

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

Policy Statement Endorsing the Physiotherapy Regional Guidelines for the Provision of Walking Frames to Patients to assist in Implementing Fallsafe Bundles A and B in the Acute/Non Acute Hospital Setting

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

New

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

To reduce the risk of patients falling in adult hospital settings by

- Ensuring patients admitted to acute/non acute hospitals will have immediate assessment for and provision of a walking frame to support implementation of the Fallsafe bundle.
- Ensuring qualified nursing staff will have the necessary knowledge and skills to measure and adjust a walking frame for individual patients so that they can safely issue for short term temporary use if physiotherapy input is not immediately available.

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

Adults who are admitted to hospital

All S75 categories will be represented within the staff and clients groups

The majority of service users are over 65 and this service is for service users over 65.



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

Developed Regionally led by PHA in response to National RCP Fallsafe Care Bundles recommendation

Endorsed regionally by Heads of Physio add in forum

SET local implementation

(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?)

Detractions:

Nursing staff not being aware of guidelines or who do not feel they have the necessary knowledge and skills

Increasing demand for service

Staff shortages

Availability of equipment

Benefits

Service User will get walking aid more quickly thereby potentially reducing risk of falls

Potentially fewer falls for service users

Service users will potentially retain more independence

Potential reduction in length of stay



(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 and physiotherapy staff

Service users

PHA

Head of Physiotherapy

Discharge Hub & Teams

NMC

Other Trusts

Falls Co-Ordinator

Patient Safety Team

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

- SET/PtCtCare (22) 2017 Prevention of Falls and Essential Care after a Fall for all Patient/Clients in the South Eastern Trust.
- SET/Gen (33) 2018 Manual handling policy
- SET/PtCtCare (217) 2015 Policy Statement: Infection Prevention and Control Manual (Regional and South Eastern Trust Guidance)
- SET/Gen (150) 2016 Interim Medical Devices Policy & Operational Guidelines

- Fallssafe Care Bundles (RCP)

- Directorate Plan

- Trust corporate plan

- Programme for government

- Quality 2020

(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>The Fallsafe Care bundles (RCP)</p> <p>PHA Head of Physio Discharge Hum & Teams NMC Other Trusts Falls Co-Ordinator Patient Safety Team IR1 reports and SAls RCP National audit of inpatient falls (2017)</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	Female	51.25%	80.8%	Female
	Male	48.75%	19.2%	Male
Age	0 -15	20.56%	0.2%	16-19
	16-19	5.32%	13.4%	20-29
	20-29	12.28%	24.1%	30-39
	30-45	20.09%	26.8%	40-49
	45-59	20.07%	26.8%	50-59
	60+	21.68%	8.7%	60+

Religion	Protestant 50.52% Roman Catholic 27.90% Other 0.82% None 14.65% Not Known 6.11%	51.4% Protestant 27.3% Roman Catholic 21.3% Other /Not known
Political Opinion	Not collected Local council voting preferences are considered	2 out of 3 council areas return a Unionist majority 4.3% Broadly Nationalist 12.5% Broadly Unionist 15.6% Do not wish to answer 7.7% Other 59.9% Not known,
Marital Status	Single 31.7% Married 51.64% Divorced 6.01% Widowed 6.85% Separated 3.70% Other 0.1%	29% Single 62.8% Married 3.6% Divorced 0.7% Widowed 1.7% Separated 0.4% Other 1.8% Not known
Dependent Status	Households with dependent children 33.38%	20.7% Child or Children 4.5% Dependant Older 2.7% A person with Disability 15.6% None 56.5% Other /Not known
Disability	Household with one or more persons with a limiting long term illness 19.82%	60% Not Known 37.9% No 2.1% Yes – Under-reporting. NI average is 20%
Ethnicity	Black African 0.1% Irish Traveller 0.04% Bangladeshi 0.06% Pakistani 0.04% Black Caribbean 0.03% Mixed Ethnic Group 0.35% Chinese 0.26% White 98.50% Indian 0.25% Other 0.3 % Other Black 0.06%	44.8% White 1.29% BME 53.91% Not Known
Sexual Orientation	Estimated 10% of population is LGBT equates to estimated 168,527 of the NI population i.e. possibly one in 10 in terms of clientele/service user– data source Rainbow Project July 2008	37.5% Opposite Sex 0.7% LGB&T 2.5% Do not wish to answer 59.3% Not Known - Under-reporting. NI average is 6 – 10%

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

Regional Guidelines agreed in conjunction with PHA and regional falls group – Feedback from Trusts as part stakeholder engagement.
Guidelines endorsed by N. I. Physiotherapy Managers Professional forum

Discussed with falls champions

Discussed with physios in Acute

Discussed fallssteering group meeting

?nursing forums

Discussed with Patient safety team

(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	As per Trust population	80.8% Female 19.2% Male	None
Age	As per Trust population 16 plus	0.2% 16-19 13.4% 20-29 24.1% 30-39 26.8% 40-49 26.8% 50-59 8.7% 60+	None as provision based on needs as opposed to age
Religion	As per Trust population	51.4% Protestant 27.3% Roman Catholic 21.3% Other /Not known	None- trust wide provided to all
Political Opinion	Local voting patterns have been taken into account	2 out of 3 council areas return a Unionist majority 4.3% Broadly Nationalist 12.5% Broadly Unionist 15.6% Do not wish to	None –trust wide provided to all

		answer 7.7% Other 59.9% Not known,	
Marital Status	As per Trust population	29% Single 62.8% Married 3.6% Divorced 0.7% Widowed 1.7% Separated 0.4% Other 1.8% Not known	None
Dependent Status	As per Trust population	20.7% Child or Children 4.5% Dependant Older 2.7% A person with Disability 15.6% None 56.5% Other /Not known	None
Disability	Majority of patients receiving service will either have disability or be frail elderly	60% Not Known 37.9% No 2.1% Yes – Under-reporting. NI average is 20%	None as care provision based on assessed need
Ethnicity	Interpreting services are provided as required	44.8% White 1.29% BME 53.91% Not Known	None as interpreting services available
Sexual Orientation	Not routinely gathered. An estimate of 10 % of population as per Rainbow Project statistics	37.5% Opposite Sex 0.7% LGB&T 2.5% Do not wish to answer 59.3% Not Known - Under-reporting. NI average is 6 – 10%	None

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

Section 75 category	Please provide details
Gender	Engagement with service users and staff. SET has an ongoing strategy of staff training and engagement
Age	None
Religion	None
Political Opinion	None
Marital Status	None
Dependent Status	None

Disability	Patient will be assessed as per need on admission to hospital NICE guidelines Patient information available in alternative formats
Ethnicity	Interpreters available as needed Patient information available in alternative formats
Sexual Orientation	None

(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	Procedure applies to all categories	None The Trust has in place its Good Relations statement which is displayed on staff and service user notice boards.
Political opinion	Procedure applies to all categories	None The Trust has in place its Good Relations statement which is displayed on staff and service user notice boards.
Racial group	Procedure applies to all categories and interpreters will be provided as required	None The Trust has in place its Good Relations statement which is displayed on staff and service user notice boards.

(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	The Trust remains committed to embracing diversity, promoting good relations and challenging sectarianism and racism to ensure service users and staff enjoy equality of opportunity and access to health and social care in a welcoming and safe environment. The Trust has an ongoing strategy of staff training and awareness raising.
Political opinion	As above.
Racial group	Interpreters available as needed Patient information available in alternative formats

(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?

- The Trust Disability Action plan 2018-2023 promotes these two duties
- The majority of the service users have a disability or multiple disabilities and their needs were taken into account throughout this screening.
- The revision of this service should have no adverse effect on service users or staff

Policy written to reduce the risk of patients falling in adult hospital settings by ensuring patients admitted to acute/non acute hospitals will have immediate assessment for and provision of a walking frame to support implementation of the Fallsafe bundle.

This enables positive attitudes to people with disability

(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.

The Trust has an ongoing training strategy for all staff which includes Equality Diversity and Human Rights, Human Rights have been discussed throughout this screening process.

We believe there may be positive impact in relation to Article 2, Right to Life, Article 3 Right to freedom from torture, inhuman or degrading treatment or punishment & Article 8 – Right to respect for private and family life, home and correspondence.

Article 2 & 3 may positively impact on service users through potential reduced risk of falls, maintaining their independence
Service Users may have positive impact on Article 8 by being able to potentially reduce length of stay in hospital



(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	x

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

Yes	
No	x

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

Yes	
No	x

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

This review is an initial proposal and has not yet been implemented

Currently services users are not immediately able to utilize the physio service at specific times

This service will not be provided to certain service user groups as per the guidelines for example those admitted with acute stroke, DVT, suspected fracture and those under 16 who require specialised services.

This change in service delivery will primarily impact acute nursing staff who will be given support to assist the implementation of this procedure

Guidelines to implement evidence based Falls Safe Bundle from RCP which has already been demonstrated to reduce falls risk thus improving safety for



individuals admitted to hospital.
This screening will be reviewed in 6 months to monitor any potential impact once the policy has been implemented

(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?

- Complaints
- Referral rate
- User feedback
- Staff feedback-
- Number of temporary walking aids issued
- Reduction in IR1s and SAI
- OBA scorecards
- Equality screening review in 6 months

Approved Lead Officer: Margaret O’Hare

Position: Physiotherapy Governance and Quality Improvement Lead

Date: 27/2/19

Policy/proposal screened by: Margaret O’Hare, Julie Jess, Kathey Neill

Please forward completed schedule to:

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

Kathey Neill
Equality Officer
Lough House, Ards Hospital
Newtownards
BT23 4AS
Telephone: 028 9151 2122
Textphone: 028 9151 0137
e: kathey.neill@setrust.hscni.net

