

Screening Outcome Report 1st January 2025 to 31st March 2025

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 if necessary to subject policies to equality impact assessment. (EQIA)

Screening Methodology

For new or revised policies/proposals the Trust will consider the following four screening questions as per ECNI guidance:-

- 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 are likely to have an impact on equality of opportunity and/or good relations. Screening assesses the likely impact of the policy as major, minor or none.

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

This screening report outlines the screening outcomes from the date of formal approval of the Trust's revised Equality Scheme i.e. 14th September 2011 and will be produced each quarter thereafter.

Communication & 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, voluntary/community sector, 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
Arson Policy To ensure that the Trust has adequate governance in place in order to minimise the risk to staff and public of an incident of fire from the act of arson with potentially fatal consequences. This shall be achieved by putting in place suitable measures and practices to increase arson awareness. Drivers for this are current fire related legislation and	Out	The Trust will continue to monitor this policy by; <ul style="list-style-type: none">• Trust Fire Safety sub-committee• Complaints

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the adoption of best practice guidance documents.		
<p>Clostridioides difficile Management Policy</p> <p>Clarify for staff the best practice management of patient with Clostridium difficile infection of carriage.</p>	Out	IPC will monitor impact for each case of CDI and Carriage
<p>Gritting & Snow Clearing Policy</p> <p>The Estate Services Departments gritting and snow clearing policy provides for an efficient winter maintenance service. The operation of this policy ensures users of external areas are provided with safe and adequate access to hospitals, car parks, health centres, offices and all associated Trust buildings. The Trust has a legal obligation to ensure the safety off all members of staff and members of the public when using the buildings, footpaths and car parks on their property. Snow and ice may present risks to the continuation of the provision of services which are provided by the Trust. The Trust is required to demonstrate that it is acting reasonably in the event of snow and ice conditions and that it has plans to reduce the risks. Members of the public and staff accessing Trust facilities have a responsibility to take care of their own safety and only use areas that have been suitably gritted/salted providing a safe route to their destination. The purpose of the policy is to ensure that the Trust has considered the risks from snow and ice and has plans in place to reduce the risks.</p>	Out	<p>The Trust will continue to monitor this policy by;</p> <ul style="list-style-type: none"> • Estates meetings held regularly between Estates personnel and contractors and meetings with service users • Various safety related Trust committees • Feedback from Trust consultation • Feedback from DATIX incident reports and investigations
Risk Assessment	Out	This will be included in the departmental / internal / external audit arrangements for this policy.

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<p>This policy aims to give guidance on the completion of risk assessments to ensure that Trust activities are controlled in such a way as to reduce risks to staff and others to an acceptable level. This policy is based on health & safety statutory laws and Regulations; primarily the Health & Safety at Work (Northern Ireland) Order 1978 and the Management of Health & Safety at Work Regulations (Northern Ireland) 2000.</p>		
<p>Capturing images on encompass</p> <p>Inform staff how to appropriately capture images on encompass</p>	Out	<p>The Trust will continue to monitor this policy by;</p> <ul style="list-style-type: none"> • Complaints • Datix
<p>Discharge of Admitted Patients from 16th Birthday from the South Eastern Trust Hospitals</p> <p>This policy aims to ensure that patients receive a safe, effective and timely discharge from hospital through a multi professional team approach to assessment and care planning (fully involving the patient and main carers) which commences immediately following admission and extends through to discharge. In some circumstances, this may take place prior to admission i.e. if attending a pre-operative assessment. This policy is for those patients aged 16 or over</p>	Out	<p>It is important to know whether or not individual departments, or the hospital as a whole, are meeting agreed standards for discharge planning, to recognise reasons why these standards may not be met and to take appropriate action where improvement is required.</p> <p>Monitoring the discharge process needs to be both qualitative and quantitative and needs to cover the whole spectrum of the discharge planning process.</p> <p>Monitoring systems should be carried out in conjunction with the relevant healthcare providers and healthcare commissioners.</p> <p>Monitoring process/system must meet the following requirements:</p> <ul style="list-style-type: none"> • Review of uniprofessional and multiprofessional standards in relation to discharge of patients from hospital. • Monitor the number of patients who exceed their expected

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		<p>length of stay (where this is predictable) and examine the reason why.</p> <ul style="list-style-type: none"> • Review the number of patients clinically fit for discharge but whose discharge is delayed for non-clinical reasons (e.g. social problems, lack of aids/appliances, lack of funding for complex care, problems with transport arrangements); • Standards must be audited where there is an indication that they are not being met. • Undertake and respond to feedback from patient satisfaction surveys regarding their experience of the quality of their discharge. • To regularly review all complaints relating to discharge of patients and ensure that appropriate corrective action has been taken, and documented; • To ensure that examples of good practice relating to the discharge process are widely disseminated to relevant departments within the Trust and to encourage collaborative audit where relevant and practical.
<p>Guidelines to Manage or Eliminate Infection Control Risks during Planning, Construction, Renovation and Demolition Projects in Trust Facilities</p> <p>Provides advice to Health Care Workers on the Management of patients, staff and visitors when</p>	<p>Out</p>	<p>Ongoing monitoring of the implementation of the guideline and response/ action to concerns raised.</p>

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<p>building renovation work is being undertaken. Provides direction on the control measures that contractors and healthcare staff should have in place to reduce risk of aspergillus infections in patients, staff, visitors and contractors.</p>		
<p>SET Deceased Organ and Tissue Donation Policy</p> <p>Facilitate staff in helping to ensure patients can donate organs after death if right and proper for them to do so.</p> <p>Highlights processes in place and sources of further information</p> <p>Aligns Trust Policy with current national best practice recommendations.</p>	Out	Trust donation activity is continuously monitored by the Potential Donor Audit which feeds into regional and national statistics. We would respond to any concern raised to ourselves.