



## EQUALITY AND HUMAN RIGHTS SCREENING TEMPLATE

### THIS IS A PUBLIC DOCUMENT

<b>Title of Policy: Risk Management Policy</b>		
<b>Lead Manager: Mr Shane McCaul</b>	<b>Title: Assistant Director of Quality and Safety</b>	
<b>Directorate: Medical Directorate</b>	<b>Department: Risk Management</b>	
<b>Contact details: Mr Shane McCaul</b> <b>Address: MDEC, Altnagelvin Hospital, Derry</b> <b>Tel: 02871 345171 Ext: 214123</b> <b>Email: Shane.McCaul@westerntrust.hscni.net</b>		
<b>Short Description of Policy</b>  The policy clarifies the leadership and accountability arrangements for ensuring that appropriate systems are in place throughout the Trust to manage and control risks relating to the achievement of Trust objectives, together with clear systems for identifying and controlling risks, so that all Trust employees understand their role in managing risk, which will lead to measurable improvements in patient/client and staff safety.		
<b>Final Recommendations:</b> (please tick as appropriate)		
1.	<b>GREEN: No equality issues/impact: no further action</b>	X
2.	<b>AMBER: Minor equality issues/impact: actions identified</b>	
3.	<b>RED: Major equality issues/impact: full EQIA recommended</b>	
<p style="text-align: center;">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.</p>		
<b>Final Approval Date:</b>		

## (1) INFORMATION ABOUT THE POLICY OR PROPOSAL

### 1.1 Title of policy or proposal

Risk Management Policy

### 1.2 Description of policy or proposal

From 1 April 2003, a statutory duty of quality was placed on Health & Social Services (now Health & Social Care) Trusts. Under this duty, a Trust is required “to put and keep in place arrangements for the purpose of monitoring and improving the quality of health and personal social services which it provides to individuals and the environment in which it provides them”.

Robust risk management systems and clear accountability arrangements will allow the Trust to demonstrate its commitment to providing safe and high quality services and will contribute towards the Trust’s aims as set out in the Corporate Plan and ensure the effectiveness of the system of internal governance. The Trust’s Organisational Governance Arrangements are outlined within the Integrated Assurance Framework document 2021. [Assurance document governance review Trust Board Version August 21.pdf \(n-i.nhs.uk\)](#)

This will be achieved through risk management process.

The Trust will ensure that the risks to be managed are identified using a comprehensive, systematic process linked to the organisations Objectives as stated in the Corporate Plan 2019-2021 [Corporate Plan 2019 to 2021 26062019 V3.indd \(n-i.nhs.uk\)](#) and within the Assurance Framework 2021. [Assurance document governance review Trust Board Version August 21.pdf \(n-i.nhs.uk\)](#)

The following are the 4 objectives of the Trust:-

- Improving the quality & experience of care
- Ensuring stability of our services
- Improving the health of our people
- Supporting & empowering staff.

Trust Board, is then in a position to identify, the key corporate risks which may prevent the Trust meeting in meeting its objectives.

The Trust is committed to ensuring that risk management arrangements are based on the principles of the ISO 31000:2018 standard for managing risk and recognises that risk management should be an integral part of the organisation’s culture.

The Risk Management process has five key components:

1. Risk identification
2. Risk analysis
3. Risk evaluation
4. Risk control (treatment)
5. Risk review

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

For example, staff, actual or potential service users, other public sector organisations, GPs, primary care providers, voluntary and community groups, trade unions or professional organisations or private sector organisations or others. **Start to consider how you might involve them in the development of the policy/decision.** This will also help you to meet the Trust's obligations under Personal and Public Involvement (PPI).

- Staff
- Service Users
- Corporate Management Team
- Trust Board
- Trade Unions

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

- From 1 April 2003, a statutory duty of quality was placed on Health & Social Services (now Health & Social Care) Trusts.
- ISO 31000:2018 standard for managing risk
- WHSCT Complaints Policy [Complaints and Compliments Policy.pdf \(n-i.nhs.uk\)](#)
- WHSCT Claims Management Policy [Claims Management Policy 2017](#)
- WHSCT Control of Substances Hazardous to Health Policy [COSHH Policy \(n-i.nhs.uk\)](#)
- WHSCT Emergency Planning Policy [Emergency Planning Policy \(n-i.nhs.uk\)](#)
- WHSCT Health and Safety Policy [Health and Safety Policy](#)
- WHSCT Adverse Incident Policy [Adverse Incident Policy \(n-i.nhs.uk\)](#)
- WHSCT Manual Handling Policy [Moving & Handling Policy](#)
- WHSCT Manual Handling of the Bariatric Patient [Moving & Handling of the Bariatric Patient Policy](#)
- WHSCT Public Interest Disclosure (“Whistleblowing”) Policy [Your right to raise a concern \(Whistleblowing\) Policy - \(HR 18 002\) 20 February 2020.pdf \(n-i.nhs.uk\)](#)Zero Tolerance and Security Policy
- WHSCT Zero Tolerance Policy [Zero Tolerance and Security Policy](#)

#### Medical Directorate

- Complaints
- Claims Management Policy
- Control of Substances Hazardous to Health Policy
- Health and Safety Policy
- Adverse Incident Policy
- Manual Handling Policy
- Manual Handling of the Bariatric Patient
- Public Interest Disclosure (“Whistleblowing”) Policy – **Human Resources**
- Zero Tolerance Policy – **Performance & Service Improvement**
- Emergency Planning Policy – **Performance & Service Improvement**

## (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.

- ISO 31000:2018 standard for managing risk
- Integrated Assurance Framework document 2021
- Section 21 of the NHS Terms and Conditions of Service Handbook; and the Trust's Policy 'Your Right to Raise a Concern (Whistle-blowing)
- WHSCT Corporate Plan 2019-2021
- NHS Board Assurance: A Toolkit for health sector organisations 2015
- HSC Regional Risk Matrix
- Workforce planning information regarding staffing as at 29<sup>th</sup> March 2023

### **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.

The risk appetite model was approved at Trust Board in October 2020  
 The Policy will be considered by the WHSCT Policy Group  
 The Policy will be shared with Trade Unions for Consultation.

## 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>	<b>Staff</b>
	<b>This policy also affects Service users outside of the Western Trust area, we cannot provide accurate information for all Service users but have included Western Trust area information only. All information, unless otherwise stated, has been obtained from the 2011 Census.</b>	<b>14,176 WHSCT staff as at 29<sup>th</sup> March 23</b>
Gender	<b>Sex:</b> <b>Male:</b> 146,051 <b>Female:</b> 148,366	<b>Female:</b> 11,287 <b>Male:</b> 2,889
Age	<b>Age:</b> <b>0-4:</b> 20,445 <b>5-7:</b> 11,322 <b>8 – 9:</b> 7,668 <b>10 – 14:</b> 21,186 <b>15:</b> 4,467 <b>16 – 17:</b> 9,266 <b>18 – 19:</b> 8,097 <b>20 – 24:</b> 19,865 <b>25 – 29:</b> 20,097 <b>30 – 44:</b> 61,230 <b>45 – 59:</b> 56,781 <b>60 – 64:</b> 15,380 <b>65 – 74:</b> 22,101 <b>75 – 84:</b> 12,301 <b>85 – 89:</b> 2,878 <b>90+:</b> 1,333	16-24: 860 25-34: 3041 35-44: 3616 45-54: 3473 55-64: 2623 65+: 563
Religion	<b>Religion:</b> <b>Catholic:</b> 182,996 (62.16%) <b>Presbyterian:</b> 29,353 (9.97%) <b>Church of Ireland:</b> 37,154 (12.62%) <b>Methodist:</b> 4,900 (1.66%) <b>Other Christian:</b> 7,212 (2.45%) <b>Other religions:</b> 1,475 (0.50%) <b>No religion:</b> 12,199 (4.14%) <b>Religion not stated:</b> 19,128 (6.50%)	Protestant: 3088 Roman Catholic: 7852 Not Determined/Not Known: 3236
Political Opinion	<b>Political Opinion - Based on first choice votes held by electoral office.</b> Nationalist: 86,834 (53%) Unionist 61,995 (38.06%) Other: 14,025 (8.62%)	Broadly Unionist: 835 Broadly Nationalist: 1753 Other: 1394 Do not wish to answer/ not known: 10194

	Overall total: 162,854	
Marital Status	<b>Marital Status: All usual residents aged 16 and over (229,329)</b> Single: 87,557 Married: 106,383 In registered same-sex civil partnership: 161 Separated but still legally married: 9,678 Divorced or formerly in a same-sex civil partnership which is now legally dissolved: 11,063 Widowed or surviving partner from a same-sex civil partnership: 14,487	Married: 7645 Single: 5119 Other: 1412
Dependent Status	<b>Dependents:</b> All families in households: 77,758 Households with no dependent children: 37,650 Households with children: 76,204  Residents who: Provide 1-19 hours unpaid care per week: 17,538 Provide 20-49 hours unpaid care per week: 5,859 Provide 50+ hours unpaid care per week: 9,096 Provide no unpaid care: 261,924	Yes: 2853 No: 3346 Not Known: 7977
Disability	<b>Disability:</b> Persons with: Long-term health problem or disability: Day-to-day activities limited a lot: 37,988 Long-term health problem or disability: Day-to-day activities limited a little: 26,351 Long-term health problem or disability: Day-to-day activities not limited: 230,078	Yes: 323 No: 7728 Not Known: 6125
Ethnicity	<b>Ethnicity:</b> White: 290,923 (98.81%) Chinese: 486 (0.17%) Mixed: 740 (0.25) Irish Traveller: 251 (0.09%) Indian: 893 (0.30%) Other Ethnic Group: 294 (0.10%) Pakistani: 99 Black African: 115 (0.04%) Black Caribbean: 64 (0.02%) Black Other: 58 (0.02%) Bangladeshi: 21 (0.01%) Other Asian: 473 (0.16%)	Bangladeshi: 3 Black African: 12 Black Caribbean: 2 Black Other: 1 Chinese: 6 Filipino: 35 Indian: 118 Irish Traveller: 3 Mixed Ethnic Group: 14 Not assigned: 4174 Other: 65 Pakistani: 21 White: 9722
Sexual Orientation	<b>Sexual orientation:</b> Rainbow Research (2008) estimates that approximately 10% of the population is	Opposite sex: 7075 Same sex: 141 Same and Opposite sex: 35

	LGB. This equates to approx. 29,442 people in the Western area.	Do not wish to answer/ not known: 6925
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### 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	The policy will be made available in alternative formats e.g. large font, Braille, etc, if and when requested. Sign Language interpreters can also be provided in line with Trust Guidelines.	Information will be made available to them in alternative formats e.g. large font, Braille, etc, if and when requested
Ethnicity	The policy will be made available in alternative languages if and when requested. Foreign Language interpreters can also be provided in line with Trust Guidelines.	No identified issues
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.

**No Identified Issues**

## **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?

<b>Equality Group</b>	<b>Actions that promote equality of opportunity or minimise (mitigate) adverse impacts</b>
<b>Disability - staff</b>	This policy and any associated information will be made available in alternative formats, e.g. large font, Braille, Audio etc., for staff who have indicated that they have a disability
<b>Disability - Service Users</b>	This policy and any associated information will be made available in alternative formats, e.g. large font, Braille, Audio etc., for staff who have indicated that they have a disability. Sign Language interpreters will also be provided in line with Trust Guidelines.
<b>Ethnicity</b>	The policy will be made available in alternative languages if and when requested. Foreign Language interpreters can also be provided in line with Trust Guidelines.



## 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	Not Applicable	

### (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?**

Not Applicable

**(4) CONSIDERATION OF HUMAN RIGHTS**

**4.1 Does the policy or proposal adversely affect anyone's Human Rights?  
Complete for each of the Articles.**

<b>Article</b>	<b>Positive Impact</b>	<b>Negative Impact - human right interfered with or restricted</b>	<b>Neutral Impact</b>
Article 2 – Right to life			X
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			X
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			X
Article 5 – Right to liberty & security of person			X
Article 6 – Right to a fair & public trial within a reasonable time			X
Article 7 – Right to freedom from retrospective criminal law & no punishment without law			X
Article 8 – Right to respect for private & family life, home and correspondence.			X
Article 9 – Right to freedom of thought, conscience & religion			X
Article 10 – Right to freedom of expression			X
Article 11 – Right to freedom of assembly & association			X
Article 12 – Right to marry & found a family			X
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			X
1 <sup>st</sup> protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			X
1 <sup>st</sup> protocol Article 2 – Right of access to education			X

**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?*
	Not Applicable		Yes/No

*\*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
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**(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	X
<b>AMBER:</b> Minor impact	
<b>RED:</b> Major impact	

**Please tick:**

Yes	
No	X

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

The policy has been developed in accordance with the duties. No issues have been identified.

The policy has been developed for staff and gives clear guidance on the roles and responsibilities of staff at all levels of the organisation in relation to identifying, managing, reviewing risks in line with governance processes.

The policy will be available on Trust Intranet site.

Effective risk management is afforded a high priority within the Trust, which is underscored by a process committed to the systematic identification, analysis and control of risk.

The Trust will continue to raise awareness of risks in general and is committed to the establishment of a supportive, open and learning culture that encourages staff to report mistakes, adverse events/incidents and near misses, and to continuously learn and improve from these, in accordance with the Trust's Incident Reporting Policy and Procedures.

The policy will be communicated to staff via Trust Communication and shared by the risk management when necessary. It will also be available on the staff intranet.

➤ **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?**

- Incidents will be reviewed and monitored
- This policy will be reviewed every 3 years

**Approved Lead Officer:** Mr Shane McCaul

**Position:** Assistant Director of Quality and Safety

**Policy/Proposal Screened By:** Joanne Cassidy

**Date:** 18/04/23

**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.