



Western Health
and Social Care Trust

Equality Screening Report

1 January 2018 – 31 March 2018

This document can be made available
in alternative formats on request

Introduction

The Western Health and Social Care Trust (WHSCT) must consider by law, Section 75 of the Northern Ireland Act 1998, how we promote equality and remove discrimination for people who use our services and for members of staff. Our obligations are set out in our Equality Scheme. The 9 groups that are specified in the Equality Scheme are:

Black and Minority Ethnic People	Different Marital Status e.g. Single, Married, Divorced, Civil Partnership, Widowed	Disabled People
Carers	Different Political Opinions	Men and Women
Different Ages - Young People/Older People	Different Religious Beliefs	People who are Lesbian, Gay or Bisexual

We also have to consider how we can promote good relations between people with different religious beliefs, political opinions or racial group (including people from the Travelling Community).

Within the Equality Scheme, the Trust gives a commitment to apply equality screening processes to all new and revised policies/proposals and, where necessary, to subject new policies/proposals to a full equality impact assessment. This process helps us to:

- assess the impact/consequences of our decisions on the people within the 9 equality groups;
- consider how we might better meet their needs (promote equality of opportunity);
- reduce any negative impacts/consequences (mitigating actions).

The Trust is required to have evidence that the following questions have been considered in relation to all policy development, strategic planning and general decision making:

- What is the likely impact on equality of opportunity for those affected by this policy/proposal, for each of the Section 75 categories? (minor/major/none)
- Are there opportunities to better promote equality of opportunity for people within the Section 75 categories?
- To what extent is the policy/proposal likely to impact on good relations, between people of a different religious belief, political opinion or racial group? (minor/major/none)

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

(From 'Section 75 of the NI Act: A Guide for Public Authorities': ECNI).

The Trust's Equality Screening process provides this evidence.

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 a full Equality Impact Assessment (EQIA).

Equality screening for all the policies/initiatives detailed has highlighted the need to ensure that information relating to them/the service is made available, throughout, to support those service users/families/carers who do not have English as a first language, including the use of foreign language interpreters and written translations etc., in line with Trust guidelines. In addition, service users, their families, carers or staff who require additional communication support including e.g. provision of information in Braille, sign language interpreters, large font or audio, will be provided with this.

Should you wish to obtain a copy of any of the policies and/or screening forms referred to in this document, or require them in an alternative format, please contact:

Equality & Involvement Team
Western Health & Social Care Trust
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS
Telephone: 028 8283 5834
Email: equality.admin@westerntrust.hscni.net

Western Health and Social Care Trust: Screening Outcomes for the Period 1 January 2018 – 31 March 2018

Human Resources Directorate			
Title of Policy and Description	Outcome of Equality Screening	Reason for Outcome	Date Compld
<p>Regulation and Professional Registration Policy</p> <p>This policy aims to clarify roles and responsibilities for staff and managers regarding Professional Registration. It aims to ensure that requirements laid down by regulatory bodies such as the General Medical Council; the Nursing & Midwifery Council; Health & Care Professions Council and Northern Ireland Social Care Council are adhered to and that all practitioners in the Trust's employment, who require registration, are currently live on the relevant register. As employers, Health and Social Care Trusts must have arrangements in place for ensuring the initial validation and retention of their employees' professional registration.</p> <p>This is an updated Trust policy.</p>	<p>Green: No Impact: A full EQIA is not recommended.</p>	<p>Regulatory bodies set out the requirement for registration for their members and this Policy describes the Trust's local arrangements for ensuring compliance with these requirements. The policy aims to ensure that all practitioners in the Trust's employment who require registration are currently live on the appropriate register. This policy aims to clarify roles and responsibilities regarding Professional Registration.</p> <p>The Policy will be shared with Trade Union Side and each professional forum will advise of the change, providing information to their staff on the policy. Professional leads will cascade the message and the Policy will be on the Trust Intranet and a Trust Communication will be issued.</p>	<p>11/1/18</p>
<p>Your Right to Raise a Concern (Whistleblowing) Policy</p> <p>The aim of this Policy is to ensure that under the terms of the Public Interest Disclosure (Northern Ireland) Order 1998, a member of staff is able to raise legitimate concerns when they believe that a person's health may be endangered or have concerns about systematic failure, malpractice, misconduct or illegal practice without fear of retribution and/or detriment.</p> <p>The Policy aims to improve accountability and good governance by assuring the workforce that it is safe to</p>	<p>Green: No Impact: A full EQIA is not recommended.</p>	<p>This Policy has been developed regionally, in response to the recommendations arising from the Regulation and Quality Improvement Authority's (RQIA) Review of the Operation of Health and Social Care Whistleblowing Arrangements.</p> <p>The policy sets out the revised arrangements by which Health and Social Care staff can raise public interest concerns and what they can expect from their employers in terms of protection under the law. It provides guidance on how to encourage staff to raise concerns and how to deal effectively with</p>	<p>11/1/18</p>

raise their concerns. The aim of the policy is to promote a culture of openness, transparency and dialogue which at the same time:

- reassures staff that it is safe and acceptable to speak up;
- upholds patient confidentiality;
- contributes towards improving services;
- assists in the prevention of fraud and mismanagement;
- demonstrates to all staff and the public that the Western Trust is ensuring its affairs are carried out ethically, honestly and to high standards;
- provides an effective and confidential process by which staff can raise genuine concerns so that patients, clients and the public can be safeguarded.

The Policy also contains a step by step procedure for employees who wish to raise a concern along with a flowchart outlining the different stages of escalation. This procedure also outlines what action the Trust will take in addressing concerns and how learning will be implemented and reported. Guidance for managers is included within the policy appendices on how to respond when a concern is raised to them.

This Policy replaces the Trust's Public Interest Disclosure (Whistleblowing) Policy which was implemented and in place since June 2011.

concerns in an open and transparent way.

If a member of staff has honest and reasonable suspicions about issues of malpractice/wrongdoing and raises these concerns through the channels outlined in the policy, they will be protected from any disciplinary action and victimisation, (e.g. dismissal or any action short of dismissal such as being demoted or overlooked for promotion) simply because they have raised a concern under this policy.

The policy will be communicated through the Trust Intranet and Trust Communication. Managers responsible for staff with no access to email will be asked to share the policy with these staff. Additionally an awareness week will be held to launch the policy with information available on the Trust NOW newsletter. Posters will be developed and distributed to all facilities to be displayed on notice boards.

Performance & Service Improvement Directorate			
Title of Policy and Description	Outcome of Equality Screening	Reason for Outcome	Date Compld
<p>Child Health - Savings Plan 17/18 Proposal</p> <p>The Trust is required to deliver savings of £3.4m as part of its statutory requirement to break even and a range of areas have been asked to develop suitable proposals to support this requirement.</p> <p>The Child Health Team, based in Bridge View, Gransha Park, support the organisation and administration associated with a number of nursing programmes for schools throughout the area, including the Fluenz programme and general school nursing visiting alongside a range of other programmes of care. The Team organise visits including relevant authorisation paperwork for vaccines from parents and carers and co-ordinate with local schools.</p> <p>As at 1st April 2017, the Trusts Child Health Team had 1 (full time) Band 2 clerical officer vacancy due to a member of staff taking up a post elsewhere within the Trust. At this time, the post was not required to be recruited as the work programme was deliverable within the current staffing complement. It is anticipated that there will be no immediate impact as a result of holding this vacancy.</p>	<p>Green: No Impact: A full EQIA is not recommended.</p>	<p>It is envisaged that the holding of this Band 2 clerical officer post will not have an adverse impact in the short term of 17/18 or into 18/19 and that the team are still able to deliver their full programme of work to no detriment as there is capacity within the existing team.</p> <p>Staff were advised of the decision to hold the above post during a team meeting in October 2017.</p>	<p>13/2/18</p>
<p>Clinical Coding - Savings Plan 17/18 Proposal</p> <p>The Trust is required to deliver savings of £3.4m as part of its statutory requirement to break even and a range of areas have been asked to develop suitable proposals to support this requirement.</p>	<p>Green: No Impact: A full EQIA is not recommended.</p>	<p>It is envisaged that the holding of these 2wte Band 4 coding posts will not have an adverse impact in the short term of 17/18 or into 18/19. The Trust will achieve the 98% coding target by end June 2018, as required, with the current staffing complement. It is proposed that these posts are released for</p>	<p>13/2/18</p>

As at 1st April 2017, the Trusts clinical coding team based across Altnagelvin and South West Acute Hospitals had 4 whole time equivalent (wte) Band 4 Administration and Clerical vacancies, 2 of which were recruited in September 2017 in order to support the Trusts requirement to achieve 98% clinical coding target by end June 2018 which is an annual requirement. At that point in time only 2 posts were recruited owing to a number of key factors:

- 2 year foundation training programme to become fully qualified coder;
- high level of trainee coders within department currently who need high levels of supervision and support to attain coding standards and methodology;
- need for accommodation review across Northern and Southern sectors in order to recruit additional coders in 18/19 to ensure best use of office space and equity across the service.

The role of the clinical coder is to accurately abstract, analyse and translate all relevant medical and clinical information from patient case notes, discharge summaries and reports etc. for all inpatient, outpatient and day case episodes of care. This information is translated against ICD 10 (International Classification of Diseases and related health problems) and OPCS 4(Office of Population Census and Surveys) codes and entered onto the hospital patient administration system. The classification of this information is required in order to support the organisation to understand a number of elements of service delivery in terms of case complexity, morbidity and mortality rates and is used from a high level financial perspective to support the development of the Health Care Resource Groupings

recruitment from 1st April 2018.

Staff within the clinical coding department were advised of this decision during team meetings in October 2017.

to determine the level of funding that is needed by the organisation to undertake its' work.

There is no immediate impact within the department if these 2 posts are not filled as the Trust will achieve the 98% coding target by end June 2018 as required within the current staffing complement. However if these posts are not recruited in 18/19 there is an increased risk that in the longer term the Trust may be adversely affected and unable to maintain the 98% requirement and impact negatively on the improvements in depth of coding that the Trust works to. This is as a result of the need for trainee coders to complete a foundation course which takes 2 years to complete.

Primary Care and Older Peoples Directorate			
Title of Policy and Description	Outcome of Equality Screening	Reason for Outcome	Date Compld
<p>Guidelines for the Management of Patients with a Diagnosis of Dementia in the Acute Hospital Setting</p> <p>The purpose of these guidelines is to ensure the Trust meets strategic and clinical best practice standards in delivering dementia care within the Acute Hospital Settings. The guidelines are for staff and provide information on roles and responsibilities. The term 'dementia' is used to describe a syndrome which may be caused by a number of illnesses in which there is progressive decline in multiple areas of function, including memory, reasoning, communication skills and the ability to carry out daily activities (Wilson <i>et al.</i>, 2011). Alongside this decline, individuals may develop behavioural and psychological symptoms such as depression, psychosis, aggression which cause problems in themselves, which complicate care and which can occur at any stage of the illness (Department of Health, 2009).</p> <p>In acute wards the main emphasis of care is generally focused on the presenting condition, for example, a fracture following a fall. Staff treating these patients, have the knowledge, skills and expertise to treat the patient in their respective speciality but the underlying diagnosis of dementia is often overlooked. The care of people with dementia can be difficult and challenging for generalist clinicians and there is evidence to confirm that most nurses in the acute care setting lack the specialist knowledge and skills required (Surr <i>et al.</i>, 2016). Issues relating to communication, nutrition and management of</p>	<p>Green: No Impact: A full EQIA is not recommended.</p>	<p>It is anticipated that these guidelines will have a positive impact. They will standardise practice and the management of patients with a diagnosis of dementia within the Acute Hospital setting across the Trust and ensure a consistent approach for staff and families. The guidelines will also ensure that all associated practices are based on current evidence and improve communication and documentation processes for the patients, carers and staff regarding the management of patients with a diagnosis of dementia within the Acute Hospital setting.</p> <p>Northern Ireland Dementia Strategy (2012) and findings from Northern Ireland Audit of Dementia Care in Acute Hospital (2015) include recommendations that guidelines for the management of patients with a diagnosis of dementia in the Acute Hospital Setting should be available. The purpose of these guidelines is to ensure the Trust meets strategic and clinical best practice standards in delivering dementia care within the Acute Hospital Setting.</p> <p>Lead Nurses have the responsibility to coordinate and facilitate implementation of these guidelines and monitoring of compliance within their individual directorates. They are required to ensure that their staff understand the guidelines and related operational procedures. Ward Managers have the</p>	<p>8/2/18</p>

pain have been identified as priority areas for improvement on hospital wards when caring for a patient in the acute setting (DHSSPS, 2011; Alzheimer's Society, 2009). To address these issues training for staff is provided within the Trust.

Admission to hospital is a stressful time for anyone and can be even more so for a person with dementia because of the cognitive impairment. Up to 70% of acute hospital beds are occupied by older people, approximately 40% of whom have dementia (Alzheimer's Society, 2009). Dementia per se may not be the primary reason for admission, however, patients who have dementia experience many more complications such as pressure sores, falls and incontinence (Royal College of Nursing, 2013). Studies also show that the average length of stay of a person with dementia in an acute hospital is longer than for someone without the condition (Johnston *et al.*, 2011). Overall, people with dementia stay on average 25% longer, and in some places 85% longer, than people without dementia (Comparative Health Knowledge System, 2012). Patients with dementia are also at greater risk of developing delirium, with an estimated 90% developing the condition following hip surgery (Björkelund *et al.*, 2009).

To support staff and the guidelines there is a range of dementia training available.

responsibility to adhere and implement these guidelines and to monitor compliance within their teams.

All staff members are responsible for ensuring they comply with these guidelines regarding the care of people with dementia. They must meet requirements set out regarding learning and development for their level of involvement with people with dementia and should ensure they know who their Dementia Champion is to enable communication and sharing of information

A range of Dementia training is available for staff including e.g.:

- Dementia – Brief Awareness Sessions for Staff in Acute Hospital Settings
- Dementia – Care of People with Dementia in Acute Care Settings
- Dementia in Learning Disability
- Dementia - Person-Centred Palliative Care for People with Dementia
- Memory Rehabilitation for People with Dementia

The guidelines will be communicated to staff via team meetings, Ward Sisters' meetings and Trust Communication and will be accessible on the Trust Intranet.