

# SCREENING TEMPLATE

See [Guidance Notes](#) for further information on the 'why' 'what' 'when', and 'who' in relation screening, for background information on the relevant legislation and for help in answering the questions on this template (follow the links).

## (1) INFORMATION ABOUT THE POLICY/DECISION

### 1.1 Title of policy/decision

Northern Ireland Ambulance Service Corporate Plan 2011 – 2015.

### 1.2 Description of policy/decision

- **what is it trying to achieve? (aims/objectives)**
- **how will this be achieved? (key elements)**
  - **what are the key constraints? (e.g. financial, legislative)**

The Corporate Plan sets out the strategic direction for the organisation over the next four years. It aims to provide safe, effective, high-quality care and to secure improved health and well-being for the whole community. The plan includes a set of strategic aims and objectives which have been developed to shape the future delivery of ambulance services. These aims and objectives seek to align delivery of health priorities for the whole healthcare system with the specific priorities, challenges and opportunities for the ambulance service. They are designed to ensure that patients get the most appropriate and cost-effective care possible. The plan will be in place during a period of key challenges including reduced finances, increased public expectation regarding service delivery, structural reform and service modernisation within Health and Social Care in Northern Ireland.

### 1.3 Main stakeholders affected

**(e.g. staff, actual or potential service users, other public sector organisations, voluntary and community groups, trade unions/professional organisations or private sector organisations)**

The plan will improve the provision of safe and effective patient care. The Trust will work with colleagues in the healthcare system and beyond to ensure that our activities and aspirations are aligned with the healthcare policy framework and commissioning intentions and direction.

Key stakeholders include;

The population of Northern Ireland who may need to access the services of NIAS, services users (including patients and carers), DHSSPS, other HSC organisations, our staff and trade unions, community and voluntary organisations.

#### 1.4 Other policies/decisions with a bearing on this policy/decision

- what are they?
- who owns them?

The Corporate Plan will be underpinned by a Trust Delivery Plan.  
It also relates to the Health and Social Care Board Commissioning Plan.

## 2) SCREENING THE POLICY/DECISION

### 2.1 In terms of groupings under Section 75, what is the makeup of those affected by the policy/decision?

Data provided includes data relating to the NI population as NIAS provides a regional service to the entire population. We recognise that different areas may have different experiences in respect of our services. There are key challenges associated with collecting monitoring data from those who access our services. In terms of the emergency nature of our service, currently only information which is clinically relevant to emergency response or treatment is collected e.g. gender and age. It should be noted that on some occasions it is not possible to collect any information and even the patients name may not be recorded. In terms of the non-emergency element of our service, patient journeys are booked with NIAS by HSC Trusts and not directly by patients.

Where information is available about service users this is provided below also.

In addition information is provided in respect of the make-up of our staff who are also affected by our policies and procedures.

<b>Group</b>	<b>Please provide details</b>
Gender	Staff: 73% male, 27% female (June 2011)
	<b>Northern Ireland</b> Source: 2001 Census Male: 49% Female: 51%
Age	Staff: 16 – 29: 6.6% 30 – 44: 51.9% 45 – 59: 37.7% 60 – 74: 3.8% (June 2011)

	<p><b>Northern Ireland</b> Source: 2001 Census</p> <p>Under 16: 23.6%</p> <p>16-29: 19.4%</p> <p>30-44: 22.2%</p> <p>45-59: 17.2%</p> <p>60-74: 11.7%</p> <p>75 and over: 5.9%</p> <p>Service Users: 57% of patients who access A&amp;E are over 50</p>
Religion	<p>Staff:</p> <p>Roman Catholic: 37.2%, Protestant 54.2% (June 2011)</p>
	<p><b>Northern Ireland</b> Source: 2001 Census</p> <p>Roman Catholic: 40.1%</p> <p>Protestant<sup>1</sup>: 39.5%</p> <p>Other Christian: 6.1%</p> <p>Other Religion: 0.3%</p> <p>None/No Stated: 13.9%</p> <p>1. Presbyterian Church in Ireland, Church of Ireland and Methodist Church in Ireland.</p>
Political Opinion	<p>Staff:</p> <p>Not recorded. Using religious belief as a proxy, 39.6% potentially Nationalist, 56.8% potentially Unionist.</p>
	<p><b>Northern Ireland</b> Source: ARK NI – 2010 Westminster election share of vote</p> <p>Nationalist<sup>2</sup>: 42.0%</p> <p>Unionist<sup>3</sup>: 40.2%</p> <p>Alliance: 6.3%</p> <p>Others: 11.5%</p> <p>2. Sinn Fein and SDLP</p> <p>3. DUP and UUP</p>
Marital Status	<p>Staff:</p> <p>34.4% single, 60.6% married, 1.9% separated, 1.7% divorced, 0.2% widow/er 1.2% other (June 2011)</p>
	<p><b>Northern Ireland</b> Source: 2001 Census</p> <p>Single: 33.1%</p> <p>Married: 48.4%</p> <p>Re-married: 2.7%</p> <p>Separated: 3.8%</p> <p>Divorced: 4.1%</p> <p>Widowed: 7.8%</p>
Dependent Status	<p>Staff:</p> <p>Not recorded – no data available.</p>

	<p><b>Northern Ireland</b> Source: 2001 Census Households with dependent children: 36.5%</p> <p>Service Users: The Trust recognises carers of those who access our services will also be particularly affected by Trust policies.</p>																								
Disability	<p>Staff:</p> <p>Households with one or more persons with a limiting long-term illness: <b>Northern Ireland:</b> 41.3% Source: 2001 Census DLA Claimants as % of population as at 30 Nov 09: <b>Northern Ireland:</b> 10.2% Incapacity Benefit Claimants as % of population as at 30 Nov 09: <b>Northern Ireland:</b> 9.0% Severe Disability Allowance as % of population as at 30 Nov 09: <b>Northern Ireland:</b> 0.8% Source: Department for Social Development (<a href="http://www.dsdni.gov.uk/index/stats_and_research/benefit_publications.htm">http://www.dsdni.gov.uk/index/stats_and_research/benefit_publications.htm</a>)</p> <p>Service Users: Whilst incidence of disability in itself is not recorded, the Trust recognises both a link between service users in older age brackets and increased likelihood of disability and also the fact that those with long term health conditions and disabilities are likely to use our services more frequently.</p>																								
Ethnicity	<p>Staff: less than 1% of staff other than 'white'.</p> <p><b>Northern Ireland</b> Source: 2001 Census</p> <table border="0"> <tr><td>White:</td><td>99.2%</td></tr> <tr><td>Irish Traveller:</td><td>0.1%</td></tr> <tr><td>Mixed:</td><td>0.2%</td></tr> <tr><td>Indian:</td><td>0.1%</td></tr> <tr><td>Pakistani:</td><td>0.04%</td></tr> <tr><td>Bangladeshi:</td><td>0.01%</td></tr> <tr><td>Other Asian:</td><td>0.01%</td></tr> <tr><td>Black Caribbean:</td><td>0.02%</td></tr> <tr><td>Black African:</td><td>0.03%</td></tr> <tr><td>Other Black:</td><td>0.02%</td></tr> <tr><td>Chinese:</td><td>0.2%</td></tr> <tr><td>Other:</td><td>0.08%</td></tr> </table>	White:	99.2%	Irish Traveller:	0.1%	Mixed:	0.2%	Indian:	0.1%	Pakistani:	0.04%	Bangladeshi:	0.01%	Other Asian:	0.01%	Black Caribbean:	0.02%	Black African:	0.03%	Other Black:	0.02%	Chinese:	0.2%	Other:	0.08%
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	<p><b>Staff and Service Users:</b>  No statistics available for sexual orientation however, according to estimates, between 2% and 10% of the population could be LGB.  Source: "Shout", <i>Research into the needs of young people in Northern Ireland who identify as lesbian, gay, bisexual and/or transgender</i>, published by YouthNet, December 2003.</p>
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**2.2 Is there any indication or evidence of higher or lower participation or uptake by different groups?**

<b>Group</b>	<b>Yes/No/ Don't Know</b>	<b>Please provide details</b>
Gender	No	
Age	Yes	As indicated above likelihood of increased access of services by those over 50.
Religion	No	
Political Opinion	No	
Marital Status	No	
Dependent Status	Yes	The Trust recognises carers of those who access our services will also be particularly affected by Trust policies.
Disability	Yes	As indicated above likelihood of increased access of services by those with a disability.
Ethnicity	No	
Sexual Orientation	No	

**2.3 Is there any indication or evidence that different groups have different needs, experiences, issues and priorities in relation to the policy/decision?**

<b>Group</b>	<b>Yes/No/ Don't Know</b>	<b>Please provide details</b>
Gender	No	
Age	No	As indicated those in upper age brackets are most likely to be affected by our policies given the increased usage of our services.
Religion	No	
Political Opinion	No	
Marital Status	No	
Dependent Status	Yes	The Trust recognises carers of those who access our services will also be particularly affected by Trust policies.
Disability	Yes	As indicated above likelihood of increased access of services by those with a disability.
Ethnicity	No	
Sexual Orientation	No	

**Note:** whilst rurality is not a Section 75 category the Trust recognises that some in rural communities have expressed concerns in respect of access to acute services including for example ambulance response times.

**2.4 Is it likely that the policy/decision will meet those needs?**

<b>Group</b>	<b>Yes/No/ Don't Know</b>	<b>Please briefly give details</b>
Rural Communities	Yes	The Trust has indicated within its Corporate Plan that it is committed to engaging with stakeholders in order to continue to improve our services and has explicitly indicated its commitment to engaging in respect of rural issues.

**2.5 Is there an opportunity to better promote equality of opportunity or good relations by altering the policy/decision or working with others in government or in the larger community?**

<b>Group</b>	<b>Suggestions</b>
	Continued engagement and focus on service improvement as indicated within the plan

**2.6 What changes to the policy/decision – if any – or what additional measures would you suggest to ensure that it promotes good relations?**

<b>Group</b>	<b>Suggestions</b>

**2.7 Have previous consultations with relevant groups, organisations or individuals indicated that particular policies create problems that are specific to them? Also, please detail information used to answer any of the questions above (e.g. statistics; research reports; views of colleagues, service users, or other stakeholders).**

As indicated previous consultations undertaken by the Trust have revealed that there are particular concerns within rural communities about the reconfiguration of acute services across the HSC and the potential resultant impact on for example ambulance response times and increased journey times. In this respect NIAS has worked closely with HSC organisations to secure investment in ambulance resources in these circumstances. In addition the Trust continues to work with the Health and Social Care Board and other HSC organisations to ensure provision of appropriate health and social care to communities.

The Trust is committed to continuing to engage with service users, managers, Trade Union representatives and staff, HSC colleagues and other stakeholders in implementation of the plan.

**2.8 Please detail what data you will collect in the future in order to monitor the effect of the policy/decision on any of the groups under Section 75?**

Implementation of the Corporate Plan will be monitored through governance arrangements including through a Trust Board assurance framework.

Monitoring of service delivery in terms of ambulance response will continue to be monitored through Trust performance management mechanisms. Monitoring of feedback in terms of service delivery is undertaken through a 'learning outcomes' group.

**(3) SHOULD THE POLICY/DECISION BE SUBJECT TO EQUALITY IMPACT ASSESSMENT?**

Equality impact assessment procedures are confined to those policies/decisions considered likely to have significant/major implications for equality of opportunity.

**If your screening has indicated that a policy/decision is likely to have an adverse differential impact, how would you categorise it?**

**Please tick.**

Significant/major impact	
Low impact	✓

**Do you consider that this policy/decision needs to be subjected to a full equality impact assessment?**

Yes	
No	✓

Please give reasons for your decision.

The Corporate Plan aims to create an organisation which is more adaptive and able to embrace change with a focus on patient care and safety, service modernisation and reform, clinical excellence and ethical practices. The plan is consistent with NIAS's overall aims and principles. Screening indicates that the plan is likely to have a low adverse impact on equality of opportunity. The plan is designed to continue to improve service delivery and outlines the Trust's commitment to promoting equality of opportunity and good relations.

#### **(4) DISABILITY DISCRIMINATION**

**4.1 Does the policy/decision in any way discourage disabled people from participating in public life or does it fail to promote positive attitudes towards disabled people?**

No

**4.2 Is there an opportunity to better promote positive attitudes towards disabled people or encourage their participation in public life by making changes to the policy/decision or introducing additional measures?**

Within its commitment to engage with stakeholders the Trust recognises its responsibility to engage with disabled people about issues which affect them. The Trust is committed to fulfilling this obligation and involving disabled people in engagement systems in the development and implementation of policy work related to the implementation of the Corporate Plan.

**4.3 Please detail what data you will collect in the future in order to monitor the effect of the policy/decision with reference to the disability duties?**

The Trust is working to develop systems to audit and record engagement processes.

In addition the Trust is reviewing systems of recording and monitoring data around members of staff with a disability. Trade union representatives and in particular members of staff with a disability are involved in this process.

## (5) CONSIDERATION OF HUMAN RIGHTS

### 5.1 Does the policy/decision affect anyone's Human Rights? [PLEASE COMPLETE THE TABLE BELOW]

ARTICLE	POSITIVE IMPACT	NEGATIVE IMPACT = human right interfered with or restricted	NEUTRAL IMPACT
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 the effect you have identified is positive or neutral please move on to **Question 5.3**.*

**5.2 If you have identified a likely negative impact who is affected and how?**

The Trust does not consider that the Corporate Plan would in any way interfere with Human Rights. Compliance with the Human Rights Act and protection of the Human Rights of those who access our services and our staff is enshrined within Trust policies around for example protection of dignity and confidentiality.

*At this stage we would recommend that you consult with your line manager to determine whether to seek legal advice and to refer to Human Rights Guidance to consider:*

- *whether there is a law which allows you to interfere with or restrict rights*
- *whether this interference or restriction is necessary and proportionate*
- *what action would be required to reduce the level of interference or restriction in order to comply with the Human Rights Act (1998).*

**5.3 Outline any 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/decision.**

Human Rights Act awareness included in Trust training mechanisms.

Policy/Decision Screened by: Liam McIvor, Chief Executive

Date: 29 July 2011

**Please note that having completed the screening, you will need to ensure that a consultation on the outcome of screening is undertaken, in line with Equality Commission guidance.**