



## EQUALITY AND HUMAN RIGHTS SCREENING TEMPLATE

### THIS IS A PUBLIC DOCUMENT

<b>Title of Policy: Guidance on measuring &amp; recording vital signs on patients in acute adult and maternity wards</b>	
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<b>Directorate: Primary Care &amp; Older People</b>	<b>Department: Professional Nursing</b>
<p><b>Contact details: Ursula McCollum, Head of Nursing &amp; Midwifery Patient Care, Standards and Practice.</b></p> <p><b>Address: Trust Headquarters Multidisciplinary Education Centre (MDEC), Altnagelvin Hospital, Londonderry.</b></p> <p><b>Tel: 02871345171 ex 215151</b></p> <p><b>Email: Ursula.mccollum@westerntrust.hscni.net</b></p>	
<p><b>Short Description of Policy</b></p> <p>This policy provides evidence based guidance for staff in when to measure and record patients vital signs and the subsequent actions to take when deterioration is detected, thus ensuring patients are cared for in an efficient and effective manner.</p>	
<b>Final Recommendations:</b> (please tick as appropriate)	
1.	<b>GREEN: No equality issues/impact: no further action</b> <span style="float: right;">✓</span>
2.	<b>AMBER: Minor equality issues/impact: actions identified</b>
3.	<b>RED: Major equality issues/impact: full EQIA recommended</b>
<p>Please send draft completed form for quality assurance to <a href="mailto:equality.admin@westerntrust.hscni.net">equality.admin@westerntrust.hscni.net</a></p> <p>For further information on quality assurance see page 3, section 3.</p>	
<b>Final Approval Date:</b>	
July 2023	

## (1) INFORMATION ABOUT THE POLICY OR PROPOSAL

### 1.1 Title of policy or proposal

Guidance on measuring & recording vital signs on patients in acute adult and maternity wards

### 1.2 Description of policy or proposal

The purpose of this guidance is to provide evidence based guidance for staff in when to measure and record patients vital signs and the subsequent actions to take when deterioration is detected, thus ensuring patients are cared for in an efficient and effective manner.

The guidance defines staff roles and responsibilities and provides staff with background information on the reasons for this.

### 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).

Service Users

Staff who record vital signs

Bank Staff

Agency Staff

Student Nurses

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

Learning, Development and Progression for Nursing Assistants/Auxiliaries and Nursing Support Workers within Nursing & Midwifery Workforce, Spring 2016

Care of dying Adults in last days of life December 2015

NMC The Code-Professional standards of practice and behaviour for nurses, midwives and nursing associates updated October 2018

Generic Medical; record keeping standards, Royal College of Physicians London updated

General Medical Council guidelines

## (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.

The National Early Warning Score (NEWS) 2, Standardising the assessment of acute-illness severity in the NHS, The Royal College of Physicians London December 2017 document and the Charts and escalation template have been used.

#### **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.

This is evidence based using the Royal College of Physicians document and NEWS 2 is in use throughout the UK. The front of the chart is standardised and only minimal changes (as per local availability of medical staff) are made to the escalation protocol.

The NEWS 2 chart and the escalation protocol for each chart were shared with Lead nurses and Consultants and were widely discussed by The sick deteriorating patient committee and sub group.

The link to access this document has been widely shared with staff but not with patient/client groups.

## 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.

Category	Service Users, etc.	Staff (Workforce Planning can provide this information)
Gender	This guidance will affect both men and women. Information unknown but it is expected that figures from census 2011 will adequately reflect this: Male- 146,051 Female- 148,366	This guidance will affect both men and women-  Male- 229 Female 2615
Age	All age groups	16-24yrs 116 25-34yrs 769 35-44yrs 684 45-54yrs 748 55-64yrs 449 65+yrs 78
Religion	Information unknown but it is expected that figures from census 2011 will adequately reflect this-  <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 591 Roman Catholic 1824 Not Determined/Not Known 429
Political Opinion	Information unknown but it is expected that figures from census 2011 will adequately reflect this-  Based on first choice votes held by electoral office. Nationalist: 86,834 (53%) Unionist 61,995 (38.06%) Other: 14,025 (8.62%) Overall total: 162,854	Broadly Unionist 144 Broadly Nationalist 308 Other 281 Do not wish to answer/not known 2111
Marital	Information unknown but it is	Married 1751

Status	<p>expected that figures from census 2011 will adequately reflect this-  <b>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</p>	Single 924 Other 169
Dependent Status	<p>Information unknown but it is expected that figures from census 2011 will adequately reflect this-</p> <p>All families in households: 77,758  Households with no dependent children: 37,650  Households with children: 76,204</p> <p>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</p>	Married - Yes 727 No 598 Not Known 1519
Disability	<p>Information unknown but it is expected that figures from census 2011 will adequately reflect this-</p> <p>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</p>	Yes 61 No 1594 Not Known 1189
Ethnicity	Information unknown but it is	Black African 4

	<p>expected that figures from census 2011 will adequately reflect this-</p> <p>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%)</p>	<p>Bangladeshi 0  Black Caribbean 1  Chinese 1  Indian 60  Irish Traveller 1  Pakistani 0  White 2149  Mixed Ethnic Group 2  Other 27  Filipino 17  Black Other 1  Not Known 581</p>
Sexual Orientation	<p>Rainbow Research (2008) estimates that approximately 10% of the population is LGB. This equates to approx. 29,442 people in the Western area.</p>	<p>Opposite sex 1430  Same sex 18  Same and Opposite sex 0  Do not wish to answer/not known 1396</p>

### 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 issues identified	No issues identified
Age	No issues identified	No issues identified
Religion	No issues identified	No issues identified
Political Opinion	No issues identified	No issues identified
Marital Status	No issues identified	No issues identified
Dependent Status	No issues identified	No issues identified
Disability	No issues identified	Information needs to be available in alternative formats for staff who have indicated that they have a disability e.g. large font .
Ethnicity	Interpreters may need to be used for those service users who do not have English as a first language to explain	No issues identified
Sexual Orientation	No issues identified	No issues identified
Other Issues: e.g. Rurality	No issues identified	No issues identified

## 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.

None

## 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?

Equality Group	Actions that promote equality of opportunity or minimise (mitigate) adverse impacts
Ethnicity-service users	Interpreters may need to be used for those service users who do not have English as a first language to explain
Disability - staff	Information needs to be available in alternative formats for staff who have indicated that they have a disability e.g. large font.



## 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		
Political Opinion		
Ethnicity		

### (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?**

**(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?* 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.**

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

**Please tick:**

Yes	
No	✓

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

All staff will be informed of any changes to NEWS/ NEWS 2/ PEWS/OEWS by Trust communications, Safety briefings and ward meetings. Any learning that has been identified by audits, validations and datix that relate to vital signs recording will be disseminated via Lead nurses and Clinicians to be shared as part of learning/action plans.

Changes will also be shared when staff attend their mandatory Resuscitation training.

Guidance will also be discussed, approved and disseminated via the Sick deteriorating Patient Committee, The Resuscitation Committee and Trust Nursing & Midwifery Governance Meetings.

➤ **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?**

All cardiac arrest calls are validated by the Resuscitation team and part of this will be a review of the vital signs and the adherence to the relevant escalation protocol 24 hours prior to the event. Any themes or variances will be highlighted via Trust approved process, datix completed and an investigation instigated; an action plan will be devised and disseminated by the relevant lead nurse to ensure that learning is spread.

Audits will be carried out by ward managers, peer reviewers and Lead nurses to ensure adherence to this guidance and the escalation protocols.

Resuscitation Service will carry out snap shot audits and disseminate findings to ward/department manager and lead nurse.

**Approved Lead Officer:** Donna Keenan

**Position:** Assistant Director of Nursing

**Policy/Proposal Screened By:** Mrs Kathy Mackey

**Date:** 23/04/2020

**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.