Appendix 2 - Equality Impact Assessment - Thromboprophylaxis Policy for Adult In-Patients

Section A: Assessment

Name of Policy – Thromboprophylaxis Policy for Adult In-Patients

Person/persons conducting this assessment with Contact Details – Marilyn Rees Lead VTE Nurse – ext 48729

Date

1. The Policy
Is this a new or existing policy? - Existing

What is the purpose of the policy? – The aim of the policy is to ensure that health care providers have an understanding of their role to prevent thromboprophylaxis when admitted to hospital. The objectives are:
- To ensure that all patients are risk assessed for their risk of Thrombosis within 24 hours of admission
- To ensure that all a patients who have been identified as ‘at risk’ are prescribed with appropriate treatment.
- Provide guidance on appropriate forms of Thromboprophylaxis
- Provide Risk Assessment Tool to identify at risk patients

How do the aims of the policy fit in with corporate priorities? i.e. Corporate Plan - ?

Although it is not specifically in the document it meets the Shaping the Future wellbeing Strategy in regards to ensuring unplanned care is safe and effective and co-ordinated to meet all needs in a timely manner. Also in regards to prevention we must ensure our workforce are appropriately risk assessing and prescribing thromboprophylaxis and recognising the early signs and symptoms and managing accordingly.

Who will benefit from the policy?
1. All adult (including post pubertal / >13yrs of age) in-patients
2. Clinicians (inclusive of Doctors, Nurses, Pharmacists and Physiotherapists)
What outcomes are wanted from this policy?

1. Improved understanding and recognition of risk of hospital acquired thrombosis for adult in-patients
2. Improved outcomes of appropriate risk assessment and prescription of thromboprophylaxis
3. Reduction in hospital acquired thrombosis in this patient group in C & V UHB

Are there any factors that might prevent outcomes being achieved? (e.g. Training/practice/culture/human or financial resources)

There are no specific factors that may prevent outcomes being achieved. Each Clinical Board is responsible for ensuring their staff are aware of and follow the guidelines found within the policy. The policy will be available on the University Health Board internet and intranet site and the Clinical Portal.

Awareness of Thrombosis for patients and carers is raised through displays on the various plasma screens across University Hospital Wales.
Patients have the right to request a risk assessment; this concept is promoted by ThrombosisUK.org.
2. Data Collection
What qualitative data do you have about the policy relating to equalities groups (e.g. monitoring data on proportions of service users compared to proportions in the population)?

Population Group – All adult patients and teenagers from 13yrs and over admitted to Cardiff and Vale UHB. There are no foreseen specific language/religious /cultural issues.

The policy details the assessment and management of VTE in the adult patient. The assessment ensures that all patients are individually assessed for their risk of VTE, risk of bleeding and appropriate clinical intervention/management is delivered.

Each year, one in every 1,000 people in the UK is affected by DVT. Anyone can develop it but it becomes more common with age. As well as age, risk factors include:
- previous venous thromboembolism
- a family history of thrombosis
- medical conditions such as cancer and heart failure
- inactivity (for example, after an operation)
- being overweight or obese

The VTE assessment tool provides a standardised approach that will help identify those with differential health outcomes and lead to positive action where required. There may potentially be an impact on patients understanding of information and use of a clear concise risk assessment utilising an appropriate educational approach for the patient or carers requirements should be utilised.

Cultural Issues – Cardiff and Vale UHB will respond positively to support patients whose first language is not English by providing appropriate interpreting and translation.

Religious Issues – This policy does not impact on patients with differing religious beliefs.

Gender /Sexual Orientation – this policy does not adversely impact on gender or sexual orientation as it is determined by clinical need.

What quantitative data do you have on the different groups16 (e.g. findings from discussion groups, information from comparator authorities)?
Venous Thromboembolism: reducing the risk for patients in hospital – NICE Guidelines (CG92) – Jan 2010

The House of Commons Health Committee\(^1\) reported in 2005 that an estimated 25,000 people in the UK die from preventable hospital acquired venous thromboembolism (VTE) every year. This includes patients admitted to hospital for medical care and surgery. The inconsistent use of prophylactic measures for VTE in hospital patients has been widely reported. A UK survey suggested that 71% of patients assessed to be at medium or high risk of developing deep vein thrombosis did not receive any form of mechanical or pharmacological VTE prophylaxis\(^1\).

Please indicate the source of the data gathered? (e.g. Concerns/Service/Department/Team/Other)
What gaps in data have you identified? (Please put actions to address this in your action plan?)

Google search for Thromboprophylaxis Policy /Thromboprophylaxis Policy Equality / In-patient thromboprophylaxis equality impact assessment accessed 7\(^{th}\) April 2016

1. Thromboprophylaxis Policy in Adult In-patients – Northampton General Hospital NHS Trust 2010
3. VTE Prophylaxis Policy – Salisbury NHS Foundation Trust
4. Venous Thromboprophylaxis in Adults Policy – Royal Devon and Exeter NHS Foundation Trust 2015
7. Thromboprophylaxis Policy – Cwm Taf Health Board 2010
8. Venous Thromboembolism Assessment and Management – Newcastle-upon-tyne NHS Foundation Trusts 2012
9. Thromboprophylaxis in Adult General Medical patients – Guidelines for Management 2010
10. Venous Thromboembolism Policy - Mid Cheshire Hospitals NHS Foundation Trust 2010

Comparison made with these policies of equality impact taking into account age, race, disability, gender, sexual orientation, religion or cultural beliefs. All policies accessed support the content of this policy and the approach recommended to patient groups and risk assessment for venous thromboembolism.

Welsh Government supports and is committed to reducing the incidence of hospital acquired thrombosis and this is described in the Quality Delivery Plan (QDP) for the NHS: Achieving Excellence generating a tier 1 approach and focus. 2012.
3. Impact
Please answer the following
Consider the information gathered in section 2 above of this assessment form, comparing monitoring information with census data as appropriate (see www.ons.gov.uk Office National Statistics website) and considering any other earlier research or consultation. You should also look at the guidance in Appendix 1 with regard to the protected characteristics stating the impact and giving the key reasons for your decision.

Do you think that the policy impacts on people because of their age? (This includes children and young people up to 18 and older people) Yes – there is an increased risk of venous thromboembolism with age and this policy sets out that all patients are appropriately risk assessed as determined by clinical need, inclusive of age and all associated recognized risks.

Do you think that the policy impacts on people because of their caring responsibilities? No

Do you think that the policy impacts on people because of their disability? (This includes Visual impairment, hearing impairment, physically disabled, Learning disability, some mental health issues, HIV positive, multiple sclerosis, cancer, diabetes and epilepsy.) No.

Do you think that the policy impacts on people because of Gender reassignment? (This includes Trans transgender and transvestites) No.

Do you think that the policy impacts on people because of their being married or in a civil partnership? No

Do you think that the policy impacts on people because of their being pregnant or just having had a baby? No

Do you think that the policy impacts on people because of their race? (This includes colour, nationality and citizenship or ethnic or national origin such as Gypsy and Traveller Communities.) No

Do you think that the policy impacts on people because of their religion, belief or non-belief? (Religious groups cover a wide range of groupings the most of which are Buddhist, Christians, Hindus, Jews, Muslims, and Sikhs. Consider these categories individually and collectively when considering impacts) No

Do you think that the policy impacts on men and woman in different ways? No
Do you think that the policy impacts on people because of their sexual orientation? (This includes Gay men, heterosexuals, lesbians and bisexuals) No

Do you think that the policy impacts on people because of their Welsh language? No

4. Summary.
Which equality groups have positive or negative impacts been identified for (i.e. differential impact). None
Is the policy directly or indirectly discriminatory under the equalities legislation? No
If the policy is indirectly discriminatory can it be justified under the relevant legislation? No
Appendix 3

Cardiff and Vale University Health Board
Action Plan

Section B: Action
5. Please complete your action plan below. Issues you are likely to need to address include
   • What **consultation** needs to take place with equality groups (bearing in mind any relevant consultation already done and any planned corporate consultation activities?) No issues highlighted therefore no further consultation required.
   
   • What **monitoring/evaluation** will be required to further assess the impact of any changes on equality target groups? None required.

6. Report, publication and Review
   Please record details of the report or file note which records the outcome of the EQIA together with any actions / recommendations being pursued (date, type of report etc)
   Please record details of where and when EQIA results will be published - Quality, Safety and Experience Committee on 19th April alongside Thromboprophylaxis Policy on the UHB internet

   Please record below when the EQIA will be subject to review.
   This will be undertaken in 3 years but sooner if legislation changes

   **Name of person completing:** Marilyn Rees
   **Signed:** M Rees
   **Date:** 7.4.2016

   **Name of Responsible Executive/Clinical Board Director Authorising Assessment and Action Plan for publication**
   Dr Graham Shortland, Medical Director
   **Signed:** ________________________________
   **Date:** ________________________________
Appendix 4  
Format for publication of EQIA results

NICE Clinical Guideline (CG) 92 replaced NICE Clinical Guideline 46 in January 2010. This guideline mandates that ALL patients admitted into hospital must be fully assessed for their risk of venous thromboembolism within 24 hours of admission. The guidance also recommends that patients are re-assessed for their risk of VTE with 72 hours of admission.

It is the policy of Cardiff and Vale University Health Board (UHB) that all adult patients admitted to hospital are assessed, using the UHB Risk Assessment tool within 24 hours of admission, and that appropriate preventative measures instituted as a result.

Cardiff and Vale UHB is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. These principles run throughout our work and are reflected in our core values, our staff employment policies, our service standards and our Single Equality Scheme-FAIR CARE.

This policy has been assessed accordingly.

We have undertaken an Equality Impact Assessment and requested feedback on this policy and the way it operates. We wanted to know of any possible or actual impact that this policy may have on any groups in respect of gender, maternity and pregnancy, carer status, marriage or civil partnership issues, race, disability, sexual orientation, Welsh language, religion or belief, transgender, age or other protected characteristics. Thromboprophylaxis Policies Equality Impact Statement currently ratified and in operation across the UK were accessed for guidance, especially focussing on ‘exemplar’ sites who achieve best practice. The assessment found that, other than ‘age’ there was no impact to the equality groups mentioned. In regards to the age associated increasing of venous thromboembolism for in patients, it is addressed within the risk assessment document which highlights this increasing risk.

Where appropriate we have taken or will make plans for the necessary actions required to minimise any stated impact to ensure that we meet our responsibilities under the equalities and human rights legislation. There are no changes recommended as a result of the EQIA.