



Northern Health
and Social Care Trust

Screening Outcome Report

December 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 October 2019 – 31 December 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>Female Genital Mutilation Safeguarding Pathway and Assessment - NHSCT/19/1334 This regional guidance, produced by the Safeguarding Board for Northern Ireland and the Department of Health in October 2018, has been adopted by the Northern Health and Social Care Trust.</p>	Screened Out	This regional policy was screened by the Safeguarding Board for Northern Ireland.
<p>Rapid Tranquillisation Guidelines – NHSCT/19/1335 This Guideline document describes the recommended pharmacological management options that may be used to manage disturbed and violent behaviour in adult patients cared for in the Northern Health and Social Care Trust. The physical observations and monitoring required after the use of injectable medication are described.</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. Rapid Tranquillisation should be part of an overall management plan that includes appropriate nursing care and de-escalation techniques and should only be considered when de-escalation approaches have failed. Staff should be trained to understand and apply the Mental Health Order of Northern Ireland 1986 and have awareness of Human Rights Act 1998 and Common Law. Preferences expressed in Advance Directives by patients should be considered and prescribed if clinically appropriate. The policy clearly details appropriate medical intervention for specific client groups: adults over 18, adults over 65, people with dementia and children under 18. There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.
<p>Peri-operative management of adults(from their 18th birthday) with Diabetes undergoing surgical procedures – NHSCT/19/1336 This policy is to improve standards of care and safety for people with diabetes undergoing operative procedures requiring a period of starvation. It is applicable for use in all patients with diabetes mellitus from their 18th birthday. The advice is in keeping with the Joint British Diabetes Societies for Inpatient Care: Management of adults with diabetes undergoing surgery and elective procedures improving standards: February 2016.</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 the implementation of this policy will adversely impact on any group outlined in Section 75.
<p>Intrathecal Cytotoxic Chemotherapy Policy – Safe Administration – NHSCT/19/1337 This Policy relates to the safe administration of Intrathecal cytotoxic chemotherapy (ITC) to adult patients within the Haematology and Oncology Services of the Northern Health and Social Care Trust (NHSCT). It complies with the Department of Health, Health Service Circular (HSC)</p>	Screened Out	Full patient consent is required for a course of intrathecal chemotherapy and at administration point of each dose patients are told the nature of the procedure, the route of administration, and the drug to be administered. The Trust is committed to providing access to alternative formats of communication including interpreting

<p>2008/001 which contains national guidance specifying minimum standards that must be adhered to following safety issues in the administration of ITC. It covers the prescribing, dispensing, issue, storage, checking and administration of intrathecal chemotherapy</p>		<p>services for patients whose first language is not English to ensure that consent is informed. 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>Aseptic Non-Touch Technique (ANTT) Policy – NHSCT/19/1338 The aim of this policy is to ensure the principles of asepsis are implemented and that safe standards of care are maintained in relation to ANTT®. This policy ensures there are standardised processes in place to reduce the potential sources of infection and risks associated with any invasive procedure that bypass the body's natural defences, i.e. the skin or mucous membrane</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 the implementation of this policy will adversely impact on any group outlined in Section 75.</p>
<p>Booking of Non- Emergency Ambulance Transport – NHSCT/19/1339 This policy standardises the booking of non-emergency NIAS ambulances throughout the Trust, ensuring that ambulances are booked only on the basis of medical need and that all other options are explored prior to the requesting of an NIAS ambulance.</p>	<p>Screened Out</p>	<p>This policy was drawn up using the guidelines issued for the Patient Care Services Transport by the Northern Ireland Ambulance Service. The purpose of this policy is to update good practice guidelines and to set out the criteria for ordering non-emergency ambulance transport for all staff involved in the requesting and booking of ambulance. Staff involved include clinicians, nurses, medical secretaries, outpatient receptionists and ward clerks.</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>Anaphylactic Reaction in the Hospital and Community Setting (Emergency treatment) – NHSCT/19/1340 This policy outlines procedures and practices within the Northern Health & Social Care Trust who are expected to deal with anaphylactic reactions during their usual clinical role. It was developed in accordance with current national guidelines from the Resuscitation Council and NICE CG134 guidance (July 2012).</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 the implementation of this policy will adversely impact on any group outlined in Section 75.</p>
<p>Obesity in Pregnancy – NHSCT/19/1341 The aim of this document is to provide evidence-based guidance on the management of overweight and obese women during pregnancy & labour.</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 the implementation of this policy will adversely impact on any group outlined in Section 75.</p>

<p>Protocol for the Mantoux (Tuberculin PPD RT23) test – NHSCT/19/1342 This protocol identifies individuals who meet the selection criteria for the Mantoux test which is the administration of Tuberculin PPD RT23 as a screening test for tuberculosis (TB) infection or disease and as an aid to diagnosis.</p>	Screened Out	<p>Selection criteria include new entrants from high TB Incidence countries with an annual incidence of 40/100,000 or greater who meet the inclusion criteria for Mantoux testing as directed within current NICE Guidelines. Obtaining informed patient consent is an integral part of this policy. The Trust is committed to providing access to alternative formats of communication including interpreting services for patients whose first language is not English to ensure that consent is informed. 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>Vaginal Birth after Caesarean Section – Antenatal and Intrapartum Management – NHSCT/19/1343 This Clinical Guideline describes the management of patients previously delivered by caesarean section, as outlined in the flow chart contained within the policy.</p>	Screened Out	<p>Information is provided to patients in a clinic setting to enable patient choice to be made. The Trust is committed to providing access to alternative formats of communication including interpreting services for patients whose first language is not English to ensure that patient consent is informed. 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>Urinary tract Injuries (iatrogenic) in Post-Operative and postnatal patients, diagnosis and management of NHSCT/19/1344 The aim of this guideline is to provide evidence based information on the diagnosis and management of lower urinary tract injuries.</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>
<p>Nasojejunal tube insertion and management for inpatient neonates NHSCT/19/1345 This policy provides direction and guidance for nursing staff in the care and management of a nasojejunal tube (NJT) in neonates. The policy aims to ensure the safe delivery of care for neonates who require to be fed via a NJT.</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>

<p>Hospital Lockdown Plan – NHSCT/19/1346 This Hospital Lockdown Plan provides guidance on the implementation of a lockdown of a hospital site within the Northern Health & Social Care Trust (the Trust).</p> <p>Healthcare facilities can be vulnerable to a wide range of threats and hazards, which may include and are not limited to a terrorist incident, an altercation in an Emergency Department, and a suspected infant abduction. The response of the Trust will be of paramount importance in protecting its staff, patients and visitors, and its properties and assets. The ability to lockdown a site or building which restricts access or egress may be a proportionate response to ensure this occurs in an emergency situation.</p>	Screened Out	<p>The Trust is mindful that communities are made up of people whose first language is not English. Whilst health and safety is always of paramount importance for people affected by a hospital lockdown, it is important that Trust staff communicate with patients and their families appropriately. The Trust is committed to providing access to alternative formats of communication including interpreting services for patients whose first language is not English. There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75</p>
<p>Major Incident Plan incorporating Mass Casualty Response – NHSCT/19/1347 The aim of this plan is to provide a framework for ensuring a structured, robust co-ordinated Trust response to the management of any Major Incident or Mass Casualty Incident and support the operational response within both the Antrim Hospital and Causeway Hospital. It also links into the specific plans for Community Incidents, Chemical, Biological, Radiological and Nuclear (CBRN) incidents, and Mass Prophylaxis Centre activation.</p>	Screened Out	<p>The Trust is mindful that communities are made up of people from differing religious and cultural backgrounds. Whilst health and safety is always of paramount importance for people affected by a major incident, the plan is clear that it is important that Trust staff deal with casualties and their families appropriately and in the most sensitive and thoughtful way as possible, including cultural considerations in respect of medical treatments and sensitivity to different cultural attitudes and requirements when dealing with the deceased. Chaplaincy Service will continue to provide pastoral / spiritual care to patients, relatives and staff during a major incident. This Plan is derived from regionally led work in this area, DoH Health & Social Care Mass Casualties Incidents: A Framework for Planning (2018), there is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75</p>
<p>Domestic and Sexual Abuse Policy – NHSCT/19/1348 The purpose of this policy is to support members of our staff who experience domestic abuse. It is also to advise staff and managers how to respond to staff who are alleged or confirmed perpetrators of domestic abuse. This policy is based on the guidelines prepared by the Regional Steering Group on Domestic Violence, Developing a Workplace Policy on Domestic Violence and Abuse and has also drawn on policies developed by employers and trade unions.</p>	Screened Out	<p>Domestic violence and abuse is a pattern of behaviour that is characterised by the exercise of control and the misuse of power by one person over another within an intimate or family relationship. It is usually frequent and persistent. While domestic violence and abuse most commonly refers to that perpetrated against a partner, it also includes violence against ex-partners, and violence by any other person who has a close or family relationship with the victim.</p> <p>The policy applies to all employees of the Trust but is targeted particularly at women as evidence of domestic violence is higher for this group.</p>

		There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.
<p>Midlines in Adults – Insertion and care management of NHSCT/19/1349 This policy has been produced to support health care professionals in the insertion and management of midlines in adult patients across the Trust's hospitals and community settings.</p>	Screened Out	<p>Vascular access devices, midlines, peripherally inserted central catheters and central venous catheters (in addition to peripheral cannulae) are used more regularly across the Trust. These devices provide longer term access for patients requiring a wide range of therapies.</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.</p>
<p>Post operative Nausea and Vomiting (PONV): A Guideline for its Prevention and Management in adult Patients – NHSCT/19/1350 This guideline is aimed at reducing the incidence of postoperative nausea and vomiting (PONV) through identification of the high risk adult patient and recommendation an appropriate prescription for antiemetic drugs. The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician.</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 risk assessment indicates that females are more at risk of developing this condition. There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.
<p>Orthopaedic Assessment Service Clinical Triage Guideline – NHSCT/19/1351 This policy details the triage process for referrals received by the Orthopaedic Assessment Service. It aims to ensure a consistent approach to how all referrals are dealt with. To ensure referrals are triaged in a timely manner, and ensuring Department of Health (DOH) targets are met.</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 the implementation of this policy will adversely impact on any group outlined in Section 75.
<p>Managerial Support and Supervision Policy Guidelines for Managers/Supervisors of Social Care Staff (Adult and Children's Services) – NHSCT/19/1352 This document provides guidance on the operational supervision of Social Care staff in adult services.</p>	Screened Out	The Trust has a responsibility to provide quality services. An essential element of this is effective staff supervision. All grades of social care staff are required to meet with their operational manager/supervisor regularly to discuss their work. Effective supervision can take place not only formally as a one to one meeting but also informally e.g. "on the spot". It will promote effective practice, good conduct, and to identify learning needs to address any deficiencies

		in performance. There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.
<p>Newborn Early Warning Trigger and Track System (NEWTT) Guideline (Adopted regional Neonatal Network NI Guideline) – NHSCT/19/1353</p> <p>This guideline guides the identification of high risk babies and the use of a standardized observation chart (NEWTT) for their monitoring in delivery suites, post-natal and transitional care wards. It can also be used in Maternity Led Units as a tool for identification to aid clinical observation and transfer to an acute hospital.</p>	Screened Out	This policy is derived from the regional Neonatal Network NI (N>NNI) policy. 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>Oral Anticoagulation Management Monitoring – NHSCT/19/1354</p> <p>The aim of this policy is to provide guidance on the safe management of anticoagulation monitoring within the Northern Health and Social Care Trust (NHSCT) Adult Community Nursing Service (Community nursing encompasses district nursing teams, treatment room services and the hospital diversion nursing team).</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 the implementation of this policy will adversely impact on any group outlined in Section 75
<p>Bowel Dysfunction, Digital rectal Interventions including Digital Rectal Examination, Digital Rectal Stimulation and Digital Removal of Faeces in Adults – NHSCT/19/1355</p> <p>This policy will, supporting evidence based practice in relation to bowel care, assessment, care planning, treatment, and management including rectal interventions, offer a standardised approach to safe, competent practice by clinicians undertaking bowel care and reduce risk of complications associated with bowel management.</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 the implementation of this policy will adversely impact on any group outlined in Section 75.
<p>Mid Ulster Sanctuary Pilot</p> <p>Specialist community based day service in Magherafelt for adults with a learning disability across Antrim; Magherafelt and Cookstown localities in a therapeutic animal care/ parkland maintenance environment</p>	Screened Out	There is no evidence to suggest that the implementation of this pilot project will adversely impact on any group outlined in Section 75.
<p>Retendering of rapid response domiciliary care services</p>	Screened Out	There is no evidence to suggest that the implementation of this retendering process 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.**

