

Screening Outcome Report 1st January 2018 to 31st March 2018

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 to 31st March 2012 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
<p><u>Antimicrobial Stewardship Policy</u></p> <p>This is a new policy which is intended as a framework to support the appropriate use of antimicrobials in the Trust, to preserve the effectiveness of our antimicrobials, reduce avoidable adverse effects, and minimize healthcare associated infections.</p> <p>It endorses the Department of Health's document on 'Start Smart then Focus' and sets out the roles and responsibilities of trust staff with regard to antimicrobial stewardship.</p>	<p>Out</p>	<p>The Policy was deemed to have no impact and was screened out.</p>

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<p><u>Policy for Accompanying Patients to the Department of Radiology</u></p> <p>This is a revised policy details the procedure for accompanying patients to the Department of Radiology for imaging examinations or interventional procedures. This will ensure that any patient care needs are met during this time. This policy encompasses both patient safety and patient experience standards and ensures compliance with Clinical Governance.</p>	Out	<p>The Policy was deemed to have no impact. The Trust undertakes to monitor the effect of the policy for equality of opportunity and good relations, disability duties and human rights by:</p> <ul style="list-style-type: none"> • ongoing observational audit of compliance • complaints and incidents relating to the policy principles will be monitored and addressed as required.
<p><u>Policy for procedural sedation in adults</u></p> <p>This is a revised policy to provide direction for staff in relation to the safe administration of sedation in adults</p>	Out	<p>The Policy was deemed to have no impact. The Trust undertakes to monitor monitor the effect of the policy for equality of opportunity and good relations, disability duties and human rights by reviewing IR1 forms.</p>
<p><u>Provision of Reports following requests from Solicitors or Civil Service Departments</u></p> <p>This is a revised policy to set out the process for Trust staff who receive requests for reports/records from Solicitors or Civil Service Depts.</p>	Out	<p>The Policy was deemed to have no impact. The Trust undertakes to monitor the effect of the policy for equality of opportunity and good relations, disability duties and human rights by the departmental internal/external audit arrangements.</p>
<p><u>Referral Policy for Emergency Nurse Practitioners</u></p> <p>This supercedes C&CSS/RAD/PROT(15)/2009 and details the required procedure for Emergency Nurse Practitioners (ENPs) who are entitled to request diagnostic imaging examinations.</p>	Out	<p>The Policy was deemed to have a minor impact. The Minor Injuries Unit and the Department of Radiology will be responsible for ensuring that effective monitoring arrangements are in place:</p> <ul style="list-style-type: none"> • Audit of the appropriateness of referrals from Emergency Nurse Practitioners • Policy has a review date • Relevant training records for Emergency Nurse Practitioners including up to date training in-The Ionising Radiation Medical Exposure Regulations (IRMER) Northern Ireland 2000 relating to the use of ionising radiation. A theoretical course on IR(ME)

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		<p>Regulations and the principles of radiation protection.</p> <ul style="list-style-type: none"> • The Department of Radiology will facilitate a tutorial regarding the completion of image requests and the use of clinical referral protocols. Records in place. • Evidence that CPD is in place to support Emergency Nurse Practitioner role • Emergency Nurse Practitioners and radiographers must have professional indemnity insurance to practice. • Radiographers must have completed relevant training in the interpretation of diagnostic images and have knowledge of abnormal radiographic appearances. Records in place. • Radiography staff must be engaged in relevant programmes of Continuing Professional Development. • Competencies for entitlement as a Duty Holder under IR(ME)R at South Eastern Trust. Monitoring that forms are in place for all practicing Emergency Nurse Referrers.
<p><u>Requests for Ad Hoc (general) Legal Advice</u></p> <p>This is a new policy which aims to set out the process for Trust staff who are required as part of their managerial role to obtain ad hoc legal advice in relation to the services they manage.</p>	Out	The Policy was deemed to have no impact. The Trust undertakes to monitor the effect of the policy for equality of opportunity and good relations, disability duties and human rights by the departmental internal/external audit arrangements.
<p><u>Long Term Oxygen Therapy (LTOT) Assessment</u></p> <p>This is a revised policy to provide direction for staff involved in the assessment of Long Term Oxygen Therapy (LTOT) in patients with lung disease, chronic heart failure and palliative care in the Southeast Trust. (SET).</p>	Out	The Policy was deemed to have no impact and was screened out.

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<p><u>Policy Statement for the Prescription and Administration of Oxygen in Adult Patients</u></p> <p>This is a revised policy aiming to ensure patient safety and to minimise the potential risk to patients who require oxygen therapy.</p>	Out	The Policy was deemed to have no impact and was screened out.
<p><u>Policy on sending for patients to theatre and endoscopy relates suites – all sites</u></p> <p>This is a revised policy aiming to provide guidance to clinical staff on the process of sending for patients for theatre and endoscopy suites.</p>	Out	The Policy was deemed to have no impact and was screened out.
<p><u>Undertake Arterial Blood Sampling by Percutaneous Radial Artery Puncture</u></p> <p>This is a revised policy to provide guidance for trained individuals, nurse or physiotherapist, working within SET to undertake Arterial Blood Sampling by Percutaneous Radial Artery Puncture.</p>	Out	The Policy was deemed to have no impact and was screened out.
<p><u>Policy for the Assessment of Ambulatory Oxygen in Respiratory Patients</u></p> <p>This is a revised policy providing guidance for respiratory teams working within SET for the assessment of ambulatory oxygen.</p>	Out	The Policy was deemed to have no impact and was screened out.
<p><u>Point of Care Policy</u></p> <p>This is a revised policy aiming to provide direction to staff as to how POCT is to be procured, managed and operated throughout the Trust – successful POCT depends on the adherence to this policy.</p>	Out	The Policy was deemed to have no impact. All incidents and/or complaints raised re: the policy will be investigated and actioned as per Trust procedure.
<p><u>Radiation Safety Policy</u></p> <p>This is a revised policy provides a written and approved scheme of work relating to the use of ionising</p>	Out	The Policy was deemed to have no impact and was screened out. The Trust undertakes to monitor the effect of the policy for equality of opportunity and good relations,

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and non-ionising radiation.		disability duties and human rights by: <ul style="list-style-type: none"> • Radiation incidents monitored quarterly • Policy has a review date • Q.A programme in place • Monitoring of Complaints/IRI's/Compliments • User satisfaction surveys • Dosimetry monitoring • Pre-pregnancy examination check forms in use • Patients holding forms in use • Dose audits undertaken • Staff supervision • Training records in new equipment
<p><u>Adult Parenteral Nutrition (PN) Guideline</u></p> <p>This is a revised policy providing high quality, evidence-based guidance and standardisation of care for adult patients receiving PN by providing appropriate information to staff involved in caring for PN patients. It will ensure appropriate assessment, treatment and monitoring of these patients that will enable early detection and appropriate management of complications. It will also ensure PN is ordered at an appropriate time to allow pharmacy to safely prepare and deliver the product to the ward.</p>	Out	The Policy was deemed to have no impact and was screened out. The guideline will be kept under review by the PN team.
<p><u>Infection Prevention Control Guideline for Patient Placement and Prioritisation for Side Room Isolation in Hospital</u></p> <p>New standalone guideline previous version included in Patient Flow policy for Acute Hospitals.</p> <p>Safe placement of patient who present an infection risk.</p>	Out	The Policy was deemed to have no impact and was screened out.

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<p><u>Protocol for the Administration of Parenteral Opioids</u></p> <p>This is a revised policy aiming to provide guidance to staff of the best practice for managing patients that are receiving parenteral opioids.</p>	Out	<p>The Policy was deemed to have no impact and was screened out. Ongoing review of the policy and review in 3 years.</p>
<p><u>Continuous Glucose Monitoring in Interstitial fluid using a continuous glucose recorder</u></p> <p>This is an existing policy. 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.</p>	Out	<p>The Policy was deemed to have no impact and was screened out. The Trust undertakes to monitor the effect of the policy for equality of opportunity and good relations, disability duties and human rights by:</p> <ul style="list-style-type: none"> • 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.
<p><u>Supporting Staff Involved in Incidents, complaints, Claims and Coroners Inquests</u></p> <p>This is a revised policy setting out the framework for the provision of support and advice to staff prior to, during and after their involvement in Incidents, Complaints, Claims and Inquests.</p>	Out	<p>The Policy was deemed to have no impact. The Trust undertakes to monitor the effect of the policy for equality of opportunity and good relations, disability duties and human rights by the departmental internal/external audit arrangements.</p>
<p><u>South Eastern Health and Social Care Trust Operational Guidance in relation to implementing the SBNI 'Child Safeguarding Learning and Development Strategy and Framework'</u></p> <p>This is a new policy aiming to:</p> <ul style="list-style-type: none"> • Assist SEHSCT managers, staff and volunteers to identify the appropriate levels of training and education required commensurate with the level 	Out	<p>The Policy was deemed to have no impact and was screened out. The Trust undertakes to monitor the effect of the policy for equality of opportunity and good relations, disability duties and human rights by:</p> <ul style="list-style-type: none"> • The Trust Safeguarding Committee will ensure the policy is fully implemented and will monitor and address any issues that emerge • This guidance will be reviewed by

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<p>and nature of contact with children and young people.</p> <ul style="list-style-type: none"> • Improve the competence of all staff and volunteers involved in child protection and safeguarding. • Assist managers, staff and volunteers in identifying and planning opportunities to develop skills, knowledge, attitudes and behaviours in order to improve their performance and competence in relation to child protection and safeguarding. • Support nurses, midwives, Dr's, dentists, social workers and allied health professionals to meet their professional standards and registration requirements 		<p>the children's services training team and amended as necessary in light of any SBNI /legislative changes or local decisions.</p> <ul style="list-style-type: none"> • Complaints and Compliments
<p><u>Cleaning & Decontamination of the Care Environment & Equipment;- Guidance & Principles</u></p> <p>This is a revised policy setting out guidance on effective cleaning and decontamination of equipment and the care environment.</p>	Out	The Policy was deemed to have no impact and was screened out.
<p><u>Measurement and Recording of Physiological Observations by Nursing Assistants / Maternity Support Workers</u></p> <p>This is a new policy giving instruction as to how each Directorate must ensure Nursing Assistants/Maternity Support Workers have received the specific training, supervision and assessment regarding measurement and recording of physiological observations.</p>	Out	The Policy was deemed to have no impact and was screened out. Monitoring will be undertaken by Regular Nursing & Midwifery Workforce/Learning & Development Forum meetings.

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<p><u>Volunteer reimbursement of expenses policy</u></p> <p>This is revised policy aiming to ensure volunteers are not out of pocket due to volunteering activity within the Trust. Outlining responsibilities of all relevant parties in process to reimburse out of pocket expenses for volunteers.</p>	Out	<p>The Policy was deemed to have a minor impact. The Trust undertakes to monitor the effect of the policy for equality of opportunity and good relations, disability duties and human rights by:</p> <ul style="list-style-type: none"> • Training on how to claim reimbursement of expenses • Monitoring of the Meeter & Greeter will take place • Monitoring of claim forms submitted to Volunteer Services • Key Worker feedback – from volunteers, patients and clients • Complaints/Compliments Survey
<p><u>A Practical Guide for the Acute Management of Haemorrhage, Emergency Surgery and Overdose in Patient receiving Rivaroxaban</u></p> <p>This is a revised policy giving practical advice on patient management.</p>	Out	The Policy was deemed to have no impact and was screened out.
<p><u>Suprapubic Catheterisation Guideline (Adults only)</u></p> <p>This is a revised policy aiming to ensure patient safety and to minimise the potential risk to patients who may require Suprapubic catheterisation (SPC).</p>	Out	The Policy was deemed to have no impact and was screened out.

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<p><u>Waste Management Policy</u></p> <p>This is a revised policy aiming to ensure compliance with the Northern Ireland Waste Management Strategy 'Delivering Resource Efficiency' by minimising the generation of waste and ensuring that the environmental impacts of that waste which is produced, are minimised through recycling and recovery.</p> <p>The policy aims to ensure that all waste management practices are in compliance with all relevant legislation and best-practice guidance.</p>	Out	<p>The Policy was deemed to have no impact and was screened out.</p> <p>The policy continues to be a standing agenda item on the Environmental Waste Management Committee meeting and the Waste Management Sub Committee meeting.</p> <p>Policy will continue to be updated/monitored in light of new guidance or legislation.</p>
<p><u>A Record Keeping Practice Framework for Health Care Support Workers</u></p> <p>This is a new policy. The Nurse/Midwife is accountable for the recording of care that is delegated and must ensure that the person is competent to do so. The framework supports the HSCW in becoming competent to complete delegated record keeping on the care they have provided and maintaining these.</p>	Out	The Policy was deemed to have no impact and was screened out
<p><u>Arson Policy</u></p> <p>This is a revised 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 the adoption of best practice guidance documents.</p>	Out	<p>The Policy was deemed to have no impact and was screened out. The Trust undertakes to monitor the effect of the policy for equality of opportunity and good relations, disability duties and human rights by:</p> <ul style="list-style-type: none"> • Trust Fire Safety sub-committee • Complaints

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<p><u>Email Policy</u></p> <p>This is a revised policy communicating Trust policy on the acceptable use of email.</p>	Out	<p>The Policy was deemed to have no impact and was screened out. Monitoring of this policy will be via software and systems in place that monitor and record all Internet usage. The Trust ICT Department will also monitor issues emanating from Trust Complaints/ Compliments / Grievances/ Disciplinary Hearings.</p>
<p><u>Policy on the Management of Patient Controlled Analgesia (PCA) (for persons aged 14 and over)</u></p> <p>This is a revised policy providing guidance to staff of the best practice for managing patients that are receiving patient controlled analgesia.</p>	Out	<p>The Policy was deemed to have no impact and was screened out. The policy will be monitored and reviewed in 3 years.</p>
<p><u>Mobile Device Policy</u></p> <p>This is a revised policy to Communicate Trust Policy on the acceptable use of mobile phone / devices within the Trust in relation to voice and data usage.</p>	Out	<p>The Policy was deemed to have no impact and was screened out. Monitoring of this policy will be via software and systems in place that monitor and record all Internet usage. The Trust ICT Department will also monitor issues emanating from Trust Complaints/ Compliments / Grievances/ Disciplinary Hearings.</p>
<p><u>Referral Policy for Emergency Nurse Practitioners, Community Hospitals: Trauma Patients Only</u></p> <p>Supercedes SET/PtCtCare(88)/2012. This policy details the required procedure for Emergency Nurse Practitioners (ENPs) who are entitled to request diagnostic imaging examinations.</p>	Out	<p>The Policy was deemed to have a minor impact and was screened out. The Minor Injuries Unit and the Department of Radiology will be responsible for ensuring that effective monitoring arrangements are in place.</p> <ul style="list-style-type: none"> • Audit of the appropriateness of referrals from Emergency Nurse Practitioners • Policy has a review date • Relevant training records for Emergency Nurse Practitioners including up to date training in-The

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		<p>Ionising Radiation Medical Exposure Regulations (IRMER) Northern Ireland 2000 relating to the use of ionising radiation. A theoretical course on IR(ME) Regulations and the principles of radiation protection.</p> <ul style="list-style-type: none"> • The Department of Radiology will facilitate a tutorial regarding the completion of image requests and the use of clinical referral protocols. Records in place. • Evidence that CPD is in place to support Emergency Nurse Practitioner role • Emergency Nurse Practitioners and radiographers must have professional indemnity insurance to practice. • Radiographers must have completed relevant training in the interpretation of diagnostic images and have knowledge of abnormal radiographic appearances. Records in place. • Radiography staff must be engaged in relevant programmes of Continuing Professional Development. • Competencies for entitlement as a Duty Holder under IR(ME)R at South Eastern Trust. Monitoring that entitlement forms are in place for all practicing Emergency Nurse Referrers.
<p><u>Regional Unlicensed Medicines Policy</u></p> <p>This is a revised policy. This document ensures that the responsibilities and actions required of healthcare workers in relation to the prescribing, procurement, storage, supply and administration of unlicensed medicinal products are clear. This will help to minimise the risks to patients, to healthcare staff and to the organisation when the use of an unlicensed medicine is necessary.</p>	<p>Out</p>	<p>The Policy was deemed to have no impact and was screened out. Any medication incidents are reviewed and coded by the medicines governance pharmacist who provides quarterly reports. If any issues relating to the policy are highlighted the policy will be reviewed prior to the review date.</p>

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<p><u>Trust Food Safety Policy</u></p> <p>This is a revised policy to implement the requirements of the Food Safety NI Order 1991 and Amendments Regulations 2004 and the Food Hygiene Regulations (NI) 2006.</p>	Out	The Policy was deemed to have a minor impact and was screened out. Monitoring of this policy will be through incident reports.
<p><u>Validation & Monitoring of Professional Registration for Allied Health Professionals (AHPs) within the South Eastern Trust</u></p> <p>This is a revised policy providing Validation & Monitoring of Professional Registration for Allied Health Professionals (AHPs) within the South Eastern Trust</p>	Out	The Policy was deemed to have no impact and was screened out. Monitoring of this policy will be through waiting list and caseloads, complaints/compliments and compliance with supervision levels.
<p><u>Perioperative Management of the Adult Surgical Patient with Diabetes Mellitus (People over the age of 18 years)</u></p> <p>This is a revised policy aiming to improve the standards of care for people with diabetes undergoing operative or investigative procedures requiring a period of starvation.</p>	Out	The Policy was deemed to have no impact and was screened out. Monitoring of this policy will be by undertaking training and receiving feedback and using monitoring audit to assess the impact on relevant staff and clients.
<p><u>Acute Management of Haemorrhage, Emergency Surgery and Overdose in Patient receiving Dabigatran</u></p> <p>This is a revised policy giving practical advice on patient management.</p>	Out	The Policy was deemed to have no impact and was screened out.

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<p><u>Gifts & Hospitality Policy</u></p> <p>This is a revised policy intending to provide advice and guidance to Trust staff who, in the course of their day to day work or as a result of their employment, either receive offers or gifts and hospitality or provide gifts and hospitality to others on behalf of the Trust.</p>	<p>Out</p>	<p>The Policy was deemed to have no impact and was screened out. The Trust undertakes to monitor the application of the policy and review regularly.</p>