Western Health and Social Care Trust

Equality Screening Report

1 July 2024 – 30 September 2024

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 July 2024 – 30 Sept 2024

Acute Directorate			
Title of Policy and Description	**Outcome of Equality Screening**	**Reason for Outcome**	**Date Compl'd**
Administration of Urokinase for Central Venous Access Device (CVAD) Occlusion in adults >18 The policy has been written to provide nursing and medical staff with guidance on the management of CVAD occlusion. Urokinase is a thrombolytic agent that has a naturally occurring enzyme which converts plasminogen to plasmin that break down clots. Catheter occlusion is the most common non-infectious complication in Central Venous Access Devices (CVADs). Catheter occlusion can be due to fibrin sheath formation, blood reflux, improper flushing or the catheter tip being pressed against the vein wall. This policy will: •Provide clear guidance on managing CVAD occlusion •Standardise the management of CVAD occlusion •Ensure staff are aware of their roles and responsibilities in the management of CVAD occlusion. It is the responsibility of nurses and medical staff who manage CVADs to adhere to this policy.	**Green:** No Impact: A full EQIA is not recommended.	All nursing staff who are involved in any aspect of the selection, insertion or care and maintenance of CVADs will be required to attend theoretical and practical training appropriate to identified need and competency assessed. This policy will be communicated to all staff who are involved in the management of CVADs by ward/department managers and the Nurse Led Peripherally Inserted Central catheter (PICC) Service. The policy will be available on the Trust Intranet/Sharepoint.	**02/07/240**

Allergy Status Documentation Policy This policy has been developed to address the issues surrounding documentation of allergy status and to ensure consistent and safe practice with respect to allergy documentation in WHSCT. The objective of the policy is to raise awareness of the importance of: • Documenting allergy status • Checking the allergy/sensitivity box on the kardex prior to prescribing, dispensing or administering a drug.	**Green:** No Impact: A full EQIA is not recommended.	Adherence to the policy will help reduce the likelihood of occurrence of preventable allergy related incidents and patient harm. Awareness of the documentation of allergy status will be included in the induction training for all staff involved in the prescription, administration or dispensing of medicines. The policy will be available on the Intranet for staff.	**08/07/24**
Human Resources Directorate			
Title of Policy and Description	**Outcome of Equality Screening**	**Reason for Outcome**	**Date Compl'd**
Supporting Performance Improvement Policy The aim of this Policy is to ensure that the WHSCT is a place where all employees are enabled to work and perform to the best of their ability to deliver an excellent service. The purpose of this Policy is to provide a framework for the Trust to support employees with performance concerns to achieve effective standards of work. This policy has been developed in line with best practice recommendations and is based upon the key principles of Health and Social Care values, Working Together, Excellence, Compassion and Openness.	**Green:** No Impact: A full EQIA is not recommended	It is anticipated that this policy will have a positive impact, in ensuring that if concerns arise regarding an employee's performance, these will be addressed at the earliest opportunity using a fair, supportive and compassionate approach. It is expected that the majority of concerns will be dealt with and resolved informally between the manager and employee. The Policy outlines the process, roles and responsibilities for Human Resources (HR), management and Trade Unions. The policy will be distributed to all staff via email and will be available on the HR Hub for all Trust staff.	**19/07/24**

Finance Directorate			
Title of Policy and Description	**Outcome of Equality Screening**	**Reason for Outcome**	**Date Compl'd**
Direct Award Contract Guidance (DAC) This Guidance has been developed for staff to support the administration and completion of DAC's**.** A DAC is required for any single projects for non-medical / nursing off contract agency usage over £10k. A DAC is completed by a Requesting Officer, approved by an Assistant Director/Director and authorised by the Director of Finance Contracting & Capital Development. A DAC is defined as a public contract that is awarded without competition valued above or below the relevant UK procurement threshold. DAC's are subject to a high level of scrutiny by Business Services Organisation, Procurement and Logistics Service (BSO PaLS), the Department of Health (DoH), Audit & Risk Assurance Committee and Internal and External Audit.	**Green:** No Impact: A full EQIA is not recommended	The Trust will continue to collate and report DAC activity to its Audit Committee and address specific recommendations. Controls will be strengthened as a result of this new Procedure. Departmental visibility of expenditure will continue through the bi-annual reporting of DAC expenditure across the Trust to Departmental Audit and Risk Assurance Committee (DARAC). PaLS advice on the potential for procurement and legal challenge will continue to be provided to the Trust's Accounting Officer, to inform approvals for DACs below £1m; and BSO PaLS would continue its collation and monthly publication of all contracts, including DACS worth more than £30k, on its website. Training material/ videos and in-depth guidance to support the implementation of this procedure document is available on Direct Award Contracts provided by DoH. The guide will be available on the Trust intranet and shared with staff via a Trust communication.	**13/08/24**
Endowment & Gift Funds – Establishment of Interim Superfunds This procedure is intended to provide advice to Trust staff who, in the course of their day to day work, deal with endowment and gifts monies on behalf of the Trust. This procedure is a reference point for all staff who deal with Endowments and Gifts monies (donations)	**Green:** No Impact: A full EQIA is not recommended	The Procedures for receipt and application of Endowment and Gifts monies are an operational guide for staff only in relation to the management of such funds on behalf of the Trust. The guidance will be distributed via the Staff Intranet and via Trust Communication. Should staff require further information, sessions can be arranged to explain the guidelines.	**05/09/24**

in an administrative or approval process. Staff should comply with the procedure in a manner commensurate with their role and responsibilities within the Trust. The procedures cover the process to be followed when staff are in receipt of donated monies to the Trust, and also the process to be followed when varying types of expenditure from Endowment and Gift funds is required.			
Primary Care and Older People Directorate			
Title of Policy and Description	**Outcome of Equality Screening**	**Reason for Outcome**	**Date Compl'd**
WHSCT Policy for the Management of Adults with Dysphagia-Eating, Drinking & Swallowing Difficulties (EDS) This policy relates to the safe and effective management of adults with eating, drinking and swallowing difficulties and applies to all Trust staff involved in providing high quality care and services for them. This policy refers to adults who have eating, drinking and/or swallowing (EDS) difficulties, also known by the medical term "Dysphagia".	**Green:** No Impact: A full EQIA is not recommended	All staff will have access to essential swallow awareness training (Introductory and targeted dependent on role) and have clearly defined roles and responsibilities. The policy will be widely disseminated throughout Directorates in the Trust and will be available on the Trust policy sharepoint site and the Trust Dysphagia/Eating, Drinking and Swallowing sharepoint site.	25/07/24
WHSCT Refeeding syndrome guideline for adult inpatients Refeeding syndrome is the adverse clinical and biochemical problems which can occur upon feeding severely malnourished patients either by the oral, enteral or parenteral route. The purpose of this guideline is to raise awareness and support the safe treatment of patients assessed as at risk of refeeding syndrome in the Western Trust.	**Green:** No Impact: A full EQIA is not recommended	The update of this guidance will continue to ensure the identification and the safe management of WHSCT adult inpatients who are at risk of developing refeeding syndrome. This guideline ensures people are considered and cared for as individuals, and acknowledges that the management of refeeding syndrome should be provided with an equitable, person centred approach respecting the diversity of people including their religious beliefs and cultures. This guideline outlines roles and responsibilities of all Staff	28/08/24

The objectives of these guidelines are; • to define refeeding syndrome • to highlight which patients are at risk of refeeding syndrome • to describe the pathophysiology and potential consequences of refeeding syndrome • To provide guidelines on the feeding of those patients at risk of refeeding syndrome.		involved and will be shared via the Nutrition Steering Group to facilitate cascading through all directorates and will be available on the Staff intranet.	
Nursing & Midwifery Rostering Policy The policy is a review of a previous version that was developed to support and promote best practice for Rostering within Nursing Staff. This policy is applicable to nursing and midwifery staff where rosters are used to manage duty hours to support the delivery of Trust service, it outlines the roles and responsibility of staff and managers.	**Green:** No Impact: A full EQIA is not recommended	This policy outlines the roles and responsibility of staff and managers and the importance of clear communication ensuring staff are able to achieve a work life balance and the service managers have confidence their service is staffed appropriately. The objectives of the Trust include the promotion of health and wellbeing and a commitment to equality and human rights which improve the working lives of staff. The overarching principles underpinning rostering is to ensure the effective management of the Trust's staffing resource. The policy will be communicated to Managers and Staff through the various directorate meetings and sent out electronically through Trust Communication and can be viewed on the Trust Intranet under Policies.	**25/09/24**
Children and Families Directorate			
Title of Policy and Description	**Outcome of Equality Screening**	**Reason for Outcome**	**Date Compl'd**
Procedure for the Health Visiting Service – Audit of Records. **Induction Resource Pack which includes:** **1)Health Visitors (HV) who are newly qualified,**	**Green:** No Impact: A full EQIA is not recommended	The Trust will ensure the effective management of resources within the health visiting team during periods of pressure and during the induction of new staff. Supporting staff and ensuring documentation is to an acceptable standard will	**19/09/24**

returning to practice or have trained outside Northern Ireland **2)Operational Guidance for Management of Health Visiting service in Periods of Pressure** **3)Procedure for the Health Visiting Service Audit of Records** The procedures aim to ensure the delivery of safe high quality care and protection for children. Each of these guidance documents outline the high level of acceptable practice to ensure safe delivery of the service. An induction pack is essential for new staff including staff returning to practice to ensure their level of training and knowledge is to the same high standard as staff who have trained in the Western Trust. It is important that new staff members feel welcomed and integrate into the team. All staff are required to have an acceptable standard of record keeping. The auditing of records will help assess the standard of the record keeping and communication which will allow the service to identify any areas where improvement might be made. The Nursing and Midwifery Council (NMC) The Code (March 2015) indicates that in order to practice effectively you must keep clear and accurate records relevant to your practice.		enable the trust to deliver on targets whilst providing a high quality, accessible, sustainable and safe service to our clients. Details of the audits and induction packs have been and will continue to be communicated regularly with staff so they are aware of the standards required. The guidance documents will be communicated to staff via email and highlighted at staff meetings. They will be available on SharePoint for future reference.	