



Northern Health  
and Social Care Trust

# Screening Outcome Report

June 2019

## 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 1 April 2019 – 30 June 2019.

## 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><b>Payment To Staff Guidance 19/1282</b> Guidance for staff members showing all the different work time contracts, their definition, associated payments and how to claim for these.</p>	Screened Out	This HR Guidance aligns to regional Agenda For Change handbook information. The guidance will be applied consistently to all relevant staff. There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.
<p><b>Payments To Staff Cover Memo Guidance 19/1283</b> Cover memorandum highlighting how claims must be correctly submitted and authorised therefore the attached guidance has been created to assist managers with processing staff payments.</p>	Screened Out	This HR Guidance will be applied consistently to all relevant staff. There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.
<p><b>Conflict Bullying Harassment Policy Regional/19/1284</b> This is a regionally agreed policy and applies where there is general interpersonal conflict within the workplace or when a member of staff believes they have been subject to bullying or harassment, as defined in this policy. Where group conflict exists, the same principles laid down in this policy will apply. All staff has a responsibility to comply with this policy. There is a particular obligation on managers to ensure the effective application of this policy, and to work to cultivate and maintain a safe and positive working environment within their teams.</p>	Screened Out	<p>Northern Health and Social Care Trust is an equal opportunities employer and strives to create and promote a harmonious working environment, where all staff feel safe at work and are treated with respect and dignity, regardless of their age, disability status, marital or civil partnership status, political opinion, race, religious belief, sex (including gender reassignment), sexual orientation, with dependants or without dependants. Poor working relationships, unresolved conflict, bullying and harassment can have a detrimental effect on personal wellbeing, as well as the wider working environment. Evidence shows that effective team working, supported by good communication and responsive line management, impacts positively on patient and client care.</p> <p>The policy has been developed to support staff and will be applied consistently to all relevant staff. There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>
<p><b>Children Visiting Adult Mental Health Wards - NHSC/19/1285</b> The aim of this policy is to promote a safe environment in which children may visit relatives within a mental health in-patient ward. This policy is under-pinned by the "Think Family" model which seeks to improve outcomes for parents with mental health problems and their families. It does this by taking into account the individual and combined needs of children, parents and carers, by listening to parents and children, and by building resilience and managing risk. It is also underpinned by the Mental Health (NI) Order 1986, Children (NI) Order 1995, Human Rights Act (NI) 1998 and</p>	Screened Out	The policy aligns to Think Child, Think Parent, Think Family (2012) and ensures involvement of the family, and, where possible the patient, in the creation of a care plan for visiting by children (aged under 18) and facilitation of these visits by availability of a family room. The policy will be applied consistently to all relevant visitors under the age of 18. There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.

<p>the Safeguarding Board for Northern Ireland Regional Core Child Protection Policy and Procedures, SBNI, 2017.</p> <p>This policy therefore seeks to provide a framework and give guidance to staff about reasonable and appropriate arrangements for children visiting patients on a mental health ward, which not only promotes parent's rights, but also keeps children safe.</p>		
<p><b>Consent For Hospital Post-Mortem Examination Policy - NHSCT/19/1286</b></p> <p>This policy has been developed to standardise policy and practice regarding consent for hospital post-mortem (PM) examination across all HSC Trusts. It defines accountability for Trusts to ensure they meet their responsibilities for obtaining valid consent in compliance with the Human Tissue Act (2004).</p>	Screened Out	<p>This is a clinical guideline based on regional policy with systematically developed recommendations which assist health care professionals in gaining informed consent from appropriate persons. It is based on the best available evidence. The policy includes provision to ensure that people who have communication difficulties, or whose first language is not English receive the assistance they require to understand and provide valid consent. There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in section 75.</p>
<p><b>Acute Opioid Withdrawal And Opioid Substitute Treatments NHSCT/19/1288</b></p> <p>This document provides guidance for doctors, nurses and pharmacists in the NHSCT who are not working within an addiction service on how to safely respond to individuals who may be dependent on opioids and have either:</p> <ul style="list-style-type: none"> <li>• Attended an Emergency Department (or Minor Injury Unit)</li> <li>• Been admitted to an acute general hospital or an acute psychiatric unit</li> <li>• Been in contact with out of hours primary care services</li> <li>• Who are also seeking treatment for opioid withdrawal or requesting continuation of a current prescription of a licensed opioid substitution treatment (OST).</li> </ul>	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 the implementation of this policy will adversely impact on any group outlined in section 75.</p>
<p><b>Respiratory Outpatient Discharge Protocol - NHSCT/19/1289</b></p> <p>This policy sets out the criteria for referral and discharge of patients from respiratory outpatients in the NHSCT. The Integrated Respiratory Specialist Team is managed on a day-to-day basis by the Integrated Respiratory Specialist Team Leaders and is under the operational responsibility of the Clinical Service Manager for Medical Specialities.</p> <p>This protocol is relevant to medical and nursing staff working with adult respiratory patients in</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 the implementation of this policy will adversely impact on any group outlined in section 75.</p>

both the hospital and community setting.		
<p><b>Fire Safety Policy - NHSCT/19/1290</b> The purpose of this policy is to prevent the occurrence of fire by providing staff with guidance to ensure that adequate arrangements are in place to minimise the impact of such occurrence on life, the delivery of patient care, the environment and property.</p>	Screened Out	The policy will be applied consistently to all relevant staff. There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.
<p><b>Fire Safety Manual 2019</b> The Fire Safety Manual has been developed to provide staff with the necessary information outlining the operational fire safety requirements applicable to all staff to ensure the Northern Health and Social Care Trust (hereafter 'Trust') meets its obligation set out in the Fire Safety Policy. The Trust has a responsibility to ensure so as far as reasonably practicable that all steps are taken to prevent or minimise the incidence of fire throughout all premises that are owned or occupied by the Trust.</p>	Screened Out	The policy will be applied consistently to all relevant staff. There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.
<p><b>Deprivation of Liberty Guidance Consent, Capacity, Human Rights, Best Interest Decision Making and Declaratory Order - NHSCT/19/1292</b> This guidance has been developed so that staff are aware of the principles to be applied by those involved in taking decisions about Service Users care or treatment that may result in the deprivation of that individual's liberty. It is based on the current legislative framework, the Mental Health (Northern Ireland) Order 1986 (the Order) and Best Practice.</p>	Screened Out	<p>Currently there are no statutory provisions for deprivation of liberty in the health and social care setting outside the Mental Health (Northern Ireland) Order 1986. The High Court has therefore determined that there is a de facto gap in the legislation in relation to DoL of an incapacitated person. This guidance will refer to the incapacitated person as an individual who lacks capacity to make a specific decision(s).</p> <p>The guidance is an important element in the protection of Human Rights of service users as required under the European Convention of Human Rights, pending the introduction of the Mental Capacity legislation.</p> <p>This guidance recognises that in certain circumstances the DoL may need to be authorised for a service user whilst alternative means of providing the care in a less restrictive manner are explored and developed. 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><b>Community Teams' Operational Policy NHSCT/19/1293</b></p> <p>The purpose of this document is to outline the operational arrangements of the Community Integrated Care Teams. Community teams are comprised of Community Nursing, Occupational Therapy and Social Work staff aligned to a GP Practice. These Teams are responsible for adopting a person centred approach to deliver excellent care through joint working. The community teams support people residing in their locality to access appropriate services to meet their assessed need. This is facilitated through collaboration and a multi-professional approach in partnerships with G.Ps, Statutory, Community and Voluntary Agencies.</p>	Screened Out	The policy will be applied consistently to all relevant staff. There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.
<p><b>Venesection Policy For Nurses NHSCT/19/1294</b></p> <p>This policy is directed to medical and nursing staff working with adult patients in both the hospital and community setting who require Venesection. All nursing staff across hospital and community settings involved in Venesections should follow these Guidelines. Nursing staff are required to have undertaken theoretical and practical training. They must retain evidence demonstrating that they have been deemed competent in undertaking Venesections.</p>	Screened Out	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><b>Animals - Guidelines of staff working in Direct Care Situations - NHSCT/19/1295</b></p> <p>This policy is directed to all community staff who provide a service in service user homes. It is the expectation of the Trust that services users will not bring animals/pets into Trust facilities – with the exception of guide dogs for the blind, hearing dogs for the deaf and assistance dogs.</p>	Screened Out	The policy will be applied consistently to all relevant staff. There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.
<p><b>Additional Duties Overtime Within Corporate Support Services - NHSCT/19/1296</b></p> <p>This policy is to ensure that any extra hours required to be worked when covering staff absence are allocated fairly.</p>	Screened Out	The policy will be applied consistently to all relevant staff. There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.
<p><b>Haematology Nurse Led Clinic Protocols - NHSCT/19/1297</b></p> <p>This policy is a guide for Haematology Clinical Nurse Specialists who Review Haematology patients with stable disease at a nurse led clinic. This policy provides a framework within which a Haematology Clinical Nurse Specialist may review patients with stable haematological disease either in face to face consultation or telephone review.</p>	Screened Out	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><b>Written Authorisation For Blood And Platelets within the Haematology Setting for Haematology Clinical Nurse Specialists - NHSCT/19/1298</b></p> <p>This policy provides a framework within which a Haematology Clinical Nurse Specialist to provide the written authorisation for blood and platelets within the Haematology Setting. In response to the changing needs of patients and the extended roles undertaken by Clinical Nurse Specialists, it has been deemed appropriate for the nurses assessing patients independently or working as part of the clinical team managing the needs of patients to also provide the written authorisation to transfuse these patients when appropriate.</p>	Screened Out	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><b>Bone Marrow Aspirate And Trepine Protocol Haematology Clinical Nurse Specialists - NHSCT/19/1299</b></p> <p>This policy provides a framework within which a Haematology Clinical Nurse Specialist may undertake bone marrow aspirate and trephine within the Northern Trust. This policy should be read in conjunction with the Royal Marsden Manual of Clinical Nursing Procedures, Chapter 12 Haematological Procedure: Procedure Guideline - Bone Marrow Aspirate and Trepine.</p>	Screened Out	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><b>Intravenous iron (III) isomaltoside 1000 (Monofer) Administration for patients with Chronic Kidney Disease (CKD) EXCLUDING hospital haemodialysis (HD) patients - NHSCT/19/1300</b></p> <p>This policy is for all nursing staff who work within the renal services – with regard to the predialysis, transplant, home haemodialysis and peritoneal dialysis population and who administer IV Monofer in a clinical environment with resuscitation equipment.</p>	Screened Out	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><b>Procedure for the Management of Requests from External Bodies for the Booking of Promotional Stands / Other Promotional Activity - NHSCT/19/1301</b></p> <p>This policy provides guidance for staff in relation to the process for the management of requests from external bodies for the booking of promotional stands and requests from outside agencies to sell various goods. This policy will also offer protection to the Trust in the cases of attempted fraud.</p>	Screened Out	The policy will be applied consistently to all relevant staff. There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.
<p><b>Professional Supervision Policy for Social Work Staff Employed In Adult Services - NHSCT/19/1302</b></p> <p>This supervision policy, agreed standards and criteria applies to social work staff in all Adult</p>	Screened Out	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



<p>Divisions in any post which requires a professional social work qualification and registration with The Northern Ireland Social Care Council (NISCC); to support a consistent approach to supervision.</p> <p>Qualified Social workers are accountable for the delegation of statutory functions and are required to receive professional supervision in relation to application of a range of legislation, including the Mental Health (NI) Order 1986, Children's Order, Health and Personal Social Service Order 1972. Professional supervision arrangements must be in place to ensure accountable practice and address professional issues in addition to providing support and guidance. Each social worker is required to have an identified professional supervisor and fully participate in professional supervision to remain registered with The Northern Ireland Social Care Council (NISCC).</p>		<p>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><b>ICDS - Management Of Implantable Cardiac Devices (ICDs) For Planned And Emergency Surgery And Day Procedure Diagnostics NHST/19/1303</b></p> <p>This guideline applies to all NHSCT healthcare practitioners who are involved in the care of patients with an implantable cardiac device who present for surgery and aims to give guidance on their management both prior to and after surgery.</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><b>ICDs – Modification of Shock Therapies in Implantable Cardiac Defibrillators (ICD) in patients in whom an active ICD is no longer appropriate in support of patient's quality of life and comfort - NHST/19/1304</b></p> <p>This guideline applies to all NHSCT healthcare practitioners who are involved in the care of patients with an implantable cardiac device who are approaching the end of their life and aims to give guidance on their management prior to death.</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><b>Titration Of Insulin Doses By Adult Diabetes Specialist Nurses (Interim) - NHST/19/1305</b></p> <p>This policy is directed to medical and specialist diabetes nursing staff working with adult patients aged 16 years old and over with a diagnosis of diabetes in both the hospital and community 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><b>Massive Transfusion Policy - NHSCT/19/1306</b> This protocol contains the recommended actions when urgent provision of blood components is required following major blood loss in adult (16 years or older) in patients.</p>	Screened Out	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><b>Paediatric Medical Staff Protocol Following Receipt Of A Request For A Medical Report From A Solicitor - NHSCT/19/1307</b> This policy provides information to enable paediatric medical staff to respond to requests from solicitors to produce medical reports for a range of purposes.</p>	Screened Out	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><b>Medical Reports On Children And Young People Where There Are Safeguarding Concerns Guidance On Completion And Sharing - NHSCT/19/1308</b> Paediatric Medical Staff may be requested by Social Services, PSNI, or other medical colleagues or Court (via judicial request) to carry out medical assessment (either singly or jointly with Forensic Medical Officer (FMO) colleagues) on children and young people in whom there are Safeguarding concerns. Such assessments must result in a medical report being compiled and this will play an important part within the Safeguarding/Criminal Investigative process for the child including Family and Child Care (Civil) or Criminal Proceedings.</p>	Screened Out	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><b>Food Hygiene Incorporating Ward Kitchen Food Hygiene Policy - NHSCT/19/1309</b> This policy applies to all areas of the Trust, but specifically to those staff either directly involved with the handling and service of food, in the management of food handlers or whose work may affect food safety such as maintenance personnel or domestic staff.</p>	Screened Out	The policy will be applied consistently to all relevant staff. There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.
<p><b>Direct Payments Staff Guidance - NHSCT/19/1310</b> This policy is intended to assist Health and Social Care Staff within the above Directorates to implement the Direct Payments Scheme.</p>	Screened Out	The principles of underpinning Direct Payments are choice, independence and flexibility. They allow individuals to take more control of their own lives by empowering them to make decisions as to whom they wish to provide the services at times that are convenient to them. The policy will be applied consistently to all relevant staff. There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.

Screening Templates for any of the above are available from the Equality Unit as noted below.

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## Appendix 1

### Equality Screening – Initial Assessment

The four screening questions that have been applied to the proposals are:

- What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories? (minor/major/none)
- Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?
- To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group? (minor/major/none)
- Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

#### Outcome of screening

- **Major Impact - The policy has been ‘screened in’ for consideration of an EQIA (Equality Impact Assessment)**
- **Minor Impact - The policy has been ‘screened out’ with mitigation or an alternative policy proposed or adopted**
- **Little or no impact - The policy has been ‘screened out’ without mitigation or an alternative policy proposed to be adopted.**