



Northern Health  
and Social Care Trust

# Screening Outcome Report

September 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 July 2019 – 30 September 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>Corneal Donation Referral Protocol - NHSCT/19/1311</b>            These guidelines are to provide advice for all Directors, Assistant Directors, Heads of Service, Policy Makers, anaesthetic staff, critical care nursing within ICU and the Emergency Department, on the management of Tissue Donation throughout all areas in Antrim and Causeway Hospitals</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>Organ Donation After Circulatory Death Operational Guidelines - NHSCT/19/1312</b>            These guidelines are to provide advice for all Directors, Assistant Directors, Heads of Service, Policy Makers, medical and nursing within theatres, ICU and E/D, on the management of Donation after Circulatory Death (DCD). These guidelines are applicable throughout the Northern Trust particularly relevant to Antrim and Causeway Hospitals. They reflect current legislation, guidelines and evidence of best practice currently available.</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>Organ Donation After Brain Stem Death (DBD) Operational Guidelines - NHSCT/19/1313</b>            These guidelines are to provide advice for all Directors, Assistant Directors, Heads of Service, Policy Makers, medical and nursing staff nursing within ICU, E/D and theatres, on the management of Donation after Brain Stem Death (DBD) throughout critical care in Antrim and Causeway Hospital</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>RIVAROXABAN, APIXABAN and EDOXABAN: the acute management of haemorrhage, emergency surgery and overdose - NHSCT/19/1314</b>            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	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>Policy Development Process - NHSCT/19/1316</b>            This mandatory process has been designed to ensure that the Trust complies with corporate governance requirements. It will ensure that there is a robust process in place for the development, approval and implementation of Trust documents which guide a course of action.</p>	Screened Out	This process ensures that S75 is considered during policy development and review.

<p><b>Corporate Identity Policy - NHSCT/19/1317</b> This policy outlines what staff should do to make sure they are upholding the corporate identify in any written material they produce.</p>	Screened Out	The policy ensures consistency in the production of written material. There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.
<p><b>Dysphagia Management and Choking Risk Reduction Policy for Adult Patients/Service Users who have Dysphagia (Swallowing Difficulties) - NHSCT/19/1318</b> The purpose of this policy is to ensure safe and appropriate management of adult patients/service users who have dysphagia. This document provides information about signs of dysphagia and associated referral pathways. It also provides guidance to HSC staff involved in the provision of food and drinks to patients/service users who have dysphagia and are under NHSCT care. This policy aims to reduce the risk of choking, aspiration and malnutrition and dehydration in patients/service users with dysphagia.</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>General Capital Allocations - NHSCT/19/1319</b> This policy seeks to inform and assist staff who are involved in bidding for general capital funds from the Trust's annual general capital resource limit (CRL).</p>	Screened Out	The policy will ensure consistency in allocation of general capital funds. There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.
<p><b>Clinical Coding Manual - NHSCT/19/1320</b> This manual has been produced with the intention of promoting good practice and consistency of information produced during the clinical coding process in the NHSCT. It is based on guidance from NHS Digital and has been designed to incorporate the requirements of the data accreditation process to ensure information produced during the coding process is accurate and adheres to local and national policies.</p>	Screened Out	The policy has been developed to promote good practice in clinical coding. There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.
<p><b>Mentor Preparation Policy for NMC Approved Programmes - NHSCT/19/1322</b> This policy is directed to nursing staff working with students of nursing and midwifery in both acute and community settings.</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>Tracheostomy Care Following Discharge From Critical Care - NHSCT/19/1323</b> All staff who manage patients with tracheostomies outside critical care. The aim of this guidance is to promote patient safety and minimise potential risk in the context of tracheostomy care at the time of discharge from critical care units by setting consistent principles which reflect current concepts of best practice, particularly around detection and management of complications.</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>Handover Multidisciplinary Of Patients Discharged From Critical Care To Ward Settings - NHSCT/19/1324</b> The policy document defines handover and its key components and outlines the process of patient handover at discharge from critical care. It covers the pre-discharge phase and the patient handover phase.</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>Manual Hyperinflation(MHI) of Adult Patients in Critical Care – NHSCT/19/1325</b> The purpose of the guideline is to support safe, effective and appropriate use of manual hyperinflation in adult patients in critical care.</p>	Screened Out	This is a regionally produced guideline by Allied Health Professional Forum on behalf of the Critical Care Network Northern Ireland. 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>Discharge from Adult Critical Care Services Policy – NHSCT/19/1326</b> The purpose of the guideline is to support organized, safe and timely discharge of patients from adult critical care areas (level 3 and level 2 care) and the subsequent improvement in access to these services. The Trust has adopted the Critical Care Network Northern Ireland (CCaNNI) guideline for Discharge from Adult Critical Care Services.</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>Head Injury in Adult Patients Policy – Initial Assessment and Procedure – NHSCT/19/1327</b> The aim of this policy is to ensure that national and regional recommendations on the management of head injured patients are fully embedded in the clinical practice being carried out within the Northern Health and Social Care Trust.</p>	Screened Out	This is a clinical guideline arising from systematically developed recommendations at national and regional level 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>Managing Attendance Protocol and Procedure – NHSCT/19/1328</b>  This protocol has been developed in consultation with local Trade Unions and should be read in conjunction with the Regional Policy Framework of Best Practice for Managing Attendance, which sets out agreed core principles for the management of attendance in respect of the Northern Ireland Health and Social Care workforce.</p>	Screened Out	This protocol details a regionally agreed approach to the management of attendance accepting that the management of attendance is an important management issue which requires to be pursued in an open and transparent manner. It recognises the duty of the employer to support staff when they become ill, facilitating them, in so far as possible, to return to work safely as early as they can. The policy will be applied consistently to all relevant staff with some mitigation for people who have a disability. There is no evidence to suggest that the implementation of this policy will

		adversely impact on any group outlined in Section 75.
<p><b>Medication Policy for NHSCT Domiciliary care Staff – NHSCT/19/1329</b></p> <p>This document outlines the responsibilities and procedures for NHSCT staff involved in providing a service to people living in their own home, and who have an assessed need for support with prescribed medication.</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. The policy promotes and maintains service users' rights dignity, independence and health and well-being by indicating that medication will only be administered by caregivers where the service user requires this to be done for them. 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>Exchange of Information between the NHSCT and Independent Sector Domiciliary care Providers – NHSCT/19/1330</b></p> <p>In order to provide safe and effective care to Service Users in their own homes, and to comply with the DHSSPS Domiciliary Care Agencies Minimum Standards (Standard 5.5) the Trust is required to share relevant and care specific service user based information with Independent Sector Domiciliary Care Providers (ISP). This protocol sets out the contractual arrangements for the sharing of such information, maintaining appropriate controls to safeguard confidentiality.</p>	Screened Out	<p>This policy ensures that the level of information provided will be determined on an individual case basis and will reflect General Data Protection Regulations (GDPR) and Human Rights principles in so far as appropriate information is shared on a need to know basis.</p> <p>The informed consent of the service user or their carer / advocate as appropriate is secured as part of the process of assessment and requires advising the need to share information in order to enable a service to be put in place.</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><b>Asbestos Management Plan – NHSCT/19/1331</b></p> <p>The Asbestos Management Plan (AMP) has been written with the sole purpose to manage and reduce the risks to persons associated with the exposure to airborne asbestos fibres throughout all premises that are owned or occupied by the Northern Health and Social Care Trust (hereafter referred to as the Trust). The AMP is an integral part of the Trust's strategy for compliance with the Health, Safety &amp; Welfare Policy and relevant legislation regarding asbestos.</p>	Screened Out	This plan recognises the duties under the Health and Safety at Work (NI) Order 1978, the Control of Asbestos Regulations 2012 and all associated Approved Codes of Practices and is committed to the effective management of asbestos. 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>Asbestos Policy – NHSCT/19/1332</b></p> <p>The objective of this policy is to provide guidance to ensure that all appropriate steps are taken to comply with the duty to manage</p>	Screened Out	This policy ensured compliance with the duties under the Health and Safety at Work (NI) Order 1978, the Control of Asbestos Regulations 2012 and all associated

<p>asbestos and state the management arrangements that are in place to prevent the exposure of asbestos to persons in accordance with Regulation 4 (CAR 2012),</p>		<p>Approved Codes of Practices and is committed to the effective management of asbestos. 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>Information Governance Management Framework – NHSCT/19/1333</b>                  This framework covers all types of information that the Trust holds and outlines how the Trust ensures good information governance in terms of people, processes, performance.</p>	<p>Screened Out</p>	<p>This policy ensures the protection of all the personal information the Trust holds and, specifically, preserving the confidentiality and privacy of its service users. 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>Reform of Management and Administration Support of the Statutory Domiciliary Care Service</b></p>	<p>Screened Out</p>	<p>This is a management of change led restructuring project to amalgamate the former staff structures in place in the legacy Trusts of Homefirst and Causeway. The principles of the Trust’s HR Management of Change Framework were put in place in the management of change for people undergoing the process and systems put in place to support staff undergoing the process.</p>

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.**

