

Equality Impact Assessment - Procurement of defibrillator / patient monitor for use in Accident & Emergency vehicles.

Equality Impact Assessment is concerned with anticipating and identifying the equality consequences of particular policy / service initiative and ensuring that as far as possible any negative consequences for a particular group or sector of the community are eliminated, minimised or counterbalanced by other measures.

1. Introduction

The aim of the ambulance defibrillator / patient monitor procurement project is to implement an effective, safe and affordable defibrillator / patient monitor for operational use over an anticipated service life of ten years.

Objectives

- Meet the needs of patients
- Meet the needs of clinical care and clinicians
- Provide safe and guideline compliant defibrillator / patient monitor for treatment and assessment of patients regardless of their location
- Provide a suitable device compliant with infection control standards
- Provide best value, reliability and durability
- Ensure meaningful and effective engagement with all the relevant stakeholders
- Rollout the devices with minimum impact on Operations
- Integrate the devices into the ePR
- Send data from the devices to CCUs and other relevant partners

There are three phases of this project -

- Specification development engaging key stakeholders for final build approval.
- Procurement process and tender response evaluation for Board approval.
- Delivery – including designing, building and testing of interfaces

In recognition of the importance of these defibrillator / patient monitor's in patient care, staff working environment and the patient experience. A stakeholder engagement process through a working group including key stakeholders will set the final build specification with the successful supplier, monitor build specification compliance and continue throughout the introduction of the new defibrillator / patient monitor into the service commencing mid 2018 and throughout the duration of the contract.

2. Evidence

The Scottish Ambulance Service (the Service) plays a crucial role in treating out of hospital cardiac arrest and it is proven that early CPR and defibrillation can improve survival outcomes for patients.

A cardiac arrest is one of the most critical, life threatening medical emergency a patient can experience. After an out of hospital cardiac arrest (OHCA), the heart stops pumping blood around the body and unless treated immediately will lead to

| | | |
|-----------------------------------|--------------|------------------------------|
| Doc: Defib / Patient Monitor EQIA | Page 1 | Author: Consultant Paramedic |
| Date: 15/02/2017 | Version:0.01 | Review Date: - February 2018 |

death within minutes. Data from the Resuscitation Research Group at the University of Edinburgh shows that there are around 3,000 out of hospital cardiac arrests in Scotland each year with a survival rate of just 1 in 20. Every minute without CPR and defibrillation reduces the chance of survival by up to 10%.

The Service currently owns 545 Advance Life Support (ALS) monitor / defibrillator units which are deployed across the A&E response fleet, ScotSTAR retrieval vehicles and air ambulance aircraft to ensure patients who are suffering a cardiac arrest can be treated as quickly as possible. In addition, these units can perform a number of observational tests, such as pulse oximetry, blood pressure, capnography, temperature and rhythm recognition on a patient improving the patient experience and simplifying processes for staff. These ALS monitor / defibrillators are now nearing the end of their useful life and the purpose of this document is to confirm the need for reinvestment in replacement units and to demonstrate the benefits to patients and the organisation in doing so.

The Service has recently implemented the Ambulance Telehealth Programme which provided wireless tablets in all A&E Response Units and a new electronic patient record. This advance in technology provides the opportunity to replace the defibrillator monitoring units with units that are compatible with the blue tooth and wireless technology available in the vehicles to be able to automatically populate the electronic patient record with the results from the ALS Monitor / Defibrillator, thereby reducing the likelihood of clerical errors by crew members and also giving the opportunity to electronically transfer the patient record to hospitals and GP practices.

3. Assessment of impact

Equality Impact Assessment Report is attached (**Appendix 1**)

| | | |
|-----------------------------------|--------------|------------------------------|
| Doc: Defib / Patient Monitor EQIA | Page 2 | Author: Consultant Paramedic |
| Date: 15/02/2017 | Version:0.01 | Review Date: - February 2018 |



Equality Impact: Screening and Assessment Form – Appendix 1

| Section 1: Policy details - policy is shorthand for any activity of the organisation and could include strategies, criteria, provisions, functions, practices and activities including the delivery of our service. | |
|--|---|
| a. Name of policy or practice (list also any linked policies or decisions) | Procurement of defibrillator / patient monitor for use in Accident & Emergency vehicles. |
| b. Name of department | Clinical Directorate |
| c. Name of Lead | Dave Bywater |
| d. Equality Impact Assessment Team [names, job roles] | David Bywater - Scottish Ambulance Service - Consultant Paramedic OHCA Steven Short – Scottish Ambulance Service – Clinical Effectiveness Lead Contribution from the project team |
| e. Date of assessment | 15 th February 2017 |
| f. Who are the main target groups / who will be affected by the policy? | Patients (all groups), Operational Staff, Support Service Staff |
| g. What are the intended outcomes / purpose of the policy? | The design, procurement and introduction of effective, safe, reliable and affordable defibrillator / patient monitor for an anticipated operational life of 7 years. |
| h. Is the policy relevant to the General Duty to eliminate discrimination? Advance equality of | Yes - fully relevant |

| | |
|--|--|
| opportunity? Foster good relations? | |
| <p>If yes to any of the three needs complete all sections of the form (2- 7)</p> <p>If no to all of the three needs provide brief detail as to why this is the case and complete only section 7</p> <p>If don't know: complete sections 2 and 3 to help assess relevance</p> | |

| | | | |
|---|------|--------------|--|
| <p>Section 2: Evidence, consultation and involvement</p> <p>Please list the available evidence used to assess the impact of this policy, including the sources listed below. Please also identify any gaps in evidence and what will be done to address this.</p> | | | |
| <p>a. Previous consultation / involvement with community, including individuals or groups or staff as relevant. Please outline details of any involvement / consultation, including dates carried out and protected characteristics</p> | | | |
| Details of consultations - where, who was involved | Date | Key findings | Protected characteristics |
| Review of patient complaints and staff incident forms to identify particular risks/reporting trends liable to prejudice specific user groups | TBC | | <p>Age</p> <p>Disability</p> <p>Visual Impairment</p> <p>height/morphology</p> |

| | | | |
|--|-------------|---|---|
| Defib Re-Procurement Project Team meeting | Fortnightly | There is no distinction in service made for any groups. | Gender reassignment |
| Defib Re-Procurement Project Team meeting | Fortnightly | There is no distinction in service made for any groups. | Gender / sex |
| Defib Re-Procurement Project Team meeting | Fortnightly | There is no distinction in service made for any groups. | Marriage / civil partnership * |
| Defib Re-Procurement Project Team meeting | Fortnightly | There is no distinction in service made for any groups. | Pregnancy / maternity |
| Defib Re- Procurement Project Team meeting | Fortnightly | Potential for comprehension issues with English signage | Race |
| Defib Re-Procurement Project Team meeting | Fortnightly | There is no distinction in service made for any groups. | Religion / belief |
| Defib Re- Procurement Project Team meeting | Fortnightly | There is no distinction in service made for any groups. | Sexual orientation |
| Defib Re-Procurement Project Team meeting | Fortnightly | There is no distinction in service made for any groups. | Cross cutting - e.g. health inequalities - people with poor mental health, low incomes, involved in the criminal justice system, those with poor literacy, are homeless or those who live in rural areas. Other? |

| | |
|--|---|
| | Available evidence |
| b. Research and relevant information | Patient complaints, feedback & engagement, Staff DATIX reports, feedback & engagement. Consultation with other NHS Ambulance Services |
| c. Knowledge of policy lead | Consultant Paramedic, MCPara. BSc. |
| d. Equality monitoring information -- including service and employee information | None |
| e. Feedback from service users, partner or other organisations as relevant | None |
| f. Other | |
| g. Are there any gaps in evidence? Please indicate how these will be addressed | None identified at this time. |
| Gaps identified | None |
| Measure to address these; give brief details. Further research? | n/a |

| | |
|--|--|
| Consultation? | |
| Other | |
| Note: specific actions relating to these measures can be listed at section 5 | |

Section 3: Analysis of positive and negative impacts

Please detail impacts in relation to the three needs specifying where the impact is in relation to a particular need - eliminating discrimination, advancing equality of opportunity and fostering good relations

| Protected characteristics | i. Eliminating discrimination | ii. Advancing equality of opportunity | iii. Fostering good relations |
|-----------------------------------|--|--|--------------------------------------|
| Age | | | |
| Positive impacts | These monitors will be interoperable between neonate, paediatric and adult patients. This will have a direct positive impact on (i) & (ii) | | |
| Negative impacts | None identified | | |
| Opportunities to enhance equality | None identified | | |
| Disability | | | |
| Positive impacts | As for Age | | |
| Negative impacts | As for Age | | |
| Opportunities to enhance equality | As for Age | | |
| Gender reassignment | n/a | | |
| Positive impacts | | | |
| Negative impacts | | | |
| Opportunities to enhance equality | | | |


| | |
|-------------------------------------|-----|
| Gender / sex | n/a |
| Positive impacts | |
| Negative impacts | |
| Opportunities to enhance equality | |
| Marriage / civil partnership | n/a |
| Positive impacts | |
| Negative impacts | |
| Opportunities to enhance equality | |
| Pregnancy / maternity | n/a |
| Positive impacts | |
| Negative impacts | |
| Opportunities to enhance equality | |
| Race | |
| Positive impacts | |
| Negative impacts | |
| Opportunities to enhance equality | |
| Religion / belief | n/a |

| | |
|--|-------------------------------|
| Positive impacts | |
| Negative impacts | |
| Opportunities to enhance equality | |
| Sexual orientation | n/a |
| Positive impacts | |
| Negative impacts | |
| Opportunities to enhance equality | |
| Cross cutting - e.g. health inequalities people with poor mental health, low incomes, involved in the criminal justice system, those with poor literacy, are homeless or those who live in rural areas. | Nothing relevant / identified |
| Other | |
| Positive impacts | N/A |
| Negative impacts | N/A |
| Opportunities to enhance equality | N/A |
| Note: specific actions relating to these measures can be listed at section 5 | |

| Section 4: Addressing impacts | |
|--|---|
| Select which of the following apply to your policy and give a brief explanation - to be expanded in Section 5: Action plan | |
| | Reasons |
| a. No major change - the EQIA shows that the policy is robust, there is no potential for discrimination or adverse impact and all opportunities to promote equality have been taken | The purpose of defibrillator / patient monitor is to provide the clinician with relevant clinical information to support decision making in relation to the patient treatment / care plan. The design of defibrillators / patient monitors has evolved over many decades to meet these needs. |
| b. Adjust the policy – the EQIA identifies potential problems or missed opportunities and you are making adjustments or introducing new measures to the policy to remove barriers or promote equality or foster good relations | N/A |
| c. Continue the development and implementation of the policy without adjustments – the EQIA identifies potential for adverse impact or missed opportunity to promote equality. Justifications for continuing without making changes must be clearly set out, these should be compelling and in line with the duty to have due regard. See option d. if you find unlawful discrimination. Before choosing this option you must contact the Equalities Manager to discuss the implications. | N/A |

| | |
|---|------------|
| <p>d. Stop and remove the policy - there is actual or potential unlawful discrimination and these cannot be mitigated. The policy must be stopped and removed or changed. Before choosing this option you must contact the Equalities Manager to discuss the implications.</p> | <p>N/A</p> |
|---|------------|

| <p>Section 5: Action plan</p> <p>Please describe the action that will be taken following the assessment in order to reduce or remove any negative / adverse impacts, promote any positive impacts, or gather further information or evidence or further consultation</p> | | | | | |
|--|--------|---------|------------------|------|---|
| Action | Output | Outcome | Lead responsible | Date | Protected characteristic / cross cutting issue* |
| None identified | N/A | N/A | N/A | N/A | N/A |
| <p>* list which characteristic is relevant - age, disability, gender reassignment, gender / sex, marriage and civil partnership, pregnancy and maternity, race, religion / belief, sexual orientation or cross cutting issue e.g. poor mental health, illiteracy etc</p> | | | | | |

| | | | |
|---|--|---|--------------------|
| Section 6: Monitoring and review | | | |
| Please detail the arrangements for review and monitoring of the policy | | | |
| | Details | | |
| a. How will the policy be monitored? Provide dates as appropriate | User feedback – datix reports, patient complaints, | | |
| b. What equalities monitoring will be put in place? | None required | | |
| c. When will the policy be reviewed? Provide a review date. | February 2018 | | |
| Section 7: Sign off Please provide signatures as appropriate | | | |
| Name of Lead | Title | Signature | Date |
| Dave Bywater | Consultant Paramedic |  | 15ht February 2017 |
| Completed form: copy of completed form to be retained by department and copy forwarded to Equalities Manager for publication on Service website | | | |
| Provide date this was sent | 15/05/2017 | | |

End of Document