

EQUALITY AND HUMAN RIGHTS SCREENING TEMPLATE

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Title of Policies included in this screening: Inductions Resource Pack: Health Visitors (HV) who are newly qualified, returning to practice or have trained outside Northern Ireland Operational Guidance for Management of Health Visiting service in Periods of Pressure Procedure for the Health Visiting Service Audit of Records	
Lead Manager: Joyce McKittrick	Title: Lead Nurse Public Health
Directorate: Children and Families	Department: Health Visiting
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Short Description of Policy The procedure document provides guidance to all staff in relation to the standard of documentation required in health visiting records.	
Final Recommendations: (please tick as appropriate)	
1.	GREEN: No equality issues/impact: no further action
2.	AMBER: Minor equality issues/impact: actions identified
3.	RED: Major equality issues/impact: full EQIA recommended
Please send draft completed form for quality assurance to equality.admin@westerntrust.hscni.net For further information on quality assurance see page 3, section 3.	
Final Approval Date:	

(1) INFORMATION ABOUT THE POLICY OR PROPOSAL

1.1 Title of policy or proposal

- Procedure for the Health Visiting Service Audit of Records
- Operational Guidance for the management of Health Visiting (HV) service during periods of significant staff shortage/service pressures
- Induction Resource pack: Health Visitors who are newly qualified, returning to practice or have trained outside Northern Ireland

1.2 Description of policy or proposal

To demonstrate 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.

It is essential that we have an induction pack 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 our Trust. It is important that new staff members feel welcomed and integrate into the team. These induction packs will allow managers, alongside the new staff to assess competencies, identify areas of learning and design a plan to meet their needs.

We require all staff 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, and to achieve this you must :

- Complete all records at the time or as soon as possible after an event, recording if the notes are written sometime after the event.
- Identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all information.
- Complete all records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements.

During periods when the health visiting service is under pressure, it is essential that managers ensure risk is minimised and priority, equity and safety of service, is delivered to all families through effective management, collective leadership and team-work. The guidance will aid managers and HVs to prioritise work and identify unmet need.

The guidance for managing caseloads when the service is under significant pressure aims to provide, Lead Nurses (LNs), Team Leads (TLs), Named Nurse for Safeguarding Children (NNSC), Safeguarding Children Nurse Specialists (SCNSs) and HVs with direction on the provision of the HV Service during periods of staff shortages/significant service pressures at any one time. The aim is to ensure risk is minimised, and priority, equity and safety of service, is delivered to all families through effective management, collective leadership and team-work. The roles of the management team and SCNS in implementing priority working are clearly defined in this document. Team-working, flexibility and good communication are essential to ensure that there is no duplication of roles and gaps in management are avoided. This will enable vacant caseloads and workloads to be safely managed from the clients' and practitioners' perspectives and corporately.

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 in Health visiting team
- The Head of Service (HoS),
- Safeguarding Children Nurse Specialists (SCNS)
- Named Nurse for Safeguarding
- Families (parents/guardians)
- Children aged up to 5 years

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

Domestic abuse Routine Enquiry for: Health visitors and Safeguarding nurses, Family Nurse Partnership staff, Midwives, Gynaecology Nurses in the Women's and Children's directorate (WHSCT, 2019)

HCHF A Framework for the Universal Child Health Promotion Programme in Northern Ireland, (May 2010)

Nursing and Midwifery Code (2015) [Read The Code online - The Nursing and Midwifery Council \(nmc.org.uk\)](https://www.nmc.org.uk/resources/reading-the-code/)

Nursing and Midwifery (2022) Standards of proficiency for specialist community public health nurses (SCPHN) [Standards of proficiency for specialist community public health nurses \(SCPHN\) - The Nursing and Midwifery Council \(nmc.org.uk\)](https://www.nmc.org.uk/resources/standards-of-proficiency-for-specialist-community-public-health-nurses-scpnhn/)

Perinatal Mental health Pathway (2012) [Care Pathway Definition \(hscni.net\)](https://www.hscni.net/care-pathway-definition)

Safeguarding Board for Northern Ireland (SBNI) Procedures Manual [Safeguarding Board for Northern Ireland Procedures Manual \(proceduresonline.com\)](https://www.proceduresonline.com/sbni/)

(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.

Issues arising regarding documentation and practices has not been highlighted through the routine Key Performance Indicators, (KPIs) completed by the team leads. The team leads identified the need to update the current KPI audit tools used. An audit tools used by another trust was shared at regional leads meeting, this tool was reviewed by our HV team and team leads. As it is very comprehensive and will promote standardised practice across the trust and regionally, the decision was made to adapt for use in our service.

It was recognised that newly recruited HVs who completed training outside of Northern Ireland didn't have the same level of knowledge as the HVs trained in Northern Ireland, also staff coming to work in the WT from other areas have differing levels of experience, e.g. very few other trusts have HVs participating in the immunisation clinics. It was identified that having clearly defined competencies for these staff, in addition to the current induction would assist the new HV and their mentor/preceptor to identify learning needs and define goals.

When the service is under pressure, the workload has to be prioritised to ensure the service needs/targets are met and we continue to offer a safe, effective and efficient service. This new guidance document can be used to clarify roles and responsibilities and assist the team with their decisions regarding prioritising work and identifying what can become an unmet need.

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.

Staff in Health visiting team have been consulted and have had an opportunity to review each document and give feedback, this was via staff meetings and documents were circulated via email. Team leads reviewed documents on shared site on SharePoint and made comments.

The Head of Service (HoS), Safeguarding Children Nurse Specialists (SCNS) and Named Nurse for Safeguarding have been consulted and gave feedback on the policies via email. Guidance documents share with lead nurses and discussed and Lead Nurse meeting with HoS. All of those consulted have approved the final drafts.

Families

A regional focus group involving parents has given insight into the qualities of a HV, this was organised and facilitated by the Southern Trust. Each trust nominated 5 parents

(with their consent) and included mums, dads, parents of children with additional needs. 8 parents joined the virtual meeting. They gave views of their experience of the HV service and what qualities they feel a HV needs to have. This information was shared with the wider HV teams. This information fed into planning the interview questions for the interviews for the HV course and to improve communication and relations building with families.

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	Workforce Planning information (as of 1st Feb 2024)
Gender	11635 female 3007 male
Age	16-24 994 25-34 3043 25-44 3715 45-54 3502 55-64 2762 65+ 626
Religion	Protestant – 3117 Roman Catholic – 7956 Not known – 3569
Political Opinion	Broadly Unionist 839 Broadly Nationalist 1823 Other 1434 Do not wish to answer/not known 10546
Marital Status	Married 7775 Single 5427 Other 1440
Dependent Status	Yes 2884 No 3549 Unknown 8209
Disability	Yes 350 No 7988 Unknown 6304
Ethnicity	Bangladeshi 4 Black African 35 Black Carribean 2 Black other 1 Chinese 7 Filipino 44 Indian 145 Irish Traveller 3 Mixed Ethnic Group 15 Not assigned 4432 Other 71 Pakistani 28 White 9855
Sexual Orientation	Opposite sex 7357 Same sex 147 Same and Opposite sex 42 Do not wish to answer/not known 7096

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.

	Needs and Experiences
Equality Group	Staff
Gender	No identified Issues
Age	No identified Issues
Religion	No identified Issues
Political Opinion	No identified Issues
Marital Status	No identified Issues
Dependent Status	No identified Issues
Disability	Information is available if different formats and use interpreters if required as per trust policy
Ethnicity	Documents available in alternative languages as per trust policy.
Sexual Orientation	No identified Issues
Other Issues: e.g. Rurality	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.

Not Applicable

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
Disability	All information and documents will be made available in other formats and use interpreters if required as per trust policy
Ethnicity	Documents available in alternative languages as per trust policy.

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?

N/A

(4) CONSIDERATION OF HUMAN RIGHTS

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

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

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?*\nYes/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:

GREEN: No impact	√
AMBER: Minor impact	
RED: Major impact	

Please tick:

Yes	
No	√

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

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 enable to 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.

Members of the HV team and the team leads have been consulted regarding the update of these guidance documents via email and staff meetings, their feedback has been taken into consideration. All those consulted have approved the final drafts.

Once approved the guidance documents will be communicated to staff via email and highlighted at staff meetings. It will be saved on the shared page on SharePoint for future reference.

➤ **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?

- Monitor KPIs and compliance with guidance
- Report KPIs monthly for inclusion on the Safe & Effective Care Dashboard for the Accountability and Assurance meetings.
- Any Datix reports, complaints or compliments
- Feedback from the Public Health Agency/Department of Health re the Indicators of Performance (IoPs) statistics to ensure we are meeting targets
- Monitor the unmet need within caseloads during periods of pressure
- Feedback from staff collectively at locality meetings and at one to one's between HV and Team Lead
- Monitoring of the caseload weight via eCats (electronic caseload weighting tool)
- Feedback from newly qualified HVs, mentors and preceptors regarding the Induction pack and add any new training identified etc. as necessary

Approved Lead Officer: Joyce McKittrick

Position: Lead nurse Public Health

Policy/Proposal Screened By: Brigeen Canavan, Susan Rogers

Date: 22/05/24

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. **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.