



Western Health
and Social Care Trust

Equality Screening Report

1 October 2015 – 31 December 2015

This document can be made available
in alternative formats on request

Introduction

The Western Health and Social Care Trust (WHSCT) must consider by law, Section 75 of the Northern Ireland Act 1998, how we promote equality and remove discrimination for people who use our services and for members of staff. Our obligations are set out in our Equality Scheme. The 9 groups that are specified in the Equality Scheme are:

Black and Minority Ethnic People	Different Marital Status e.g. Single, Married, Divorced, Civil Partnership, Widowed	Disabled People
Carers	Different Political Opinions	Men and Women
Different Ages - Young People/Older People	Different Religious Beliefs	People who are Lesbian, Gay or Bisexual

We also have to consider how we can promote good relations between people with different religious beliefs, political opinions or racial group (including people from the Travelling Community).

Within the Equality Scheme, the Trust gives a commitment to apply equality screening processes to all new and revised policies/proposals and, where necessary, to subject new policies/proposals to a full equality impact assessment. This process helps us to:

- assess the impact/consequences of our decisions on the people within the 9 equality groups;
- consider how we might better meet their needs (promote equality of opportunity);
- reduce any negative impacts/consequences (mitigating actions).

The Trust is required to have evidence that the following questions have been considered in relation to all policy development, strategic planning and general decision making:

- What is the likely impact on equality of opportunity for those affected by this policy/proposal, for each of the Section 75 categories? (minor/major/none)
- Are there opportunities to better promote equality of opportunity for people within the Section 75 categories?
- To what extent is the policy/proposal likely to impact on good relations, between people of a different religious belief, political opinion or racial group? (minor/major/none)

- Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

(From 'Section 75 of the NI Act: A Guide for Public Authorities': ECNI).

The Trust's Equality Screening process provides this evidence.

If it is decided that a policy/proposal is likely to have major issues relating to equality, it is then necessary to consider carrying out a more detailed exercise called a full Equality Impact Assessment (EQIA).

Equality screening for all the policies/initiatives detailed has highlighted the need to ensure that information relating to them/the service is made available, throughout, to support those service users/families/carers who do not have English as a first language, including the use of foreign language interpreters and written translations etc., in line with Trust guidelines. In addition, service users, their families, carers or staff who require additional communication support including e.g. provision of information in Braille, sign language interpreters, large font or audio, will be provided with this.

Should you wish to obtain a copy of any of the policies and/or screening forms referred to in this document, or require them in an alternative format, please contact:

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Western Health and Social Care Trust: Screening Outcomes for the Period 1 October 2015 – 31 December 2015

Acute Directorate				
	Title of Policy and Description	Outcome of Equality Screening	Reason for Outcome	Date Compld
1	<p>Increasing Access to Clinical Psychology Support for Individuals with Long Term Conditions</p> <p>The Clinical Health Psychology Service has been established since 2002 to provide specialist psychological support and intervention to individuals with physical health difficulties. The Team provides a service to individuals and their families suffering from physical health problems in the following specialty areas: Cancer, Diabetes, Chronic Pain, Respiratory Conditions, Renal.</p> <p>Primarily this service assists adults aged 18 and over, whose primary problem is a physical condition and who have psychological difficulties related to that condition. These difficulties may include anxiety/fear, depression, anger, frustration, problems with motivation, adjustment difficulties, or difficulty adhering to aspects of their medical regimen.</p> <p>The aim of this service development is to provide increased access to Psychological Support for individuals with Long Term Conditions (LTC) in the WHSCT, who cannot access psychology services through existing funding arrangements. It is envisaged that medical specialties such as cardiology, gastro-enterology, neurology will be able to refer individuals who attend their service to</p>	<p>Green – No Impact: A full EQIA is not recommended</p>	<p>This service development should have a positive benefit for individuals who are diagnosed with long term conditions. Living with such conditions can have a detrimental effect on emotional as well as physical health; however access to specialist psychological support is limited. Developing group-based psycho-educational programmes for individuals with long term conditions will increase access to psychological support which should benefit the emotional and physical well-being of this population.</p> <p>To date, only those individuals who have a diagnosis of cancer, diabetes, respiratory, pain management difficulties, renal Tyrone County Hospital (TCH) have been able to access specialist Clinical Health Psychology Services due to funding allocations. This service development has been introduced to address the issue of lack of access to specialist psychological intervention for individuals who have been diagnosed with long term conditions, who fall outside of the funded medical specialties. This development is an attempt to redress inequality of access to specialist psychological therapy for these individuals to promote equality of opportunity, through the provision of group-based psycho-education programmes across the Western Trust Area, designed to explore the psychological needs</p>	<p>5/11/15</p>

<p>psychology, where these individuals will be able to participate in group-based psychological interventions, designed at helping individuals with LTC both cope with and manage their conditions more effectively – which should lead to enhanced physical and psychological well-being.</p>		<p>of individuals with long-term health conditions.</p>	
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Finance Directorate				
	Title of Policy and Description	Outcome of Equality Screening	Reason for Outcome	Date Compld
1	<p>Bribery Policy</p> <p>The purpose of this document is to set out the Trust’s position on bribery and thereby set the context for ensuring that all Trust activities are carried out in an honest and ethical environment. The Trust is committed to maintaining an anti-bribery culture and will adopt a zero-tolerance approach to bribery and corruption where it is discovered. The policy defines terms and offences and details how staff can raise suspicions of bribery.</p> <p>A bribe is an inducement or reward by means of a financial or other advantage that is offered, promised or provided to a person in order to gain any commercial, contractual, regulatory or personal advantage through the improper performance of a relevant function or activity as a result of the bribe.</p> <p>The Bribery Act 2010 (“the Act”) came into effect on 1 July 2011 and introduced a new, clearer regime for tackling bribery. To comply with the Act, organisations</p>	<p>Green – No Impact: A full EQIA is not recommended</p>	<p>The Policy builds on existing Department of Health good governance guidance as well as the following documents:</p> <ul style="list-style-type: none"> • The Bribery Act 2010 • WHSCT Whistleblowing Policy • WHSCT Fraud Policy <p>The policy will be distributed via the Staff Intranet and Trust Communication. In addition, all Directors will be requested to distribute the policy to all staff in their Directorates. The Chairman will issue the policy to the Non-Executive Directors. The policy will be issued to the Business Services Organisation’s Procurement and Logistics Service and Health Estates for distribution to staff involved in Trust procurements.</p>	<p>6/11/15</p>

	must have 'adequate procedures' in place to prevent bribery from occurring within their organisation.			
2	<p>Debt Management and Recovery Procedures – Residential and Nursing Home Clients</p> <p>The purpose of this document is to standardise the manner in which debt management and recovery is practiced within the Trust in relation to the recovery of statutory charges levied to service users in residential and nursing homes. This is to ensure that all service users are treated equally and fairly in respect of the recovery of charges due to the Trust. This is also required to ensure that Trust staff deliver these functions in a consistent manner and to ensure that all relevant staff are made aware of their roles and responsibilities in this area.</p> <p>The procedures apply to all Finance and Social Care staff involved in the care management of service users who have been placed by the Trust in residential and nursing home facilities.</p> <p>As part of the Trust's social care assessment to determine if there is a need for social care services to be provided, the Trust will undertake a financial assessment. The financial assessment will determine how much the service user is required to contribute towards the cost of the residential or nursing home placement. The Trust will provide support to the service user through the assessment process and will need a full financial disclosure to undertake this assessment. The financial assessment process for service users will be conducted in accordance with</p>	<p>Green – No Impact: A full EQIA is not recommended</p>	<p>The Western Trust refers to local Legislation and DHSSPS guidance and policies in relation to this procedure. All provisions are consistent with legislation, statutory guidance and good practice.</p> <p>The review of the processes around financial assessment and the transfer of duties to the Finance Department from social care staff is an effort to improve the current systems and ensure more consistency and clarity for service users – as Finance staff have a better understanding of the legislation and guidance associated with the process.</p> <p>This policy particularly affects Older People – as they are the most likely service users of Residential and Nursing Home services – the policy has therefore been shared with Service User Groups within Primary Care and Older Peoples Services for their feedback. Census information relating to Northern Ireland has also been assessed.</p> <p>Carers or family members may be required to help staff with the financial assessment process, particularly in cases where the patient is not in charge of their own financial affairs. A Trust information booklet has been developed for sharing with carers/family members to ensure they are adequately informed and that information is consistent and accurate.</p>	16/11/15

<p>the Charging for Residential Accommodation Guide (CRAG).</p> <p>This procedure has been developed to fulfil the following objectives:</p> <ul style="list-style-type: none"> • Work within the legislative framework and key principles described in the Health & Social Services (Assessment of Resources) Regulations (Northern Ireland) 1993 • Clarify for relevant staff the arrangements pertaining to debt management and recovery and to give guidance relating to record keeping, charging, procedures and responsibilities. • Clarify charging and management arrangements including escalation to senior managers within the Trust. • Provide support in relation to the transfer of financial assessment roles and responsibilities from social care staff to Finance staff • To reduce the administrative burden on Social Care staff allowing more resources to be released to direct service user care and support. 		<p>The screening process has also identified some positive impacts as follows – the transfer of financial assessment roles and responsibilities from social care staff to Finance and the formal documentation of processes (with information packs becoming available for patients and family members/carers) will reduce the administrative burden on Social Care staff allowing more resources to be released to direct service user care and support.</p>	
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Medical Directorate				
	Title of Policy and Description	Outcome of Equality Screening	Reason for Outcome	Date Compld
1	<p>Health and Safety Policy</p> <p>WHSCCT considers the health, safety and welfare of its staff, patients, clients, contractors, voluntary workers, visitors and any other persons affected by its activities to be a managerial priority. The Trust recognises that personal health and safety at work is fundamental to job satisfaction and performance, and therefore the application of sound risk management principles to our everyday work is essential in a quality organisation delivering a quality service. All members of staff have an important role to play in safeguarding their own health and safety and that of service users and other stakeholders in order to comply with its obligations as laid down by the Health and Safety at Work (NI) Order 1978 and all other relevant legislation.</p> <p>The Trust is determined to create a health and safety culture, which motivates and involves all staff in the organisation, and aims to reduce risk. The Trust acknowledges the following:</p> <p>The policy highlights roles and responsibilities and encourages a high concern for safety among all employees through joint consultation. It is expected that particular attention be paid to the provision of effective information, instruction, training, supervision and communication at all levels of the organisation.</p>	<p>Green – No Impact: A full EQIA is not recommended</p>	<p>It is anticipated that this policy will have a positive impact for staff and service users etc. The policy will ensure that there will be a safe working environment for all Trust employees, contractors, etc. The Trust recognises that personal health and safety at work is fundamental to job satisfaction and performance, and therefore the application of sound risk management principles to our everyday work is essential in a quality organisation delivering a quality service. The Trust is determined to create a health and safety culture, which motivates and involves all staff in the organisation, and aims to reduce risk.</p> <p>The policy will be communicated to staff via Trust Communication and will be supported by Health and Safety Training.</p>	<p>24/12/15</p>

<p>Staff have a vital role to play in protecting themselves, patients, clients, colleagues and members of the public from workplace hazards. The Trust will also work proactively to improve the health of staff by continued development and promotion of policies which encourage a healthy workplace and lifestyle.</p> <p>This statement is an expression of the Trust's commitment to the management of health and safety matters. Staff should also ensure that they familiarise themselves with any departmental health and safety policies or other health and safety related policies.</p>			
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Performance and Service Improvement Directorate				
	Title of Policy and Description	Outcome of Equality Screening	Reason for Outcome	Date Compld
	<p>Car Parking Operational Procedures - Altnagelvin and South West Acute Hospital</p> <p>The draft car parking operational procedures have been developed to:</p> <ul style="list-style-type: none"> Identify the arrangements that will be put in place by WHSCT to effectively manage car parking on Altnagelvin and South West Acute Hospital (SWAH) sites Outline the responsibilities of individuals who park on the Trust's hospital sites. <p>These procedures support the application of the Policy for Car Parking Provision and Management in the Health and Social Care Sector issued by the</p>	<p>Amber: Minor equality issues/ impact. A full EQIA is not recommended.</p>	<ul style="list-style-type: none"> Reasonable provision of car parking spaces on both hospital sites. Paid for parking for short term users (patients/ visitors) improves accessibility to the site. Operational procedures will provide effective management tool to the Trust to manage the abuse of disabled bays. The operational procedures are aligned to the regional policy on Car Parking Provision and Management in the Health & Social Care Sector (2012). The Trust is aligned to the strategic direction of the other HSC Trusts in NI in relation to Traffic Management and Car Parking charges. The Trust has examined a range of research in 	<p>18/12/15</p>

<p>Department of Health, Social Services and Public Safety (DHSSPS) on 27 June 2012.</p> <p>The key objectives are to support:</p> <ul style="list-style-type: none"> • Site users in accessing the hospital site; • The protection of emergency blue light routes; • The protection of disabled parking provision; • The implementation of effective and fair parking arrangements and improve traffic management / utilisation of available car parking spaces; • The management of abuse of parking facilities through the implementation of car parking control measures; • Reduced congestion from circulating traffic; and • The provision of clear guidance in relation to charging and concessionary / free parking on the Trust's hospital sites. <p>The procedures are also intended to support the implementation of the Trust's Workplace Travel Plans which aim to:</p> <ul style="list-style-type: none"> • Maximise accessibility to the site for staff, patients and visitors; • Promote sustainable travel; and • Ensure that all users of the site can make informed decisions about their various travel options 		<p>relation to car parking issues both within the Western Trust and the EQIAs undertaken in both the Northern and Southern HSC Trusts</p> <p>As part of the Equality Screening process a 12 week targeted engagement was undertaken with a range of key stakeholders. The process returned limited feedback and Trust Board feedback indicated the need for further engagement with the Patient and Client Council (PCC) and the Trust service user group. In addition feedback from Trust Board identified the need to consider a number of other areas as identified below:</p> <ul style="list-style-type: none"> • formal complaints received • additional parking audits; • the updated 2015 HTM Guidance on NHS Car Parking; • other Trust models and controls; and • the potential differential impact on community staff based on an acute hospital site (i.e., SWAH site). <p>In partnership with the PCC a survey of their Western Area membership comprising 5000 members was facilitated; 10 responses were received. It was agreed with PCC that this was not a representative response but nonetheless these were generally supportive of the proposed operational procedures and demonstrated the Trust's commitment to more effectively managing car parking and specifically addressing parking abuses. The Trust's Patient & Client User</p>	
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			<p>Experience Group also returned feedback that was also generally supportive.</p> <p>An analysis of formal complaints was undertaken and showed the most significant complaint was the abuse of disabled parking spaces. Six additional car parking audits were carried out over a 4 month period which showed sufficient car parking available on the SWAH site but approximately a 5% shortfall in capacity on the Altnagelvin site.</p> <p>The principles contained in the HTM 0703 issued in April 2015 were considered in revising the draft operational procedures.</p> <p>A review of the other 4 NI HSC Trusts and a number of GB Trusts was undertaken again to help inform the Trust's proposal.</p> <p>A diary analysis by the affected service directorates of the relevant community staff was completed and showed the potential differential impact was limited to a short period in the later afternoon mid-week.</p> <p>Taking into account all of the above areas and the general support for car parking operational procedures to be implemented a number of revisions were made to the April 2015 proposal as follows:</p> <ul style="list-style-type: none">• The revised operating model provides for the Trust to retain full management, discretion and decision making in the application of all control	
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			<p>measures.</p> <ul style="list-style-type: none"> • The control measure involving vehicle immobilisation (clamping) has been removed. • To take account of the shortfall in parking capacity on the Altnagelvin site an area of the site has been identified where controls will not be applied. In the case of SWAH with sufficient parking capacity this arrangement is not required and the controls will be implemented on the full site. • In line with the principles within the updated HTM 0703 the Trust will not award a contract that incentivises additional charges. • The Procedures will include appropriate provision for access to paid spaces free of charge for those affected community staff on the SWAH site. <p>All of the above changes and mitigations to the draft car parking operational procedures were approved by CMT at their meeting on 19 November 2015. The revised procedures were also shared with the Trust's Staff Side Consultation Group on 25 November 2015 and no further issues were raised regarding the revised procedures.</p>	
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Primary Care and Older People's Services Directorate				
	Title of Policy and Description	Outcome of Equality Screening	Reason for Outcome	Date Compld
1	<p>Management of locked doors, access and egress policy</p> <p>The need to maintain a safe environment for the protection of the personal safety of both patients and staff within patient areas is of the utmost importance to the Trust. This policy was developed in response to a Regulation Quality Improvement Authority (RQIA) recommendation.</p> <p>The management of locked doors, access and egress policy aims to ensure a balance between maintaining both the patient's 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.</p> <p>The Trust recognises its responsibilities and duty of care in ensuring that patient areas are safe and secure environments for the delivery of patient 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 Trust. The Trust appreciates that controlling access and egress from some service areas can cause concern to patients and their families, therefore it is very important that the issues</p>	<p>Amber: Minor equality issues/ impact. A full EQIA is not recommended.</p>	<p>The support and care needs of the patients 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 patients, visitors, etc.</p> <p>One 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 during the development of this policy and they are satisfied that the policy does not infringe on a service user's human rights.</p> <p>Overall it is considered that the introduction of the policy will maintain a safe environment for the protection of the personal safety of both patients and staff within patient areas.</p> <p>The policy will be disseminated to staff by directors, via Trust Communication and be available on the Trust's intranet.</p>	27/11/15

	<p>around controlling access are communicated openly to patients and families at the earliest opportunity, with available information leaflets within services.</p> <p>In the case of patients 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 patients relatives/advocate and will attempt further explanations of the procedure at alternative times, as required.</p> <p>Information will be provided to detained patients about their detention status on a regular basis and will include discussions about the locked doors and their feelings towards this.</p>			
2	<p>Change of Management Structure of Older Peoples Mental Health Trust Wide Challenging Behaviour Service</p> <p>It is proposed that the managerial structure of the Challenging Behaviour Service is reformed and operationally managed by two of the Community Mental Health Team (CMHT) leaders, with a professional nursing background. The role of the challenging behaviour service and service delivery will not change as a consequence of this reform but managerial and professional supervision will be provided by the two nursing CMHT leaders, at local level. This will ensure streamlining of reporting arrangements from a governance point of view and allow professional and managerial supervision to be delivered by the same person. Additional monthly</p>	<p>Green – No Impact: A full EQIA is not recommended</p>	<p>Overall it is considered that the change to the management structure of the Older Peoples' Challenging Behaviour Service within the Trust will not change operational service delivery. The service will continue to work to improve the quality, experiences and outcomes for clients living with dementia and deliver services to staff in residential and nursing homes (Trust owned and private) to ensure that those referred to the service receive an appropriate level of assessment and care in the most appropriate setting.</p> <p>All key stakeholders including staff will be fully engaged with throughout the process. Their views and needs will be considered and taken into account as far as possible.</p>	4/11/15

	group clinical supervision will be delivered by one of the senior Band 8a Clinical Psychologists, to ensure the staff are supported to deliver a biopsychosocial model of intervention.			
3	<p>Establishment of a dedicated Tuberculosis (TB) service</p> <p>Establishment of Nurse Led TB Clinic</p> <p>This proposal will develop and expand the current range of TB services and treatments delivered within primary care setting. The proposal is in keeping with Transforming Your Care (TYC) principles of treating patients as close to home as possible and with referral to the right place first time.</p> <p>The service proposal is for a service Monday – Friday, 9am until 5pm. Outside the hours of service patients will attend the Emergency Department (ED). The Trust recently introduced a Tuberculosis (TB) Nursing service, appointing two part-time Tuberculosis Nurse Specialists. One will be based in the South West Acute Hospital, Enniskillen covering the Southern Sector of the Trust whilst the other will be based in Maple Villa, Londonderry, covering the Northern Sector of the Trust. Patients will have a dedicated pathway of care based on regional evidence based guidelines.</p>	<p>Green – No Impact: A full EQIA is not recommended</p>	<p>It is anticipated that this proposal will have a positive impact on service users. This proposal will provide an expansion to the current range of services and treatments delivered within primary care setting (home oxygen nurses and physiotherapists). This will include the management of respiratory conditions, long term conditions management and greater integration of the long term conditions scheme across primary, community and secondary care.</p> <p>Any additional training required will be adapted, where possible, to meet the needs of any staff with a disability and reasonable adjustments will be made in line with Trust policies. Staff input has been included in developing the proposal.</p> <p>It is anticipated that this service will lead to an improvement in TB patient care as it will create a more efficient service with quicker access to consultant advice. There will be an improvement in working practices, responding to service needs and more efficient use of resources, including GP and Consultant time. There will be better working relationships between primary and secondary care. GPs and the secondary care team will be updated on TB treatment pathways.</p>	24/12/15

Women and Children's Services Directorate				
	Title of Policy and Description	Outcome of Equality Screening	Reason for Outcome	Date Compld
1	<p>Streamlining of Colposcopy Provision and Introduction of Direct Referral System Trustwide</p> <p>This proposal is to introduce the computerised regional direct referral system for colposcopy in the Western Trust and to review the current referral boundaries of service provision to ensure an equitable service for all users. The proposed service will reduce the time from lab results being available to women being seen at a colposcopy outpatient clinic. There are also variances in waiting times for women across the Trust and this proposal will reduce these inequalities.</p> <p>One of the aims of the proposal is to ensure that women are treated in the right place, at the right time, by the right person. A number of factors will be considered, i.e. the safety of current service, waiting times for current service, distance to travel for proposed service. There are colposcopy clinics running in Altnagelvin Hospital (3 per week), South West Acute Hospital (SWAH) (1 per week) and Tyrone County Hospital (TCH) (1 per fortnight). Females are currently having smears carried out in GP surgeries, family planning clinics etc. Samples are sent to Altnagelvin Laboratory, results are sent back to the GP. In the event of an abnormal result being received, a letter is sent by the GP to one of the Trust Hospitals for an appointment to be sent out. The proposed service change will see women</p>	<p>Amber: Minor equality issues/ impact. A full EQIA is not recommended.</p>	<p>It is anticipated that this proposal will have a positive impact for women within WHSCT as they will receive more timely treatment. There will be:</p> <ol style="list-style-type: none"> 1. More equitable access to colposcopy services across the Trust area. 2. Reduced safety concerns. 3. All referrals will be triaged within the required timescale. 4. Increased capacity due to removal of travel time for medical staff, i.e. the consultant will not have to travel from her base of SWAH to deliver a service in TCH so will be able to see more patients. 5. Women being treated in the most appropriate setting, i.e. colposcopy can be carried out on women with CIN 3 in the outpatient department of SWAH whereas this cannot take place in TCH currently as there are no inpatient beds in the event of a woman requiring admission following the procedure. <p>The service change will be communicated via the Western Trust GP forum and through the issuing of a press release to the media.</p> <p>A patient information leaflet has been drawn up to communicate to women that in the event of an abnormal cervical smear result, they will be receive an appointment to attend either South West Acute</p>	<p>6/11/15</p>

<p>attending GP, family planning clinics, etc. for a smear, samples sent to Altnagelvin Laboratory, abnormal results sent directly to Western Trust appointment staff for an appointment. The GP will also receive the results but the process will already have started to ensure an appointment within the designated time-frame of 2 weeks; 4 weeks or 8 weeks.</p> <p>The demand for new outpatient colposcopy appointments to TCH is greater than the current capacity. Women added to the Altnagelvin or SWAH waiting lists for colposcopy outpatient appointments are being seen quicker than those added to the TCH waiting list. In addition, TCH patients requiring review outpatient appointments are waiting longer than the clinically indicated time.</p> <p>Colposcopy clinics are running fortnightly in TCH by Consultants based in SWAH and with travel time added in, there is reduced capacity and limited numbers at clinics. If the Consultant is on annual leave, there is no back-up Consultant to cover so there may only be a monthly clinic. The Consultant covering TCH colposcopy is part-time and it is not possible to adjust their job plan to increase colposcopy clinics in TCH without adversely affecting other elective care services or labour ward cover.</p> <p>A number of concerns relating to patient safety have been raised by medical staff, including the Consultant providing colposcopy in TCH:</p> <p>1. The delay in Consultants prioritising referrals for</p>		<p>Hospital or Altnagelvin Hospital for a colposcopy appointment.</p>	
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<p>colposcopy appointments and the fact that there are not enough clinics in TCH to meet demand, results in women having to wait longer than they should, resulting in an obvious risk to the women's health. The sooner a patient is triaged and seen, the sooner they can be diagnosed and treated.</p> <p>In line with the National Colposcopy Standards, patients should be triaged into one of three categories:</p> <ul style="list-style-type: none"> (a) Red flag – must be seen within 2 weeks of receipt of referral. (b) Urgent – must be seen within 4 weeks of receipt of referral. (c) Routine – must be seen within 8 weeks of receipt of referral. <p>In the event of the Consultant who carries out colposcopy in TCH being on leave, it will not be possible for red flag patients or even urgent patients to be seen within the required timescale in Tyrone County Hospital. This is totally contrary to the National Colposcopy Standards.</p> <p>2. The risk associated with a woman bleeding during colposcopy. TCH is not equipped to deal with such an incident and the patient would require emergency transfer to Altnagelvin or SWAH.</p> <p>3. Women with Central Intraepithelial Neoplasia (CIN) 3 are currently having to undergo day case surgery in SWAH as they cannot be treated in TCH outpatients or daycase units as there are no</p>			
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<p>inpatient beds in TCH in the event of a women requiring admission following surgery.</p> <p>4. There was a recent validation failure relating to ventilation systems within the Day Procedures Unit in TCH. The systems do not meet Health Technical Memoranda (HTM) Standards so the Day Procedure Unit can only be used for non-invasive (orifice only) surgery. This means that only surgery using existing orifices can be carried out. Gynaecology day case procedures following colposcopy will not fit this criteria.</p> <p>The Trust will introduce direct referral from laboratory to colposcopy rather than laboratory to GP to colposcopy. This will reduce the time from result to outpatient appointment. This change will be facilitated through the advanced use of the regional Colposcopy IT system, Excelicare.</p> <p>The Trust will also streamline the current provision of colposcopy services from 3 sites to 2 sites, i.e. colposcopy will be available in the South West Acute Hospital and Altnagelvin Hospital. This is to ensure equitable access to services and in light of safety concerns relating to the colposcopy service in the Tyrone County Hospital.</p> <p>This option would see the redefining of referral catchment areas to absorb some of the GP practices closest to Altnagelvin Hospital into the Northern Sector catchment. All other referrals for the Southern Sector will be treated on the SWAH site. Referrals</p>			
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	for all other women from the Southern Sector would be sent from laboratory to SWAH for daily triaging and women offered appointments in SWAH only.			
2	<p>Mainstream The Pilot Short Stay Paediatric Assessment Unit (SSPAU), Altnagelvin Hospital</p> <p>The proposal is to mainstream and extend the opening hours of the SSPAU in Altnagelvin Hospital which has been operating since May 2013. The Unit was piloted to assess the impact of such a Unit on the acute inpatient ward.</p> <p>The Unit was established as part of the Transforming Your Care Agenda in line with the principle of providing “the right care, in the right place at the right time”. The aims and objectives of the service change included:</p> <ul style="list-style-type: none"> • To reduce the time from nurse triage to assessment. • To reduce the time from triage to being seen by a Senior Doctor. • To reduce unscheduled medical admissions to the acute in-patient ward in Altnagelvin by 20%. • To facilitate rapid and quality patient assessment by ensuring the decision to either treat in SSPAU and discharge, admit to acute ward or discharge from SSPAU is more timely. • To free up ward based staff to concentrate on the more acutely unwell children. • To assess, treat and discharge children not requiring admission as efficiently as possible by 	<p>Green – No Impact: A full EQIA is not recommended</p>	<p>It is anticipated that, given the results of the pilot, this proposal will have a positive impact on children attending the Paediatric Unit in Altnagelvin Hospital and on staff caring for them.</p> <p>83% of children attending the unit during the pilot were triaged by a nurse and assessed by medical staff within one hour. No child waited more than four hours. This is an improvement from the pre pilot waiting times where 35% of children attending waited more than 4 hours.</p> <p>There was also a reduced waiting time to be seen by a senior doctor during the pilot: 96% were seen within 4 hours, compared to 70% being seen within 4 hours before the pilot commenced.</p> <p>Fewer children were admitted to the inpatient ward during the pilot: 43% compared to 62% before the pilot of the PAU.</p> <p>Findings from a questionnaire taken 6 weeks before the start of the and 6 weeks after the start of the pilot included:</p> <p>(i) Time from nurse triage to medical assessment:</p> <ul style="list-style-type: none"> • 83% within the first hour (6% pre-pilot) • 13% between 1 and 2 hours (14% pre-pilot) • 4% between 2 and 4 hours (35% pre-pilot) 	17/11/15

<p>reducing wait times for diagnostics.</p> <ul style="list-style-type: none"> • To reduce pressure on beds in the acute ward and reduce episodes when GPs are advised that the ward is closed to admissions. • To reduce the need for the escalation policy to be implemented. The policy includes the opening of additional beds in the outpatient area of the children's unit and requesting GPs to re-direct admissions to other hospitals. <p>This initiative will see the development of a SSPAU adjacent to the acute ward where patients will be assessed, treated and a decision will be taken whether to admit or discharge. Opening hours will initially be from Monday to Friday 9am to 8pm initially with potential to extend. There is reference to the mainstreaming of the service in the Ministerial/HSCB & PHA 2105/16 Commissioning Plan. If successfully mainstreamed, additional staff will be recruited, trained and become part of the team running this unit.</p> <p>Between May 2013 and March 2015, there were 2857 attendances at the PAU at Altnagelvin Hospital. 43% of these children were subsequently discharged from the PAU equating to an overall reduction in Ward Admissions of 14% (total ward admissions includes ENT, Orthopaedics, Maxillofacial and surgical so the reduction in medical admissions is actually higher than the 14% stated).</p>		<ul style="list-style-type: none"> • No-one waiting more than 4 hours (45% pre-pilot) <p>(ii) Time to be seen by Senior Doctor:</p> <ul style="list-style-type: none"> • 96% within 4 hours (70% pre-pilot) • 4% more than 4 hours (30% pre-pilot) <p>(iii) Outcome:</p> <ul style="list-style-type: none"> • 43% were admitted to the inpatient ward (62% pre-pilot) • 14% were discharged home • 43% were observed/treated at the APAU prior to discharge 	
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