



Western Health
and Social Care Trust

Equality Screening Report

1 July 2019 – 30 September 2019

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 2019 – 30 September 2019

Acute Directorate			
Title of Policy and Description	Outcome of Equality Screening	Reason for Outcome	Date Compl'd
<p>WHSCCT Acute Pain Guidelines</p> <p>This guideline is an update to the original from October 2013) and covers acute pain management for the adult patient population over the age of 16 years within the WHSCT. It does not include guidance on Patient Controlled Analgesia or Epidural analgesia although information on step down from Patient Controlled Analgesia is included. For paediatric guidance reference should be made to the Paediatric Acute Pain Policy (currently under development). This guideline does not aim to address pain management in palliative care or the management of pain from an acute Myocardial Infarction. Separate Palliative Care and Coronary Care Guidelines should be consulted.</p> <p>This guideline aims to provide guidance for medical and nursing staff caring for patients with acute pain. It provides guidance on best practice in relation to the assessment, planning, implementation and evaluation of pain management in adults. This includes suggested analgesia treatment options according to the World Health Organisation (WHO) Pharmacological Management of Pain ladder and aims to maximise patient satisfaction in relation to acute pain and to minimise potential associated side effects and adverse events from medication use. It must be used as a tool for guidance only in addition to national drug reference sources such as the British National Formulary to support clinical decision making in respect of prescribing and drug administration for acute pain.</p>	<p>Green: No Impact: A full EQIA is not recommended.</p>	<p>It is anticipated that this guideline will have a positive impact on all adult service users experiencing acute pain and on staff who are managing acute pain within the WHSCT.</p> <p>The guideline aims to provide WHSCT clinical staff with appropriate information and suggested reference sources in relation to evidenced based management of acute pain. The guideline gives details to these staff on the provision of safe and effective analgesia using best practice guidelines. It is hoped that the guideline will equip staff with the knowledge and resources to provide safe and effective pain management options for all service users based on individual patient need and clinical status.</p> <p>This updated guideline will be communicated to staff including via the Medicines SharePoint accessed via the Trust staff intranet. The information will also be shared with Ward Sisters/Charge Nurses for dissemination among their staff. The guideline will be highlighted at WHSCT Acute Pain Management training and referenced throughout patient contact or clinical decision making by the Acute Pain Service.</p>	<p>2/8/19</p>

<p>Blood Component Transfusion Policy</p> <p>This Policy aims to provide guidance to all staff involved in the blood transfusion process for the safe and appropriate use of blood components within the WHSCT. It provides guidance for transfusion of all Blood Components (Red Cells, Platelets, Fresh Frozen Plasma and Cryoprecipitate) regardless if the patient is being transfused in a hospital, home environment or out of hospital facility (e.g. by the Rapid Response Nursing Team or Acute Care at Home Team).</p> <p>The policy draws on best practice arising from national sources as well as requirements specified by regulatory bodies such as the Blood Safety and Quality Regulations. This policy aims to ensure that there is a consistent approach to the procedures involved in the blood transfusion process. It has been written to standardise the care of the patient throughout the blood transfusion process, to ensure appropriateness of blood component transfusions, safe administration of transfusions and the correct management of any adverse events.</p>	<p>Green: No Impact: A full EQIA is not recommended.</p>	<p>It is anticipated that this policy will have a positive impact on the care of the patient receiving a Blood Component Transfusion. The policy aims to provide guidance for staff involved in any aspect of the blood transfusion process to ensure safe transfusion practice as well as appropriate blood component use. The policy is supported by Haemovigilance Training and Competency Assessments in the Blood Transfusion process.</p> <p>The policy replaces the WHSCT Policy for Blood Component Transfusion in Adults (February 2013) and the WHSCT Policy for Blood Component Transfusion in Neonates & Older Children (May 2013).</p> <p>The contents of the policy will be communicated to staff via Haemovigilance teaching sessions, Trust Communication, email communication to Ward Managers / Practice Educators and will be available on the Trust Intranet.</p>	<p>13/8/19</p>
<p>Our Hearts Our Minds, Cardiovascular Disease Prevention Programme</p> <p>This programme aims to transform existing provision of cardiac rehab within the Trust. The transformation will result in a new form of cardiac rehabilitation: in a community location, provided by a nurse-led multi-disciplinary team (MDT) in 3 sites/hubs across the Western Trust; Altnagelvin/Gransha, Omagh Health and Primary Care Centre or South West Acute Hospital, Enniskillen.</p> <p>Patients can be referred to the programme via GP or hospital services. They are invited to attend an initial</p>	<p>Green: No Impact: A full EQIA is not recommended.</p>	<p>It is anticipated that the implementation of this programme will improve patient experience by providing patients with the choice to include family members/chosen partner in their recovery, and the choice as to their level of engagement with the programme therefore enhancing overall population health and providing access to a full MDT of Nurses, Physiotherapists, Dietitians, Psychologists.</p> <p>Patient choice informs every part of their individual programme experience. All programme venues take into consideration the needs of staff and patients.</p>	<p>13/9/19</p>

<p>assessment at a hub with the MDT, during which they will receive a health assessment. This assessment will provide the team with information on smoking habits and breath carbon monoxide, dietary habits, including diet history, and the use of and adherence to cardio-protective medications.</p> <p>Patient-reported outcome measures are also assessed, including anxiety, depression, and all domains of health-related quality of life. At the initial assessment, the MDT identify the patients' priorities in terms of reducing their cardiovascular risk, as well as exploring beliefs, barriers and motivators to change.</p> <p>The 12-week programme, includes individualised follow-up, a weekly educational workshop and supervised exercise sessions that are taken by the Our Hearts Our Minds MDT, sessions are deliberately equipment light so the patient can undertake similar physical activity at home. After programme completion, the patients undergo an end-of-programme assessment with a further assessment at 1 year.</p>		<p>Information relating to this implementation will be communicated widely across the Trust geography as part of the launch of the programme. A communications plan has been developed which emphasises continual communication with Trust colleagues, programme participants and the wider population</p>	
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Performance and Service Improvement Directorate			
Title of Policy and Description	Outcome of Equality Screening	Reason for Outcome	Date Compl'd
<p>Northern Ireland Diabetic Prevention Project (NIDPP) The Diabetes Prevention Programme (DPP) NI is a nine-month behaviour change programme that helps individuals, who are at high risk of developing Type 2 diabetes, to significantly reduce their chances of developing the disease. Type 2 diabetes mellitus (T2DM) is one of the most common long term health conditions in Northern Ireland (NI), associated with significant morbidity, mortality and healthcare costs. The risk of developing T2DM is strongly linked to modifiable health behaviours, in particular diet and weight.</p> <p>At least a quarter of people with prediabetes can be prevented from developing diabetes, according to a Public Health England meta-analysis of dozens of research trials, if we attract patients to a well-directed lifestyle modification programme.</p> <p>It is recognised that there is a need for wider population level interventions throughout the life course to reduce the incidence of Type 2 Diabetes, there is clear evidence that intensive behaviour change intervention in individuals who are particularly high risk, based on risk assessment score and blood tests, is effective in preventing or delaying progression to T2DM.</p> <p>Patients are assessed by their GP and if they fit the criteria a referral is made to the DPP. The DPP offers a behaviour change intervention, the team work to manage referrals, encourage and signpost participants to enable them to</p>	<p>Green: No Impact: A full EQIA is not recommended.</p>	<p>It is anticipated that this programme will lead to improvement in lives by delaying the onset of T2DM therefore also easing the burden on the Health Service owing to the medical complications of T2DM.</p> <p>While it is recognised that there is a need for wider population level interventions throughout the life course to reduce the incidence of Type 2 Diabetes, there is clear evidence that intensive behaviour change intervention in individuals who are particularly high risk, based on risk assessment score and blood tests, is effective in preventing or delaying progression to T2DM.</p> <p>The programme will be communicated to GP staff via email from Integrated Care Partnerships (ICP) Regional lead (West).</p>	<p>22/7/19</p>

continue their behavioural change and progress onto other services when the DPP programme concludes.			
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Primary Care & Older People's Services Directorate

Title of Policy and Description	Outcome of Equality Screening	Reason for Outcome	Date Compl'd
<p>Guideline for Subcutaneous Administration of Cytarabine (ARA-C) BY Community Nursing Staff.</p> <p>This guideline provides staff with an evidence based tool for the safe administration, handling and disposal of Cytarabine (ARA-C) in the home community setting. The aim of these guidelines is to allow suitably trained community nursing Staff to safely administer Subcutaneous Cytarabine in the community. It is a framework of best practice which all staff must adhere to.</p> <p>Cytarabine is an antimetabolite drug which is metabolised by the liver and excreted by the kidneys. The therapeutic indications for this drug category is for remission of elderly adult patients with acute myeloid leukaemia. These patients will be able to commence treatment without delay. Generally cytarabine is a course of treatment lasting 10 days in total, with the drug cytarabine being administered subcutaneously twice daily – morning and evening. The first dose of cytarabine treatment is always administered in a hospital setting and the patient is then referred to community staff for ongoing administration and management of their treatment regime at home.</p>	<p>Green: No Impact: A full EQIA is not recommended.</p>	<p>It is anticipated that the introduction of this guideline will lead to an improvement in care for the people of the Western Trust Area. It will ensure safe and effective care for patients and enhance skill level of clinician involved. The guideline will ensure standardisation of care across the WHSCT. The guideline will remove barriers to care in the community.</p> <p>This guideline defines the role for all staff involved in the care of those patients undergoing administration of subcutaneous cytarabine therapy and therefore an improvement on the current service provision.</p> <p>The document will be communicated to staff via Trust Communication and at ward/dept. meetings etc. and will be supported by training.</p>	<p>8/8/19</p>

Strategic Capital Development			
Title of Policy and Description	Outcome of Equality Screening	Reason for Outcome	Date Compl'd
<p>International Medical Workforce Recruitment & Reform The Trust has experienced significant challenges in recruiting and retaining a highly skilled and experienced medical workforce. Increasingly the Trust has relied heavily on locum doctors which have had potential quality risks due to the transient nature of the workforce. It has been challenging for the Trust to ensure continuity of service provision due to difficulties in securing locum cover for a range of specialities which has impacted on the availability of services for patients.</p> <p>The International Medical Recruitment and Reform project was established in 2015 as a 3-year quality improvement initiative aimed at improving the quality and accessibility of services for patients and a reduction in the reliance and expenditure of agency locums.</p> <p>Key objectives/targets are:</p> <p>Safety and Quality</p> <ul style="list-style-type: none"> • Improve efficiency in the patient journey, quality safety and governance. • Reduce the dependence on locum and agency doctors Trust wide. <p>Performance/Access/ Experience</p> <ul style="list-style-type: none"> • Progress to prospective job planning in advance of 2020/2021 job planning year. 	<p>Green: No Impact: A full EQIA is not recommended.</p>	<p>It is anticipated that the International Medical Workforce and Reform Project will have no impact in relation to any of the 9 groups identified. The Project relates to the robust implementation (and management) of existing policies.</p> <p>The International Medical Recruitment and Reform project aims to improve the quality and accessibility of services for patients and reduce the reliance and expenditure on agency locums.</p> <p>A Project Board set the strategic direction of the project, ensure robust governance arrangements and oversee project activity. A Project Manager, HR Manager and Medical HR Assistant were recruited to lead project activity, ensure required governance arrangements and to continually develop the project.</p>	<p>2/8/19</p>

Financial

- Reduce the level of locum expenditure over the next three years
- Deliver savings each year for the next three years of approx. £1.5m annually through the recruitment of International Medical Doctors and implementation of Locums Nest (The cash savings are estimated at £500,000 per annum based on average of the first four years of the project. The target for cost prevention is an additional £1,000,000.)

Workforce

- To review medical vacancy lists and target areas that area hard to fill with international medical recruits
- To reduce vacancies in the wards contributing to the strategic theme of “a great place to work”.

The Trust has been successful in attracting and retaining a growing pool of highly skilled and experienced doctors from across the world to support the development and sustainability of a wide range of specialist services. The main benefits of the initiative to date include improved quality and access to services for patients, stronger services resulting from input of doctors from more diverse cultural and medical training backgrounds, improved working environment for existing staff and substantial financial savings.

Women and Children's Services Directorate			
Title of Policy and Description	Outcome of Equality Screening	Reason for Outcome	Date Compl'd
<p>Cessation of Preventive Dental Programme Healthy Living Centre, Creggan, Londonderry</p> <p>Background: The programme was developed in 2000 to try to address poor levels of oral health of children attending Holy Child Primary School, Creggan. This was discovered during a dental screening which showed that over half the children in P4 presented with decay in their adult teeth. It was felt this was due to not only poor oral health practices of the children but also lack of availability/access to family dental practices. At that time there was no general dental practitioner in the local area and families found it hard to register with dentists in the city centre.</p> <p>Funding was received and a preventive programme was developed by staff from the Community Dental Service (CDS). P1-P3 children had an annual dental screening by a Dentist with onward referral to a dental hygienist who provided preventive advice, protective coatings and fluoride varnishes to prevent decay.</p> <p>Currently: The current programme is delivered by a dental hygienist and a dental nurse based in Great James Street Health Centre (GJSHC). The session operates during school term on a Monday morning in the Healthy Living Centre (HLC). Clinics do not run on Bank holidays or when the school has activities. In 2017/2018 173 children were seen during 23 sessions. The children are screened at the school by a dentist on an annual basis and referred onto the hygienist. Any child requiring restorative care is</p>	<p>Amber: Minor equality issues/impact: actions identified</p>	<p>Figures from the 2017 Child Dental Health survey demonstrates that over the last 10 years there has been marked improvements in the oral health of Children and dental screenings have shown that this improvement has been seen in the children that were involved in this programme.</p> <p>The priorities of the Community Dental Service have changed in line with their Scope of Service which identified the priority groups which need to be catered for. In addition to Special care patients, it is now responsible for the care of adults in nursing and residential homes. There has been no additional funding to the service and so it needs to prioritise the use of its staff. Staff released from this project will be able to provide care to those in nursing homes where there is a 2/3 month waiting list for these service users.</p> <p>An initiative by the HSCB has ensured there is now adequate provision of NHS services available to children in the Londonderry area and the majority of children are registered with their family dentist and attend on a regular basis. The practice is able to offer the range of preventive services previously received as part of this project.</p> <p>Preventive programmes have been set up in preschool facilities within the area by the CDS and this has ensured that parents are more aware of the</p>	<p>2/9/19</p>

referred to their family dentist.

The school concerned is involved in the Class Smiles preventive dental programme, facilitated by the CDS team. It encourages healthy eating, regular twice daily brushing and registration with a dentist. Toothbrushing packs are given out each term to encourage tooth brushing. Oral Health Information is sent home to parents to encourage good oral health habits to be supported at home.

Over the years oral health programmes have been set up in the nurseries and preschool groups throughout the area. These are facilitated by the CDS Team and centre mainly on encouraging children to brush twice daily with a fluoride toothpaste. Training is provided by the dental team for leaders within the settings and appropriate resources are provided for the groups.

There are no longer specific concerns about children in this area in relation to their oral health. Screenings over the years have shown that the oral health of children has improved. The majority of children in the School are registered with a family Dentist and attend on a regular basis. This allows them to access extended prevention as required which was previously not available to them when the scheme started in 2000.

Within the CDS itself priorities have changed, the main focus is now on the management of children and adults with Special Needs and the care of Vulnerable adults especially those in Nursing and Residential Homes. There is currently a 2/3 month waiting list for appointments for these service users. It will ensure that staff are no longer at

oral health messages and have been putting them into practice.

A preventive programme will continue to be provided to children in the school by the Community Dental Team. The school has agreed to disseminate information to Parents about the changes via the school newsletter. It also uses the newsletter to give oral health advice to parents on a regular basis including the importance of regular attendance at a Dentist.

School nurses will be advised that the programme in its current form is changing but will be advised to continue to support the school to ensure that healthy eating and tooth brushing, where possible, continues in the school.

risk in terms of infection control and manual handling. There are limited numbers of Dentists and Hygienists within the CDS and the programme is no longer a priority for the CDS: staff are required to cover other core work.

Other Issues include:

Manual handling/Infection Control concerns: GJSHC does not have a lift. The dental clinic is on the 1st floor, all instruments have to be carried to the car for transportation to the HLC and back again for sterilisation. All dental materials and clinic waste is brought back for disposal.

Accompanying Adult: The school have advised that in late 2019 they will no longer be able to provide an accompanying adult to bring the children to the clinic.

Premises: In 2017 a corporate Dental group took over the facility and whilst they have allowed the arrangement to continue, they have advised they cannot facilitate it long-term as they require all available surgeries.

Review of Service: The Clinical Director met with the hygienist and dental nurse to discuss the cessation of the programme. The issues highlighted above were discussed in detail. It is proposed that when the programme ceases that staff will be utilised in the Waterside Health Centre or carry out domiciliary care to patients in Nursing/Residential homes.

The Principal of Holy Child School has been contacted, she is supportive of the current Class Smiles programme within the school and agreed to circulate an information leaflet to parents to advise them of the change and encourage them to continue to attend their family dentist on a regular basis.