



Western Health  
and Social Care Trust

# **Equality Screening Report**

1 October 2017 – 31 December 2017

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:

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Western Health and Social Care Trust: Screening Outcomes for the Period 1 October 2017 – 31 December 2017

Acute Directorate			
Title of Policy and Description	Outcome of Equality Screening	Reason for Outcome	Date Compld
<p><b>Northern Ireland Pathway for the Management of Adult Patients who decline Specified Blood Components or Blood Products</b></p> <p>The majority of patients will accept blood components and/or blood products if their use is necessary as part of their treatment and the clinical reasons are fully explained. However, there are some patients who may decline blood components and/or blood products on the grounds of religious or personal beliefs. The clinical team must respect the wishes of individual patients and it is imperative that the individual's wishes in respect of specific medical treatments are determined as soon as possible in order that a plan of management may be formulated.</p> <p>The purpose of this document is to maximise co-operation and understanding between patients who decline transfusion of blood components and/or blood products and clinical staff in the Trust to ensure that the beliefs of the patients are acknowledged and respected. Individuals may vary in their choice and it is important to clearly establish the preference of each patient. The document provides information for staff about the alternative treatments available which may or may not be acceptable treatment for the group of patients who decline blood components and/or blood products.</p>	<p><b>Green:</b> No Impact: A full EQIA is not recommended.</p>	<p>It is anticipated that the introduction of this Pathway will have a positive impact across WHSCT as well as Northern Ireland for patients who decline specific blood components and/or blood products as well as staff caring for this group of patients. The use of a Regional Pathway will facilitate patients who have to be transferred from one hospital location to another without the need for repetition of questions regarding blood components and/or blood products that are acceptable.</p> <p>This Pathway was developed by the Northern Ireland Transfusion Committee in consultation with representation from the Northern Ireland Hospital Liaison Committee for Jehovah's Witnesses. Various publications were reviewed and referenced in the Pathway document where relevant. The draft Pathway was also shared with the DHSSPS NI Legal Services team and updated accordingly.</p> <p>This Pathway will be shared with Trust staff via Trust Communication and also available on the WHSCT Intranet site.</p>	<p><b>15/11/17</b></p>

<b>Corporate Directorate</b>			
<b>Title of Policy and Description</b>	<b>Outcome of Equality Screening</b>	<b>Reason for Outcome</b>	<b>Date Compld</b>
<p><b>WHST Savings Plans 2017/18</b></p> <p>In August 2017 Trusts in Northern Ireland were tasked by the Department of Health (DoH) with developing draft savings plans to deliver their share of a total of £70m of savings in 2017/18. The Health and Social Care (HSC) system worked collaboratively to address the significant financial pressures facing health and social care in 2017/18 in order to meet the statutory requirement of achieving a balanced financial plan across the HSC.</p> <p>The totality of the savings plan for the Western area amounted to £12.5m. The scale of the savings needed in-year was significant and clearly, as there was limited time available to introduce savings measures, actions would need to be taken promptly to enable the spending to be reduced.</p> <p>The Trust responded to this difficult task by aiming to identify actions, that if taken, would impact on how the Trust works but have no or low impact on front line services. However, given the scale of savings required the Trust also had to look beyond this to areas that have the potential to reduce spend in-year which largely relates to reducing the use of 'flexible' staffing. These include Nurses employed through Agencies and locum Doctors. In this regard the Trust identified that these proposals may be considered as major and/or controversial, in line with the DoH guidance circular: Change or Withdrawal of Services – Guidance on roles and responsibilities, dated 26</p>	<p><b>RED:</b> Major equality issues/impact: full EQIA recommended</p>	<p>On 24 August 2017 the Western Trust launched its public consultation on the savings proposals for 2017/2018. By 5 October 2017 when the consultation closed, the Trust had heard from more than 7,700 individuals and organisations from across its geography, either in writing, by petition or through participation in one of the events held for staff (12 open events and 30 targeted events), public (5 events) or political representatives and other stakeholders (19 events).</p> <p>During the consultation period the Trust held five public locality engagement meetings to engage directly with service users, carers, the public and local representatives. The format of all of the meetings, except Enniskillen, was a short presentation on the proposals and break out into small groups with facilitators to enable all comments to be heard. Due to the large numbers that attended the Enniskillen event, the Trust rescheduled the event and amended the format to theatre style to accommodate the large number of attendees. Sign language interpreters and Easy Read documents were made available to facilitate engagement.</p> <p>The Trust's initial reaction to the consultation outcome is to acknowledge the strength of the responses received and the interest and commitment that this demonstrates. The draft savings plan which the Western Trust produced was</p>	

<p>November 2014, and the detail of these were set out in a consultation document.</p> <p>In looking to potential areas of spend reduction in-year the Trust sought to take account of the following principles:</p> <ul style="list-style-type: none"> <li>• Safety - proposals should not compromise on safety</li> <li>• Deliverability - proposals should be achievable in-year and release funding</li> <li>• Impact - aim to minimise the impact on services</li> <li>• Strategic Direction - limit actions that would counter strategic proposals</li> </ul> <p>The WHSCT proposal included a number of savings proposals regarded as low impact, which would contribute £3.1m towards the Trust share of the savings required in-year e.g. constraints to Goods and Services budgets across the Trust.</p> <p>Proposals that may be considered Major and/or Controversial were expected to collectively contribute £9.4m towards the Trust share of the savings required in-year. Against each proposal the expected impact was described and the contribution to the in-year savings plan identified. Proposals included e.g. Reduction in high cost and non-NHS locums, nursing agency and agency Social work staff and Temporarily reduce routine elective activity across the Trust and consolidate daycase elective surgery.</p>		<p>markedly different from those produced by other Trusts. It had a greater proportion of high impact proposals, amounting to over £9 million of the £12.5 million total required. This reflects the reality that this organisation faces a significant financial challenge already. Many low impact steps that can be taken to contain spending are already in place.</p> <p>The Trust very much welcomed the confirmation by the Department of Health on 11 October 2017 that additional funding was being made available to the HSC and that this will be offset against the high impact proposals across all the Trusts.</p>	
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<b>Human Resources Directorate</b>			
<b>Title of Policy and Description</b>	<b>Outcome of Equality Screening</b>	<b>Reason for Outcome</b>	<b>Date Compld</b>
<p><b>Gender Identity and Expression Policy</b></p> <p>The Western Health and Social Care Trust is committed to the health and well-being and dignity of its staff. This policy has been developed as part of a regional approach, which seeks to provide an inclusive working environment, where staff can achieve their full potential regardless of their gender identity and expression.</p> <p>The purpose of this policy is to provide guidance and advice to staff and managers on the recruitment and selection process of transgender and non-binary staff and the support mechanisms available to staff who identify as transgender or non-binary during employment with the Trust. It sets out the roles and responsibilities of all employees, managers and Human Resources staff, the actions to be taken when an applicant or staff member identifies as transgender or non-binary and the sources of information and assistance which are available.</p>	<p><b>Amber:</b> Minor equality issues/ impact. A full EQIA is not recommended.</p>	<p>This policy seeks to address key workplace inequalities for people who identify as transgender and non-binary. It thus constitutes positive action.</p> <p>This policy was brought to the Consultation Group and shared with trade unions in December 2017.</p> <p>The Trust intends to communicate this policy to all staff via Trust Communication. It will give staff and managers a reference point and guide to raise issues or deal with issues as they arise. Training currently provided will be updated, where appropriate, to ensure awareness of the policy.</p>	<p><b>21/10/17</b></p>
<p><b>Attendance at Work Policy and Procedures</b></p> <p>This policy applies to all employees and all occupational groups and is designed to set out how absence due to sickness will be managed in a fair, consistent and proactive manner by providing clear and effective guidelines on the management and monitoring of absence. This policy and Manager's Toolkit will focus on supporting Managers and staff during periods of absence by providing a framework for progress. The policy reflects the HSC Regional Policy Framework of Best Practice for managing absence. The</p>	<p><b>Amber:</b> Minor equality issues/ impact. A full EQIA is not recommended.</p>	<p>The policy aims to achieve consistency of approach in the management of absence across the Trust. The policy acknowledges the potential impact on staff with a disability and identifies action that promotes equality of opportunity.</p> <p>The policy complies with legislation and is in line with the Regional Policy Framework of Best Practice for Managing Attendance.</p> <p>The policy will be circulated via Trust</p>	<p><b>24/10/17</b></p>

<p>Department of Health sets an annual absence target for Trusts and the policy is designed to support managers to achieve this target. The policy will be reviewed in partnership with Trade Union side organisations.</p> <p>The policy has been written within the requirements of current terms and conditions of service circulars at date of approval which relate to management of absence and ill health retirement. It is recognised that any changes to national and regionally agreed terms and conditions of service will automatically update any provisions of this policy.</p>		<p>Communication and all managers will be asked to ensure that all staff are aware of the new policy. Training on the policy will be rolled out to all managers with 2 training sessions per month delivered until all managers have been trained.</p>	
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<b>Primary Care and Older Peoples Directorate</b>			
<b>Title of Policy and Description</b>	<b>Outcome of Equality Screening</b>	<b>Reason for Outcome</b>	<b>Date Compld</b>
<p><b>Policy for the identification of invasive medical devices and the labelling of their attached access/delivery lines and drainage tubes.</b></p> <p>This policy is designed to guide all WHSCT Healthcare Professionals in the safe and effective labelling of access lines and tubes. This policy is relevant to all health care professionals involved in the insertion of and labelling of invasive lines and tubes. It applies to neonates, children and adults and is applicable in the hospital and the community setting. The only exception to this policy is the Renal Unit where labels would potentially be in place for a prolonged period of time.</p> <p>Catheters, tubes, drains and lines connected to patients are a fundamental aspect of the delivery of care. They can be inserted, e.g. for patient monitoring, administration of fluids and medicines and the drainage of bodily fluids. The inappropriate or lack of labelling of these access lines and tubes increases the risk of a 'wrong route administration' with a serious adverse outcome or death. Therefore, all lines etc. that are attached to a medical device must be clearly labelled to prevent adverse incidents such as the inadvertent injection of drugs through an epidural catheter instead of an intravenous line and vice versa.</p>	<p><b>Green:</b> No Impact: A full EQIA is not recommended.</p>	<p>This policy outlines guidance for health care professionals within WHSCT on the standard for the identification of invasive medical devices and the labelling of their attached access/delivery lines and drainage tubes. It is based on the standards and recommendations from a number of National Patient Safety Agency policies/publications.</p> <p>This policy will be disseminated to staff via Trust communication, an email to Lead Nurses to cascade to staff and share at Sisters meetings and ward safety brief. It will made available on the Trust intranet and at ward level for all Health Professional Staff to access.</p>	<p><b>3/10/17</b></p>
<p><b>Ear irrigation Guidance</b></p> <p>The aim of the guidance is to ensure that the procedure of ear irrigation is carried out by an appropriately trained and competent nurse. This will be achieved through nurses</p>	<p><b>Green:</b> No Impact: A full EQIA is not recommended.</p>	<p>This Guidance will ensure staff have an evidence based guide for training and use in practice. The revised Guidance provides for up to date evidence in respect of this procedure. This should help maintain a high quality of care for service users</p>	<p><b>24/10/17</b></p>

<p>attending Ear irrigation training provided by the Continuing Education Centre and following the guidance outlined in the guidance.</p> <p>Ear Irrigation is defined as the irrigation of the external auditory canal of the ear, with water at body temperature, using a propulse ear irrigator. The guidance will assist nurses undertaking this procedure in the treatment room setting or patient's own home. The guidance includes information on the responsibilities of the patient and staff and on cautions, equipment, and procedures to be followed. An Ear Irrigation Assessment form that staff must complete is included, as is a patient information leaflet.</p>		<p>delivered by appropriately qualified and trained staff. The guidance clearly outlines roles and responsibilities.</p> <p>The policy will be shared with staff through training and as appropriate via Trust website, Trust communication. It will be shared via email to the Treatment Room, District Nursing groups and Education Provider it will also be distributed at team meetings and via email.</p>	
<p><b>Protocol for the Management of Respiratory Patients by Carers within the Community Setting</b></p> <p>The aim of this protocol is to support the training needs of carers employed via direct payment undertaking nursing tasks. The protocol will also provide governance support and guidance to community nurses delegating tasks or duties to carers employed via direct payments.</p> <p>It has been identified in the Directorate of Primary Care and Older People an education/training service is not available for carers employed via direct payments in the care of young adults with complex nursing needs who transition to adult services. The aim of this protocol is to support a Practice Education Facilitator who will deliver training to carers who are employed via direct payments and community nurses who will oversee the carers completion of competencies following the training.</p>	<p><b>Green:</b> No Impact: A full EQIA is not recommended.</p>	<p>This guidance will ensure staff have an evidence based guide for training and use in practice.</p> <p>The guidance will be shared on email to the Treatment Room, District Nursing, Respiratory Specialist Nursing groups and Education Provider. It will also be distributed at team meetings and via email and will be shared with staff and carers through training and as appropriate via Trust website, Trust communication. In line with practices supported by the protocol this should help maintain a high quality of care for service users by appropriately qualified and trained staff.</p>	<p><b>24/10/17</b></p>