

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

Continuous Glucose Monitoring in Interstitial fluid using a continuous glucose recorder.

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

Existing policy which has been updated

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

Continuous Glucose Monitoring in interstitial fluid measures glucose values throughout the day for a period of up to six days. This will demonstrate trends in glucose levels.

Continuous Glucose recording can help people with Diabetes to identify:
recurrent unexplained symptomatic hypoglycaemia; hypoglycaemia unawareness; hypoglycaemic seizures or nocturnal hypoglycaemia. These may otherwise go unnoticed with standard HbA1c tests and intermittent home blood glucose monitoring.



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

Main clinic group for this policy is 14 years and older, however the policy has been written so it may be considered for use in paediatrics.

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

SETRUST policy written by two DSNs who are trained and using the device. We sought feedback from colleagues who had previous experience in using the equipment with patients.

This policy provides direction for all Diabetes Specialist Nurses (DSN) and Diabetes Nurses (DN) who have been appropriately trained in inserting, removing and interpreting results of Continuous Glucose Monitoring in Interstitial fluid using a continuous glucose recorder

It is the responsibility of managers and supervisors to ensure that this policy has been brought to the attention of all relevant staff and the responsibility of those staff to read and adhere to the contents of it.

(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?)

There is the cost of the device which needs replaced after it has been used 60 times and also the cost of each sensor as these are single use only – approximately £50 per sensor. There is also the cost of staff time and the cleaning equipment to decontaminate after each use



(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)

All DSNs, DNs, Patients, relatives and carers.

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

Relevant manufacturer's instructions for appropriate continuous glucose recorder in use.

If using Ipro2 refer to: <https://professional.medtronicdiabetes.com/ipro2-professional-cgm>

NICE (2015) Type 1 Diabetes in Adults: diagnosis and management

Type 1 Technology: A guide for Adults with Type 1 Diabetes (July 2017, accessed from Diabetes UK website)

SET policy (2014) – Cleaning and decontamination of the care environment and equipment – Guidance and principles

Policy for the Management of Latex Allergy (Nov 2016)

SET consent to examination, treatment or care policy (June 2017)

(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>Feedback from colleagues who have previous experience in using the equipment with patients.</p> <p>Input from colleagues with regards to information required for the policy.</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	
	Service users	Staff
Gender	N/A	N/A
Age	Main clinic group for this policy is 14 years and older, however the policy has been written so it may be considered for use in paediatrics.	
Religion	N/A	N/A

Political Opinion	N/A	N/A
Marital Status	N/A	N/A
Dependent Status	N/A	N/A
Disability	N/A	N/A
Ethnicity	N/A	N/A
Sexual Orientation	N/A	N/A

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

Feedback from colleagues who have previous experience in using the equipment with patients.

Input from colleagues with regards to information required for the policy.

Audit – 2014

Monitoring of verbal and written complements and complaints

Feedback from other members of the multi-disciplinary team who are in contact with the patients

(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	N/A	N/A	

Age	N/A	N/A	
Religion	N/A	N/A	
Political Opinion	N/A	N/A	
Marital Status	N/A	N/A	
Dependent Status	N/A	N/A	
Disability	N/A	N/A	
Ethnicity			
Sexual Orientation	N/A	N/A	

(4.2) Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories?

<i>Section 75 category</i>	<i>Please provide details</i>
Gender	N/A
Age	Main clinic group for this policy is 14 years and older, however the policy has been written so it may be considered for use in paediatrics.
Religion	N/A
Political Opinion	N/A
Marital Status	N/A
Dependent Status	N/A
Disability	N/A
Ethnicity	N/A
Sexual Orientation	N/A

(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	N/A	
Political opinion	N/A	
Racial group	Already appreciate that some clients may require interpreters.	We continue good practice of accessing interpreters as required.

(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	N/A
Political opinion	N/A
Racial group	N/A

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



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.

Article 8 - Has the potential to improve quality of life, therefore having an effect on family and home life.

Article 12 - Found a family- Can be used pre-pregnancy and during pregnancy to support improvement in glycaemic control and enhance benefits for the unborn baby.

(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

This policy meets the needs of all patients and clients

(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?

Feedback from staff using the equipment.

Feedback from Patients.

Feedback from other members of the multi-disciplinary team who are in contact with the patients.

Audit

2 Yearly review of policy

Monitor verbal and written complements and complaints.

Approved Lead Officer: Patricia Clawson and Kate Slowey

Position: Diabetes Specialist Nurses

Date: 1st November 2017

Policy/proposal screened by: Patricia Clawson and Kate Slowey

Please forward completed schedule to:



South Eastern Health
and Social Care Trust

Susan Thompson

Equality Manager

Lough House, Ards Hospital

Newtownards

BT23 4AS

Telephone: 028 9151 2177

Textphone: 028 9151 0137

e: susan.thompson@setrust.hscni.net

Suzanne McCartney

Equality Manager

Lagan Valley Hospital

Lisburn

BT28 1JP

Telephone: 028 9266 5141 ext 2604

Textphone: 028 9263 3522

e: suzanne.mccartney@setrust.hscni.net