religion for Jehovah's Witness patients as described above.

**\* 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			
Disability			
Gender			
Sexual Orientation			
Age			
Religion or Belief	2	-2	Medium impact
Welsh Language	2	-1	Low impact
Human Rights	2	-2	Medium impact

**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

<b>Policy Title:</b>	Policy for the Provision of Intra-operative Cell Salvage
<b>Organisation:</b>	Cardiff and Vale NHS Trust
<b>Name:</b> <b>Title:</b> <b>Department:</b>	Maria Roberts Patient Safety Manager Patient Safety and Quality Department EqIA undertaken in conjunction with Cell Salvage Working Group.
<b>Summary of Assessment:</b>	<ul style="list-style-type: none"> <li>• An ICS policy is required – the technique has been used for some time and practice needs streamlining and defining.</li> <li>• Provision of ICS is positive for patients – especially Jehovah's Witness patients who accept its use.</li> <li>• The main risk is of not being able to provide ICS due to challenges of implementing training and competence assessment programmes.</li> <li>• ICS is costly (when compared to banked blood in Wales). The Welsh Blood Service currently reimburses the UHB to the level of £68.5k. Assurance is required that the organisation will support use of ICS over and above this.</li> </ul>
<b>Decision to Proceed to Part B Equality Impact Assessment:</b>	<p style="text-align: center;"><b>Yes/No</b></p> <p style="text-align: center;"><b>Please record reason(s) for decision</b></p> <ul style="list-style-type: none"> <li>• The risks identified are theoretical risks. There is no evidence to suggest that they have been realised. The UHB has worked closely with the local Hospital Liaison Committee who have provided the UHB with cell salvage machines in recent years. The potential for a positive impact therefore also exists.</li> </ul>

## 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.

	<b>Action(s) proposed or taken</b>	<b>Reasons for action(s)</b>	<b>Who will benefit?</b>	<b>Who is responsible for this action(s)?</b>	<b>Timescale</b>
1. What <b>changes</b> have been made as a result of the EqIA?	<ul style="list-style-type: none"> <li>• Training programme already in place but recent increased focus on progressing it.</li> <li>• Cost reduction techniques in place – ie. Collection only.</li> <li>• Audit</li> <li>• Pt information leaflet</li> </ul>	<ul style="list-style-type: none"> <li>• To ensure availability of trained staff to use ICS.</li> <li>• To ensure allocated budget is used efficiently.</li> <li>• To monitor use.</li> <li>• As part of PPI strategy.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff and patients.</li> <li>• Organisation.</li> <li>• Pts and organisation.</li> <li>• Patients.</li> </ul>	<ul style="list-style-type: none"> <li>• Directorates</li> <li>• Directorates and organisation.</li> <li>• CSWG</li> <li>• National CS action group</li> </ul>	<ul style="list-style-type: none"> <li>• All actions listed are underway</li> </ul>



<p>2. Where a Policy may have differential impact on certain groups, state what arrangements are in place or are proposed to <b>mitigate</b> these impacts?</p>	<ul style="list-style-type: none"> <li>• Training programme</li> </ul>	<ul style="list-style-type: none"> <li>• To ensure availability of trained staff to use ICS</li> </ul>	<ul style="list-style-type: none"> <li>• Staff and patients</li> </ul>	<ul style="list-style-type: none"> <li>• Directorates</li> </ul>	<ul style="list-style-type: none"> <li>• Underway</li> </ul>
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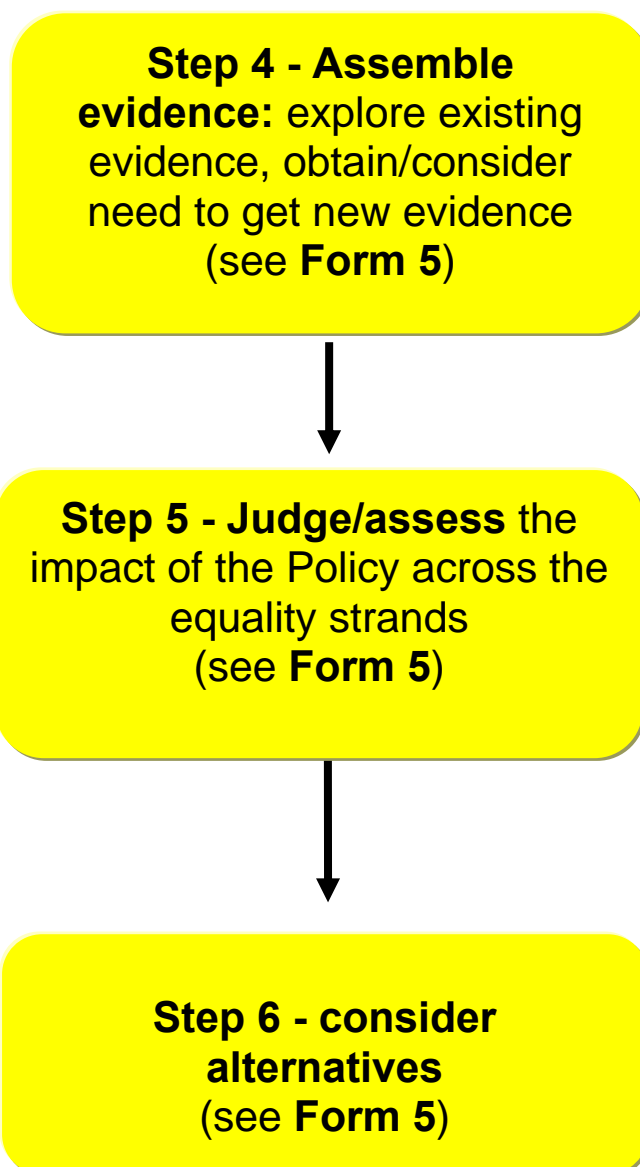
<p>3. <b>Justification:</b> For when a policy may have adverse impact on certain groups, but there is good reason not to mitigate.</p>	<ul style="list-style-type: none"><li>• The use of ICS is positive and of particular benefit to Jehovah's Witnesses who accept its use. The risks identified are potentially negative.</li></ul>				
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<p>4. Describe any <b>mitigating actions</b> taken?</p>	<ul style="list-style-type: none"> <li>• Training</li> <li>• Cost reduction programme to promote effective use of resources to ensure budget lasts as long as possible.</li> </ul>				
<p>5. Provide details of any actions planned or taken to <b>promote equality</b>.</p>	<ul style="list-style-type: none"> <li>• As per section 1.</li> </ul>				

<b>Date:</b>	21.06.09
<b>Monitoring Arrangements:</b>	The policy will be monitored by the CSWG who will also have a member of the Hospital Liaison Committee for Jehovah's Witnesses on the membership. Ratification of the policy will occur via the UHB Quality and Safety Committee.
<b>Review Date:</b>	2014
<b>Signature of all Parties:</b>	Maria M Roberts Clinical Governance Facilitator on behalf of CSWG

## Part B: Equality Impact Assessment

Part B has three steps:



## Form 5: Equality Impact Assessment

Step 4 - Assemble evidence		
1.	Do you have adequate information? Refer to <b>Form 2</b> (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?	

**Step 5 - Judge/assess the impact of the policy across the equality strands**

Detail below whether you have identified any positive, adverse or differential effect for any of the following strands:

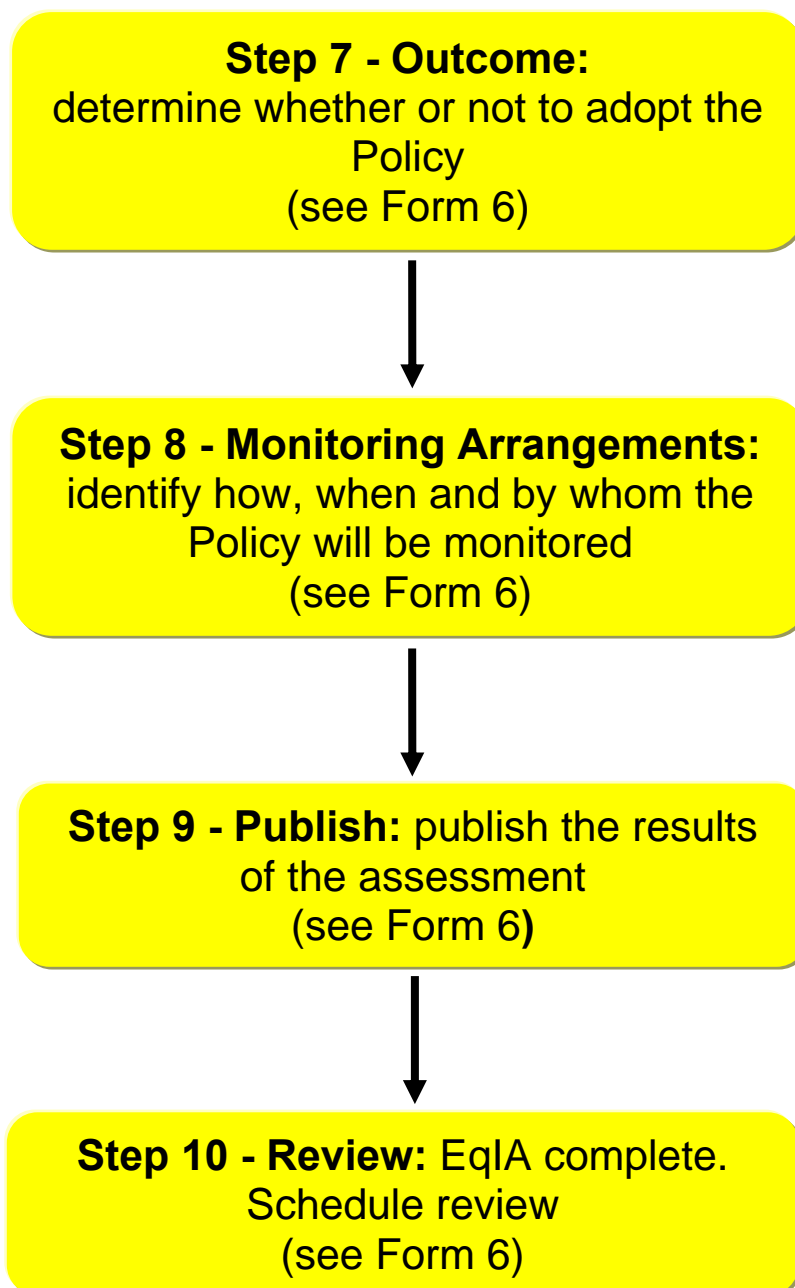
EQUALITY STRAND/GROUP					
		Adverse	Differential	Positive	Comments
Age					
Disability					
Gender					
Race					
Religion or Belief					
Sexual Orientation					
Welsh Language					
Human Rights					

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: Outcome, Monitoring, Publication and Review

**Part C** is a four step process as follows:



### Form 6: Outcome, Monitoring, Publication and Review

<b>Step 7 - Outcome: determine whether to adopt the policy or not</b>		
1.	Will the policy be adopted?	
2.	If <b>No</b> please give reasons and any alternative action(s) agreed:  (If the policy is <b>not</b> to be adopted please proceed to step 9).	
<b>Step 8 - Monitoring arrangements: identify how, when and by whom the policy will be monitored.</b>		
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?	
<b>Step 9 - Publish the results of the assessment</b>		
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	
<b>Step 10 - Schedule review</b>		
11.	When will the policy be subject to a further review?	