



Screening Outcome Report

March 2022

Introduction

Section 75 of the Northern Ireland Act 1998 requires the Trust, when carrying out its functions in relation to Northern Ireland, to have due regard to the need to promote equality of opportunity between nine categories of persons, namely:

- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- between men and women generally;
- between persons with a disability and persons without; and
- between persons with dependants and persons without.

Without prejudice to its obligations above, the Trust must also have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

The Equality Scheme outlines how we propose to fulfil our statutory duties under Section 75. Within the Scheme, the Trust gave a commitment to apply the screening methodology below to all new and revised policies and where necessary and appropriate to subject new policies to further equality impact assessment.

Screening Methodology

When screening policies/proposals the Trust will consider,

- What is the likely impact of equality of opportunity for those affected by this policy/proposal, for each of the Section 75 equality categories?
- Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories?
- To what extent is the policy/proposal likely to impact on good relations between people of different religious belief, political opinion or racial group?
- Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?

In keeping with the Trust's commitments in its Equality Scheme the Trust has applied the above screening criteria to new policies and proposals. The screening process is used to identify which policies/proposals are likely to have an impact on equality of opportunity or good relations. Screening assesses the likely impact as major, minor or none.

If it is decided that a policy/proposal is likely to have significant/major issues relating to equality, it is then necessary to carry out a more detailed exercise called an equality impact assessment (EQIA).

This screening report outlines the screening outcomes from 1st January 2022 to 31st March 2022.

Communication and Engagement

In order to carry out our functions there is a need to continue to effectively engage and work collaboratively with a wide range of stakeholders including Trust staff, Trade Unions, service users, carers, commissioners, primary care, public representatives and independent providers.

The Trust is committed to promoting personal and public involvement in all its activities. The development of new policies and proposals will be supported by effective engagement processes to ensure that staff, service users and all interested parties are fully involved. Planning for, and delivering safe, clinically effective and cost effective services requires close collaboration at many levels.

If you have any queries about this document, and its availability in alternative formats (including Braille, disk and audio cassette, and in minority languages to meet the needs of those who are not fluent in English) then please contact:

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Outcome of Screening

The screening outcomes are outlined below. Four possible outcomes are recorded:

1. The policy has been '**screened in**' for equality impact assessment;
2. The policy has been '**screened out**' with mitigation or an alternative policy proposed to be adopted;
3. The policy has been '**screened out**' without mitigation or an alternative policy proposed to be adopted.
4. The policy will be **subjected to ongoing screening**. For more detailed strategies or policies that are to be put in place through a series of stages, screening should be considered at various times during implementation.

Description of Policy or Proposal	Screening Outcome	Reason for reaching Screening Outcome
<p>NHSCT/22/1616 Fertility Pathway</p> <p>This is a guideline for assessment and treatment of people with fertility problems. It is based on NICE guideline CG 156, February 2013 – Fertility: Assessment and Treatment for People with Fertility Problems and amended to reflect an update to the Guidance in Sept 2017.</p>	Screened Out	<p>The major role of practitioners will be investigation of the male and female, initial management with ovulation induction agents and correction of gynaecological conditions with an adverse effect on fertility (e.g. endometriosis/ pelvic inflammatory disease and polycystic ovarian syndrome). Patients requiring more complex advice and treatment e.g. after cryopreservation post chemotherapy, same sex couples or those with chronic viral infections such as Hepatitis B, Hepatitis C or HIV should be appropriately referred for advice and management.</p> <p>This is a clinical guideline with systematically developed recommendations which assist health care professionals in making decisions about good clinical practice. It is based on the best available evidence. There is</p>

		<p>no evidence to suggest that that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>
<p>NHSCT/22/1617 Multiple Pregnancy Management</p> <p>The aim of this guideline is to offer best practice advice on the care of women with twin and triplet pregnancies.</p>	<p>Screened Out</p>	<p>This is a clinical guideline with systematically developed recommendations which assist health care professionals in making decisions about good clinical practice. It is based on the best available evidence. There is no evidence to suggest that that the implementation of this policy will adversely impact on any group outlined in Section 75. Appropriate application of this guideline should benefit women having twins or triplets and the babies themselves.</p>
<p>NHSCT/22/1618 Newborn blood spot screening (NBSS) programme: Operational guidance</p> <p>The national and regional NBSS programme aims to identify babies who are at high risk of having serious but rare conditions before they develop symptoms. Screening is not the same as diagnosis: instead it identifies which babies need to go on to have diagnostic tests to determine whether or not they have the condition. By detecting conditions early, it is possible to treat the babies early and thus reduce the severity of their condition.</p>	<p>Screened Out</p>	<p>This is a clinical guideline with systematically developed recommendations which assist health care professionals in making decisions about good clinical practice. It is based on the best available evidence. There is no evidence to suggest that that the implementation of this policy will adversely impact on any group outlined in Section 75. Application of this guideline should benefit babies and children up to the age of one year who are identified as having any of the following medical conditions covered by the programme which includes congenital hypothyroidism (CHT), sickle cell disorders (SCD) and cystic fibrosis (CF)</p>

<p>NHSCT/22/1619 Community Domiciliary Falls Policy</p> <p>This policy guides staff regarding appropriate actions to take, relating to the prevention and management of falls of older people in the community.</p>	Screened Out	<p>This policy provides staff with guidelines on how to complete a falls assessment to help identify those that high risk of falls, and implement actions to reduce the risk of falls / further falls to the lowest level reasonably practicable. It will also provide staff with guidelines on how to manage a service user who has fallen, to prevent the risk of further harm from unsafe moving and handling practice / transfers.</p> <p>This policy is specific to service users 65 years and over. However, the risk falls assessment and intervention plans may be applied to other groups or settings, as deemed applicable. There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>
<p>NHSCT/22/1620 Safeguarding Children: Admission, Care and Discharge</p> <p>The purpose of the policy is to provide clear guidance for acute services staff within the Northern Health and Social Care Trust (NHSCT) regarding the admission, care and discharge of children/young people where there are safeguarding concerns. A child or young person relates to persons aged 0-18 years</p>	Screened Out	<p>This is a clinical guideline with systematically developed recommendations which assist health care professionals in making decisions about good clinical practice. It is based on the best available evidence. There is no evidence to suggest that that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>
<p>NHSCT/22/1621 Disengagement or Loss of Contact with a Person in the Community who could Represent a Risk of Serious Physical Harm to Themselves or</p>	Screened Out	<p>Article 8 may be impacted by the considered sharing of information with third parties if the risk assessment by the Multidisciplinary Team places the</p>

<p>Others</p> <p>This Policy and Procedure applies to all staff providing direct patient care/services to persons deemed to be severely mentally ill or who have a learning disability and/or who are subject to the Comprehensive Risk Assessment. It details the action to be taken by staff when a person fails to comply with their agreed follow up care and begins to disengage with the designated Key Worker/Medical team/practitioner and/or is considered a “loss of contact to services”. If the risk assessment by the Multidisciplinary Team places the individual or others at a high risk, staff can provide appropriate information to third parties.</p>		<p>individual or others at a high risk. Article 8(1) of ECHR asserts that everyone has the right to privacy. However Article 8(2) permits the lawful and proportionate interference with this right on several grounds including public safety and the protection of rights of others. The use of risk assessment to inform a decision on sharing of information with third parties appears to be a proportionate response and therefore the screening records a neutral response against Article 8.</p>
<p>NHSCT/22/1622 Family Support Service – Operational Policy</p> <p>This Policy is targeted at staff in the service and aims to support the development of a consistent Family Support Service by identifying: the function of the service; the processes undertaken; the thresholds which will be applied when agreeing priorities for the delivery of a service to children and families and the standards which aim to be achieved.</p>	<p>Screened Out</p>	<p>This is an internal operational policy for a specific social care related service. There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75. Application of this policy is likely to benefit children and their families/carers</p>
<p>NHSCT/22/1623 Disclosing Identifying details of Relevant Persons to the NI Local Intelligence Network (LIN)</p> <p>The policy provides awareness to NHSCT employees of the legislation</p>	<p>Screened Out</p>	<p>There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.</p> <p>Article 8 may be impacted by the considered sharing of information</p>

<p>in relation to controlled drugs and the responsibilities of the controlled drug accountable officer and provides a link to the regional guidance for Disclosing Identifying Details of Relevant Persons, Northern Ireland Controlled Drugs Local Intelligence Network (LIN), November 2020</p>		<p>with third parties. Article 8(1) of ECHR asserts that everyone has the right to privacy. However Article 8(2) permits the lawful and proportionate interference with this right on several grounds including public safety and the protection of rights of others. The use of regional guidance and protocol to inform a decision on sharing of information with third parties appears to be a proportionate response and therefore the screening records a neutral response against Article 8.</p>
<p>NHSCT/22/1624 Taxis – Procedure for booking, authorisation and payment (Surgery and Clinical Services)</p> <p>This policy covers the procedure and circumstances for booking, authorisation and payment of taxis in acute services.</p>	<p>Screened Out</p>	<p>There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>
<p>NHSCT/22/1625 Urinary Catheterisation Guidelines including Urethral, Suprapubic re-catheterisation and Intermittent, for Community Nursing</p> <p>This policy provides nurses working in a community setting with a clinical decision making guide as to whether the urinary catheter continues to be required.</p>	<p>Screened Out</p>	<p>This is a clinical guideline with systematically developed recommendations which assist health care professionals in making decisions about good clinical practice. It is based on the best available evidence. There is no evidence to suggest that that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>
<p>NHSCT/22/1626 Data Quality Policy</p> <p>The main aims of the policy are:</p> <ul style="list-style-type: none"> •To ensure the Trust achieves and 	<p>Screened Out</p>	<p>There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>

<p>maintains a high level of good data quality</p> <ul style="list-style-type: none"> •To outline the principles that supports the collection of quality data and the subsequent processing into quality information. 		
<p>NHSCT/22/1627 Bedrails – Safe Use in the Community</p> <p>The purpose of this policy is to implement a co-ordinated approach to the assessment, prescribing and use of bedrails within the Northern Health & Social Services community settings, with the aim of reducing harm to service users caused by falling from beds or becoming trapped in bedrails, and to support service users and staff in making individual decisions on bedrail use.</p>	<p>Screened Out with mitigation</p>	<p>Service users in the community may be at risk of falling from bed for many reasons including poor mobility, dementia or delirium, visual impairment, and the effects of their treatment or medication. Their ability to stay safely in the middle of the bed can be affected by strokes, neuromuscular conditions, paralysis, epilepsy, muscle spasms or other conditions. All of the above will increase the risk of a service user falling from the bed. If the patient lacks capacity, staff have a duty of care and must decide if bedrails are in the patient’s best interest following completion of a community bed rail risk assessment</p> <p>Family members or persons with parental responsibility should be involved in situations where the service user lacks capacity to give consent to the use of bedrails. However, relatives or carers cannot make decisions for adult patients (except in certain circumstances where they hold Lasting Power of Attorney extending to health and social care decisions under the Mental Capacity Act (NI) 2016).</p> <p>Mitigation put in place within the policy with alternative ways to care for patients without resorting to use of bedrails. They include, but are</p>

		<p>NOT restricted to-</p> <ul style="list-style-type: none"> • ‘Netting’ or mesh bedsides • Ultra-low height beds • Positional wedges • Alarm systems to alert carers that a person has moved from their normal position or wants to get out of bed • Floor mats / crash mats <p>Body positioning devices</p> <p>Neutral impacts have also been recorded against Article 5, Right to liberty and security. If bedrails are used for the correct reasons as stated in this policy, use will not be viewed as deprivation of liberty.</p> <p>However, if bedrails are used to stop someone from leaving the bed, then this would be classified as deprivation of liberty, and relevant assessments and documentation MUST be completed in line with the NHSCT Operational Policy to Support the Implementation of the Mental Capacity Act (NI) 2016 (MCA) Deprivation of Liberty Safeguards (DOLS) 2019.</p>
<p>NHSCT/22/1628 Liaison and Effective Communications with the Police Service of Northern Ireland (PSNI), Coroners Service for Northern Ireland and the Health & Safety Executive Northern Ireland when Investigating Patient Safety Incidents Involving Unexpected Death and Serious Untoward</p>	<p>Screened Out</p>	<p>The Trust has a responsibility to ensure the safety and well-being of patients or clients and staff and to investigate when things go wrong, occasionally involving other agencies.</p> <p>Article 8 may be impacted by the considered sharing of information with third parties. Article 8(1) of</p>

<p>Harm</p> <p>This policy promotes effective relationships with the Police Service of Northern Ireland (PSNI), Coroner's Office and the Health & Safety Executive (HSENI), and aims to improve appropriate information sharing and co-ordination to save time and other resources when joint or simultaneous investigations are required into a serious incident that caused unexpected death or serious untoward harm.</p>		<p>ECHR asserts that everyone has the right to privacy. However Article 8(2) permits the lawful and proportionate interference with this right on several grounds including public safety and the protection of rights of others. The use of regional guidance and protocol to inform a decision on sharing of information with third parties appears to be a proportionate response and therefore the screening records a neutral response against Article 8.</p> <p>There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>
<p>NHSCT/22/1629 RIVAROXABAN, APIXABAN and EDOXABAN: the acute management of haemorrhage, emergency surgery and overdose</p> <p>This document provides a practical guide for the management of a patient receiving rivaroxaban/apixaban/edoxaban who presents with acute haemorrhage, requires surgery or invasive procedure or following an overdose.</p>	Screened Out	<p>This is a clinical guideline with systematically developed recommendations which assist health care professionals in making decisions about good clinical practice. It is based on the best available evidence. There is no evidence to suggest that that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>
<p>NHSCT/22/1630 Oral Anticoagulant Guidelines: Guidelines for the safe prescribing and management of warfarin</p> <p>This guidance constitutes the recommendation from the NPSA Patient Safety Alert: "Actions that can make anticoagulant therapy</p>	Screened Out	<p>This is a clinical guideline with systematically developed recommendations which assist health care professionals in making decisions about good clinical practice. It is based on the best available evidence. There is no evidence to suggest that that the implementation of this policy will adversely impact on any group</p>

<p>safer” and is a practical guide for practitioners in the management of patients receiving warfarin therapy, including guidance on the initiation of warfarin therapy.</p>		<p>outlined in Section 75.</p>
<p>NHSCT/22/1631 Anti-D administration in pregnancy guidelines, and guidance on management of women with red cell antibodies in pregnancy.</p> <p>This guideline provides guidance for staff caring for Rhesus negative mothers during pregnancy and mothers who develop red cell antibodies.</p>	<p>Screened Out</p>	<p>This is a clinical guideline with systematically developed recommendations which assist health care professionals in making decisions about good clinical practice. It is based on the best available evidence. There is no evidence to suggest that that the implementation of this policy will adversely impact on any group outlined in Section 75. It should positively impact mothers and their expectant babies.</p>
<p>NHSCT/22/1632 Capacity Management and Escalation Plan for Maternity Services Including Management during Covid-19 surge</p> <p>This policy is to ensure clinical and managerial staff identify and manage potential capacity demands and articulate the need for rapid redeployment of staff to address emergency scenarios or situations where the standard of intrapartum one to one care is susceptible through the process of review of daily capacity and clinical communication.</p>	<p>Screened Out</p>	<p>This is a clinical guideline with systematically developed recommendations which assist health care professionals in making decisions about good clinical practice. It is based on the best available evidence. There is no evidence to suggest that that the implementation of this policy will adversely impact on any group outlined in Section 75. It should positively impact mothers and their expectant babies.</p>
<p>NHSCT/22/1633 Regional Intrapartum Fetal Monitoring Guideline</p> <p>This is a fetal monitoring guideline that solely relies on physiology-</p>	<p>Screened Out</p>	<p>The purpose of intrapartum surveillance, in general, is a timely detection of babies who may be hypoxic, so that additional assessments of fetal wellbeing may be used or the baby be</p>

<p>based interpretation for the assessment of fetal wellbeing</p>		<p>delivered by caesarean or instrumental vaginal birth, to prevent perinatal/neonatal morbidity or mortality (NICE 2014, FIGO 2015)</p> <p>This is a clinical guideline with systematically developed recommendations which assist health care professionals in making decisions about good clinical practice. It is based on the best available evidence. There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75. It should positively impact mothers and their expectant babies.</p>
<p>NHSCT/22/1634 HIV Guidelines for the management of pregnant women and their babies in NHSCT</p> <p>The Northern Health and Social Care Trust (NHSCT) has adopted the regional guidelines that have been developed by the Public Health Agency (PHA) to provide best practice guidance to be adhered to on screening for human immunodeficiency virus (HIV) in pregnancy; treatment and management of women screened positive for HIV during pregnancy or post-delivery; and postpartum management of women and their babies.</p>	<p>Screened Out</p>	<p>This is a clinical guideline with systematically developed recommendations which assist health care professionals in making decisions about good clinical practice. It is based on the best available evidence.</p> <p>There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75. It should positively impact mothers and their expectant babies.</p>
<p>NHSCT/22/1635 Water for labour and birth guideline</p> <p>This guideline provides advice for midwives caring for women</p>	<p>Screened Out</p>	<p>Midwives have a duty to facilitate the care for women whatever their choice regarding place and type of</p>

<p>choosing to labour in water or to have a waterbirth.</p>		<p>birth.</p> <p>This is a clinical guideline with systematically developed recommendations which assist health care professionals in making decisions about good clinical practice. It is based on the best available evidence. There is no evidence to suggest that that the implementation of this policy will adversely impact on any group outlined in Section 75. It should positively impact mothers and their expectant babies.</p>
<p>NHSCT/22/1636 Equality Diversity and Inclusion Policy</p> <p>This policy is concerned with the promotion of equality and the prevention of unlawful discrimination. This policy applies to all staff and covers recruitment, promotion, training, transfer, and other benefits and facilities afforded to staff. It also includes conduct at work related events and work related social events.</p>	<p>Screened Out</p>	<p>The Trust will endeavour to ensure that all staff are aware of the forms which unfair discrimination can take, guard against them and avoid any act which might influence others to discriminate unfairly. The Trust recognises its obligations under the anti-discrimination legislation, the Human Rights Act 1998 and the NI Act 1998</p> <p>The Trust will have due regard to the need to promote equality and good relations in line with S75 of the NI Act 1998 and the associated Trust Equality Scheme</p> <p>There is no evidence to suggest that that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>
<p>NHSCT/22/1637 Peritoneal Dialysis Related Infection Policy</p> <p>This policy outlines the mandatory and recommended actions required in the case of a suspected, or confirmed peritoneal dialysis (PD)</p>	<p>Screened Out</p>	<p>This is a clinical guideline with systematically developed recommendations which assist health care professionals in making decisions about good clinical practice. It is based on the</p>

<p>related infection i.e. peritonitis or exit site infection.</p>		<p>best available evidence.</p> <p>There is no evidence to suggest that that the implementation of this policy will adversely impact on any group outlined in Section 75. It should positively impact mothers and their expectant babies.</p>
<p>NHSCT/22/1638 Additional and Lower Acuity Beds, Acute Hospital Escalation Process</p> <p>Additional/Lower Acuity beds are used to maintain the flow of patients out of the Emergency Department and to facilitate the admission of patients requiring urgent treatment/intervention to the appropriate speciality. This policy advises on the physical location for additional /lower acuity beds in identified wards and also offers practical guidance on the appropriate patients to place in lower acuity beds spaces</p>	<p>Screened Out</p>	<p>The threat from Covid-19 has severely restricted the use of previously identified locations for additional / lower acuity beds due to spacing, Infection Prevention and Control requirements and controls required to reduce footfall and ensure good ventilation. It also provides guidance to support staff when setting up a lower acuity bed space to support patient privacy and dignity.</p> <p>This is a clinical guideline with systematically developed recommendations which assist health care professionals in making decisions about good clinical practice. It is based on the best available evidence. There is no evidence to suggest that that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>
<p>NHSCT/22/1639 Disability Equality Policy</p> <p>The purpose of this policy is to set out the approach of the Trust in its aim to embrace a ‘social model of disability’ in line with the legislative framework including its duties to promote positive attitudes towards people with disabilities and to encourage their participation in</p>	<p>Screened Out</p>	<p>The Northern Trust is committed to promoting disability equality and eliminating unlawful discrimination within employment as outlined within the Equality, Diversity and Inclusion Policy. This policy applies to staff with a disability employed by the Trust. It also applies to persons with a disability who are potential employees and those who undertake roles in the Trust</p>

<p>employment.</p>		<p>but are not employed by the Trust such as volunteers, contractors, trainees and agency workers.</p> <p>The policy includes a toolkit in respect of reasonable adjustments and the requirement to obtain the consent of the individual before imparting information about their disability on a need to know basis.</p> <p>There is no evidence to suggest that that the implementation of this policy will adversely impact on any group outlined in Section 75. It should positively impact persons with a disability.</p>
<p>NHSCT/22/1640 Use of Professional Services Including External Consultants</p> <p>This policy brings together guidance on the use of professional services including external consultants which will assist Trust staff when they are required to engage these. It aligns with Department of Finance guidance FD (DoF) 08/17 on the Use of Professional Services including Consultants.</p>	<p>Screened Out</p>	<p>There is no evidence to suggest that that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>
<p>NHSCT/22/1641 Induction, Statutory & Mandatory Training & Appraisal</p> <p>This Policy sets out the standards that must be in place to ensure that:</p> <p>i. All employees have the benefit of a properly structured welcome and induction that will help them to integrate into their role in</p>	<p>Screened Out</p>	<p>There is no evidence to suggest that that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>

<p>the organisation quickly and effectively.</p> <p>ii. All employees have reasonable access to complete appropriate and effective statutory and mandatory training.</p> <p>iii. All employees (under Agenda for Change) have reasonable access to an appraisal conversation with their Line Manager</p>		
<p>NHSCT/22/1642 Immunisation and Follow Up of Infants born to Hepatitis B positive mothers</p> <p>This guidance is for a range of professionals and provides direction for the procedures to be undertaken in the Northern Health and Social Care Trust (NHSCT) area for babies at risk of Hepatitis B infection.</p>	<p>Screened Out</p>	<p>This is a clinical guideline with systematically developed recommendations which assist health care professionals in making decisions about good clinical practice. It is based on the best available evidence. There is no evidence to suggest that that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>
<p>NHSCT/22/1643 Community Beds Policy</p> <p>The aim of this policy is to clarify the admission and discharge processes to community beds and supports the on-going review of the NHSCT community bed model. This policy describes the arrangements for medical cover, referral processes, screening processes and admission/ discharge procedures for community beds.</p>	<p>Screened Out</p>	<p>Service users can access community beds from either an acute or community setting. There are two distinct pathways:</p> <p>Step-down: refers to referral from an acute hospital setting, facilitating timely discharge at the point where the service user no longer requires acute medical care</p> <p>Step-up: refers to referral from a community setting such as the service users own home thereby preventing admission to an acute hospital setting</p> <p>As part of the process the 5 Principles of the NI Mental Capacity Act (2016) should be</p>

		<p>considered including:</p> <ul style="list-style-type: none"> • Personal autonomy • No assumptions about capacity • All practical help and support should be given to the service user to enable them to make decisions • Service users can make unwise decisions • All acts / decisions must be in the service users best interests <p>Documentation must be completed including a care plan for any service user identified as not having capacity to support the implementation of Deprivation of Liberty Safeguards (DOLS) 2019.</p> <p>There is no evidence to suggest that that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>
<p>NHSCT/22/1644 Insertion and management of non-trauma chest drains, in adults</p> <p>The purpose of this policy is to ensure that only clinically competent staff with the right training and experience will be responsible for the insertion and ongoing management and monitoring of chest drains.</p>	<p>Screened Out</p>	<p>This is a clinical guideline with systematically developed recommendations which assist health care professionals in making decisions about good clinical practice. It is based on the best available evidence. There is no evidence to suggest that that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>
<p>NHSCT/22/1646 Animals - Guidelines for staff working in direct care situations</p> <p>These guidelines are applicable for:</p> <ol style="list-style-type: none"> 1. All homes where an animal or 	<p>Screened Out</p>	<p>The NHSCT has a responsibility to its work force who are involved in the provision of health and social care services in such settings to ensure that they work in a safe environment where potential risks have been minimised through</p>

<p>animals are kept as a pet and/or security either inside or outside of the service users home, and</p> <p>2. In other situations where animals or livestock are kept as part of a livelihood.</p>		<p>assessment and consultation with service users. The NHSCCT provides mechanisms for dealing with situations that may entail risk through its assessment and review process (Care Management Guidelines), through risk management (Risk Management in Direct Care Situations) and through the monitoring and review of services by individual line managers</p> <p>There is no evidence to suggest that that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>
<p>NHSCT/22/1647 Diabetic Ketoacidosis in Children and Young People up to 18th birthday</p> <p>This policy relates to the management of diabetic ketoacidosis</p>	<p>Screened Out</p>	<p>This is a clinical guideline with systematically developed recommendations which assist health care professionals in making decisions about good clinical practice. It is based on the best available evidence. There is no evidence to suggest that that the implementation of this policy will adversely impact on any group outlined in Section 75. It should positively impact children and young people.</p>
<p>NHSCT/22/1648 Preparation and usage of infant formula and human milk fortifier in the neonatal setting</p>	<p>Screened Out</p>	<p>This is a clinical guideline with systematically developed recommendations which assist health care professionals in making decisions about good clinical practice. It is based on the best available evidence. There is no evidence to suggest that that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>

<p>Provision of an Adolescent Support Service for families and young people aged 10-17, including, as appropriate, children with disabilities, delivered within the NHSCT.</p>	<p>Screened Out</p>	<p>The following S75 categories should benefit from provision of this service:</p> <p>Age – adolescents aged 10 to 17 who reside in NHSCT geographical area and meet access criteria for the service</p> <p>People with disability – service includes those with a disability and/or additional needs as defined by the Thresholds for Children's Social Care Safeguarding Services</p> <p>Those with dependents – families/carers of adolescent group or of a child with a disability as defined above</p> <p>There is no evidence to suggest that that the implementation of this support service will adversely impact on any group outlined in Section 75.</p>
<p>Management of Change – Holywell Ward Managers' Rota Change and Additional Resource</p>	<p>Screened Out</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. The Trust will consider mitigating measures for staff directly affected in line with the Trust's Human Resource Management of Change Framework.</p>
<p>MOC Laurel House Nursing and Health Care assistant Rota Changes</p> <p>This proposal relates to service</p>	<p>Screened Out</p>	<p>The Trust recognises that this proposal may impact upon staff in terms of a shift in rota pattern. The Trust will put robust mitigating measures in place, adopting the</p>

<p>improvement in Cancer Services by extending the working hours of the Chemotherapy unit through application of rota changes</p>		<p>principles of the Trust's Human resource Management of Change 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.</p>
<p>Management of Change to Patient Meal Production for Antrim Area Hospital, Whiteabbey Hospital and Moyle Hospital.</p> <p>This involves changes to rota for some staff working in the three hospital locations identified above.</p>		<p>Possible temporary change of working hours will be managed in line with the Trust's Management of Change Framework taking into account and responding to the personal situations of staff.</p> <p>When organisational / policy change is necessary, regardless of whether it is a permanent or temporary change, the Trust is committed to treating staff fairly and equitably. Staff can be assured that the change process will be managed. This includes consultation with staff and the opportunity for staff to discuss in one to one meetings, any adverse equality impacts resulting in changes to their employment.</p> <p>This framework also works alongside other Human Resources policies including for example, the flexible working policy.</p>
<p>MOC Governance Administration</p> <p>The change will centralise the corporate governance team in one location at Antrim and co-locate staff with their managers</p>	<p>Screened Out</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. The Trust will consider mitigating measures for staff directly affected in line with the</p>

		<p>Trust's Human Resource Management of Change Framework. Staff can be assured that the change process will be managed. This includes consultation with staff and the opportunity for staff to discuss in one to one meetings, any adverse equality impacts resulting in changes to their employment.</p> <p>This framework also works alongside other Human Resources policies including for example, the flexible working policy.</p>
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Screening Templates for any of the above are available from the Equality Unit as noted below.

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Our Vision

**We provide compassionate care
with our community, in our community.**

If you would like to give feedback on
any of our services please contact:

Email: user.feedback@northerntrust.hscni.net

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