Screening Outcome Report 1st October 2025 – 31st December 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
Policy Statement Legal Proceedings: Regional Guidance for Nurses, Midwives and Allied Health Professionals (AHPs) This guidance, produced by the Public Health Agency has been adopted by the South Eastern Health and Social Care Trust. This is generic guidance regarding legal proceedings. For specific circumstances, staff should refer to existing and complementary Trust	Out	The Trust will continue to monitor this policy via: • Monitor Datix forms.

Description of Policy or Proposal	Screening Outcome	Reason for Reaching Screening Outcome
guidance such as Safeguarding Children Operational Guidance for Nurses and Midwives.		
Disruption of Water Supplies Affecting Departments in Trust Facilities Protocol for Trust staff to implement during periods when there is disruption of water supplies in Trust facilities	Out	The Trust will continue to monitor this policy via: Monitor closely incidents and details from any complaints, review and act accordingly
Policy on the Access to Data for Organisations External to the Trust To promote awareness and to inform staff of their responsibilities in respect of arrangements in place for sharing data with external organisations	Out	The Trust will continue to monitor this policy via: • Monitor levels and severity of complaints received with regard to the management of records. • Review of Datix incidents involving data sharing • Reporting incidents to DHIG
Records Management Policy To promote awareness and to inform staff of their responsibilities in respect of records management	Out	The Trust will continue to monitor this policy via: • Monitor levels and severity of complaints received with regard to the management of records. • Quarterly monitoring to Directors in respect of IR1 Incidents • Quarterly reporting via IGSC
Guidelines for the assessment, diagnosis and treatment of teenagers and young adults (TYA) with cancer. This guideline will provide a framework for the delivery of services for teenagers and young adults diagnosed with cancer in the Trust.	Out	The Trust will continue to monitor this policy via: • Monitoring patient complaints/compliments/ IR1 forms • Feedback from staff • Feedback from patient satisfaction surveys
Procedure for the management of Salto locks Salto Systems enable medicine cupboard keys to be securely stored in the clinical area's medicines management room	Out	The Trust will continue to monitor this policy via: • Monitor Datix forms.

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through a range of wireless and battery-operated electronic locks for key boxes. This procedure is to ensure all staff are provided with clear direction on the management of Salto lock dots used to access key management boxes and bedside lockers and the key management box lock system.		
Sepsis: Recognition, diagnosis and early management in adults (age 16 years and over) within the acute hospital setting To provide guidance regarding the patient with or with potential sepsis	Out	The Trust will continue to monitor this policy via: • Monitor Datix forms.
Health & Safety Policy (Statement of Intent and Organisational Responsibilities) v4.0. Legal compliance with a specific statute, namely The Health and Safety at Work Order (Northern Ireland) 1978 which requires a written Health and Policy, reviewed regularly.	Out	The Trust will continue to monitor this policy via: Use of survey and audit tools plus review of incident case data to ensure that health and safety legislation is being fully implemented.
Verification of Life Extinct Policy This policy is to provide medical and appropriately trained nursing staff guidance on a consistent and standardised approach to the verification of life extinct.	Out	The Trust will continue to monitor this policy.

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Estates Control of Contractors Policy To ensure that the Trust has adequate governance in place in order to minimise the risk to staff and public (as far as reasonably practicable) of an incident from work carried out by contractors. This shall be achieved through the policy which will provide the Estate Services Department staff, contractors, statutory authorities and other stakeholders, relevant information on the management roles and responsibilities, management structure and management and contractor precautions in place for demonstrating compliance with statutory obligations and industry best practice. Drivers for this are legislation and the adoption of best practice guidance documents.	Out	The Trust will continue to monitor this policy via: • Estates meetings held regularly between Estates personnel and contractors and meetings with service users • Various safety related Trust committees • Feedback from Trust consultation • Estates Service Department Senior Management Team
Guideline on contacting the "on-call" anaesthetist for the Emergency Department, Theatres or Day Procedure Unit in the Ulster Hospital and the Urgent Care Centres in Lagan Valley and Downe Hospitals in a clinical emergency. This guideline is to provide direction for staff in the Emergency Department, Theatres or Day Procedure Unit in the Ulster Hospital and the Urgent Care Centres in Lagan Valley and Downe Hospitals if an on-call anaesthetist is required in a clinical emergency.	Out	The Trust will continue to monitor this policy via: • Observations of Datix forms documenting SAI's/near misses. • Monitoring non-conformance • Documenting Care delivered • Formal and informal 1-1 Supervision processes • Appraisal conversations • Complaints and compliments

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Guideline for the Prevention and Management of Pseudomonas aeruginosa in the South Eastern Trust's Augmented Care areas To minimise the spread of pseudomonas aeruginosa in vulnerable patient groups from water sources in Trust augmented care areas. This will be achieved by appropriate patient management and treatment and adherence to IPC measures	Out	The Trust will continue to monitor this policy via: Ongoing monitoring of the implementation of the guideline and response/ action to concerns raised.
Supporting Staff Involved in Incidents The objective of this policy is to ensure all staff are aware of the arrangements for seeking support when involved in incidents, complaints, claims or investigations.	Out	The Trust will continue to monitor this policy via: This will be included in the departmental/internal/external audit arrangements for this policy.
Hospitals Admissions Policy This policy provides direction on the admission process to ensure safe and timely access to hospitals within the South Eastern Health and Social Care Trust (the Trust).	Out	The Trust will continue to monitor this policy via: Compliance with this policy will be monitored by the department managers, patient flow team and control room function and any non-compliance, near miss and incidents reported to relevant Enablers/managers for action and learning
Management of a Patient being Absent without Leave Absconding) from General Hospital Environment The South Eastern Health and Social Care Trust (the Trust), has a duty to ensure the safety and welfare of service users under their care. Appropriate assessment, therapeutic interventions, observation and supervision is paramount to this care. Despite these interventions, service users	Out	The Trust will continue to monitor this policy via: • Monitor Datix forms.

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do sometimes go absent from inpatient settings without the agreement or knowledge of staff.		
Policy for the Safe and Effective Use of Ligature Cutters including Guidance for Assessing and Managing Ligature Points. The purpose of this policy is to provide direction for staff in the event of a Ligature incident, including the guidance on the safe use of ligature cutters/rescue equipment. The Trust recognises the multiple factors involved regarding the risks of ligatures and strangulation, this policy is intended to provide a level of guidance and direction in identifying, assessing and managing the potential risks of ligatures.	Out	The Trust will continue to monitor this policy via: • Compliance and incidents (Datix), including training and audit.
HIV and Post Exposure Prophylaxis Following Sexual Exposure (PEPSE) Update local guidelines inline with updates to national guidance.	Out	The policy will be reviewed at intervals as per Trust Policy. Staff feedback, datix submissions and relevant SAI are all mechanism by which early amendments to the policy may be considered. Staff will also be consulted again at the time of the next policy review.
Guidelines for Management of Patients with Flu/Flu-like & Respiratory Infections during the 2025 - 2026 Flu Season This guidance outlines the Trust's implementation of the Department of Health (DOH), Northern Ireland (NI), seasonal Influenza vaccination programme 2025-2026, and other best practice publications; relating to the management of patients with influenza/respiratory infections during Flu Season.	Out	The Trust will continue to monitor this policy by: • Ongoing surveillance of infection • DATIX reporting • Investigation • Complaints • Audit.

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Northern Ireland Regional Clozapine Clinical Guideline To set out the requirements for safe use of clozapine and maximise patient safety within the in-patient and outpatient setting To ensure that all members of the patients' healthcare team understand how to prescribe, administer, monitor and supply clozapine	Out	The impact of the regional clozapine policy on equality or opportunity, good relations, disability duties and human rights will be monitored through existing clinical governance and quality assurance arrangements. This will include review of access to clozapine services, adherence to the policy across SETRUST, and identification of any unintended differential impacts on Section 75 groups. Monitoring mechanisms will include service user feedback, incident reporting, complaints and complements, audit of clinical outcomes and compliance with monitoring requirements, and review of reasonable adjustments made to support individual's needs. Equality, disability and human rights considerations will be addressed through ongoing staff training, supervision and policy review. Any issues identified will be escalated through appropriate governance structures and the policy will be reviewed and amended where necessary to ensure continued compliance with equality, disability and human rights duties.