



Screening Outcome Report

December 2021

Introduction

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

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

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

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

Screening Methodology

When screening policies/proposals the Trust will consider,

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

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

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

This screening report outlines the screening outcomes from 1st October 2021 to 31st December 2021.

Communication and Engagement

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

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

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

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Outcome of Screening

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

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

Description of Policy or Proposal	Screening Outcome	Reason for reaching Screening Outcome
<p>NHSCT/21/1576 Intravenous Fluid Prescription in Hospitalised Adults Guidelines (i.e. from their 16th birthday)</p> <p>This document is intended to guide junior medical staff in the prescription of intravenous fluid therapy, in conjunction with their clinical assessment of fluid status, rather than a prescriptive protocol.</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>NHSCT/21/1577 Media Communications Policy</p> <p>The Media Communications Policy provides guidance and outlines the roles and responsibilities of the Corporate Communications Team, staff and volunteers in dealing with the media</p>	Screened out	There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.
<p>NHSCT/21/1578 Social Media Policy</p> <p>The policy's purpose is to protect the Trust, its staff and service users by minimising the associated business,</p>	Screened out	There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.

<p>legal and personal risks.</p> <p>It describes how the Trust uses social media as a communication tool and it will clarify the Trust's position on staff use of social media.</p>		
<p>NHSCT/21/1579 Safety Representatives Inspections/Investigations Policy</p> <p>This policy creates a joint approach between management and TU Side towards inspections of Trust facilities and enables Trade Union Safety Representatives (TUSRs) to fulfil their functions by detailing their rights to obtain documents relating to health and safety detailing the process by which the investigations will be undertaken and how the findings from investigations will be communicated and responded to.</p>	<p>Screened out</p>	<p>There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>
<p>NHSCT/21/1580 Display Screen Equipment (DSE) Eye Care Voucher Scheme</p> <p>This procedure describes the arrangements by which the Trust will make available eye sight tests for members of its staff identified as being Display Screen Equipment (DSE) users in line with responsibilities as determined by the Health and Safety (Display Screen Equipment) Regulations (NI) 1992.</p>	<p>Screened out</p>	<p>There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>

<p>NHSCT/21/1581 Regional Guidance and Procedures for the Reimbursement of Expenses for Service Users and Carers in the Department of Health and Health and Social Care Organisations</p> <p>This is regionally agreed guidance that provides guidance on the reimbursement of out of pocket expenses for service users and carers involved and consulted on the planning, delivery and evaluation of services. Primarily these are costs associated with travel, caring responsibilities and subsistence.</p>	<p>Screened out</p>	<p>There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>
<p>NHSCT/21/1582 Release of a Baby or Child from Hospital After Death</p> <p>This guidance is intended to provide staff with clear directions on:</p> <ul style="list-style-type: none"> • Release options • Circumstances which limit the options available including: <ul style="list-style-type: none"> ○ Referrals to the coroner ○ Location ○ Hospital post-mortem examination ○ Infection Control • Local practices and procedures for release of a child's body • Required documentation 	<p>Screened out</p>	<p>A direct release from the ward/unit to either the funeral director or the parents needs to be arranged with sensitivity whilst maintaining the dignity of the child, the privacy of the family and the feelings of other patients and their families, e.g. curtains pulled around beds/cots, doors closed, main corridors shut until child transported and accompanying by nurse or midwife.</p> <p>Staff should be familiar and cognisant of the different religious and cultural beliefs of ethnic minorities before, during and following the death of a child and are referred to the "HSC Multicultural and Beliefs Handbooks" for further guidance.</p> <p>There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>

<p>NHSCT/21/1583 Guidelines for Nurse Led Assessment and Aftercare of Patients with Skin Cancer</p> <p>The aim of this guideline is to set a minimum standard for nurse led assessment and follow up of patients with skin cancer which will:</p> <ul style="list-style-type: none"> • Enable the follow up of patients treated with curative intent and risk stratified into 2 pathways of care which will include a self-directed aftercare (SDA) and shared care pathway • Promote the education of patients about their disease management and potential for self-management • Monitor patient progress and enable detection of cancer recurrence • Enable Holistic Needs Assessment (HNA) and promotion of health and well-being • Inform patients about and refer them to specialist services that can help with their medical, practical, emotional and rehabilitation needs • Support patients living with and beyond cancer 	<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>NHSCT/21/1584 Aspergillus: Policy for prevention during construction, renovation and maintenance works</p> <p>The aim of this policy is to provide consistent trust wide guidance on the necessary infection prevention and control (IPC) procedures that should be adhered to when construction, maintenance or renovation works are carried out in order to minimise/reduce</p>	<p>Screened out</p>	<p>There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>

<p>the risk of acquisition of a nosocomial infection and ensure that all the staff and personnel, including private contractors involved have a clear understanding of their roles in reducing contamination of the environment as a result of construction, renovation or maintenance works.</p>		
<p>NHSCT/21/1585 Continence Guidelines for Assessment and Provision of Containment Products in Adults for Community Nursing</p> <p>The aim of these guidelines is to clarify the quantity and type of products that can be supplied either to support toileting programmes or to assist in the ongoing management of incontinence.</p>	Screened out	<p>This is a clinical guideline with systematically developed recommendations which assist health care professionals in making decisions about good clinical practice. It is based on the best available evidence. There is no evidence to suggest that that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>
<p>NHSCT/21/1586 Nicotine Replacement Therapy (NRT) and Varenicline – /NHSCT Clinical Guidance</p> <p>This clinical guidance has been prepared to complement NHSCT Smoke Free Policy, in providing Prescribers with information about NRT products available for patients on admission to a NHSCT ward/facility.</p>	Screened out	<p>This is a clinical guideline with systematically developed recommendations which assist health care professionals in making decisions about good clinical practice. It is based on the best available evidence. There is no evidence to suggest that that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>
<p>NHSCT/21/1587 Water Safety Plan for the Control of Waterborne Pathogens in Domestic Water Systems</p> <p>The Water Safety Plan (WSP) is a risk based strategy for water quality management, which considers both the susceptibility of patients/clients to water borne microbiological hazards and the capacity of a system to promote the</p>	Screened out	<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>proliferation of pathogens. It outlines the systems and control strategy required to provide Water Safety assurance in the Trust.</p>		
<p>NHSCT/21/1588 Family Centered Developmental Care Guideline</p> <p>This guideline outlines the rationale for carrying out family centered developmental care in the Neonatal Unit in Antrim Area Hospital.</p>	<p>Screened out</p>	<p>This is a social care guideline with systematically developed recommendations which assist social care professionals in making decisions about good practice. It is based on the best available evidence. There is no evidence to suggest that that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>
<p>NHSCT/21/1589 Staff Health, Wellbeing and Inclusion Strategy</p> <p>The aim of this strategy is to support the Trust to embrace a culture where staff health, wellbeing and inclusion is promoted, supported, and responds to the changing needs of staff.</p>	<p>Screened out</p>	<p>There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>
<p>NHSCT/21/1590 Asplenia or dysfunctional spleen (hyposplenism) vaccinations and antibiotic prophylaxis guideline for adult patients (from day of 16th birthday)</p> <p>This is a clinical guideline which has recommendations to assist health care professionals and patients in making decisions about the appropriate treatment and care of people with asplenia or dysfunctional spleen.</p>	<p>Screened out</p>	<p>This is a clinical guideline with systematically developed recommendations which assist health care professionals in making decisions about good clinical practice. It is based on the best available evidence. There is no evidence to suggest that that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>
<p>NHSCT/21/1591 Use of Observation and Therapeutic Engagement of Mental Health Inpatients in Holywell Hospital and Ross Thomson Unit</p> <p>This policy provides guidelines to all</p>	<p>Screened Out</p>	<p>This policy has been developed from the Regional Guidelines on the Use of Observation and Therapeutic Engagement in Adult Psychiatric Inpatient Facilities in Northern Ireland (2011). The appropriate level of observation</p>

<p>mental health staff in the Mental Health Directorate Inpatient Units. It defines roles and responsibilities with accompanying procedures for the implementation and review of therapeutic observation levels. It aims to minimise individual patient risk to themselves and/or others whilst promoting recovery in the least restrictive environment proportionate to the level of risk posed by the patient.</p>		<p>for any patient should be based on the clinical risk assessment for that patient (Risk Screening Tool or Comprehensive Risk Assessment). These decisions should be carried out in collaboration with the patient. The patient should be kept informed and enabled to contribute fully to the process.</p> <p>Continuous observations may represent a more restrictive environment and if a patient who has capacity at any stage refuses to consent to engage, detention under the Mental Health Order should be considered</p> <p>This is a clinical guideline with systematically developed recommendations which assist health care professionals in making decisions about good clinical practice. It is based on the best available evidence. There is no evidence to suggest that that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>
<p>NHSCT/21/1592 Hysteroscopy Clinic, Outpatient</p> <p>This guideline aims to provide staff with information on the NHSCT Hysteroscopy Service based on the recommendations from the Royal College of Obstetricians and Gynaecologists (RCOG) Green Top Guideline No 59 Best Practice in Outpatient Hysteroscopy, 2011.</p>	<p>Screened out</p>	<p>This is a clinical guideline with systematically developed recommendations which assist health care professionals in making decisions about good clinical practice. It is based on the best available evidence. There is no evidence to suggest that that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>

<p>NHSCT/21/1593 Waste Policy and Guidance</p> <p>The policy and guidance provides a summary on the safe management and disposal of all types of waste generated, excluding redundant furniture and equipment and non-clinical hazardous waste, implants or medical devices. It specifies how waste should be classified, segregated, stored, handled, transported and disposed of safely and efficiently.</p>	<p>Screened out</p>	<p>There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>
<p>NHSCT/21/1594 Independent Sector Domiciliary Care Providers - Domiciliary Care Critical Cases</p> <p>This policy outlines how continued provision will be made of domiciliary care to critical service users during emergency situations.</p>	<p>Screened out</p>	<p>During emergency situations e.g. severe weather conditions or civil unrest, it is acknowledged that Independent Sector Providers of domiciliary care services may have difficulty reaching all service users for whom they provide care.</p> <p>It is important to identify those services users who may be at particular risk in such circumstances. These are service users in critical need of their commissioned care due to one or more of the following facts: that they may have no family / informal carers available, may be medication dependent, live in a remote or difficult to access location, have no immediate neighbours and have no alternative way of meeting their assessed need. These service users are identified as 'Critical Service Users' and this process has been developed to ensure arrangements are in place to address their particular needs in the event of an emergency situation</p> <p>There is no evidence to suggest that</p>

		the implementation of this policy will adversely impact on any group outlined in Section 75.
<p>NHSCT/21/1595 Water Safety Policy</p> <p>This Policy sets out the management approach to be adopted by Trust for providing, maintaining safe water systems and preventing infection from Trust water systems.</p>	Screened out	There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.
<p>NHSCT/21/1596 Intravenous iron (III) isomaltoside 1000 (Monofer) Administration for patients with Chronic Kidney Disease (CKD) EXCLUDING hospital haemodialysis (HD) patients</p> <p>The purpose of the policy is to monitor, correct and maintain adequate ferritin stores in the general nephrology, low clearance, home haemodialysis, peritoneal dialysis and transplant 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>NHSCT/21/1597 Voluntary Transfer Policy and Procedure for Nursing and Midwifery Staff</p> <p>This policy has been devised to provide a procedure that will ensure requests from Nursing & Midwifery staff for a voluntary transfer within the Trust are treated in a fair and equitable manner causing no adverse impact on service provision.</p>	Screened out	There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.

<p>NHSCT/21/1598 Nutrition & Dietetic service model & process for practice, including good record keeping guidance</p> <p>This policy aims to provide guidance for all dietetic professionals, dietetic support worker (DSW), dietetic assistant practitioner (DAP) staff, prescribing support assistants (PSA) and professional students to ensure there is:</p> <ul style="list-style-type: none"> • a consistent approach to nutrition & dietetic intervention • a consistently high quality record of all dietetic interventions. • guidance for documentation audit and review • professional information governance assurance 	Screened out	There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.
<p>NHSCT/21/1599 Nausea and Vomiting of Pregnancy and Hyperemesis Gravidarum</p> <p>This policy provides guidance for nursing, medical and midwifery staff to effectively diagnose, treat and provide safe care for women presenting with nausea and vomiting of pregnancy and Hyperemesis Gravidarum</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>NHSCT/21/1600 Midwifery Led Care (MLC) Guideline</p> <p>The MLC model of care is defined as the provision of midwifery only care throughout the antenatal period, during childbirth and the postnatal period for women who are assessed to be at low risk of medical and/or obstetric complications.</p>	Screened out	This guideline will complement 'The Maternity Strategy for Northern Ireland' which states that 'normalisation' of pregnancy and birth will improve outcomes for the mother and baby, and will enhance the personal experience for all involved (DHSSPS, 2012). The 'Changing childbirth' report (Department of Health, 1993) and 'Maternity matters' (Department of

		<p>Health, 2007) explicitly confirmed that women should be the focus of maternity care, with an emphasis on providing choice, easy access and continuity of care. Care during pregnancy should enable a woman to make informed decisions, based on her needs, having discussed matters fully with the healthcare professionals involved.</p> <p>This is a clinical guideline with systematically developed recommendations which assist health care professionals in making decisions about good clinical practice. It is based on the best available evidence. There is no evidence to suggest that that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>
<p>NHSCT/21/1601 Obesity in Pregnancy</p> <p>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 that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>
<p>NHSCT/21/1602 Perineal Repair Following Delivery</p> <p>The assessment and management of perineal trauma is a routine part of maternity care.</p> <p>This guideline is specific for repair of 1st and 2nd degree tears as well as episiotomy – repair of 3rd degree tears</p>	<p>Screened out</p>	<p>Midwives performing perineal repair should have completed approved training on anatomy and physiology of the perineum along with supervised practise to confirm competence so that a high standard of care is ensured.</p> <p>This is a clinical guideline with systematically developed</p>

		<p>recommendations which assist health care professionals in making decisions about good clinical practice. It is based on the best available evidence. There is no evidence to suggest that that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>
<p>NHSCT/21/1603 Parenteral Opioids – Management of Adult Patients following administration (excluding palliative care and maternity)</p> <p>This policy has been drafted following dissemination of Circular HSS (MD) 44/2008 (Safer Administration of Parenteral Opioids).</p>	<p>Screened out</p>	<p>The risk of respiratory depression with parenteral opioids is well known, and the need for monitoring of patients on such treatments is well-established. There has been some recent concern that best practice in this area is not always followed, with potential for harm to patients.</p> <p>All hospitals should have in place guidelines and protocols for monitoring patients on parenteral opioids, and systems for confirming that high levels of compliance with guidance are being consistently achieved.</p> <p>Assessing patient’s pain is critical to delivering appropriate and safe treatment, and it must become routine practice to ask patients about their pain and document a pain score in the clinical record.</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</p>

		outlined in Section 75.
<p>NHSCT/21/1604 Rubella screening in pregnancy and postnatal vaccination guidance</p> <p>These guidelines have been developed to provide best practice guidance on screening for rubella susceptibility in pregnancy and the subsequent vaccination of postnatal women.</p>	Screened out	<p>Rubella infection especially in early pregnancy can have serious consequences resulting in fetal loss or Congenital Rubella Syndrome (CRS). All pregnant women should be offered rubella susceptibility screening on first contact with maternity services ideally between 10 -14 weeks gestation. This identifies women who are susceptible to rubella infection and highlights the need to offer postnatal Measles, Mumps and Rubella (MMR) vaccination in order to protect future pregnancies.</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>NHSCT/21/1605 Preterm Labour (management of), to include: Tocolytics, Magnesium sulphate, Corticosteroids, Partosure® & Actim® PROM and Preterm Labour prophylaxis & Rescue Cerclage</p> <p>This Guideline on the management of preterm labour has been revised since the introduction of NICE Guideline NG25 “Preterm Labour and Birth”.</p>	Screened out	<p>Preterm birth, defined as birth at less than 37 weeks of gestation, is the most important single determinant of adverse infant outcome in terms of both survival and quality of life. Risk of death or neuro-sensory disability increases with decreasing gestational age.</p> <p>Preterm birth may have huge psychosocial and emotional effects on the family, as well as being costly for health services.</p> <p>This is a clinical guideline with</p>

		<p>systematically developed recommendations which assist health care professionals in making decisions about good clinical practice. It is based on the best available evidence. There is no evidence to suggest that that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>
<p>NHSCT/21/1606 Prescribing and Administration of Emergency Oxygen in Adults</p> <p>The aim of this policy is to ensure that:</p> <ul style="list-style-type: none"> • All patients who require supplementary oxygen therapy receive therapy that is appropriate to their clinical condition and in line with national guidance (BTS Guideline; Thorax, 2008). • Oxygen will be prescribed according to a target saturation range. The system of prescribing target saturation aims to achieve a specified outcome, rather than specifying the oxygen delivery method alone. • Those who administer oxygen therapy will monitor the patient and keep within the target saturation range. 	<p>Screened out</p>	<p>This is a clinical guideline with systematically developed recommendations which assist health care professionals in making decisions about good clinical practice. It is based on the best available evidence. There is no evidence to suggest that that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>
<p>NHSCT/21/1607 Nutrition and Dietetic Service Access Criteria and associated Referral Guidelines</p> <p>These Guidelines provide clear instruction on how to access the NHSCT Nutrition and Dietetic core services. The guidance is divided into two</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</p>

<p>sections (unscheduled and scheduled).</p>		<p>implementation of this policy will adversely impact on any group outlined in Section 75.</p>
<p>NHSCT/21/1608 Treatment of Paracetamol overdose using SNAP protocol</p> <p>This outlines the step by step management of patients presenting with paracetamol overdose in order to prevent serious hepatotoxicity, need for transplant and death associated with paracetamol overdose.</p>	<p>Screened out</p>	<p>This is a clinical guideline with systematically developed recommendations which assist health care professionals in making decisions about good clinical practice. It is based on the best available evidence. There is no evidence to suggest that that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>
<p>NHSCT/21/1609 Management of Environmental Ligature Risks and the Management of a Self-Strangulation Incident in NHSCT</p> <p>This policy describes the Trust’s arrangements for discharge of its responsibilities, particularly in relation to the management of environmental ligature risks and the management of a self-strangulation incidents</p>	<p>Screened Out</p>	<p>The Trust recognises its duties and accepts its responsibilities for the health, safety and welfare of its employees and of other people who may be effected by Trust activities so far as reasonably practicable.</p> <p>This policy supports managers and staff to identify ligature risks within the environment and to put mitigation in place by:</p> <ul style="list-style-type: none"> • assessing the potential for the use of ligatures within the ward, department or facility; • undertaking ligature risk assessment where necessary • Developing an appropriate response to the risk identified
<p>NHSCT/21/1610 Personal Attack Alarms – Information for staff</p> <p>This document provides guidance to staff on the use of personal alarms in the event of a personal attack. It lists a</p>	<p>Screened out</p>	<p>There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>

<p>range of measures which should be followed should they feel an attack is imminent.</p>		
<p>NHSCT/21/1611 Lone Worker Systems/Devices – Information for Managers</p> <p>Lone worker risk assessments should be completed to identify the level of risk which exists and the control measures required to mitigate against that risk.</p>	<p>Screened out</p>	<p>The Trust has a legal duty to ensure, so far as reasonably practicable, the health safety and welfare of its employees at work. This legal obligation equally applies to lone, peripatetic workers as it would to a member of staff working at a fixed location.</p> <p>The greatest risk to the majority of the Trust’s lone workers is from violence (whether it be from verbal abuse, physical violence or a combination of the two) or aggression involving a service user, a person known to the service user or a member of the public.</p> <p>There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>
<p>NHSCT/21/1612 Mobile Phones and Driving – Information for Managers and staff</p> <p>This document provides Managers and staff with information and guidance in relation to the use of mobile phones while driving. It highlights the risk of injury or death posed by the use of handheld mobile devices while driving. It also lists the criminal penalties for non-compliance of legislation under the Road Traffic (Northern Ireland) Order 2007.</p>	<p>Screened out</p>	<p>There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>

<p>NHSCT/21/1613 Health, Safety and Welfare Policy</p> <p>This policy describes the Trust's arrangements for discharge of its responsibilities, under the Health and Safety at Work 1978 (NI) Order and the Management of Health and Safety at Work (NI) Regulations 2000 and associated legislation, to employees and others who might be affected by its actions. It is the policy of the Trust that its operations will be conducted at all times in an appropriate and reasonable manner to ensure, so far as is reasonably practicable, the health, safety and welfare of its employees and of others who may be affected by its operations.</p>	Screened out	<p>The Trust is committed to improving the health and wellbeing of its staff, including the promotion of working environments within which the risks of developing a work related medical condition or suffering an injury is minimised in so far as is reasonably practicable.</p> <p>There is no evidence to suggest that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>
<p>NHSCT/21/1614 Caesarean section - a classification of urgency of caesarean section</p> <p>The aim of this clinical policy is;</p> <ul style="list-style-type: none"> - To encourage universal use of a nationally accepted classification of urgency of caesarean section - To formalise the concept that urgency of caesarean section represents a continuum of risk 	Screened Out	<p>This is a clinical guideline with systematically developed recommendations which assist health care professionals in making decisions about good clinical practice. It is based on the best available evidence. There is no evidence to suggest that that the implementation of this policy will adversely impact on any group outlined in Section 75.</p>
<p>NHSCT/21/1615 Emergency Department (and elsewhere in the hospital) – presentation of pregnant/postnatal women</p> <p>Women may present to the Emergency Department (ED), GP Out of Hours service and hospital wards and the appropriate pathway and consultation process is supported by the pathways for each hospital site. Staff in these areas will need the support of the Maternity Services and this guideline</p>	Screened Out	<p>The Confidential Enquiry into Maternal and Child Health (2004) (2007), Confidential Enquiry into Maternal Deaths (2011) and the MMBRACE-UK report Saving Lives, Improving Mothers' Care (2019) make recommendations regarding the management of pregnant and postnatal women in Emergency Departments; this guideline is based on those recommendations and encompasses the recommendations</p>

<p>raises awareness of the Maternity Services and the support they provide.</p>		<p>within the policy.</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>Assistive technology (AT) strategy</p> <p>This strategy recommends the relocation of the Trust Community Equipment Service and integration with the various assistive technology services currently provided by the Northern Trust into one Trust-wide service and management structure based in Galgorm Industrial Estate.</p>	<p>Screened Out</p>	<p>This strategy should have a positive impact on the following Section 75 categories:</p> <p>Age - people aged over 65/children) People with a disability/long term condition, (adults and children)</p> <p>The provision of AT services for older and disabled people is vital in promoting their independence, safety, social inclusion and quality of life. AT supports health, social care, educational and wellbeing needs, and helps disabled people of all ages to overcome barriers in their daily life and get on with everyday tasks.</p> <p>As evidenced in research, women still have the main caring responsibility for children, young people and dependant adults. The Trust recognises that any change in place of employment can have an impact on women. The Trust has in place a range of flexible working arrangements in recognition of the number of female employees who may have caring responsibilities. The Trust will consider mitigating</p>

		<p>measures for staff directly affected in line with the Trust’s Human Resource Management of Change Framework. Steps will be taken to ensure that the implementation process in no way conflicts with the requirements of existing equality and anti-discrimination legislation.</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>Management of Change Intensive Support Service (ISS) Learning disability</p> <p>The aim of this management of change process is to redevelop the ISS to allow crisis intervention to be provided to people with a learning disability across a wider timescale (8.30am – 12pm, 7 days per week).</p>	<p>Screened Out</p>	<p>The main benefit of this change is that crisis-based support can be offered to people with a learning disability outside of traditional working hours. It is anticipated that links can be developed with MHLS to allow immediate follow up support as required. The extension of this service is likely to benefit the Section 75 categories of people with a disability (the service users) and people with dependents (their family/carers). There is no evidence to suggest that that the implementation of this policy will adversely impact on any group outlined in Section 75.</p> <p>The principles of the Trust’s Human Resource Management of Change Framework will be applied in the management of people undergoing the change process. Steps will be taken to ensure that the implementation process in no way conflicts with the requirements of existing equality and anti-discrimination legislation.</p>
<p>Domiciliary Care provided by non-</p>	<p>Screened in - EQIA and full</p>	<p>Domiciliary care services are provided to members of the</p>

<p>statutory providers</p> <p>The proposal outlines how Northern Trust (NHSCT) propose to procure and deliver domiciliary care provided by non-statutory providers. The way NHSCT purchase domiciliary care needs to change due to legislative requirements and also to ensure services provided meet the current and future needs of the NHSCT population. Approximately 25% of the population of NI live within the NHSCT, increasing to 27% when only looking at age 75+. Over the next 10 years the population of NHSCT age 85+ is expected to increase by 49%, nearly half of the population.</p>	<p>12 week consultation</p>	<p>population who have been care assessed as requiring assistance with personal care and practical support to maintain them in a measure of health, well-being hygiene and safety as directed by the NHSCT. The majority of service users are older people over 65, people who have a physical, sensory or learning disability or people who have a mental health condition. Domiciliary care is also delivered to children and young people with a disability.</p> <p>It is anticipated Section 75 categories aligned to this service user profile will benefit: the categories of age, people with disability and people with dependents (this last category benefitting as a result of the service being provided to their family member).</p> <p>The proposal is likely to result in TUPE arrangements being put in place for some non-statutory service provider staff, which may have the potential to have an adverse effect on service users</p>
<p>Robinson Hospital redevelopment business case</p> <p>Decant to allow major refurbishment of the existing hospital to maximise the number of en-suite facilities and to improve the patient, family and staff experience.</p>	<p>On-going screening and 8 week consultation</p>	<p>This is a project that is anticipated to have a positive outcome in respect of provision of a quality, standards compliant service and care for NHSCT residents who require inpatient rehabilitation, a period of care and rehabilitation following fracture surgery, for further assessment following an acute hospital admission or for people with palliative care needs. All Section 75</p>

		<p>categories are expected to benefit from this project but especially older people and people with a disability who, based on past trends of usage, are anticipated to comprise the majority of service users of this facility along with benefits accruing to their family and carers (people with dependants).</p> <p>The proposed changes to the building structure to provide bedrooms with en-suite facilities and defined gender wards will contribute positively to the requirement to ensure patient dignity and privacy regardless of gender profile of the patient cohort.</p> <p>An estimated 98,000 people in Northern Ireland have become unpaid carers as a result of the COVID-19 Pandemic. This is on top of the 212,000 unpaid carers in Northern Ireland who were already caring before the outbreak, bringing the total to 310,000. Approximately 57,000 women (58%) and 41,000 men (42%) have started caring for relatives who are older, disabled or living with a physical or mental illness.</p> <p>There may be an impact upon families and carers in respect of the 6 month decant period to allow refurbishment and redevelopment works to take place with community hospital alternative beds being located in Ballycastle, Larne and Magherafelt. Families and carers may have to travel further to visit relatives and incur additional costs</p>
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		<p>related to this travel. It is also recognised that the patient cohort and conditions accommodated may mean that families and carers are under stress and anxious about their family member.</p> <p>Mitigations include the provision of alternative beds in nursing home facilities in or close to the Ballymoney area and a commitment to engage with families and carers to gauge concerns and preferences and to accommodate these where it is possible to do so.</p> <p>Staff may have a temporary change of work location from Ballymoney to other community hospitals during 6 month decant period. Any such changes will be managed in line with the NHSCT HR Management of Change framework taking into account and responding to the personal situations of staff. When organisational / policy change is necessary, regardless of whether it is a permanent or temporary change, the Trust is committed to treating staff fairly and equitably. Staff can be assured that the change process will be managed. This includes consultation with staff and the opportunity for staff to discuss in one to one meetings, any adverse equality impacts resulting in changes to their employment. This framework also works alongside other Human Resources policies including for example, the flexible working policy, the Recruitment and Selection Policy and Agenda for Change Terms and Conditions Handbook.</p>
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		All staff will continue to have employment at Robinson Hospital in Ballymoney after the works are completed.
<p>Interim theatre at Antrim Area Hospital (AAH)</p> <p>This business case is to secure funding to create 1 additional inpatient theatre which will be located on level C adjacent to the general theatres at AAH and will provide 5 additional inpatient sessions.</p>	Screened Out	The aim of this proposal is to deliver safe, sustained services with efficient and effective care and provide treatment that is both accessible and responsive to the needs of patients, clients and carers, whilst achieving targets and standards outlined in the Commissioning Plan Direction 2020/21. There is no evidence to suggest that that the implementation of this policy will adversely impact on any group outlined in Section 75.
<p>NHSCT Environmental Cleanliness Strategy</p> <p>This policy is designed to demonstrate the Trust's commitment to ensuring that the highest standards of Cleanliness are maintained and that it will continue to fully comply with the Policy for the Provision and Management of Cleaning Services. All reasonable precautions will be taken and due diligence exercised regarding delivering a high standard of Environmental Cleanliness in all Trust Facilities in accordance with the Environmental Cleanliness Strategy and Action Plan. It also highlights the importance of training and continued auditing procedures.</p>	Screened Out	Policy applicable to all staff, contracted workers service users and visitors irrespective of Section 75 category. There is no evidence to suggest that that the implementation of this policy will adversely impact on any group outlined in Section 75.
<p>Complex Needs tender, Carrickfergus</p> <p>Procurement of an independent sector provider to provide nursing care package in the family home of a service user in the Trust Locality of</p>	Screened Out	The nature of this being a retendering process to allow the service user to continue to live in the family home renders this to be screened out without mitigation.

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

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Our Vision

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

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any of our services please contact:

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