

Equality and Human Rights Screening Report

April- June 2017



Patient and Client Council
Your voice in health and social care



Equality and Human Rights Screening Report

Introduction

The Equality Unit in the Business Services Organisation is responsible for providing equality support to the eleven partner organisations shown on page 1.

Each organisation is committed to embedding equality, human rights and diversity into their policies and practices. In accordance with guidance from the Equality Commission issued in April 2010 (Section 75 of the Northern Ireland Act: A Guide for Public Authorities) this is undertaken by conducting a screening exercise. Screening is an important tool that allows a more systematic examination of how any of our policies and practices might impact on staff, service users or the public differently. Screening helps organisations to think about what might need to be undertaken to mitigate any identified inequalities. It allows greater consideration of ways that we could better promote equality of opportunity.

Why are we reporting our screening outcomes?

The purpose of publishing the screening outcomes report is to ensure that our eleven partner health and social care organisations make their policies and screening outcomes accessible. It provides opportunities for feedback. It also contributes to our belief in the importance of ensuring that we make the work that we do and the decisions that we take more open and transparent. We have all offered this commitment within our Equality Schemes.

Quarterly publication of our screening activity is one way of providing evidence, externally, on the mainstreaming of the equality duties.

What is included?

Listed in each quarterly report are the screening exercises undertaken during that period by each organisation. This includes a short description of the policy or process, the screening outcomes, including mitigation, and any additional recommendations.

Your views

If you have comments that you wish to share in relation to the contents of this screening report you can forward these to the Equality Unit in the Business Services Organisation where staff will raise with organisations for consideration.

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Should you require this document in an accessible format such as Braille, audio format, other language etc. please contact us.

We hope that you find this report helpful.

Thank you

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Table 1 includes published screening for the period **April - June 2017**. All policies and screening templates listed can be viewed on the Business Services Organisation's [website](#). If you would like paper copies or alternate formats please contact us – contact details above.

Table 1

*1	'screened in' for equality impact assessment (EQIA)
2	'screened out' with mitigation
3	'screened out' without mitigation

Org.	Policy / Procedure and Screening Documentation	Policy Aims	Date	*Screening Decision
NIGALA	Leave Pack 1. Special Leave Policy 2. Employment Break Scheme 3. Flexible Working Policy 4. Term-Time Working Scheme	The aim of the Leave Pack is to provide advice and guidance to managers and employees, with NIGALA recognising the requirement for fairness and consistency when considering requests under any of the four policies mentioned.	Apr-17	2

RQIA	Zero Tolerance Policy	This Policy highlights RQIA'S Commitment to the creation of a culture and environment where employees may undertake their duties without fear of abuse or violence. Senior Managers, Line Managers and employees responsibilities are defined in the policy.	Apr-17	2
BSO	Policy for the safeguarding, movement & transportation of records, files and other media	The aim of this policy is to ensure that all BSO staff/contractors safeguard all information they are in possession of while travelling from one facility/location to another during the course of their working day which includes traveling to or from home.	Apr-17	3

BSO	Policy on validation and monitoring of professional registration (HSC Clinical Education Centre)	This policy will ensure that the HSC Clinical Education Centre has processes in place to validate and monitor staff required to be registered with the NMC or HCPC in order to commence, and continue to work in a regulated post.	Apr-17	3
HSCB	Provision of General Medical Services (GMS) to the patients of Antrim Coast Medical Practice, 7 The Cloney, Glenarm following the retirement of Dr Glover (Single handed GP) on 31st March 2017	To ensure that the patients of Antrim Coast Medical Practice will not be left without access to GMS services following the retirement of Dr Glover on 31st March 2017. To be achieved through the dispersal/allocation of the patient list across neighbouring GP practices in Cushendall/Carnlough, Broughshane and Larne.	Apr-17	2

NIGALA	Supervision Policy	This policy sets out how supervision will be undertaken and the complementary support mechanisms to achieve the supervision functions.	Apr-17	2
PHA	Hospital Passport for people with learning disabilities	The Hospital Passport is a communication tool to help a person with learning disability communicate aspects of their health and social care abilities and needs. The purpose of the Passport is to provide information to help staff make reasonable adjustments that may be required so that they can provide safe and effective care for people with learning disability who are in contact with general hospitals.	Mar-17	2

PHA	Public Health Agency Corporate Plan 2017-2021	The Public Health Agency Corporate Plan details our purpose, focus, outcomes and direction for the period 2017-2021.	May-17	2
RQIA	Attendance at Work Policy	The purpose of this policy is to set out how absence will be dealt with in a fair, consistent and proactive manner by providing clear and effective guidelines on the management and monitoring of absenteeism. This policy (and its associated procedure) will also focus on supporting managers and employees during periods of absence by providing a clear framework for progress. The Policy applies to all staff.	Jun-17	2

RQIA	Post Entry Training Policy	Provision of guidance to staff and managers regarding the training, development and education support available. The policy outlines support options available to staff (for example, time off, expenses, fees etc), criteria for eligibility, responsibilities and liabilities.	Apr-17	2
HSCB	Provision of General Medical Services (GMS) to the patients of: Roslea Surgery following the retirement of Dr Collins (Single handed GP); Newtownbutler Surgery following the retirement of Dr Devlin (single handed GP); Dr Leary's Practice, Lisnaskea following the retirement of Dr Leary (single handed GP)	To ensure that the patients of Roslea Surgery, Newtownbutler Surgery and Dr Leary's Practice will not be left without access to GMS services following the retirement of single handed GPs. To be achieved through the dispersal/allocation of the patient list to Maple Group Practice, Lisnaskea.	Apr-17	2
NIGALA	Communication Plan	NIGALA's Communication Plan has been developed to support the delivery of NIGALA's		

		Corporate and Business Plan 2017 – 2012, which sets out our strategic vision and values and identified the outcomes which the Agency strives to achieve over the course of the Corporate Plan period.	Apr-17	2
BSO BTS HSCB NIGALA NIMDTA NIPEC NISCC PCC PHA RQIA SBNI	Tapestry (our Disability Staff Network) Communication and Information Screening	This screening refers to the accessibility and inclusiveness of all communication, information and materials developed by Tapestry, including the content, format and design.	Jun-17	2
BTS	Change Control Policy and Procedure	This document outlines the approach NIBTS will take to ensure that any changes, whether temporary or	Jun-17	3

		permanent, to any approved process or procedure that may affect safety, quality and efficacy of blood components or other patient services provided by the organisation must be evaluated documented and approved.		
BTS	Conflict of Interest policy	This policy is to ensure that conflicts of interests are identified and managed in a way that safeguards the integrity of staff and Board members and maximises public confidence in NIBTS's ability to deliver public services properly.	Jun-17	3
BTS	Quality Management Review Policy	This document outlines the approach NIBTS will take to review the effectiveness of and compliance with the quality management system.	Jun-17	3

BTS	Validation of Pulse Software	PULSE is a large and complex software system validated for use by the NBS. NIBTS has a responsibility to validate PULSE in its own environment prior to its use. The purpose of the Validation of PULSE Software Policy is to set out how NIBTS approaches the validation of PULSE given the NBS pre-validation and its responsibilities.	Jun-17	3
HSCB	Modernising HSC Pathology Services – proposals for Change	The aim of this proposal is to Modernise HSC Pathology Services and in doing so create a sustainable, world class Pathology Service that can: Meet current and future quality and regulatory requirements, Respond to changes in demand, Support new Models of Clinical care and new targeted treatments, Adopt new ways of	Nov-16	2

		working and innovative technologies, Provide a modern career structure for staff.		
SBNI	Regional Child Protection/Safeguarding Policies and Procedures Consultation Versions	The aim of these policies and procedures is to provide guidance to all staff on what actions to take in relation to protecting and safeguarding children and young people in Northern Ireland. They are therefore central to protecting and safeguarding children from child abuse and neglect.		
HSCB	Estates Policy	This policy has been designed to ensure that HSCB meets its obligations in relation to Estates Management.		