

Equality, Good Relations and Human Rights Screening Template

*****Completed Screening Templates are public documents and will be posted on the Trust's website*****

See [Guidance Notes](#) for further background information on the relevant legislation and for help in answering the questions on this template (follow the links).

(1) Information about the Policy/Proposal

(1.1) Name of the policy/proposal

Future model for acute paediatric services in Northern Trust hospitals

(1.2) Is this a new, existing or revised policy/proposal?

New

(1.3) What is it trying to achieve (intended aims/outcomes)?

In November 2016, the Department of Health in Northern Ireland published a regional strategy for paediatric services called 'A Strategy for Paediatric Healthcare Services Provided in Hospitals and in the Community 2016 - 2026'. The strategy set out a vision for further development of paediatric services outside of hospital and strengthening links between community services and hospital services. This means that most children will continue to be supported in community settings alongside hospital services that can rapidly assess, diagnose and manage children with more serious illness or injury.

The vast majority of paediatric services are provided by general practitioners (GPs) in health centres across the Trust area and by community paediatric nurses and other professionals including midwives, health visitors, social workers, and others. Consultant led out-patient clinics are available for more specialist advice and children also attend emergency departments at times of acute illness or an accident. Acute paediatric services, both short stay assessment units and in-patient wards, provide for more intensive assessment, diagnosis and treatments for young patients who experience acute illness or an exacerbation of a chronic condition, such as asthma.

The regional strategy promotes the development of more short stay paediatric units (SSPAU) in hospitals, both working alongside acute inpatient units and also independently in suitable hospitals with appropriate clinical staffing and infrastructure. This strategy reflects changes in the way childhood illnesses are treated in recent years with fewer children now having long stays in hospital. National evidence suggests that up to 97% of children who come to hospital as an emergency can be safely cared for in an SSPAU without the need to be admitted as an inpatient.

Where acute in-patient wards are provided, standards that are set out by the Royal College of Paediatrics and Child Health (RCPCH) in 2015 should be met, including standards established for care and the number and type of doctors, nurses and other clinical staff required to provide acute in-patient services. The RCPCH standards outline the grade of doctors that should see children during in-patient stays, with timescales and out of hours cover arrangements. What this means for us is that we need adequate numbers of paediatricians at senior (i.e. consultant) and experienced junior (middle grade doctor) level at each hospital where we provide acute paediatric care, for all of the hours that each unit is open.

Paediatricians in training rotate through hospitals, but only the larger, busier units are approved for the training needs of more senior (middle grade) trainee doctors. Antrim Area Hospital is approved for middle grade training but as a smaller unit, Causeway Hospital does not have this approval, and therefore does not receive middle grade doctors for training, making it difficult to meet the RCPCH standards.

Regional workforce planning restricts the number of junior (senior house officer equivalent) level paediatric doctors available to support all of the region's hospitals and this results in smaller hospitals, such as Causeway Hospital, receiving fewer junior doctors than they need to fill a safe working rota, with reliance on expensive and often short-term locum staff instead.

All of these issues have led the Trust to the need to consider a long term, sustainable model for acute paediatric services.

(1.4) Are there any Section 75 categories (see list in 3.1) which might be expected to benefit from the intended policy/proposal?

Acute paediatric services are provided to children and young people up to their 16th birthday. It is anticipated Section 75 categories will benefit from the development of a long term, sustainable model for acute paediatric services.

(1.5) Who owns and who implements the policy/proposal - where does it originate, for example DHSSPS, HSCB?

The Northern HSC Trust has carried out the review of services but as detailed above this has been as a result of regional strategy and standards that are set out by the Royal College of Paediatrics and Child Health.

(1.6) Are there any factors that could contribute to/detract from the intended aim/outcome of the policy/proposal/decision? (Financial, legislative or other constraints?)

Compliance with regional standards is a contributing factor.

(1.7) Who are the internal and external stakeholders (actual or potential) that the policy/proposal/decision could impact upon? (staff, service users, other public sector organisations, , trade unions, professional bodies, independent sector, voluntary and community groups etc)

Internal stakeholders: DoH, HSCB, LCG, Staff, Trade Unions and Professional Bodies etc.

External stakeholders: Service users, carers, relatives, GPs, voluntary and community groups, Section 75 representative groups and advocates, MLAs etc. (This list is not intended to be exhaustive).

(1.7) Other policies with a bearing on this policy/proposal (for example regional policies) - what are they and who owns them?

- Transforming Your Care – A Review of Health and Social Care in Northern Ireland, DHSSPS 2011.
- Transforming Your Care: Vision to Action Post Consultation Report 201
- Delivering Together – DoH 2016
- A Strategy for Paediatric Healthcare Services Provided in Hospitals and in the Community 2016 – 2026 DoH 2016
- Trust's Equality Scheme which incorporates the Trust's Human Rights obligations and disability duties.
- Human Rights Act 1998

(2) Available evidence

Evidence to help inform the screening process may take many forms. What evidence/information (both qualitative and quantitative) have you gathered to inform this policy? Specify details for relevant Section 75 categories.

Details of evidence/information

Profile of Service Users by Section 75 equality category.

NHSCT Population Profile

Please note: Due to the small numbers of Trust staff affected by this proposal the Trust has taken the decision, in order to protect the identity of individuals that specific information will not be included above. However the data has been considered by Trust staff.

The Trust recognises that this proposal may impact on staff in terms of relocation to a new work site. The Trust will put robust mitigating measures in place, adopting the principles of the Trust's Management of Change HR Framework. Staff's individual and specific circumstances will be considered and where adverse impact is identified, the Trust will take steps to mitigate its effects.

This screening template includes the needs and experiences of health and social care staff as a whole, in relation to S75 categories. The Trust will be mindful of these needs and experiences during consultation with affected staff.

Northern Trust area population (2011 Census)

SECTION 75 GROUP	NORTHERN AREA POPULATION (TOTAL POPULATION 426,965) (2011 Census)
Gender	Female 50.99% Male 49.01%
Age	0 -15 16-39 40-64 65-84 85+ 20.81% 31.63% 32.36% 13.46% 1.74%
Religion	Protestant 56.44% Roman Catholic 29.07% Not Known 14.44%
Political Opinion	Not collected
Marital Status	Single 30.63% Married 57.60% Not Known 11.77%
Dependent Status (based on 158,520 households)	Households with dependent children 36.40%
Disability (based on 158,520 households)	Household with one or more persons with a limiting long term illness 38.61%
Ethnicity	Black African – 0.02% Irish Traveller – 0.05% Bangladeshi – 0.01% Pakistani – 0.04% Black Caribbean – 0.01% Mixed Ethnic Group– 0.18% Chinese – 0.23% White – 99.29% Indian – 0.09% Not Known – 0.05% Other Black – 0.01%
Sexual Orientation	Estimated 10% of population is LGB equates to estimated 168,527 of the NI population i.e. possibly one in 10 in terms of clientele/service user– data source Rainbow Project July 2008

Trust Workforce Profile as at 1 January 2017

Section 75 Group	Total Trust Workforce Profile as at 1 January 2017	Percentage
Gender	Female	85.73
	Male	14.27
Religion	Protestant	54.54
	Roman Catholic	38.79
	Neither	6.67
Political Opinion	Broadly Unionist	14.51
	Broadly Nationalist	6.91
	Other	10.86
	Do Not Wish To Answer/Not Known	67.73
Age	16-24	3.47
	25-34	20.70
	35-44	24.43
	45-54	30.00
	55-64	18.96
	65+	2.44
Marital Status	Single	25.00
	Married	68.03
	Not Known	6.97
Dependent Status	Caring for a Child/Children/Dependant Older Person / Person with a Disability	33.49
	None	23.44
	Not Known	43.07
Disability	Yes	2.79
	No	82.88
	Not Known	14.33
Ethnicity	Bangladeshi	0
	Black African	0.09
	Black Caribbean	0.02
	Black Other	0.03
	Chinese	0.05
	Filipino	0.28
	Indian	1.05
	Irish Traveller	0.02
	Mixed Ethnic	0.17
	Other	0.29
	Pakistani	0.12
	White	82.40
	Not Known	15.48
Sexual Orientation towards:	Opposite Sex	55.30
	Same Sex	1.39
	Same and Opposite Sex	0.19
	Do not wish to answer/not known	43.12

Section 75 make-up of acute paediatric service users

Section 75 Group	Category	Antrim Area Hospital	Causeway Hospital	Mid Ulster Hospital
Gender	Female	44.54%	44.03%	45.27%
	Male	55.46%	55.97%	54.73%
Religion	Protestant	10.30%	0.73%	5.52%
	Roman Catholic	9.66%	0.63%	8.93%
	Other	80.03%	98.64%	85.55%
Political Opinion	Broadly Unionist			
	Broadly Nationalist			
	Other			
	Do Not Wish To Answer/Not Known			
Age	Acute paediatric services are provided to children and young people up to their 16 th birthday			
Marital Status	As above all children and young people are single			
Dependent Status	Caring for a Child/Children/Dependant Older Person/Person(s) With a Disability None/Not known	Due to the nature of the service the children and young people are dependants		
Disability	Yes No Not known	While this specific information is not gathered due to the nature of the service some of the children and young people will have a disability.		
Ethnicity	Black African Bangladeshi Black Caribbean Chinese Indian Irish Traveller Pakistani Mixed Ethnic Filipino Black Other Asian Other White Other	Information not collected		
Sexual Orientation towards:	Opposite Sex Same Sex Same and Opposite Sex Do Not Wish To Answer/Not known	Information not collected		

(3) Needs, experiences and priorities

(3.1) Taking into account the information above what are the different needs, experiences and priorities of each of the Section 75 categories and for both service users and staff.

Category	Needs, experiences and priorities	
	Service users	Staff
Gender	The data collected would suggest that slightly more males use this acute paediatric service however the Trust would not anticipate and adverse impact in terms of gender. It is important to note that the Trust will continue to provide a robust and responsive acute paediatric service for all children and young people living in the Trust area. The Trust is committed to ongoing monitoring for any adverse impact.	The Trust is aware that women may have dependency and caring responsibilities. Staff's individual and specific circumstances will be considered and where adverse impact is identified, the Trust will take steps to mitigate its effects. The Trust will consider mitigating measures for staff directly affected in line with the Trust's Human Resource Management of Change Framework.
Age	Due to the nature of the service provided all of the children and young people using the acute paediatric service are under 16 years. It is not anticipated there would be an adverse impact in terms of age. There may in fact be a positive impact from this proposal as it will provide a more sustainable acute paediatric service.	There is no evidence to suggest that there would be any adverse impact on any individuals because of their age. Staff's individual and specific circumstances will be considered and where adverse impact is identified, the Trust will take steps to mitigate its effects.
Religion	All services will be expected to respect the particular religious affiliation of the service user they are caring for and make the necessary arrangements for the service user to practice his/her religious beliefs. It is not anticipated there would be an adverse impact in terms of religion.	The Trust is of the view that there is no evidence to suggest that this proposal will have an adverse impact on staff on the grounds of religious belief. The Trust will consider mitigating measures for staff directly affected in line with the Trust's Human Resource Management of Change Framework
Political Opinion	The Trust does not collect information on political opinion. As stated above,	There is no evidence to suggest that there would be any adverse impact

	<p>acute paediatric services provide a welcoming environment where everyone can be cared for together. There is no evidence to suggest this proposal will have an impact on the grounds of political opinion.</p>	<p>on any individuals because of their political opinion.</p>
Marital Status	<p>Due to the nature of the service provided all of the children and young people using the acute paediatric service are under 16 years and are therefore single. It is anticipated there would be an adverse impact in terms of marital status.</p>	<p>The Trust is mindful that research shows that the majority of women who have caring responsibilities tend to be married. Individual and specific circumstances will be considered and where adverse impact is identified, the Trust will consider steps to mitigate its effects.</p>
Dependent Status	<p>The Trust is mindful that many of the service users affected by this proposal will be supported by family carers. Carers are entitled to an individual carer's assessment to identify their specific needs and to establish the impact of caring on their own health and wellbeing. Children and young people in the Mid Ulster area who need observation and cannot be supported in the community will have to travel to Antrim Area Hospital. The Trust is aware of the importance of the caring role in this particular service. The Trust is also aware of the impact of extra travel times and distance to Antrim Area Hospital. It is important to note that the enhanced role of the community paediatric nursing teams will result in observation being provided in children's own homes. If children or young people are admitted to hospitals a short stay is the aim and parents/carers are not inconvenienced for many days. The Trust is committed to on-going engagement with carers and to monitoring for any adverse impact.</p>	<p>As evidenced in research, women still have the main caring responsibility for children, young people and dependant adults. The Trust recognises that any change in place of employment can have an impact on women. The Trust has in place a range of flexible working arrangements in recognition of the number of female employees who may have caring responsibilities. The Trust will consider mitigating measures for staff directly affected in line with the Trust's Human Resource Management of Change Framework</p>
Disability	<p>Whilst the Trust does not currently collect statistical information relating to levels of disability amongst the children and young people using</p>	<p>It is estimated that 20% of the population of Northern Ireland has a recognised disability. The Trust recognises that not all staff may wish</p>



	<p>acute paediatric services, it is predicted that some of the service users will have some level of disability due to the nature of the service provided. The Trust will make sure that the needs of each service user are fully assessed and that any special requirements are identified. We are aware that proposals will mean that some of the population will have to travel further to access the service and this may present difficulties for people with reduced mobility. The enhanced role of the community paediatric nursing teams will result in observation being provided in children's own homes. If children or young people are admitted to hospitals a short stay is the aim. The Trust is committed to on-going engagement and to monitoring for any adverse impact.</p>	<p>to declare a disability. If any of the staff declare themselves as having a disability, reasonable adjustments will be considered in line with related employment policies and the Trust's Human Resource Management of Change Framework</p>
Ethnicity	<p>The Trust is mindful that there are increasing numbers of people of Eastern European origin living in the Northern Trust area. The Trust is committed to ensuring its services are accessible to everyone. Any specific cultural needs will be addressed and the Trust provides an interpreting service for those whose first language is not English.</p>	<p>The Trust considers that there is no evidence to suggest that this proposal will have an adverse impact upon current staff on grounds of racial group.</p>
Sexual Orientation	<p>Whilst no direct information is gathered on sexual orientation but it is not anticipated there would be an adverse impact in terms of sexual orientation.</p>	<p>There is no evidence to suggest that this proposal will have an adverse impact on persons of different sexual orientation.</p>

(3.2) Provide details of how you have involved stakeholders, views of colleagues, service users and staff etc when screening this policy/proposal.

The purpose of the consultation is to obtain the views and opinions of the public and the stakeholders. During the 12 week consultation period a Stakeholder Engagement Event will be held to allow members of the public/stakeholders to provide feedback.

(4) Screening Questions

You now have to assess whether the impact of the policy/proposal is major, minor or none. You will need to make an informed judgement based on the information you have gathered.

(4.1) What is the likely impact of equality of opportunity for those affected by this policy/proposal, for each of the Section 75 equality categories?

Section 75 category	Details of policy/proposal impact		Level of impact? Minor/major/none
	Services Users	Staff	
Gender	Minor	None	Minor
Age	None	None	None
Religion	None	None	None
Political Opinion	None	None	None
Marital Status	None	None	None
Dependent Status	Minor	None	Minor
Disability	Minor	None	Minor
Ethnicity	None	None	None
Sexual Orientation	None	None	None

(4.2) Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories?	
Section 75 category	Please provide details
Gender	<p>The enhanced role of the community paediatric nursing teams will result in observation being provided in children's own homes. If children or young people are admitted to hospitals a short stay is the aim. The Trust is committed to on-going engagement and to monitoring for any adverse impact.</p> <p>The personal circumstances of each member of staff will be considered.</p>
Age	<p>The enhanced role of the community paediatric nursing teams will result in observation being provided in children's own homes. If children or young people are admitted to hospitals a short stay is the aim. The Trust is committed to on-going engagement and to monitoring for any adverse impact.</p> <p>The personal circumstances of each member of staff will be considered.</p>
Religion	<p>All Trust services provide a welcoming environment where people of differing religious backgrounds are care for together necessary arrangements are made for service user to practice his/her religious beliefs.</p> <p>The personal circumstances of each member of staff will be considered.</p>
Political Opinion	<p>All Trust services provide a welcoming environment where people with differing political opinion are cared for together</p>
Marital Status	<p>The enhanced role of the community paediatric nursing teams will result in observation being provided in children's own homes. If children or young people are admitted to hospitals a short stay is the aim. The Trust is committed to on-going engagement and to monitoring for any adverse impact.</p> <p>The personal circumstances of each member of staff will be considered.</p>
Dependent Status	<p>The enhanced role of the community paediatric nursing teams will result in observation being provided in children's own homes. If children or young people are admitted to hospitals a short stay is the aim. The Trust is committed to on-going engagement and to monitoring for any adverse impact.</p> <p>The personal circumstances of each member of staff</p>

	will be considered.
Disability	<p>The enhanced role of the community paediatric nursing teams will result in observation being provided in children's own homes. If children or young people are admitted to hospitals a short stay is the aim. The Trust is committed to on-going engagement and to monitoring for any adverse impact.</p> <p>The personal circumstances of each member of staff will be considered.</p>
Ethnicity	<p>Any specific cultural needs will be addressed. The Trust is committed to ensuring that its services are accessible to everyone and provides an interpreting service for those whose first language is not English.</p> <p>The personal circumstances of each member of staff affected will be considered.</p>
Sexual Orientation	The personal circumstances of each member of staff affected will be considered.

(4.3) To what extent is the policy/proposal likely to impact on good relations between people of different religious belief, political opinion or racial group? minor/major/none		
Good relations category	Details of policy/proposal impact	Level of impact Minor/major/none
Religious belief	The Trust is committed to the promotion of good relations and has incorporated compliance to Section 75 equality duties into its contracts with service providers. Through Section 75 Equality duties non-statutory providers have a duty to ensure equality of opportunity and the promotion of good relations for staff and service users	None
Political opinion		None
Racial group		None

<i>(4.4) Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?</i>	
<i>Good relations category</i>	<i>Please provide details</i>
Religious belief	As detailed above proposal will have no adverse impact on the promotion of good relations. The Trust is committed to the promotion of good relations – its Good Relations Statement is as follows - “We are committed to ensuring that our staff feel comfortable at work and everyone feels welcome when using our services. We will not tolerate sectarianism or racism in any form neither by staff or service users.”
Political opinion	As above
Racial group	As above

(5) Consideration of Disability Duties

<i>(5.1) How does the policy/proposal encourage disabled people to participate in public life and promote positive attitudes towards disabled people?</i>
<p>Proposal will involve ongoing engagement with stakeholders.</p> <p>The Trust will ensure staff receive relevant disability equality training</p>

(6) Consideration of Human Rights

(6.1) Does the policy/proposal affect anyone's Human Rights?
Complete for each of the articles

Article	Positive impact	Negative impact = human right interfered with or restricted	Neutral impact
Article 2 – Right to life			✓
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			✓
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			✓
Article 5 – Right to liberty & security of person			✓
Article 6 – Right to a fair & public trial within a reasonable time			✓
Article 7 – Right to freedom from retrospective criminal law & no punishment without law			✓
Article 8 – Right to respect for private & family life, home and correspondence.			✓
Article 9 – Right to freedom of thought, conscience & religion			✓
Article 10 – Right to freedom of expression			✓
Article 11 – Right to freedom of assembly & association			✓
Article 12 – Right to marry & found a family			✓
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			✓
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			✓
1 st protocol Article 2 – Right of access to education			✓

Please note: If you have identified potential negative impact in relation to any of the Articles in the table above, speak to your line manager and/or Equality Unit. It may also be necessary to seek legal advice.

(6.2) Please outline any actions you will take to promote awareness of human rights and evidence that human rights have been taken into consideration in decision making processes.

The Trust is committed to the safeguarding and promotion of Human Rights in all aspects of its work. The Human Rights Act 1998 gives effect in UK Law to the European Convention on Human Rights and requires legislation to be integrated so far as possible in a way that is compatible with the convention rights and makes it unlawful for a public body to act incompatibly with the convention rights.

The Trust will continue to engage with service users and staff.

(7) Screening Decision

(7.1) Given the answers in Section 4, how would you categorise the impacts of this policy/proposal?

Major impact	
Minor impact	
No impact	✓

(7.2) Do you consider the policy/proposal needs to be subjected to ongoing screening

Yes	✓
No	

(7.3) Do you think the policy/proposal should be subject to and Equality Impact Assessment (EQIA)?

Yes	
No	✓

(7.4) Please give reasons for your decision and detail any mitigation considered.

The proposal is aimed at providing high quality acute paediatric services to the population of the Trust. The screening has been deemed as an on-going detailed screening to allow on-going monitoring of the proposal to enable identification of any possible unforeseen adverse impact over a period of time in terms of equality of opportunity, good relations and human rights. This will allow for further mitigating measures to be implemented if and when appropriate.

(8) Monitoring

Please detail how you will monitor the effect of the policy/proposal for equality of opportunity and good relations, disability duties and human rights?

The Trust will monitor the implementation of these proposals if approved to identify any unforeseen impact. The Trust will also take account of information or feedback provided by service users and key stakeholders and via the formal consultation process.

The Trust intends to review this equality screening template at the end of the public consultation phase to ensure it is updated to reflect any feedback from consultees which may impact on the final decision.

Approved Lead Officer: Marie Roulston

Position: Director Women, Children and
Families

Date: 17 November 2017

Please forward completed screening template to the Policy Unit via e-mail to sandra.pollock@northerntrust.hscni.net