

Equality, Good Relations and Human Rights Screening Template

*****Completed Screening Templates are public documents and will be posted on the Trust's website*****

See [Guidance Notes](#) for further background information on the relevant legislation and for help in answering the questions on this template (follow the links).

(1) Information about the Policy/Proposal

(1.1) Name of the policy/proposal

Protocol for the Supply of Over-labelled Discharge Medication Directly from Wards

(1.2) Is this a new, existing or revised policy/proposal?

Revised from local protocols that have been in use in various wards for some time. One Trustwide protocol is now required

(1.3) What is it trying to achieve (intended aims/outcomes)?

To allow over-labelled medication to be supplied to patients on discharge against a discharge prescription at ward level. This avoids the delay in waiting for the discharge prescription to be supplied by pharmacy
This will help expedite discharges at ward level.

(1.4) Are there any Section 75 categories (see list in 3.1) which might be expected to benefit from the intended policy/proposal?

No

(1.5) Who owns and who implements the policy/proposal - where does it originate, for example DHSSPS, HSCB?

Pharmacy Dept. SETrust



(1.6) Are there any factors that could contribute to/detract from the intended aim/outcome of the policy/proposal/decision? (Financial, legislative or other constraints?)

No

(1.7) Who are the internal and external stakeholders (actual or potential) that the policy/proposal/decision could impact upon? (staff, service users, other public sector organisations, , trade unions, professional bodies, independent sector, voluntary and community groups etc)

Nursing staff can supply discharge medication from the ward working under a local protocol for the supply of over-labelled discharge medication if the directions meet the requirements of the discharge prescription.

The patient may be discharged quicker from the ward if they do not need to wait on a prescription being dispensed from the Pharmacy Dept.

During busy periods this may be a considerable wait

(1.7) Other policies with a bearing on this policy/proposal (for example regional policies) - what are they and who owns them?

Trust Medicines Policy

Protocol for the use of Tracer Labels to Supply Pharmacy Only/General Sales List Medication at Ward Level

Protocol for the Use of Patients' Own Drugs and One Stop Dispensing

Pharmacy owned

(2) Available evidence

Evidence to help inform the screening process may take many forms. What evidence/information (both qualitative and quantitative) have you gathered to inform this policy? Specify details for relevant Section 75 categories.

<i>Details of evidence/information</i>
<p>Feedbacks from POD & OSD pilots in ward 16 Ulster, CCU Downe and CCU LVH and wards operating under local protocols for the use of over-labelled medication</p> <p>Feedback from Pharmacy POD/OSD working group for this update</p>

(3) Needs, experiences and priorities

(3.1) Taking into account the information above what are the different needs, experiences and priorities of each of the Section 75 categories and for both service users and staff.

Category	Needs, experiences and priorities	
	<i>Service users</i>	<i>Staff</i>
Gender	No difference	No difference
Age	No difference	No difference
Religion	No difference	No difference
Political Opinion	No difference	No difference

Marital Status	No difference	No difference
Dependent Status	No difference	No difference
Disability	No difference	No difference
Ethnicity	No difference	No difference
Sexual Orientation	No difference	No difference

(3.2) Provide details of how you have involved stakeholders, views of colleagues, service users and staff etc when screening this policy/proposal.

Protocol consultation process through Safe and Effective Care

(4) Screening Questions

You now have to assess whether the impact of the policy/proposal is major, minor or none. You will need to make an informed judgement based on the information you have gathered.

(4.1) What is the likely impact of equality of opportunity for those affected by this policy/proposal, for each of the Section 75 equality categories?

Section 75 category	Details of policy/proposal impact		Level of impact? Minor/major/none
	Services Users	Staff	
Gender			none
Age			none
Religion			none

Political Opinion			none
Marital Status			none
Dependent Status			none
Disability			none
Ethnicity			none
Sexual Orientation			none

<i>(4.2) Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories?</i>	
<i>Section 75 category</i>	<i>Please provide details</i>
Gender	no
Age	no
Religion	no
Political Opinion	no
Marital Status	no
Dependent Status	no
Disability	no
Ethnicity	no
Sexual Orientation	no

(4.3) To what extent is the policy/proposal likely to impact on good relations between people of different religious belief, political opinion or racial group? minor/major/none

Good relations category	Details of policy/proposal impact	Level of impact Minor/major/none
Religious belief		none
Political opinion		none
Racial group		none

(4.4) Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?

Good relations category	Please provide details
Religious belief	no
Political opinion	no
Racial group	no

(5) Consideration of Disability Duties

(5.1) How does the policy/proposal encourage disabled people to participate in public life and promote positive attitudes towards disabled people?

N/A

(6) Consideration of Human Rights

(6.1) Does the policy/proposal affect anyone's Human Rights?
Complete for each of the articles

Article	Positive impact	Negative impact = human right interfered with or restricted	Neutral impact
Article 2 – Right to life			√
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			√
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			√
Article 5 – Right to liberty & security of person			√
Article 6 – Right to a fair & public trial within a reasonable time			√
Article 7 – Right to freedom from retrospective criminal law & no punishment without law			√
Article 8 – Right to respect for private & family life, home and correspondence.			√
Article 9 – Right to freedom of thought, conscience & religion			√
Article 10 – Right to freedom of expression			√
Article 11 – Right to freedom of assembly & association			√
Article 12 – Right to marry & found a family			√
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			√
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			√
1 st protocol Article 2 – Right of access to education			√

Please note: If you have identified potential negative impact in relation to any of the Articles in the table above, speak to your line manager and/or Equality Unit. It may also be necessary to seek legal advice.

(6.2) Please outline any actions you will take to promote awareness of human rights and evidence that human rights have been taken into consideration in decision making processes.

N/A

(7) Screening Decision

(7.1) Given the answers in Section 4, how would you categorise the impacts of this policy/proposal?

Major impact	
Minor impact	
No impact	√

(7.2) Do you consider the policy/proposal needs to be subjected to ongoing screening

Yes	
No	√

(7.3) Do you think the policy/proposal should be subject to and Equality Impact Assessment (EQIA)?

Yes	
No	√



(7.4) Please give reasons for your decision and detail any mitigation considered.

N/A

(8) Monitoring

Please detail how you will monitor the effect of the policy/proposal for equality of opportunity and good relations, disability duties and human rights?

N/A

Approved Lead Officer: Alison Campbell
Position: Clinical Pharmacy Development Lead
Date: 15/2/16
Policy/proposal screened by: Alison Campbell for Safe and Effective Care

Please forward completed schedule to:

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