Equality & Health Impact Assessment for

Generic EHIA for Administrative Type Policies

Please read the Guidance Notes in Appendix 1 prior to commencing this Assessment

Please note:

- The completed Equality & Health Impact Assessment (EHIA) must be
 - Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
 - Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required¹
- Appendices 1-3 must be deleted prior to submission for approval

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Ultrasound in the Diagnosis of Developmental Hip Dysplasia and Dislocation – A Protocol
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Radiology Dr Kathleen Lyons Ex 43044 Sonographers- Vickie Kinsella, Hannah Hughes, Hannah Casey Ex 44557 Paediatrics Trauma and Orthopaedics Ms Clare Carpenter
3.	Objectives of strategy/ policy/ plan/ procedure/ service	 The aim of the protocol is to provide a clear guideline to staff in the UHB regarding the undertaking of hip ultrasound in the diagnosis of developmental hip dysplasia and dislocation. To improve the efficiency and efficacy of the UHB diagnostic

Please answer all questions:-

<u>http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,73860407,253_73860411&_dad=portal&_schema=PORTAL</u>

		 ultrasound in diagnosis of developmental hip dysplasia and dislocation. To make best use of the clinical expertise of the Sonographer. To encourage and foster the further development of such staff. To ensure that such role extension is properly managed and audited in line with sound clinical governance principles. To support CPD (continual professional development).
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 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 Observatory² and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need³. 	 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 live within Cardiff and the more rural Vale of Glamorgan respectively Image: Cardiff and the more rural Vale of Glamorgan respectively The UHB's usual arrangement with regard to consultation was followed (ie. 28 days on the intranet). No comments were received. A part of good practice, other policies from different organisations were considered. Stakeholders were not engaged in the EHIA and/or policy development. The Graf method of hip scanning is followed.

² http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf ³ http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face

5. Who will be affected by the strategy/ policy/ plan/ procedure/ service This protocol applies to all UHB staff involved in any process of the diagnosis of developmental hip dysplasia and dislocation using ultrasound	sound.
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6. 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 	This protocol only applies to all newborn babies sent for ultrasound imaging with a high risk of DDH or suspected DDH. There is no impact for other age groups.	n/a	n/a
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 Policy would be made accessible to staff in alternative formats on request or via usual good management practice.		

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
6.3 People of different			
genders:	There appears not to be any		
Consider men, women, people undergoing gender reassignment	impact on staff regarding gender. No documented evidence found from the		
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	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 gender.		
6.4 People who are married	There appears not to be any		
or who have a civil partner.	impact. No documented evidence found from the assessment review of the information available on the date the search was performed to		

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
	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.		
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 on staff.		
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 on staff regarding race, nationality, colour, culture or ethnic origin.	Whilst there doesn't appear to be any impact, if a member of staff was known to have difficulties with the written word, good	All departments to be aware of their staff profiles.

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
		management would dictate that alternative arrangements be made, such as individual meetings.	
 6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief 	There is unlikely to be any impact on anyone regarding their religion.	Staff are able to raise any issues with their line manager/Human Resources.	
 6.8 People who are attracted to other people of: the opposite sex (heterosexual); the same sex (lesbian or gay); both sexes (bisexual) 	There appears not to be any impact on staff.		
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design	There is currently no provision for a fully bilingual service; however welsh speaking staff are available upon request.	Aim to provide a better bilingual service in the future.	
Well-being Goal – A Wales of			

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
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.		
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.		
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	There are no other groups or risk factors to take into account with regard to this protocol.		

7. 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 	This service is open to all babies with suspected DDH.		
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	This service is only applicable to newborn babies however it will have a hugely positive effect on a baby's active future if a DDH is diagnosed and successfully treated.		

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
to services that support disease prevention (eg immunisation and vaccination, 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 	There appears not to be any impact.		
7.4 People in terms of their use of the physical environment:	There appears not to be any impact.		

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
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 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	There appears not to be any impact.		

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
ethos			
Well-being Goal – A Wales of cohesive communities			
7.6 People in terms of	There appears not to be any		
macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate	impact.		
Well-being Goal – A globally responsible Wales			

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	Overall, there appears to be very limited impact on the protected characteristics and health inequalities as a result of this protocol.

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?	There is no current service provision for the information to be offered in different languages. Big word or translator services are available within the UHB if required.			
 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? 	As there has been potentially very limited impact identified, it it is unnecessary to undertake a more detailed assessment and formal consultation is not required.			

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
 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 	The Policy remains unchanged. The EHIA has been consulted upon internally as a generic docu support a variety of administrative-type policies and procedures. It has been approved by the QSE Committee When an administrative-type policy is developed or reviewed, t EHIA will form part of that consultation exercise and publica This EHIA will be reviewed three after approval unless changes to and conditions, legislation or best practice determine that an earlier is required. The UHB standard is policies are reviewed within 3 yea year if a statutory requirement).	tion. years terms review		