

**EQUALITY AND HUMAN RIGHTS SCREENING TEMPLATE**

**THIS IS A PUBLIC DOCUMENT**

<b>Title of Initiative:</b> Cessation of NI Children's Paediatric Palliative Care Nurse and Use of Funding to recruit two Paediatric Palliative Care Nurses in WHSCT	
<b>Lead Manager:</b> Carmel O'Kane	<b>Title:</b> Lead Nurse Community Paediatrics
<b>Directorate:</b> Woman & Children	<b>Department:</b> Healthcare
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<b>Short Description of Proposal</b> The Trust has had a contract with the Northern Ireland Children's Hospice (NICH) to support families of life-limited children with complex physical healthcare needs and to provide support for a child at end of life stage for a number of years. The most recent contract covered the period April 2018 to March 2022.  Due to the current (NICH) Nurse retiring recently as well as service provision changes within the NI Children's Hospice, the NI Children's Hospice will not be able to deliver the key working service to children and their families in line with the terms of the existing contract. Meetings have taken place with NICH staff to discuss the way forward and the decision has been taken to cease the contract and use the associated funding as well as additional funding to have two Paediatric Palliative Care Nurses within the trust, one in the northern sector and one in the southern sector.	
<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	
3. <b>RED:</b> Major equality issues/impact: full EQIA recommended	
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.	
<b>Final Approval Date:</b>	

(1) **INFORMATION ABOUT THE POLICY OR PROPOSAL**

## **1.1 Title of policy or proposal**

### **Cessation of NICH Hospice at Home Contract.**

## **1.2 Description of policy or proposal**

The Trust has a contract with the NI Children's Hospice to partly fund a Paediatric Palliative Nurse Specialist to deliver a palliative care service to life-limited children and their families living in the Western Health and Social Care Trust (Trust) area. The contract aims and objectives include:

- To provide flexible care and support in the child's home.
- To provide and support emergency short term breaks, nursing care at home or end of life care at home.
- To increase the accessibility of palliative care services for socially excluded families and economically disadvantaged communities particularly in rural areas.
- To provide a quality children's palliative care programme to the Trust area which embraces physical, emotional, social and spiritual elements.
- Enhance the quality of palliative care services delivered to children within the Trust
- Enhance the quality of life and promote dignity of the individual and their carers
- Policy development
- Development of a more comprehensive range of services.

A minimum of 17.5 hours was to be provided on a monthly basis by a Paediatric Palliative Nurse Specialist.

It has become evident from the monthly monitoring reports and meetings with the NICH staff that it will be increasingly difficult for the Hospice to provide the service in line with the objectives above and they would like to change the role of the Paediatric Palliative Nurse Specialist in line with the changes of service provision within the NI Children's Hospice especially with their ongoing challenges with recruitment and retention of nurses.

Consequently, following discussion with the NICH, a decision has been taken to cease the contract and use the funding to increase core Community Children's Nursing (CCN) with the intention to recruit two part time 0.8wte band 6 Paediatric Palliative Care Nurses ( one in the southern sector and one in the northern sector) staff to deliver the service. At this time there are approx. 29 children across the Trust were receiving care by NICH relating to this contract. The NICH assures the Trust that these children and parents are aware of the change in their service delivery and families know they no longer will have a key worker from NICH but can contact them via the Horizon Hub. The NICH will inform the families that additional support will be offered by the Trust.

Benefits of proposed change:

- Increased flexibility and further enhanced service for children with complex healthcare needs and end of life care.
- Equity of service provision, regardless of location.
- Specialist training for nursing staff, care assistants and carers including contribution to the induction of new staff, and regular updating of skills and knowledge in palliative care specifically.
- At least yearly updating on current issues in palliative care e.g. bereavement support, pain and symptom management, 6 monthly training in the management of syringe

driver.

- Staff are part of a team so not reliant on individuals.
- Better choice for children/families.
- Better coordinated short break provision for families/ children who require end of life care.
- Named Paediatric Palliative Nurse Lead in each sector of the trust to support the Medical Palliative Care Lead and CCN Teams.

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

- Hospice staff.
- CCN teams
- Service users: children/ family
- HR (Recruitment)

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

- WHSCT Human Resources Policies and Procedures including lone working

## (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.

- Monthly contract monitoring returns
- NICH Contract documentation
- Discussions at quarterly monitoring meetings.
- 2011 census information
- Workforce Planning information

### 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.

- Meetings with NICH management (1/2/2022) (26/04/2022) (13/06/2022)
- Contact with families re change of service delivery.
- Informing CCN team re change of service delivery.

### 2.2 Equality Profile

<b>Category</b>	<b>Service users, etc. 2011 Census Info for Western Trust Area (unless otherwise stated)</b>	<b>CCN Team Across Trust 27 staff</b>
Gender	Male: 146,051 Female: 148,366	Male: 0 Female: 27
Age	0-4: 20,445 5-7: 11,322 8 – 9: 7,668 10 – 14: 21,186 15: 4,467 16 – 17: 9,266 18 – 19: 8,097 20 – 24: 19,865 25 – 29: 20,097 30 – 44: 61,230 45 – 59: 56,781 60 – 64: 15,380 65 – 74: 22,101 75 – 84: 12,301 85 – 89: 2,878 90+: 1,333	16-24 0 25-34 6 35-44 6 45-54 9 55-64 6 65+ 0
Religion	Catholic: 182,996 (62.16%) Presbyterian: 29,353 (9.97%) Church of Ireland: 37,154 (12.62%) Methodist: 4,900 (1.66%) Other Christian: 7,212 (2.45%) Other religions: 1,475 (0.50%) No religion: 12,199 (4.14%) Religion not stated: 19,128 (6.50%)	Protestant 5 Roman Catholic 17 Not Determined/Not Known 5
Political Opinion	Political Opinion - 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 2 Broadly Nationalist 5 Other 2 Do not wish to answer/not known 18
Marital Status	All usual residents aged 16 and over (229,329) 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 22 Single 5 Other 0

Dependent Status	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 8 No 8 Not Known 11
Disability	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 1 No 17 Not Known 9
Ethnicity	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%)	Black African 0 Bangladeshi 0 Black Caribbean 0 Chinese 0 Indian 0 Irish Traveller 0 Pakistani 1 White 18 Mixed Ethnic Group 0 Other 0 Filipino 0 Black Other 0 Not Known 8
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 17 Same sex 0 Same and Opposite sex 0 Do not wish to answer/not known 10

### 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	If information provided to children, it will be age appropriate formats.	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	Next of Kin informed throughout	No identified issues
Disability	<p>These children have life limiting conditions due to complex healthcare needs.</p> <p>Some may have parents/ carers who have a disability.</p> <p>Information will be available in alternate formats if required.</p> <p>Sign Language interpreters will continue to be used within the service in line with Trust Guidelines.</p>	<p>Information on the proposal will be available in alternative formats for staff on request.</p> <p>Sign Language interpreters will continue to be used within the service in line with Trust Guidelines.</p> <p>Staff will have training on Deaf Awareness, RNIB and Disability Awareness.</p>
Ethnicity	<p>Information on the proposal will be available in alternative formats on request.</p> <p>Interpreters will continue to be used within the service in line with Trust Guidelines and Information will be translated as required.</p>	Information on the proposal will be available in alternative formats for staff on request.
Sexual Orientation	No identified issues	No identified issues
Other Issues: e.g. Rurality	Children will receive care in their own homes so rurality will have no bearing.	Potential of not being able to appoint to position.

**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

## 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>
Age Service Users	If information provided to children, it will be age appropriate formats.
Disability Service users/carers	These children have life limiting conditions due to complex healthcare needs.  Some may have parents/ carers who have a disability.  Information will be available in alternate formats if required.  Sign Language interpreters will continue to be used within the service in line with Trust Guidelines.
Disability Staff	Information on the proposal will be available in alternative formats for staff on request.  Sign Language interpreters will continue to be used within the service in line with Trust Guidelines.  Staff will have training on Deaf Awareness, RNIB and Disability Awareness.
Ethnicity Service Users	Information on the proposal will be available in alternative formats on request.  Interpreters will continue to be used within the service in line with Trust Guidelines and Information will be translated as required.
Ethnicity Staff	Information on the proposal will be available in alternative formats for staff on request.
Rurality Service Users	This service/support will be provided in the child's own home. Children will receive care in their own homes so rurality will have no bearing.
Rurality Staff	Potential of not being able to appoint to position.

## 2.2 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	No impact	
Political Opinion	No impact	
Ethnicity	No impact	

**(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			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.**

<b>Article Number</b>	<b>What is the negative impact and who does it impact upon?</b>	<b>What do you intend to do to address this?</b>	<b>Does this raise any further legal issues?*</b> <b>Yes/No</b>

***\*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)**

**Please tick:**

<b>GREEN:</b> No impact	<input checked="" type="checkbox"/>
<b>AMBER:</b> Minor impact	<input 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.**

This proposal will see the continued delivery of a responsive palliative care service for children with complex physical healthcare needs and children who require end of life care in their own home. This is in line with the aims and objectives of the original contract with the NICH. The care will be provided by Trust employed staff as part of core work, providing greater flexibility and ensuring equity of service provision based on assessed need.

A letter will be sent to the children/families advising of the changes in this service and the relevant staff involved will be informed at team meetings and minutes of meeting shared.

➤ **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 complaints or feedback from patients/parents/staff.
- Monitor numbers of children who require palliative care and the support provided in their own home.

**Approved Lead Officer:** Carmel O’Kane

**Position:** Lead Nurse, CCN Team

**Policy/Proposal Screened By:** Carmel O’Kane (Lead Nurse Community Paeds)

**Date:** 17/06/2022

**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.10**

**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.