



## EQUALITY AND HUMAN RIGHTS SCREENING TEMPLATE

### THIS IS A PUBLIC DOCUMENT

|  |  |
|--|--|
| <b>Title of Policy:</b> Western Health and Social Care Trust (WHSCT) Management of Locked Doors, Access and Egress Policy  |  |
| <b>Lead Manager:</b> Nicola Hayes  | <b>Title:</b> Head of Older Peoples mental Health Services   |
| <b>Directorate:</b> Primary Care and Older People's Services   | <b>Department:</b> Older People's Mental Health, Secondary Care                                    |
| <b>Contact details:</b><br><b>Address:</b> Strathdene House, Tyrone and Fermanagh Hospital, Omagh<br><b>Email:</b> <a href="mailto:Nicola.Hayes@westerntrust.hscni.net">Nicola.Hayes@westerntrust.hscni.net</a>  |  |
| <b>Short Description of Policy</b><br>The policy provides guidance to all staff in relation to the management of locked doors, access and egress. The policy aims to enhance safety and security of all members of staff, service users, carers and members of the public. |  |
| <b>Final Recommendations:</b> (please tick as appropriate)   |  |
| 1.   | <b>GREEN:</b> No equality issues/impact: no further action   |
| 2.   | <b>AMBER:</b> Minor equality issues/impact: actions identified <input checked="" type="checkbox"/> |
| 3.   | <b>RED:</b> Major equality issues/impact: full EQIA recommended                                    |
| <p>Please send draft completed form for quality assurance to<br/> <a href="mailto:equality.admin@westerntrust.hscni.net">equality.admin@westerntrust.hscni.net</a><br/>         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

Management of Locked Doors, Access and Egress Policy

### 1.2 Description of policy or proposal

The need to maintain a safe environment for the protection of the personal safety of both service users and staff within the service user areas is of the utmost importance to the Western Health and Social Care Trust.

The Trust recognises its responsibilities and duty of care in ensuring that service user areas are safe and secure environments for the delivery of service user care as well as the need to ensure safety for and from the public. In order to achieve this, there is a current need to control access and egress from some service areas within the Western Health and Social Care. The Trust appreciates that controlling access and egress from some service areas can cause concern to service users and their families, therefore it is very important that the issues around controlling access are communicated openly to service users and families at the earliest opportunity, with available information leaflets within services.

In the case of service users with mental health problems and older people with dementia who may be unable to understand, retain and use the information regarding access and egress, staff will inform the service users relatives/advocate and will attempt further explanations of the procedure at alternative times as required.

Information will be provided to detained service users about their detention status on a regular basis and will include discussions about the locked doors and their feelings towards this

The management of locked doors, access and egress policy aims to ensure a balance between maintaining both the service user' human rights and their personal safety.

The policy provides guidance to all staff working in the WHSCT in relation to the management of locked doors, access and egress. The policy aims to enhance safety and security of all members of staff, service users, carers and members of the public.

This is an update to a 2015 policy developed in response to a Regulation Quality Improvement Authority (RQIA) recommendation

### 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 working within the WHSCT  
 Actual or potential service users  
 Families and visitors  
 Visiting staff such as builder, contractor etc

Community and voluntary staff  
Volunteers

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

Bournewood Case European Court of Human Rights. October 2004

Mental Capacity Act (NI) 2016

Mental Health Order (N.I. 1986)

Human Rights Act 1998

Deprivation of Liberty Safeguards (DoLS) – Interim guidance – DHSSPS Circular MHU/1/10 – Date: 14<sup>th</sup> October 2010

United Nations Convention on the Rights of Persons with Disabilities:  
<http://www.un.org/disabilities/convention/conventionfull.shtml>

Committee on the Rights of Persons with Disabilities, Guidelines on Article 14: see attachment

Committee on the Rights of Persons with Disabilities, General Comment 1 on Article 12:  
<http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G14/031/20/PDF/G1403120.pdf?OpenElement>

Law Commission Consultation on Mental Capacity and Deprivation of Liberty:  
[http://www.lawcom.gov.uk/wp-content/uploads/2015/07/cp222\\_mental\\_capacity.pdf](http://www.lawcom.gov.uk/wp-content/uploads/2015/07/cp222_mental_capacity.pdf)

P v Cheshire West and Chester Council and Another [2014] UKSC 19:  
[https://www.supremecourt.uk/decided-cases/docs/UKSC\\_2012\\_0068\\_Judgment.pdf](https://www.supremecourt.uk/decided-cases/docs/UKSC_2012_0068_Judgment.pdf)

Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003

DHSSPSNI Good Practice in Consent, Consent for Examination Treatment or Care, 2003

Children's Order, 1995

Adult Safeguarding. Prevention and Protection. DHSSPSNI, DOJNI. July 2015

Regional guidelines for the management of patients absent without leave from Adult Mental Health and Learning Disability inpatient settings 2015

Regional policy on the use of restrictive practices in Health and Social Care settings March 2023

WHST. Adult Mental Health, Disability and Primary Care and Older people. Guidance on Deprivation of Liberty 2017

WHST policy for the use of restrictive interventions with Adult Service Users 2017

WHSCT Zero Tolerance and Security Policy 2018

WHSCT Health & Safety Policy 2019.

WHSCT Management of locked doors, access and egress 2015. (being updated)

## (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.

RQIA recommendation to develop and implement a WHSCT management of locked doors, access and egress policy.

Mental Capacity Act (NI) 2016, Mental Health Order (N.I. 1986), Human Rights Act 1998, Deprivation of Liberty Safeguards (DoLS) – Interim guidance – DHSSPS Circular MHU/1/10 – Date: 14<sup>th</sup> October 2010

DATIX untoward incidences in relation to patients absconding from wards.

WHSCT Workforce planning information

Census 2011

### 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 original 2015 policy was shared with WHSCT staff from the following directorates:

- Primary Care and Older People
- Mental Health and Learning Disability
- Acute
- Women and Children's.

This was done via e mail in June 2015. Comments were invited. Changes were made to the policy based on their comments.

Service users were consulted via patient advocacy services. The following organisations were e mailed a copy of the policy to review in July 2015:

- Alzheimer's Society

- Cause
- Mind Yourself

The draft policy was shared with the Northern Ireland Human Rights Commission on 21<sup>st</sup> July 2015 and a meeting took place on the 10<sup>th</sup> September 2015. The Commission suggested a number of changes and the policy and screening form were updated accordingly.

The policy required updating and was therefore shared again in June 2023 with staff from the following directorates/teams;

- Primary Care and Older People including Older Peoples Mental Health service, Secondary care, Care and Accommodation services and Mental Capacity team
- Mental Health and Learning Disability
- Acute
- Women and Children's

Comments were invited. Changes were made to the policy based on comments.

## 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 (Workforce Planning can provide this information)</b> |       |
|-----------------|---|--|-------|
| Gender          | Overall the WHSCT has 220,063 people aged 18 – 90+<br>Male: *146,051<br>Female: *148,366  | Female   | 11351 |
|                 |   | Male   | 2900  |
|                 |   | TOTAL  | 14251 |
| Age             | 18 – 19: 8,097<br>20 – 24: 19,865<br>25 – 29: 20,097<br>30 – 44: 61,230<br>45 – 59: 56,781<br>60 – 64: 15,380<br>65 – 74: 22,101<br>75 – 84: 12,301<br>85 – 89: 2,878<br>90+: 1,333   | 16-24  | 852   |
|                 |   | 25-34  | 3040  |
|                 |   | 35-44  | 3639  |
|                 |   | 45-54  | 3456  |
|                 |   | 55-64  | 2694  |
|                 |   | 65+  | 570   |
| Religion        | Catholic: 182,996 (32.16%)<br>Presbyterian: 29,353 (9.97%)<br>Church of Ireland: 37,154 (12.62%)<br>Methodist: 4,900 (1.66%)<br>Other Christian: 7,212 (2.45%)<br>Other religions: 1,475 (0.50%)<br>No religion: 12,199 (4.14%) | Protestant   | 3048  |
|                 |   | Roman Catholic   | 7736  |
|                 |   | Not Determined/Not Known                                       | 3467  |

|                   |  |   |
|-------------------|--|---|
|                   | Religion not stated: 19,128<br>(6.50%)   |   |
| Political Opinion | Based on first choice votes held by electoral office. Nationalist: 86,834 (53%)<br>Unionist 61,995 (38.06%)<br>Other: 14,025 (8.62%)<br>Overall total: 162,854   | Broadly Unionist 824<br>Broadly Nationalist 1747<br>Other 1362<br>Do not wish to answer/not known 10318           |
| Marital Status    | Marital Status: All usual residents aged 16 and over (229,329)<br>Single: 87,557<br>Married: 106,383<br>In registered same-sex civil partnership: 161<br>Separated but still legally married: 9,678<br>Divorced or formerly in a same-sex civil partnership which is now legally dissolved: 11,063<br>Widowed or surviving partner from a same-sex civil partnership: 14,487 | Married 7682<br>Single 5184<br>Other 1385   |
| Dependent Status  | All families in households: 77,758<br>Households with no dependent children: 37,650<br>Households with children: 76,204<br><br>Residents who:<br>Provide 1-19 hours unpaid care per week: 17,538<br>Provide 20-49 hours unpaid care per week: 5,859<br>Provide 50+ hours unpaid care per week: 9,096<br>Provide no unpaid care: 261,924                                      | Yes 2794<br>No 3344<br>Not Known 8113   |
| Disability        | Long-term health problem or disability: Day-to-day activities limited a lot: 37,988<br>Long-term health problem or disability: Day-to-day activities limited a little: 26,351<br>Long-term health problem or disability: Day-to-day activities not limited: 230,078  | Yes 326<br>No 7667<br>Not Known 6258  |
| Ethnicity         | White: 290,923 (98.81%)<br>Chinese: 486 (0.17%)<br>Mixed: 740 (0.25)<br>Irish Traveller: 251 (0.09%)<br>Indian: 893 (0.30%)<br>Other Ethnic Group: 294 (0.10%)<br>Pakistani: 99  | Bangladeshi 3<br>Black African 14<br>Black Caribbean 2<br>Black Other 1<br>Chinese 6<br>Filipino 37<br>Indian 116 |

|                    |   |   |
|--------------------|---|---|
|                    | Black African: 115 (0.04%)<br>Black Caribbean: 64 (0.02%)<br>Black Other: 58 (0.02%)<br>Bangladeshi: 21 (0.01%)<br>Other Asian: 473 (0.16%)   | Irish Traveller 3<br>Mixed Ethnic Group 15<br>Not assigned 4343<br>Other 64<br>Pakistani 21<br>White 9626 |
| Sexual Orientation | Rainbow Research (2008) estimates that approximately 10% of the population is LGB. This equates to approx. 29,442 people in the Western area. | Opposite sex 7040<br>Same sex 136<br>Same and Opposite sex 38<br>Do not wish to answer/not known 7037     |

## **2.2 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                   | Families of babies and children, older people particularly those with Dementia will be provided with Information regarding access and egress   | 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      | Relatives of those service users, who have been deemed to lack capacity, will be provided with information regarding access and egress   | No identified issues  |
| Disability            | The support and care needs that are specific to people with different disabilities will be carefully assessed and responded to as fully as possible. Patients who have been assessed as lacking capacity are offered support in increasing their understanding of the locked door policy and another method of communication is considered. Further explanations will be attempted at alternative times. Any other patient's needs related to disabilities will be fully addressed. If a relative has any specific needs or requirements then the Trust will facilitate this such as sign language, interpreters and information in alternative formats. | Staff who have a disability may require information in alternative formats e.g. audio, large font etc. The Trust will provide this or any other support which a staff member with a disability requires in line with the Trusts guidelines. |

|                             |  |                      |
|-----------------------------|--|----------------------|
| Ethnicity                   | Should interpreters be required for service users/ relatives/ carers staff will continue to arrange in line with Trust guidelines. Policies and information will be translated where required. | No identified issues |
| Sexual Orientation          | No identifies issues   | No identifies issues |
| Other Issues: e.g. Rurality | No identified issues   | No identifies issues |

**2.3 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 additional issues identified, however service user's support and care needs will be continually assessed and responded to so to ensure that there are no negative consequences as a result of the policy

#### 2.4 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  |
|----------------------------|--|
| All equality groups        | Service users support and care needs will be continually assessed and responded to so as to ensure that there are no negative consequences as a result of the policy.  |
| Age                        | The support and care needs of the children, young people and older people who will be affected by this policy will be carefully assessed and responded to so as to ensure that there are no negative consequences as a result of the policy. Families of babies and children, older people particularly those with dementia will be provided with information regarding access and egress    |
| Dependent Status           | Relatives/advocates of those service users, who lack capacity, will be provided with information regarding access and egress.  |
| Disability – Service Users | The support and care needs that are specific to people with different disabilities will be carefully assessed and responded to as fully as possible Any other client needs related to disabilities will be fully addressed. If a carer has any specific needs or requirements then the Trust will facilitate this such as sign language, interpreters and information in alternative formats |

|   |   |
|---|---|
| Disability - Staff                                    | Staff who have a disability may require information in alternative formats e.g. audio, large font etc. The Trust will provide this or any other support which a staff member with a disability requires in line with the Trusts guidelines.   |
| Disability- Mental Health and dementia service users. | In the case of service users with mental health problems and older people with dementia who lack capacity and are unable to understand retain, and use the information regarding access and egress, staff will inform the service users relatives/advocate and will attempt further explanations of the policy with the service user at alternative times as required. Different methods of communication will be employed if appropriate. Information will be provided to detained service users about their detention status on a regular basis and will include discussions about the locked doors and their feelings towards this |
| Ethnicity   | Interpreters will be arranged for service users/ relatives/ carers staff will arrange in line with Trust guidelines. Policies and information will be translated where required.  |

## 2.5 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          | NONE                |             |
| Political Opinion | NONE                |             |
| Ethnicity         | NONE                |             |

### (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?**

This policy aims to enhance safety and security of all members of staff, service users, carers and members of the public. Mental health service users who are acutely unwell will be protected from harming themselves or others thus promoting more positive attitudes, reducing stigma and fear of those people with severe mental health problems.

**(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  |                        |  | √                     |
| 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 <sup>st</sup> protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property |                        |  | √                     |
| 1 <sup>st</sup> 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?* |
|----------------|--|--|--|
| Article 5      | <p>Some clinical areas cannot be entered or exited by service users, visitors and staff without the use of a swipe card or keypad combination lock.</p> <p>Detained service users who are at significant risk of absconding and serious self-harm or harm to others will not be provided with access and egress codes or cards as per the Mental Health Order.</p> <p>Service users who lack capacity may not understand and use the information provided regarding access and</p> | <p>Service users whose individual risk assessment indicates this to be appropriate will be provided with codes or cards which allow them to bypass the system.</p> <p>Service users and visitors will be informed how to access and egress the area. The issues around controlling access and egress will be communicated openly to service users and carers at the earliest opportunity, with available information leaflets. All staff will be given information on the policy. They will be clear on the reasons and purpose for employing locked doors on the service area. This will be discussed at supervision and meetings.</p> <p>Information will be provided to service users and their carers about their detention status on a regular basis and their feelings towards this discussed.</p> <p>A capacity assessment will be completed. Any concerns regarding the service user's ability to do this will be clearly set out within their care plan and revisited as appropriate. Service users will be offered support in increasing their understanding and the method of communication is considered. Care plans</p> | NO   |

|  |         |   |  |
|--|---------|---|--|
|  | egress. | relating to deprivation of liberty will be discussed with a trusted relative / next of kin and issues relating to this aspect of care can be clarified and agreement reached. |  |
|--|---------|---|--|

***\*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 |
|----------------|

## (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)**

**Please tick:**

|                            |                                     |
|----------------------------|-------------------------------------|
| <b>GREEN:</b> No impact    | <input type="checkbox"/>            |
| <b>AMBER:</b> Minor impact | <input checked="" type="checkbox"/> |
| <b>RED:</b> Major impact   | <input type="checkbox"/>            |

**Do you consider that this policy or decision needs to be subjected to a full Equality Impact Assessment?**

**Please tick:**

|     |                                     |
|-----|-------------------------------------|
| Yes | <input type="checkbox"/>            |
| No  | <input checked="" type="checkbox"/> |

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

The support and care needs of the service users that this policy applies to will be continually assessed and responded to so as to ensure that there are no negative consequences as a result of the policy. Staff will explain the policy and the reason for it to service users, visitors etc.

A negative impact on Human Rights has been identified however actions will be followed and processes will be in place to deal with these issues and reduce any adverse impact. The Northern Ireland Human Rights Commission was consulted with during the development of this policy and they are satisfied that the policy does not infringe on a service user's human rights

Overall it is considered that the introduction of the policy will maintain a safe environment for the protection of the personal safety of both service users and staff within service user areas.

The policy will go through the normal approval processes and will be disseminated to staff by directors, via Trust Communication and be inserted into the Trusts intranet.

The need to provide information in alternative formats has been acknowledged and actions have been identified/processes will be followed to deal with these issues to reduce any adverse Impact.

➤ **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?**

Inspection reports from RQIA regarding service user's experience.

Feedback from Advocacy Services.

Feedback from Service user satisfaction questionnaires/dashboards.

Datix untoward incidents in relation to service users absconding from wards/service areas.

Complaints from the affected clients/families have been and will continue to be captured, monitored and responded to. The cycle of complaints will be followed i.e. logged, responded to, solution or outcome reached and learning adopted. Complaints, comments and incidents as a result of this change will be monitored closely.

**Approved Lead  
Officer:**

**Nicola Hayes**

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**Position:**

**Head of Older People's Mental Health Service**

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**Policy/Proposal  
Screened By:**

**Majella Magee**

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**Date:**

**11 October 2023**

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**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.



