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.	**Title of Policy** - what are you equality impact assessing?	Policy on the Labelling of Specimens Submitted to Medical Laboratories
2.	**Policy Aims and Brief Description** - what are its aims? Give a brief description of the Policy (The What, Why and How?)	The aim of this policy is to ensure that robust arrangements are in place to ensure that samples taken for laboratory analysis or storage can be accurately and unambiguously identified, and that that all necessary information is supplied for appropriate and timely analysis, interpretation and reporting. Thus reducing the probability of misidentifying samples and delays in reporting.
3.	**Who Owns/Defines the Policy?** - who is responsible for the Policy/work?	Clinical Director, Laboratory Medicine
4.	**Who is Involved in undertaking this EqIA? -** who are the key contributors to the EqIA and what are their roles in the process?	Laboratory Medicine Directorate Quality Manager & Departmental Quality Officers (Biochemistry, Immunology & Toxicology; Laboratory Haematology; Transfusion; Cellular Pathology; Laboratroy Genetics; Phlebotomy; Specimen Reception; Point of Care Testing; Microbiology).
5.	**Other Policies** - Describe where this Policy/work fits in a wider context. Is it related to any other policies/activities	This policy applies to the labelling of all specimens submitted to Cardiff and Vale University Health Board medical laboratories for investigation and/or storage for subsequent investigation, and encompasses all body fluids and

Step 1 - Preparation		
	that could be included in this EqIA?	tissues. It includes completion of request forms and labelling of specimen containers It does not include blood, blood products, cells or tissues for transfusion or transplantation, or for storage for possible subsequent transfusion or transplantation. It is also the responsibility of the person requesting an investigation or storage of a sample to ensure that they have obtained the necessary informed consent for all procedures requested, in accordance with the Cardiff and Vale UHB Consent Policy. Post mortem samples (except when ordered by a Coroner or the Police) require consent to be taken by a properly trained individual. The UHB runs specific training courses. Issues relating to patients' views on having samples taken (in relation to their religious beliefs) and their ability to give consent (in relation to any disability or their age) should be dealt with when obtaining consent for the procedures, and is not covered in this Policy. When taking samples from patients their dignity should always be respected. Clinics should have appropriate areas set aside for phlebotomy or for patients to provide urine or other samples. Phlebotomy has procedures in place to ensure that patient dignity is respected.
6.	**Stakeholders** - Who is involved with or affected by this Policy?	All medical and other staff who request laboratory investigations: hospital medical and nursing staff, general practitioners, and some other health care professionals. All staff who take samples for laboratory investigations: hospital medical and nursing staff, general practitioners, phlebotomists and some other health care professionals. Patients requiring laboratory investigations or storage of samples. The policy is designed to protect patient safety by ensuring that samples are

Step 1 - Preparation		
		correctly identified to the patient, that the correct procedures are carried out and that results are reported to the appropriate location in a timely fashion.
7.	**What factors may contribute to the outcomes of the Policy? What factors may detract from the outcomes?** These could be internal or external factors.	Awareness of the policy. Awareness of the need to correctly identify the patient. Awareness of the sample requirements for the procedures requested. Awareness of requirements for obtaining consent. The Policy does not include taking consent, procedures for taking samples (phlebotomy, biopsy, etc) or facilities for patients. Potential detractions. Identifying patients by name, without understanding that names, dates of birth, addresses (and in some contexts even case record numbers) are NOT unique identifiers. Failure to appreciate the crucial importance of patient identification for patient safety. Failure to use wristbands. Failure to use the NHS number as a unique identifier, especially when sending samples to different Hospitals/Health Boards for analysis.

Form 2: Evidence Gathering

Equality Strand	Evidence Gathered	Does the evidence apply to the following with regard to this Policy/work? Tick as appropriate.											
		Eliminating Discrimination and Eliminating Harassment		Promoting Equality of Opportunity		Promoting Good Relations and Positive Attitudes		Encouraging participation in Public Life		Take account of difference even if it involves treating some individuals more favourably*	
Race	Equality impact assessments for policies for the collection and labelling of samples for		X		X		X		X		
Disability	pathology laboratories produced by Winchester & Eastleigh Healthcare NHS Trust,		X		X		X		X		X
Gender	Stoke on Trent Primary Care Trust, Barnet, Enfield & Haringey Mental Health Trust,		X		X		X		X		
Sexual Orientation	Doncaster Primary Care Trust, Bradford Teaching Hospitals NHS Trust,		X		X		X		X		
Age	and South Tees Hospital NHS FoundationTrust have all been reviewed and none has found		X		X		X		X		
Religion or Belief	evidence that any equality strand is adversely affected by the policy.		X		X		X		X		
Welsh Language	Internal documentation compliant with the UHB Welsh Language Scheme.		X		X		X		X		
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	All samples are taken with patient's informed consent. All information collected with samples is treated as confidential and only used as required to perform the procedures requested and interpret the results.										

- **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

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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	**2**	**0**	**0**
Disability	**2**	**0**	**0**
Gender	**2**	**0**	**0**
Sexual Orientation	**2**	**0**	**0**
Age	**2**	**0**	**0**
Religion or Belief	**2**	**0**	**0**
Welsh Language	**2**	**0**	**0**
Human Rights	**2**	**0**	**0**

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

Policy Title:	Policy on the Labelling of Specimens Submitted to Medical Laboratories
Organisation:	Cardiff and Vale UHB
Name: **Title:** **Department:**	Dr Michael Creasy Directorate Quality Manager Directorate of Laboratory Medicine
Summary of Assessment:	The assessment found that there was no impact on the equality groups stated. Where appropriate we will make plans for the necessary actions required to minimise any stated impact to ensure that we meet our responsibilities under the equalities legislation.
Decision to Proceed to Part B Equality Impact Assessment:	**~~Yes~~/No** **Please record reason(s) for decision** The Policy relates only to the completion of laboratory request forms and labelling of specimen containers. This is carried out irrespective of the individual characteristics of the patient. Only information required for the correct identification of the patient, determining what tests to perform, interpreting the results and where/ to whom to report them is collected and this is treated as confidential patient information. Gender, age and clinical condition (which may relate to ability/disability) may affect the interpretation of the results in certain situations, but other equality/ability information is largely irrelevant. Issues relating to religious beliefs, patient dignity and accessibility are not covered in this policy, and should be addressed under consent taking and general facilities for patients and visitors.

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.

	Action(s) proposed or taken	**Reasons for action(s)**	**Who will benefit?**	**Who is responsible for this action(s)?**	**Timescale**
1. What **changes** have been made as a result of the EqIA?	None				
Where a Policy may have differential impact on certain groups, state what arrangements are in place or are proposed to **mitigate** these impacts?	N/A				

2. **Justification**: For when a policy may have adverse impact on certain groups, but there is good reason not to mitigate.	N/A				
4. Describe any **mitigating actions** taken?	None				
5. Provide details of any actions planned or taken to **promote equality**.	None				

Date:	21/07/2010
Monitoring Arrangements:	All specimens arriving in the laboratories are checked for compliance before processing. The Directorate of Laboratory Medicine carries out periodic audits of the quality of information on request forms, to comply with the standards for laboratory accreditation, which is externally assessed every 2 years.
Review Date:	30/10/2012
Signature of all Parties:	Michael Creasy Ann Hurley Alison Borwick Gaynor Chase Ann Grant Lisa Griffiths Rob Haddon Pamela Henley Barbara Jenkins Sally Jones Jenny Myring Gareth Powell Sarah Phillips Michele Thomas Merle Vaughan