

Equality & Health Impact Assessment for Point of Care Testing (POCT) Policy

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Point of Care testing Policy Reference no. UHB 062
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Clinical Diagnostics and Therapeutics (POCT Department) Annette Thomas Tel no: 48332
3.	Objectives of strategy/ policy/ plan/ procedure/ service	The objective of this is to provide a rational and practical framework on which to maximise patient safety during point of care testing (POCT).
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 • list of stakeholders and how stakeholders 	<ul style="list-style-type: none"> • Over 5000 staff within the UHB undertake POCT. Staff groups include Healthcare Assistants, registered nurses and medical staff. Over 1,000,000 tests are undertaken annually. There are over 400 devices and the repertoire of tests includes, glucose, ketones, urinalysis, pregnancy testing, anticoagulation, thromboelastography, thromboelastometry, haemoglobin, HbA1c, fetal fibronectin, blood gases, co-oximetry, basic haematology and HIV test. • Stakeholders consulted include the UHB POCT Group and all Laboratory Directors – comments were included in this document. • The UHB's usual arrangement with regard to consultation was followed (ie. 28 days on the intranet).

	<p>have engaged in the development stages</p> <ul style="list-style-type: none"> • comments from those involved in the designing and development stages 	<ul style="list-style-type: none"> • A part of good practice, other policies from different organisations were considered (1 HB in Wales 7 Trusts in England). No impact was reported in any of the policies and EHIA assessments relating to POCT. • National policies and standards considered included: Welsh Assembly Government (February 2017), Policy on the management of Point of Care Testing: What, When and How? WSAC 2017 Management and use of IVD point of care test devices - DB2010(02). MHRA BS EN ISO 22870:2006 Point of Care Testing (POCT) – Requirement for quality and competence • The National Institute of Economic and Social Research published a report which found LGB people were more likely to suffer with mental health problems. It outlined potential exposure to discrimination and harassment in relation to all aspects of life, including health service access, education, and employment. It can be found at https://www.gov.uk/government/publications/inequality-among-lgbt-groups-in-the-uk-a-review-of-evidence
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	<p>This policy applies to all healthcare staff employed or contracted by the UHB to undertake diagnostic testing on patients. This includes those on honorary contracts, students working within the UHB, persons employed by Cardiff University, Public Health Wales, and independent contractors commissioned by the UHB to undertake testing .</p> <p>The Policy also applies to primary care services such as - community dental services, community nursing services, family planning clinics and GP out of hours services.</p>

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
<p>6.1 Age For most purposes, the main categories are:</p> <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	<p>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 age.</p>		
<p>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</p>	<p>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</p>		

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conditions such as diabetes	request or via usual good management practice.		
<p>6.3 People of different genders: Consider men, women, people undergoing gender reassignment</p> <p>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</p>	<p>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 gender per se.</p> <p>However, a recent report at http://visual.ons.gov.uk/lesbian-gay-and-bisexual-people-say-they-experience-a-lower-quality-of-life/ says that more</p>	<p>Despite an appreciation that awareness of sexual orientation and gender identity issues in the health and social care sector has improved, Lesbian , Gay, Bisexual and Trans including those with non-binary identities (LGBT) patients in Wales report significant barriers to health and social care services¹ . Feedback provided at a Stonewall event indicated that service providers often use inappropriate language when dealing with LGBT patients, and make assumptions about patients' sexual orientation or gender</p>	

¹ <http://www.stonewallcymru.org.uk/our-work/research/have-your-say>

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	<p>LGB&T people than heterosexual people are dissatisfied with health services. Experiences of discrimination, heteronormativity, and a lack of information and/or staff knowledge on LGB&T people's health needs are identified as main sources of dissatisfaction. Mental health services are the most often perceived to be discriminatory. Research evidence in the area of health is lacking for transgender people.</p> <p>Heteronormative assumptions as well as experiences and/or fears of discrimination prevent LGB&T people from accessing mainstream services.</p> <p>Evidence suggests services do</p>	<p>identity. This makes LGBT people feel anxious about accessing health or social care and creates barriers to honest discussions about their health needs. Moreover, it can lead to serious health risks. There is a need to ensure that patients' needs and personal circumstances are taken into consideration when providing care along the patient pathway, including any implications for rehabilitation services. However, Stonewall has commended work by healthcare employers around setting up LGBT staff networks, such as the UHB has, putting zero tolerance policies in place towards discrimination, and taking a more active</p>	

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	not routinely monitor the sexual orientation and/or gender identity of their staff and/or service users, nor are LGB&T people routinely involved in consultative processes.	<p>approach to LGBT community engagement as having improved the experiences of staff and their patients.</p> <p>Staff also have access to: It's Just Good Care – A guide for health staff caring for people who are trans <i>aims to help health staff provide trans* people with the respectful and appropriate care they are entitled to.</i></p>	
6.4 People who are married or who have a civil partner.	There appears not to be any impact		
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are	There appears not to be any impact		

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<p>breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.</p>			
<p>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</p>	<p>There may be issues of language/communication and consent that will need to be considered.</p>	<p>The staff have access to the Wales Interpretation and Translation Services (WITS), should the need arise</p>	<p>To continue to use WITS when the occasion demands/requested /needed</p>
<p>6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief</p>	<p>There appears not to be any impact</p>		
<p>6.8 People who are attracted to other people of:</p> <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); 	<p>http://visual.ons.gov.uk/lesbian-gay-and-bisexual-people-say-they-experience-a-lower-quality-of-life/ More LGB&T people than</p>	<p>Despite an appreciation that awareness of sexual orientation and gender identity issues in the health and social care sector has improved, Lesbian , Gay,</p>	<p>Clinical Boards will continue to support the UHB Rainbow LGBT+ FFlag Network and through its allies group, the Equality Champions.</p>

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<ul style="list-style-type: none"> both sexes (bisexual) 	<p>heterosexual people are dissatisfied with health services. Experiences of discrimination, heteronormativity, and a lack of information and/or staff knowledge on LGB&T people's health needs are identified as main sources of dissatisfaction. Mental health services are the most often perceived to be discriminatory. Research evidence in the area of health is lacking for transgender people. Heteronormative assumptions as well as experiences and/or fears of discrimination prevent LGB&T people from accessing mainstream services.</p>	<p>Bisexual and Trans including those with non-binary identities (LGBT) patients in Wales report significant barriers to health and social care services². Feedback provided at a Stonewall event indicated that service providers often use inappropriate language when dealing with LGBT patients, and make assumptions about patients' sexual orientation or gender identity. This makes LGBT people feel anxious about accessing health or social care and creates barriers to honest discussions about their health needs. Moreover, it can lead to serious health risks. There is a need to ensure that</p>	

² <http://www.stonewallcymru.org.uk/our-work/research/have-your-say>

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	Evidence suggests services do not routinely monitor the sexual orientation and/or gender identity of their staff and/or service users, nor are LGB&T people routinely involved in consultative processes.	patients' needs and personal circumstances are taken into consideration when providing care along the patient pathway, including any implications for rehabilitation services. However, Stonewall has commended work by healthcare employers around setting up LGBT staff networks, such as the UHB has, putting zero tolerance policies in place towards discrimination, and taking a more active approach to LGBT community engagement as having improved the experiences of staff and their patients.	
6.9 People who communicate using the Welsh language in terms of	No documented evidence found.		

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<p>correspondence, information leaflets, or service plans and design</p> <p>Well-being Goal – A Wales of vibrant culture and thriving Welsh language</p>			
<p>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</p>	<p>There appears not to be any impact</p>		
<p>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</p>	<p>There appears not to be any impact</p>		

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

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	The aim of this policy is to enable POC testing to be undertaken safely, in particular to minimise the risk to patients from inappropriate testing or untrained operators. It is based on national guidelines and		

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Well-being Goal - A more equal Wales	informed by local experience. Although section 7 is not applicable in terms of this Policy ,evidence suggest that POCT has positive impact in terms of patient satisfaction, convenience and improved equality of healthcare.		
<p>7.2 People being able to improve /maintain healthy lifestyles:</p> <p>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 services, weight management services etc</p>	As a policy, there will be no impact.		

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Well-being Goal – A healthier Wales			
<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>	As a policy, there will be no impact.		
<p>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</p>	As a policy, there will be no impact.		

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<p>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</p> <p>Well-being Goal – A resilient Wales</p>			
<p>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</p> <p>Well-being Goal – A Wales of cohesive communities</p>	<p>As a policy, there will be no impact.</p>		

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<p>7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</p>	<p>As a policy, there will be no impact.</p>		

Please answer question 8.1 following the completion of the EHIA and complete the action plan

<p>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</p>	<p>Overall, there appears to be very limited impact on the protected characteristics and health inequalities as a result of this policy.</p>
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Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.2 What are the key actions identified as a result of completing the EHIA?</p>	<p>Please see WITS, It's just Good Care, Rainbow network support</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>
<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 no impact identified, it is unnecessary to undertake a more detailed assessment and formal consultation is not required.</p>			

	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>Continue unchanged as there are no negative impacts.</p> <p>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>			