

Equality & Health Impact Assessment for

Duty of Candour Policy and Procedure

Part 1

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Duty of Candour Policy and Procedure
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Quality Nursing and Allied Health Professionals Rhiannon Beaumont-Wood Rhiannon.Beaumont-Wood@wales.nhs.uk
3.	Objectives of strategy/ policy/ plan/ procedure/ service	Devise a single point of reference for staff members when Duty of Candour may apply to service user patient safety incidents.
4.	Evidence and background information considered. For example <ul style="list-style-type: none"> • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge 	<p>A procedure and policy is required to understand when the Duty of Candour applies to service user safety incidents, to enable colleagues to comply with the Statutory obligations set out within the Statutory Guidance.</p> <p>The DOC will add resource requirements to teams which are dealing with Duty of Candour. It is important that there is sufficient staff resource in place across Public Health Wales to monitor any potential Duty of Candours in a reasonable timescale and then also complete the actions required for DOC as per the procedure.</p>

	<ul style="list-style-type: none"> • 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 Observatory and the 'Shaping Our Future Wellbeing' Strategy provides an overview of health need.</p>	
5.	<p>Who will be affected by the strategy/ policy/ plan/ procedure/ service</p> <p>Consider staff as well as the population that the project/change may affect to different degrees.</p>	<p>The Duty of Candour is an organisational duty and therefore applies to the whole of Public Health Wales. Those who will be specifically affected will be all staff members with clinical responsibilities, as well as staff members investigating service user safety incidents and those colleagues who will be having face to face discussions with service users.</p>

Part 2- Equality and Welsh language

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'.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
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 	N/A	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	N/A	N/A	N/A

medical conditions such as diabetes			
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	N/A	N/A	N/A
6.4 People who are married or who have a civil partner.	N/A	N/A	N/A
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.	N/A	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	We have specific time limits in order to notify service users that Duty of Candour may apply to an incident involving the provision of healthcare and strict time limits on providing follow up written information. Complying with these deadlines may be delayed when trying to source appropriate translation services.	This will be closely monitored and services will be as proactive as practicably possible in sourcing relevant translation service in advance of Duty of Candour disclosure meetings.	N/A
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	N/A	N/A	N/A
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) 	N/A	N/A	N/A
6.9 People according to their income related group:	If face to face Duty of Candour meetings are required, this may involve the service user travelling	We will always attempt to locate a neutral, clinical location as in close	N/A

Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	to a location at a clinical setting which may be burdensome for low income households.	proximity to the service users as possible and arrange virtual meetings where the service user is unable to travel.	
6.10 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	If face to face Duty of Candour meetings are required, this may involve the service user travelling to a location at a clinical setting which may be burdensome for low income households.	We will always attempt to locate a neutral, clinical location as in close proximity to the service users as possible and arrange virtual meetings where the service user is unable to travel.	N/A
6.11 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	N/A	N/A	N/A
6.12 Welsh Language			
There are 2 key considerations to be made during the development of a policy, project, programme, service to ensure there are no adverse effects and/or a positive or increased positive effect on: (please note these will continue to be reviewed to ensure Public Health Wales fulfils their duties to comply with one or more standards outlined within the Welsh Language Standards (No 7) Regulations 2018)			
Opportunities for persons to use the Welsh language	Staff and service users will have the opportunity to converse in Welsh when		

	having Duty of Candour notification meetings.		
Treating the Welsh language no less favourably than the English language	We have specific time limits in order to notify service users that Duty of Candour may apply to an incident involving the provision of healthcare and strict time limits on providing follow up written information. Complying with these deadlines may be delayed when trying to source appropriate translation services.	This will be closely monitored and services will be as proactive as practicably possible in sourcing relevant translation service in advance of Duty of Candour disclosure meetings.	

Part 3 – Health

Questions in this section relate to the impact on the health and wellbeing outcomes of the population **and** specific population groups who could be more impacted than others by a policy/project/proposal.

The part of the assessment identifies;

- which specific groups in the population could be impacted more (inequalities)
- what those potential impacts could be across the wider determinants of health framework?
- Potential gaps, opportunities to maximise positive H&WB outcomes
- Recommendations/mitigation to be considered by the decision makers

7. Identification of specific population groups

Use the WHIASU Population Groups checklist as a reference to identify the population groups who could be more impacted than others by a policy/project/proposal. The check list can be found on the PHW Integrated EqHIA guidance pages (requires link to PHW Intranet pages for additional information and resources)

The groups listed have been identified as more susceptible to poorer health and wellbeing outcomes (health inequalities) and therefore it is important to consider them in a HIA assessment. In a HIA, the groups identified, as more sensitive to potential impacts will depend on the characteristics of the local population, the context, and the nature of the proposal itself.

7.1 Groups identified	Rational/explanation
N/A	N/A

Assessment

Complete the wider determinants framework table below providing rational/evidence where appropriate:

1. Consider how the proposal could impact on the population and specific population groups identified above (positive/negative) for each of the wider determinants (the bullets under each determinant are there as a guide)
2. Record any unintended consequences (negative impacts) and/or gaps identified
3. Record any positive impacts or missed opportunities to maximise positive health and wellbeing outcomes
4. identify and record mitigation/recommendations where appropriate

Please note you may find that not all determinants are relevant to the project/plan however recording N/A is not acceptable a rational or evidence should be explained/referenced

Wider determinant for consideration	Positive impacts or additional opportunities	Unintended consequences or gaps	Population groups affected	Mitigation/recommendations
7.2 Lifestyles <ul style="list-style-type: none"> • Diet/nutrition/breastfeeding • Physical activity 	N/A	N/A	N/A	N/A

<ul style="list-style-type: none"> • Use of alcohol, cigarettes, e-cigarettes • Use of substances, non-prescribed drugs, abuse of prescription medication • Social media use • Sexual activity • Risk-taking activity i.e. gambling, addictive behaviour 				
7.3 Social and community influences on health <ul style="list-style-type: none"> • Adverse childhood experiences • Citizen power and influence • Community cohesion, identity, local pride • Community resilience • Domestic violence • Family relationships • Language, cultural and spirituality • Neighbourliness • Social exclusion i.e. homelessness • Parenting and infant attachment • Peer pressure • Racism • Sense of belonging • Social isolation/loneliness • Social capital/support/networks • Third sector & volunteering 	N/A	<p>We have specific time limits in order to notify service users that Duty of Candour may to apply to an incident involving the provision of healthcare and strict time limits on providing follow up written information. Complying with these deadlines may be delayed when trying to source appropriate translation services.</p>	All	<p>This will be closely monitored and services will be as proactive as practicably possible in sourcing relevant translation service in advance of Duty of Candour disclosure meetings.</p>
7.4 Mental Wellbeing <ul style="list-style-type: none"> • Does this proposal support sense of control? • Does it enable participation in community and economic life? 	N/A	N/A	N/A	N/A

<ul style="list-style-type: none"> Does it impact on emotional wellbeing and resilience? 				
7.5 Living/ environmental conditions affecting health <ul style="list-style-type: none"> Air quality Attractiveness/access/availability/quality of area, green and blue space, natural space. Health & safety, community, individual, public/private space Housing, quality/tenure/indoor environment Light/noise/odours, pollution Quality & safety of play areas (formal/informal) Road safety Urban/rural built & natural environment Waste and recycling Water quality 	N/A	N/A	N/A	N/A
7.6 Economic conditions affecting health <ul style="list-style-type: none"> Unemployment Income, poverty (incl. food and fuel) Economic inactivity Personal and household debt Type of employment i.e. permanent/temp, full/part time Workplace conditions i.e. environment culture, H&S 	N/A	N/A	N/A	N/A
7.7 Access and quality of services <ul style="list-style-type: none"> Careers advice Education and training Information technology, internet access, digital services Leisure services Medical and health services Other caring services i.e. social care; Third Sector, youth services, child care 	N/A	If face to face Duty of Candour meetings are required, this may involve the service user travelling to a location at a	Those of low income households.	We will always attempt to locate a neutral, clinical location as in close proximity to the service users as possible and arrange virtual meetings where the service user is unable to travel.

<ul style="list-style-type: none"> Public amenities i.e. village halls, libraries, community hub Shops and commercial services Transport including parking, public transport, active travel 		clinical setting which may be burdensome for low income households.		
7.8 Macro-economic, environmental and sustainability factors <ul style="list-style-type: none"> Biodiversity Climate change/carbon reduction/flooding/heatwave Cost of living i.e. food, rent, transport and house prices Economic development including trade Government policies i.e. Sustainable Development principle (integration; collaboration; involvement; long term thinking; and prevention) Gross Domestic Product Regeneration 	N/A	N/A	N/A	N/A

Stage 3

Summary of key findings and actions Please answer question 8.1 following the completion of the EHIA and complete the action plan

Key findings: Impacts/gaps/opportunities	Actions (what is needed and who needs to do) to address the identified mitigation and recommendations	Lead		
The timescales required by the statutory guidance to fulfil our statutory obligations may be impacted when translation services are required.	To mitigate these potential impacts, service Leads will ensure that translation services are engaged as proactively as possible in advance of the Duty of Candour discussion meeting with the service user.	Individual service Leads relevant to the Duty of		

Low income households may be impacted when invited to have a face to face Duty of Candour discussion.	If it is not practicable for a face to face meeting to be offered in close proximity to the service user, virtual meetings will be offered as an alternative.	Candour incident.		
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Alternatively, if appropriate, please explain the steps taken to consult with and consider the differential impact of the changes on the various protected characteristic groups (part 2) or any specific identified population groups (part 3).