



# Western Health and Social Care Trust

## EQUALITY AND HUMAN RIGHTS SCREENING TEMPLATE

### THIS IS A PUBLIC DOCUMENT

<b>Lead Manager:</b> Karen Cutliffe	<b>Title:</b> Community Nurse Service Manager
<b>Directorate:</b> Community and Older Peoples Services	<b>Department:</b> WHSCT
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<b>Short Description of Policy</b>  The aim of these guidelines is to promote continence, support best practice for adults with continence issues and clarify the quantity and type of products supplied either to support toileting programmes or to assist in the ongoing management of incontinence.	
<b>Final Recommendations:</b> (please tick as appropriate)	
1. <b>GREEN:</b> No equality issues/impact: no further action	<input checked="" type="checkbox"/>
2. <b>AMBER:</b> Minor equality issues/impact: actions identified	<input type="checkbox"/>
3. <b>RED:</b> Major equality issues/impact: full EQIA recommended	<input type="checkbox"/>
Please send draft completed form for quality assurance to <a href="mailto:equality.admin@westerntrust.hscni.net">equality.admin@westerntrust.hscni.net</a> For further information on quality assurance see page 3, section 3.	
<b>Final Approval Date:</b>	

Use the Guidance Notes to help you complete this document.

## (1) INFORMATION ABOUT THE POLICY OR PROPOSAL

### 1.1 Title of policy or proposal

Continence Guidelines for Assessment and Provision of Containment Products for Community & Older People Services

### 1.2 Description of policy or proposal

The aim of these guidelines is to promote continence, support best practice for adults with continence issues and clarify the quantity and type of products supplied either to support toileting programmes or to assist in the ongoing management of incontinence.

These guidelines have been updated to give clear direction on the steps to follow when completing continence assessment and providing containment products for patients in the community setting.

Continence Training is now mandatory for all staff completing continence assessments.

Training is available on HSCNI Learning portal and via the Clinical Education Centre.

### 1.3 Main stakeholders affected (internal and external)

These guidelines will impact on all Health care staff within the WHSCT who are completing continence assessments and providing containment products.

This also affects administration staff who process the order and BSO who provide the Ring back Service.

It will also impact on patients and families receiving the assessment and products.

Transport staff who deliver & collect products to & from clients homes.

### 1.4 Other policies or decisions with a bearing on this policy or proposal

Guidance for provision of absorbent products for adult incontinence – A consensus document RCN (February 2023)

Excellence in Continence Care – Practical guidance for commissioners, and leaders in health and social care – NHS England (June 2018) [www.england.nhs.uk](http://www.england.nhs.uk)

NICE (2015) – ***Urinary Incontinence in Women: Management. Quality Standard 77.***

[www.nice.org.uk/guidance/cg171](http://www.nice.org.uk/guidance/cg171)

.NICE (2014) Faecal Incontinence in Adults: Management. Quality Standard 54  
[www.nice.org.uk/guidance/](http://www.nice.org.uk/guidance/)

## (2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

### 2.1 Data Gathering

**2.1.1** What information did you use to inform this equality screening? For example, previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints, etc.

1. Audit of the level of continence training completed by staff.
2. Continence assessments submitted for provision of products were quality assured and monitored since June 2022.
3. The statistics used to inform these guidelines were service budget agreement statistics from the financial years 2022 to 2024.

### **2.1.2 How did you involve people?**

The Trust requires evidence of engagement with stakeholders to fulfil its statutory obligations under its Equality scheme, Consultation Scheme and Personal and Public Involvement strategy. Provide details of how you involved stakeholders e.g. views of colleagues, service users, carers, Trade Unions, Section 75 groups or other stakeholders.

**Consultation and Engagement Statement:** In your policy/proposal include a paragraph titled Consultation and Engagement and summarise this section. If there was no engagement, please explain why.

1. Members of the Community Continence Work stream formed a working group to update these guidelines.
2. Guidelines shared with Senior Management Team COPS and feedback obtained.
3. Shared with COPS Governance members and feedback obtained.
4. Shared with Community Continence Services within the Western Health & Social Care Trust.
5. Shared with Business Service Manager for COPS and feedback obtained.
6. Face to face meetings with the District Nursing Team Leads.

## 2.2 Equality Profile

Who is affected by the policy or proposal? What is the makeup (%) of the affected group? Please provide a statistical profile. Could you improve how you gather Section 75 information? Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group? If the policy affects both staff and service users, please provide information on both. If not, merge the 2 columns.

<b>Category</b>	<b>Service Users, etc.</b> CENSUS 2021 INFO WHSCT AREA	<b>Staff</b> DN STAFF WHSCT 2019
Gender	Male: 149,055 Female: 152,563	Female: 171 Male: 5
Age	0-15:63,854 16-24:31,181 25-29:17,190 30-34:18,806 40-44:19,376 45-49:19,782 50-54:21,146 55-59:20,978 60-64:18,064 65-74:29,392 75+:22006	16-24: 0 25-34: 30 35-44: 52 45-54: 67 55-64: 27 65+: 0
Religion	Catholic: 194,050 Presbyterian: 26,996 Church of Ireland: 34,802 Methodist: 4,540 Other Christian: 8,873 Other religions: 2,388 No religion: 25,107 Religion not stated: 4,860	Protestant: 45 Roman Catholic: 122 Not Known: 9
Political Opinion	Nationalist: 86,834 (53%) Unionist 61,995 (38.06%) Other: 14,025 (8.62%) Overall total: 162,854	Broadly Unionist: 12 Broadly Nationalist: 16 Other: 18 Do not wish to answer/not known: 130
Marital Status	Single: 92,708 Married: 107,063 In registered same-sex civil partnership: 351 Separated but still legally married: 10,005 Divorced or formerly in a same-sex civil partnership which is now legally dissolved: 13,071 Widowed or surviving partner from a same-sex civil partnership: 14,915	Married: 129 Single: 35 Other: 12
Dependent Status	Households with no dependent children: 224,365 Households with children: 73,850	Yes: 71 No: 32 Not Known: 73

Disability	<p>Long-term health problem or disability: Day-to-day activities limited a lot: 38,124</p> <p>Long-term health problem or disability: Day-to-day activities limited a little: 39,508</p> <p>Long-term health problem or disability: Day-to-day activities not limited: 223,985</p>	<p>Yes: 7</p> <p>No: 105</p> <p>Not Known: 64</p>
Ethnicity	<p>White: 295,860</p> <p>Chinese: 640</p> <p>Mixed: 1,548</p> <p>Irish Traveller: 527</p> <p>Indian: 1041</p> <p>Other Ethnic Group: 362</p> <p>Pakistani: 156</p> <p>Black African: 370</p> <p>Black Other: 370</p> <p>Other Asian: 326</p> <p>Roma : 43</p> <p>Filipino :415</p> <p>Arab : 158</p>	<p>Black African: 0</p> <p>Bangladeshi: 0</p> <p>Black Caribbean: 0</p> <p>Chinese: 0</p> <p>Indian: 0</p> <p>Irish Traveller: 0</p> <p>Pakistani: 0</p> <p>White: 157</p> <p>Mixed Ethnic Group: 0</p> <p>Other: 0</p> <p>Filipino: 0</p> <p>Black Other: 0</p> <p>Not Known: 19</p>
Sexual Orientation	<p>Rainbow Research (2008) estimates that approximately 10% of the population is LGB. This equates to approx. 29,442 people in the Western area.</p>	<p>Opposite sex: 94</p> <p>Same sex: 4</p> <p>Same and Opposite sex: 0</p> <p>Do not wish to answer/not known: 78</p>

### 2.3 Assessing Needs/Issues/Adverse Impacts, etc.

What are consequences of the policy/proposal on Users/Carers and staff? What are the different needs, issues and concerns of each of the equality groups? Are there any adverse impacts? If the policy affects both staff and service users, please specify issues for both. If not, merge the 2 columns. Please state the source of your information, e.g. colleagues, consultations, research, user feedback, etc.

	<b>Needs and Experiences</b>	
<b>Equality Group</b>	<b>Service Users, etc.</b>	<b>Staff</b>
Gender	No identified issues.	No identified issues.
Age	No identified issues.	No identified issues.
Religion	No identified issues.	No identified issues.
Political Opinion	No identified issues.	No identified issues.
Marital Status	No identified issues.	No identified issues.
Dependent Status	No identified issues.	No identified issues.
Disability	Where the patient may have difficulty with Ring Back Service or if there is no relative / carer to take responsibility for delivery the patient can be transferred to receiving scheduled cycle deliveries.	Information on the proposal and any changes to service will be available in alternative formats e.g. large font, Braille etc. Document can be made available in alternative formats. Both Service Users and Staff can avail of interpreters if required.
Ethnicity	No identified issues.	Document can be made available in alternative languages if required.
Sexual Orientation	No identified issues.	No identified issues.
Other Issues: e.g. Rurality	No identified issues.	No identified issues.

**2.4 Multiple Identities:** When considering this policy/proposal, are there any additional issues relating to people with multiple identities? For example: older women, disabled minority ethnic people, young Protestant men, disabled people who are gay, lesbian or bisexual.

None identified.

**2.5 Making Changes: Promoting Equality of Opportunity/Minimising Adverse Impacts**

Based on the equality issues you identified in 2.2, 2.3 and 2.4, what do you currently do that meets those needs? What additional changes do you intend to make that will improve how you promote equality of opportunity or minimise adverse impacts?

Equality Group	Actions that promote equality of opportunity or minimise (mitigate) adverse impacts
Dependent Status	No impact
Poor Incomes	Patients with poor income are not disadvantaged in any way.
Ethnicity	<p>Patients who do not have English as a first language may have interpreter's services as needed.</p> <p>Document can be made available in alternative languages if required.</p>
Disability	Where the patient may have difficulty with Ring Back Service or if there is no relative / carer to take responsibility for delivery the patient can be transferred to receiving scheduled cycle deliveries for products.
Rural	No impact

## 2.6 Good Relations

Does the policy/proposal have any impact/consequences for Good Relations? What changes to the policy or proposal or what additional measures could you suggest to ensure that it promotes good relations (if any)? (Refer to Guidance Notes for guidance on impact).

Group	Impact/Consequences	Suggestions
Religion	Not applicable.	
Political Opinion	Not applicable.	
Ethnicity	None identified.	

### (3) CONSIDERATION OF DISABILITY DUTIES

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

It is intended that these guidelines will improve the treatment and care provided to patients with continence issues and enable them to lead a more independent life.



#### (4) CONSIDERATION OF HUMAN RIGHTS

4.1 Does the policy or proposal adversely 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 <sup>st</sup> protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			✓
1 <sup>st</sup> protocol Article 2 – Right of access to education			✓

If you have answered either 'Positive Impact' or 'Neutral Impact' to all of the above, please move on to Section 5.

**4.2 If you have identified any potential negative impacts to any of the articles, please complete the following table.**

Article Number	What is the negative impact and who does it impact upon?	What do you intend to do to address this?	Does this raise any further legal issues?* Yes/No
	Not applicable		

***\*It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this.***

**4.3 Outline any further actions which could be taken to promote or raise awareness of human rights or, to ensure compliance with the legislation in relation to the policy or proposal.**

Not applicable

**(5) SHOULD THE POLICY OR PROPOSAL BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?**

A full Equality Impact Assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity. Base your decision on information from sections 2.2, 2.3, 2.4 and 2.5.

**How would you categorise the impacts of this proposal or policy? (refer to Guidance Notes for guidance on impact)**

**Do you consider that this policy or decision needs to be subjected to a full Equality Impact Assessment?**

**Please tick:**

<b>GREEN:</b> No impact	✓
<b>AMBER:</b> Minor impact	
<b>RED:</b> Major impact	

**Please tick:**

Yes	
No	✓

**Please give reasons for your decision.** (See Guidance Notes, page 28, for sample paragraph).

Directors are responsible for the dissemination and implementation of this Policy within the divisions.

Line managers are responsible for ensuring that all relevant staff have a working knowledge of and adhere to this Policy and that any amendments are disseminated.

All relevant staff are responsible for familiarising themselves with and adhering to this Policy. The clinician who assesses an individual to provide an absorbent product is accountable for that decision; and needs to ensure that the chosen product is fit for purpose and safe to use at the time of assessment (in accordance with MRHA 2014).

There is a responsibility for the patient and/or carer to request a reassessment if their needs change. Where risk to safety or harm exists, it is recommended to seek advice from the multi-disciplinary team or continence service. The patient or carer must be advised on how to apply/use the product and be given sufficient information and training in the safe use of the product.

Continence Training is now mandatory for all staff completing continence assessments.

Training is available on HSCNI Learning portal and via the Clinical Education Centre.

These Guidelines will be shared at Team meetings and will be available to access on the Trust Internet under Trust Documents.

The plan is for the Community Nurse Service Managers to carry out a yearly audit to give assurance on the compliance with these new guidelines.

It is intended that these guidelines will improve the treatment and care provided to patients with continence issues and enable them to lead a more independent life.

➤ **NOTE: Equality and Human Rights Statement:** The policy/proposal that this screening relates to MUST include the above paragraph. In addition, this paragraph should be used in the briefing note to Trust Board and will also be included in the Trust's Equality Screening Report.

**(6) EQUALITY AND HUMAN RIGHTS MONITORING**

**What data will you collect in the future in order to monitor the effect of the policy or proposal, on any of the equality groups, for equality of opportunity and good relations, disability duties and human rights?**

Monitoring of the implementation of this policy is the responsibility of the Team lead/Charge Nurse/Community Nursing Service Manager/Head of Service.

Yearly audit of Continence Assessments completed by staff to reassurance and monitor the effect of the guidelines.

Quarterly monitoring that yearly reviews are completed in a timely manner.

Community Nurse Service Manager to monitor continence training records.

**Approved Lead Officer:** Karen Cutliffe

**Position:** Community Nurse Services Manager.

**Policy/Proposal Screened By:** Karen Cutliffe & Maggie Doran

**Date:** 16/10/2024

**Quality Assurance:** Please send the final draft for quality assurance to the Equality and Human Rights Unit, Tyrone and Fermanagh Hospital, Omagh, BT79 0NS or email: [equality.admin@westerntrust.hscni.net](mailto:equality.admin@westerntrust.hscni.net). **Quality Assurance can take up to three weeks.**

**Directorate SMT Approval:** The completed Equality Screening Form **MUST** be presented along with the policy/proposal to your Directorate SMT for approval.

**Quarterly Equality Screening Reports:** When final Trust approval is received, ensure that you send the completed screening form and associated policy/proposal, etc. to the Equality and Human Rights Unit, for inclusion in the WHSCT's quarterly equality screening reports. As a public document, the screening form will be available for downloading on both the Trust's website and intranet site.

