



NORTHERN IRELAND AMBULANCE SERVICE EQUALITY SCREENING REPORT 1 JULY – 31 DECEMBER 2017

Introduction

Section 75 of the Northern Ireland Act 1998 requires the Northern Ireland Ambulance Service Health and Social Care Trust, when carrying out its functions in relation to Northern Ireland, to have due regard to the need to promote equality of opportunity between nine categories of persons, namely:

- persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- men and women generally;
- · persons with a disability and persons without; and
- persons with dependants and persons without.

Without prejudice to these obligations, the Trust must also have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

The Trust's Equality Scheme outlines how we propose to fulfil our statutory duties under Section 75. Within the Scheme, the Trust gave a commitment to apply the screening methodology below to all new and revised policies and where necessary and appropriate to subject new policies to further equality impact assessment:

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

In keeping with the commitments in our Equality Scheme, the Trust has applied the above screening criteria to new policies and proposals. The screening process is used to identify which policies are likely to have a significant/major impact on or consequence for people including those in any of the nine equality groups.

If it is decided that a policy/proposal is likely to have a significant/major impact in relation to equality, it is then necessary to carry out a more detailed exercise called an Equality Impact Assessment (EQIA).

This screening report outlines the screening outcomes between 1 July and 31 December 2017.

Communication and Engagement

In order to carry out our functions there is a need to continue to effectively engage and work collaboratively with a wide range of stakeholders including Trust staff, Trade Unions, service users, carers, commissioners, primary care, public representatives and independent providers.

The Trust is committed to promoting Personal and Public Involvement in all its activities. The development of new policies and proposals will be supported by effective engagement processes to ensure that staff, service users and all interested parties are fully involved. Planning for and delivering safe, clinically effective and cost effective services requires close collaboration at many levels.

To ensure equality of opportunity in accessing information, we will provide this document in alternative formats on request, where reasonably practicable. Alternative formats may include Easy Read, Braille, audio formats (CD, mp3 or DAISY), large print or minority languages to meet the needs of those for whom English is not their first language. If you have any queries about this document and its availability in alternative formats then please contact:

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Outcome of Screening

The screening outcomes are outlined in the table below. Three possible outcomes are recorded:

- screened in for equality impact assessment
- screened out with mitigation (i.e. ways of delivering the policy outcome which have a less adverse effect on the relevant Section 75 categories) or an alternative policy proposed to be adopted
- **screened out without mitigation** or an alternative policy proposed to be adopted.

Screening Date	Policy	Aim	Screening Outcome	Decision
Aug 2017	Paramedic Led Clinical Support Desk – Standard Operating Procedures	To enhance the triage capability of the medical Priority Despatch System (MPDS) through high quality extended clinical telephone triage or secondary triage using knowledge, skills critical thinking and professional judgement in conjunction with the appropriate clinical decision support software.	Impact on section 75 groups assessed as minor.	Screened out with mitigation
3 Oct 2017	Information Markers Policy and Guideline	This policy governs the implementation of an information marker system which aims to: • inform staff of patients with a specific clinical need or provide staff with information regarding potential or actual risks at scene; • enhance patient care while also ensuring staff safety; • include a workable system for sharing marker information appropriately with appropriate staff; and • provide an early warning system regarding frequent and vexatious callers.	Impact on section 75 groups assessed as minor.	Screened out with mitigation

3 Oct 2017	Identification and Management of Frequent Callers Policy and Procedure	The identification and management of frequent callers to the emergency services offered by NIAS is essential for the Trust to fulfil its obligation to identify and safeguard vulnerable people.	Impact on section 75 groups assessed as minor.	Screened out with mitigation
11 Dec 2017	Control of Substances Hazardous to Health (CoSHH) Assessment Procedure (Health and Safety Procedure)	The purpose of the procedure is to support the Trust in managing health and safety risks as effectively as possible by understanding and embedding the principles of effective health and safety risk management throughout the organisation. This ensures that NIAS meets both its moral and legal obligations, and ensures the safeguarding of patients, the public, staff and assets as far as is reasonably practicable.	No impact identified for any section 75 groups.	Screened out without mitigation