



Northern Health  
and Social Care Trust

# Screening Outcome Report

March 2018

## 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 January 2018 – 31 March 2018.

## 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>Diabetic Ketoacidosis (DKA) and Diabetic Hyperosmolar Hyperglycaemic State (HHS) Treatment Protocols in Adults (≥18 years) <u>i.e. after 18<sup>th</sup> birthday</u></b></p>	Screened Out	<p>This document contains the treatment protocols for managing Diabetic Ketoacidosis (DKA); and Diabetic Hyperosmolar Hyperglycaemic State (HHS) in Adults ≥18 years old <u>i.e. after 18<sup>th</sup> birthday</u>.</p> <p>It also contains diagnostic criteria and patient management guidance including an administration and monitoring record</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><b>Evacuation &amp; Sheltering of People from Healthcare Facilities Plan, NHSCT</b></p>	Screened Out	<p>The Northern Health &amp; Social Care Trust has a duty to provide health and social care services for their patients. This includes responsibility to ensure that its facilities and services have up to date evacuation and sheltering plans in place proportionate to the risks it faces; that staff are aware of their roles and responsibilities in these plans and the Trust has the capacity and capability to undertake evacuation and sheltering.</p> <p>The plan aims to achieve a timely and safe clearance of all necessary people from an area of risk to a place of lesser risk, without exposing either them or responders to unacceptable risk.</p> <p>The purpose of this plan is to outline the response to manage any incident requiring a planned or unplanned evacuation from the hospital sites within the Northern Health &amp; Social Care Trust (NHSCT), which would significantly affect the organisation's objectives, delivery of critical services, or which could impact on patient or staff safety and well-being.</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><b>Reward and Recognition Strategy - Creating a Great Place to Work</b></p>	Screened Out	<p>Reward and recognition together represent an important component of the Trust's overall 'Creating a Great Place to Work' engagement programme. 'Caring' and 'Esteem' needs can be addressed through an effective reward and recognition programme which will help to ensure that all staff feel valued for exceptional contribution made to the organisation in pursuit of its objectives.</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>

<b>Intellectual Property (IP) - Guidance</b>	Screened Out	<p>Based upon the advice of the UK Government Agency (the IPO Information Centre) - where work meets the criteria of IP Trust staff leading on that work should copyright it. Copyright prevents people from copying the work, distributing copies of it, (whether free of charge or for sale), showing the work in public, making an adaptation of the work or putting it on the internet.</p> <p>It's important to copyright the work so that it is documented and there is absolute clarity as to what the work entails so that it can be repeated in its integrity, both inside the Trust by people who may not have been directly involved in its creation, and outside the Trust should there be a desire or opportunity to share the work with others.</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>
<b>Appraisal Policy (Agenda for Change Staff)</b>	Screened Out	<p>The purpose of the Appraisal Policy (for Agenda for Change staff) is to ensure that the Trust has a clear, consistent and fair approach to the appraisal process.</p> <p>The overall aim of the appraisal process is to maximise the effectiveness and potential of each member of staff. 'Research indicates that effective appraisal and staff development contributes directly to improved patient outcomes' (West and Borrill, 2003).</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>
<b>Induction Policy and Guidelines</b>	Screened Out	<p>It is mandatory for all staff employed by the Northern Trust (NHSCT) to attend corporate induction (within 6 months of commencement of employment) and to participate in Departmental Induction (from day one). This two-pronged approach introduces staff to the organisation and their department, unit or team.</p> <p>Corporate Induction takes place on a monthly basis and continues the employment relationship between the Trust and its staff. It is fundamental in setting standards and influencing patterns of behaviour for the future. It is recognised as an invaluable way of ensuring that new staff know and understand the values of the organisation and the part they play in upholding these in the work they do. It is also an important way of helping new staff understand the services provided throughout the Trust and the relationships</p>

		<p>between different parts of the organisation in delivering these.</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>
<b>Risk Register Production and Management Guidance</b>	Screened Out	<p>The Trust will maintain a database of Principal Risks and Corporate High / Extreme Risks populated from Divisional and Service Risk Registers.</p> <p>It is vital that staff with management / leadership responsibilities at all levels in the organisation have clear guidance on how to produce and maintain a risk register ensuring that identified risks are effectively monitored to provide assurance regarding their management, thus supporting the Trust to do its reasonable best to protect service users, staff, the public, other stakeholders and the organisation's assets and reputation, from the risks arising through its undertakings.</p> <p>This guidance document supports the Risk Management Strategy</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>
<b>Corporate Identity Policy</b>	Screened Out	<p>Corporate identity refers to the visual appearance of Trust information. All Trusts and agencies that make up health and social care in Northern Ireland share a common corporate identity. Each organisation has a variation to distinguish that member organisation.</p> <p>This policy outlines what staff should do to make sure they are upholding the corporate identity in any written material they produce. It also gives information on the Trust's branding and what printed material produced should look like.</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>
<b>General Capital Allocations</b>	Screened Out	<p>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> <p>This policy reflects the Trust's position that the accountability for all general capital business cases lies within the Directorate structure of the organisation and is based on the premise that all proposals will have been subject to scrutiny by the Capital Development Management Group and are included in the Trust's Annual General</p>

		<p>Capital Plan.</p> <p>The spend is monitored and reported on a monthly basis to the Trust Board, Executive Team and the DoH by the Capital Development and Financial Accounts and Governance Departments.</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><b>Portable Appliance Testing of Electrical Equipment Policy</b></p>	<p>Screened Out</p>	<p>It is the policy of the Northern Health and Social Care Trust (NHSCT) to, insofar as reasonably practical, to minimise the risks arising from portable electrical equipment in its estate as specified in the Electricity at Work Regulations (Northern Ireland) 1991</p> <p>The definition of Portable Appliances includes all electrical or electronic items that are connected to a single phase 240 volt mains supply via a user removable plug, typically a 13 amp square pin.</p> <p>A variety of portable electrical equipment is used for numerous applications throughout the Trust to provide necessary services. E.g. vacuum cleaners, kettles, fridges etc. These items should be maintained in a safe and serviceable condition.</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><b>Northern Ireland Single Assessment Tool (NISAT) – including eNISAT</b></p>	<p>Screened Out</p>	<p>The Northern Ireland Single Assessment Tool (NISAT) was developed as an assessment, which would provide a cornerstone for high quality care within the Health and Social Care service in Northern Ireland. NISAT aims to offer better opportunities for integrated working for professionals and more support for older people to live as independently as possible and make informed decisions about their own care.</p> <p>The use of NISAT helps to ensure consistency of assessment. It is an inclusive assessment process, which allows all professionals involved in the assessment of an older person to be able to undertake a complete assessment thus reducing the need for duplication of various assessments with the older person.</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>

<b>Infant Mental Health Strategy</b>	Screened Out	<p>The NHSCT Infant Mental Health Strategy provides a framework to guide, inform and review activity across a range of health and social care services working to improve the social and emotional development of young children and families. It aims to ensure a comprehensive approach to embed the principles of infant mental health across services and will promote a shared understanding across disciplines.</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>
<b>Stroke - Acute Management Protocol</b>	Screened Out	<p>The Northern Trust is enrolled in the Stroke Sentinel National Audit Programme (SSNAP data) and there are specific time frames and processes to be followed as part of guidelines and best practice.</p> <p>This protocol aims to ensure that patients with stroke are referred to stroke specialist consultants, stroke nurse specialists and members of the stroke multidisciplinary team as soon as possible and transferred to the stroke ward and to ensure patients who present with an acute stroke are commenced on a Stroke Assessment Pathway so that no omissions occur in any aspect of their assessment or management.</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>
<b>Mortality and Morbidity (M&amp;M) Regional Process:</b> recording, reviewing, monitoring and analysing hospital deaths at Governance and Patient Safety meetings (G&PSm). <b>Adopted regional guidance (DoH)</b>	Screened Out	<p>There are many different methods available for studying adverse events and hazards that arise within a healthcare system and each has its strengths and limitations. Their primary aim is to reduce the frequency of these incidents through learning from past experience and changing practice.</p> <p>A study of mortality and morbidity (M&amp;M) is one of the oldest quality assurance approaches in health care. It has become increasingly important for Trusts to demonstrate that they are systematically and continuously reviewing patient outcomes and especially mortality and morbidity.</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>
<b>Skin-tunnelled Indwelling (PleurX®) Catheters for chest drainage in Hospital and Community</b>	Screened Out	<p>This policy will ensure that staff is aware of their role to provide information and support for patients who require a Skin-tunnelled Indwelling (PleurX®) Catheter for chest drainage. This policy will inform staff of the rationale for use of this system, the process of ordering equipment and the safe</p>



		<p>management of the patient both in hospital and at home.</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>
<b>Ear Irrigation - Guidelines for Community Nursing</b>	Screened Out	<p>The aim of this guideline is to support community nursing staff to provide safe, effective ear irrigation for persons over 16 years, either in a clinic or domiciliary setting, in line with current best evidence. It provides the appropriately trained nurse with guidance in pre and post ear irrigation assessment, ear irrigation procedural guidance and supporting documentation.</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>
<b>Breech Presentation (Guidelines for Antenatal and Intrapartum Management)</b>	Screened Out	<p>It is the responsibility of the NHSCT to provide optimum care to all women who have booked for confinement in the Trust or present as an emergency.</p> <p>This guideline applies to all NHSCT healthcare practitioners who are involved in the care of women with a breech presentation and aims to give guidance on their management both antenatally and intrapartum.</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>
<b>Post-Registration Education Commissioning for Nursing, Midwifery and SCPHNs</b>	Screened Out	<p>Trusts are required by the Department of Health (DOH) to demonstrate robust mechanisms to manage the Education Commissioning Group (ECG) budget allocation appropriately and effectively and to demonstrate accountability at all levels. Commensurate with this is the Trusts commitment to supporting staff development, ensuring value for money and supporting the provision of a safe and effective service to the patients, clients and families.</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>
<b>Electroconvulsive Therapy (ECT) Policy</b>	Screened Out	<p>ECT is the process of administering an electrical stimulus which induces a seizure. NICE guidance recommends ECT to be considered for the acute treatment of severe depression that is life threatening and when rapid response is required or other treatments have failed. ECT is not routinely recommended for people with moderate depression but can be</p>

		<p>considered if their depression fails to respond to multiple drugs and psychological treatments. NICE recommends ECT to be considered for the treatment of acute mania that has not responded to other interventions.</p> <p>This policy and accompanying procedures, guidelines and protocols aim to clearly identify the action to be taken in all instances of a patient requiring ECT.</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>
<b>Mixed Gender Accommodation In Inpatient Areas</b>	Screened Out	<p>This policy provides guidance for staff working in adult inpatient areas within the Northern Health and Social Care Trust (NHSCT) and sets out clear criteria for single gender accommodation, a risk assessment process and breach reporting.</p> <p>The overriding principle of the policy is to ensure that all patients in adult inpatient areas are cared for in same gender accommodation except where it is in the best interests of the patient or reflects their personal choice.</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>
<b>Nicotine Replacement Therapy (NRT) and Varenicline – NHSCT Clinical Guidance</b>	Screened Out	<p>Nicotine Replacement Therapy (NRT) can be used in place of cigarettes after abrupt cessation of smoking, or alternatively to reduce the amount of cigarettes used in advance of making a quit attempt. NRT can also be used to minimise passive smoking, and to treat cravings and reduce compensatory smoking after enforced abstinence in smoke-free environments.</p> <p>This guidance has been produced to support the supply and administration of NRT to patients who smoke, on admission to a NHSCT Inpatient Ward or facility.</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>
<b>Domestic and Sexual Abuse Workplace Policy</b>	Screened Out	<p>The purpose of this policy is to support employees who experience domestic and sexual abuse. It is also to advise employees and managers how to respond to staff who are alleged or confirmed perpetrators of domestic or sexual abuse. This policy is based on the guidelines prepared by the Regional Steering Group on Domestic Violence.</p> <p>There is no evidence to suggest that the</p>

		implementation of this policy will adversely impact on any group outlined in Section 75.
<b>Environmental Policy</b>	Screened out	<p>The Northern Health and Social Care Trust (the Trust) recognises the importance of environmental protection and that in carrying out its business activities, it has a significant impact on the environment. The Trust is committed to the provision of high quality health and social care in a responsible and legally compliant manner whilst minimising the impact its activities have on the environment. The Trust therefore will at all times ensure there is a proper balance between the provision of continually improving high quality health and social care and a responsible approach to the environment.</p> <p>The Trust shall source energy from renewable sources where economically viable, undertake investment in low carbon fuel sources and work to reduce its energy requirements, costs and overall carbon footprint.</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>
<b>Flexi Time Scheme</b>	Screened out	<p>The Trust recognises the importance of attracting and retaining highly skilled and experienced employees. To assist in achieving this aim, the Trust has developed a Flexi Time Scheme to further enhance the provisions currently available in terms of work life balance.</p> <p>This policy is designed to allow employees, subject to eligibility and the needs of the service, greater freedom to organise their working hours. It is expected that flexi time will have no adverse effect on working arrangements.</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>
<b>Revenue Business Cases</b>	Screened Out	<p>This policy sets out arrangements for the production of Revenue Business Cases within the NHSCT and takes account of The DoH Circular HSC(F) 34/2013 – ‘Guidance on the Completion of Revised Revenue Business Cases Templates and Post Project Evaluation’.</p> <p>This document aims to provide a summary of the processes and procedures regarding the application for, assessment, approval and monitoring of Revenue Business Cases within the Trust.</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><b>Breast Care Early supported discharge pathway</b></p>	<p>Screened Out</p>	<p>Breast Surgeons usually use a drain apparatus to drain fluid during the surgery and often this drain remains insitu for a time post-surgery. Patients with drains insitu post-surgery were previously managed on the ward until the drain was removed and the patient subsequently discharged. Patient length of stay varied from 2 days upwards. Research identified that discharge with the drain insitu and aftercare provided at home by community nursing teams, was safe and could enhance patient experience and as a by-product, would reduce the pressure on beds in hospital.</p> <p>Patients recover post-surgery on the ward and, when fit (usually Day 1 post-op), are discharged home with their drain insitu, to be managed by the community district nursing team in their local area, who remove the drain when appropriate to do so.</p> <p>Patients are managed on an individual basis and those who are not suitable or not comfortable to go home with the drain insitu remain on the ward.</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><b>Purchase of domiciliary care provided by non-statutory providers</b></p>	<p>Ongoing Screening</p>	<p>Domiciliary care is the provision of personal care and practical support to an individual in their own home , that is necessary to maintain that individual with a measure of health, well-being, hygiene and safety (as assessed by professional staff working in the Trust). We are committed to providing high quality domiciliary care services to our population. It is important that more people are offered the choice to be cared for at home, with the right support and with increased emphasis on promoting independence.</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><b>Future model for Acute Paediatric Services in NHSCT Acute Hospitals</b></p>	<p>Ongoing Screening</p>	<p>The nature of children’s services has changed in recent years with a sharp decline in the number of children treated as hospital in-patients. More care is now provided in the community, outpatient departments and within rapid access or ambulatory care settings. We are also faced with a number of challenges within our acute paediatric services and the focus on rapid access, short stay care within paediatric services (which we will collectively term “ambulatory care”), has provided an opportunity to review how we deliver our acute paediatric services. Whilst maintaining our focus on providing high quality care for our young patients, we have considered the future sustainability of the service to find the most cost-effective way of ensuring that we can offer local people excellent health care that can be sustained over time.</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><b>Proposal to reduce the service provided by Holywell Sewing Room</b></p>	<p>Screened Out</p>	<p>In the past Sewing rooms across the NHSCT provided a range of services. A number of trends within the NHS nationally and strategic decisions regionally have had and continue to have a major effect on the workloads in sewing rooms.</p> <p>In order to meet the needs of the service, based on figures that had been collated, and changes to the regional uniform contracts and as there will no longer be alterations and minor tailoring undertaken, there is a need to change how the current service is provided.</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>

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

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