

Equality, Good Relations and Human Rights SCREENING TEMPLATE

****Completed and Signed Screening Templates are public documents posted on the Trust's website****

- All policies / proposals require an equality screening
- Policy / Proposal authors / decision makers are responsible for Equality Screenings

Section 1: Information about the Policy / Proposal							
(1.1) Name of the policy/proposal	Guidance and Advanced Directive for the Management of Mothers who decline Transfusion of Red Cells or other Blood Products						
(1.2) Status of policy/proposal <i>(please underline)</i>	New		Existing			Revised	
(1.3) Department/Service Group: <i>(please underline)</i>	Corporate Services Group <i>(Please specify)</i>	Nursing and User Experience	Un-scheduled and Acute Care	Surgery & Specialist Services	<u>Specialist Hospitals & Women's Health</u>	Children's Community Services	Adult Social & Primary Care
(1.4) Description of the policy/ proposal? State the aims and objectives/key elements of the policy/proposal. Detail the changes the policy/proposal will introduce. How will the policy/proposal be communicated to staff /service users? Describe how the policy/proposal will be rolled out/put into practice e.g. will there be changes in working patterns / changes to how services will be delivered etc.	<p>Overview</p> <p>Patients have a legal and ethical right to decline specified treatments such as blood transfusion. Some mothers may wish not to have a transfusion of a blood component or blood derived product, despite there being a clinical indication for transfusion. This preference may be for religious or other reasons and their personal choices in this regard should be respected. An advanced directive must be completed in such circumstances.</p> <p>Aims</p> <p>This staff guidance has been drafted to provide guidance for medical, midwifery and nursing staff in the:</p> <ul style="list-style-type: none"> • optimisation of antenatal and peripartum care • process of completion of an advance directive 						

- management of haemorrhage
- management of an adult who lacks capacity or a young adult under the age of 18 years

when a woman (or a legal guardian) who wishes to decline transfusion of red cells or any other human derived blood product during pregnancy or the peripartum period.

The policy updates the 2008 version with reference to recent national guidelines and the non-obstetric equivalent guideline (BHSCT SG 17/17)

Objectives

The policy objectives include:

- To ensure that all women are asked as early as possible in pregnancy if they will accept transfusion of a blood component / product if clinically indicated.
- To ensure that the risks of haemorrhage are discussed with a pregnant woman who wishes to decline transfusion of red blood cells or any other blood product, by a senior clinician.
- To promote discussion and decision making with a mother about which blood components / blood products or transfusion alternatives they would decline or accept during their antenatal or peripartum care, should a clinical indication arise.
- To provide guidance on the completion of a *Trust Advance Directive* for the management of a pregnant woman who declines to have red cells or any other blood derived product during or after their pregnancy.
- To promote optimization of haemoglobin, iron storage and folate / vitamin B12 status in the antenatal and peripartum period.
- To provide guidance for medical, midwifery and nursing staff on how to minimise blood loss and manage haemorrhage, when a pregnant woman declines transfusion of red cells or any other blood derived component / product.

- To provide legal and ethical guidance for medical, midwifery and nursing staff in the provision of antenatal and peripartum care of a woman who declines to have red cells or any other blood-derived product if clinically indicated.
- To provide guidance to staff in circumstances when an adult who lacks capacity or a young adult under the age of 18 years (legal guardian) wishes to decline transfusion of red cells or any other human derived blood product during pregnancy or the peripartum period.

Policy Scope

The policy applies to all BHSCT staff (medical, nursing and midwifery) who are involved in the care of pregnant women during the antenatal and peripartum period, who wish to decline one or more blood components or blood products during an episode of care.

The policy can guide management in the case of:

- adults who lack capacity to consent or refuse treatment
- young people under the age of 18 years when they or their legal guardian decline suitable transfusion or transfusion alternatives.

However, in these circumstances, staff must seek advice on an individual patient basis from the BHSCT Legal Advisors. A Judicial Court declaration may be sought if transfusion is considered to be in the patient's best interests.

Context

Patients have a legal and ethical right to decline specified treatments such as blood transfusion and their personal choices in this regard, whether for religious or other reasons, should be respected. As such, the administration of blood components or blood products to an adult who has explicitly refused to accept them may lead to criminal and civil proceedings.

In general most Jehovah's Witnesses will not accept the transfusion of whole blood or its primary components, namely red cells, plasma, white cells and platelets, although consent to the transfusion of other blood-derived products or cell salvage varies from Witness to Witness (Watchtower 2000).

In these circumstances, it is important to discuss and identify which suitable and available blood components, blood products and transfusion alternatives a patient would accept or decline in advance of a planned surgical or other invasive procedure. This is particularly relevant if the procedure could result in life-threatening haemorrhage or major morbidity due to severe anaemia.

The informed patient should be allowed to make his or her own decision to accept or refuse specified blood components, blood products and transfusion alternatives without coercion or duress from healthcare staff, relatives or other individuals.

An 'Advance Directive' should be completed to document the patient's choices and to confirm that the patient is aware of the potential risk of blood loss associated with the planned procedure and of the risk of death if life-threatening bleeding occurs.

Some mothers may wish not to have a transfusion of a blood component or blood derived product, despite there being a clinical indication for transfusion. This preference may be for religious or other reasons.

A competent adult patient's decision to consent or refuse the transfusion of individual blood products or alternative measures such as cell salvage, must be documented in the patient's notes and held confidentially.

Key Principles/Statements are outlined in the policy including::

- The administration of a blood product to a pregnant patient who refuses to accept it by the provision of an Advance Directive or by its exclusion in a consent form is unlawful, ethically unacceptable and may lead to criminal and/or civil proceedings.

- A competent adult patient's decision to consent or refuse the transfusion of individual blood products or alternative measures such as cell salvage, must be documented in the patient's notes and held confidentially
- In an emergency situation, a doctor on duty must provide care for such a patient and respect her wishes to refuse blood products.
- A pregnant person who refuses to accept red cells or any other blood product should be booked for delivery in a hospital with facilities for prompt management of haemorrhage, including surgical expertise.
- Consultant staff in anaesthetics and obstetrics should be involved in the patient's care at an early stage in the pregnancy. She should be referred to the high-risk obstetric anaesthetic clinic in a timely fashion.
- It is important to ensure that a mother's decision to refuse or accept blood and / or blood products is made of her own free will, without coercion or duress from any party.
- The consultant obstetrician, consultant anaesthetist, haematologist on call and neonatal team should be informed when a pregnant woman who refuses blood / blood products, is admitted in labour or is for urgent delivery. The multidisciplinary team should be informed of the patient's wishes and all suitable equipment/drugs/blood products must be readily available in case needed.
- Every effort should be made to minimize blood loss by active management of the 3rd stage of labour.
- The patient has the right to change their mind about refusal or acceptance of any particular blood component, blood product or transfusion alternative. In this case, a new Advance Directive must be completed if there is time or a clinician should document the patient's decision change in the clinical notes and inform relevant healthcare staff.
- Regardless of staff members' religious or other beliefs, the policy advises how they should respect patients' wishes to decline transfusion during an episode of **emergency** medical care. It also advises that medical staff can decline to undertake

an **elective** procedure for a patient but they must identify an alternative senior clinician willing to undertake an appropriate elective procedure without transfusion and in accordance with a patient's wishes.

- The informed patient should be allowed to make their own decision to accept to or refuse specified blood components, blood products and transfusion alternatives without coercion or duress from healthcare staff, relatives or other individuals. In making this informed choice staff will outline the risks and benefits and the mother will be asked to attend an information session with a senior clinician prior to an advanced directive being completed.
- A Senior Clinician should ensure that the Patient is informed about the available blood components, blood products and transfusion alternatives that would be available in the event of major bleeding or in the treatment of anaemia.
- The policy recognises the principles of respecting a patient's decision to make choices and treating their informed choice with dignity and respect in accordance with the Human Rights Act 1998.

Dissemination

The guidance will be disseminated in a range of ways:

- PowerPoint presentation to be produced for appropriate governance meetings within the Trust to bring it to the attention of relevant staff eg Royal Maternity Anaesthetic Group and Labour Ward Forum.
- Electronic copies of this policy and Advance Directive will be made available for printing in all clinical units, so that it can be used as early as possible in a patient's episode of care.
- Business case for point of care coagulation testing submitted, to include technical support and staff training.

Monitoring

	<p>The policy states that feedback on implementation will be sought from clinical staff and patient representative groups after one year or sooner if problems in implementation arise.</p> <p>Key performance Indicators include failure of completion of the Advance Directive during the pregnancy and failure to recognise/treat anaemia appropriately in this patient group.</p>
<p>(1.5) Who owns the policy/proposal? Where does it originate? For example: DoH / HSCB</p>	<p>Director, Specialist Hospitals & Women’s Health, BHSCT</p>
<p>(1.6) Who are the main stakeholders affected (Internal and External)? For example: actual or potential service users, carers, staff, other public sector organisations, trade unions, professional bodies, independent, voluntary or community sector or others.</p>	<ul style="list-style-type: none"> • BHSCT staff (medical, nursing and midwifery) who are involved in the care of pregnant women during the antenatal and peripartum period, who wish to decline one or more blood components or blood products during an episode of care. • Pregnant adults • Carers/Legal Guardians of adults who lack capacity to consent or refuse treatment and anyone aged under 18 years when they or their legal guardian decline suitable transfusion or transfusion alternatives.
<p>(1.7) Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders when screening this policy/proposal.</p>	<p>Feedback has been sought from the following groups:</p> <ul style="list-style-type: none"> • Consultant Obstetricians • Consultant Obstetric Anaesthetists • Consultant Haematologist with Obstetric Clinics • Jehovah’s Witness Hospital Liaison Committee
<p>(1.8) Other policies/strategies with a bearing on this policy/proposal For example: internal or regional policies</p>	<ul style="list-style-type: none"> • Blood Transfusion Manual. Policies, procedures and guidelines (2019). SG 34/18 • Obtaining consent, examination or care in adults and children • Pathway For the Management of Adult Patients who decline specified Blood Components or Blood Products (2017). SG 17/17 • Massive blood loss policy for patients 13 years or older SG 11/14

	<ul style="list-style-type: none"> • Major Primary Postpartum Haemorrhage – Management of (2014). SG 218/13 • Early referral of patients to the obstetric anaesthetic team (2014). SG 11/17 • Policy for the provision of Intraoperative cell salvage (2018). SG 30/14 • Iron deficiency in pregnancy – management of (2016). SG 28/12 • Recombinant Factor VIIA (Eptacog-alfa; Novoseven®) in acquired coagulopathy (CCaNNI) - Standard off licence use of (2019). SG 38/08
<p>(1.9) Are there any factors that could contribute to/detract from the intended aim/outcome of the policy/proposal? For example: Financial, legislative</p>	<p>BHSCT is committed to the full implementation of this policy and through regular monitoring it is anticipated that the aims and objectives of the policy will be fully realised and any factors that could detract from those aims and objectives will be minimised/avoided.</p> <p>However, potential factors which could affect the full implementation of the policy include:</p> <ul style="list-style-type: none"> • Lack of staff training and awareness of the policy • Poor understanding of the policy by staff, patients, relatives/carers.
<p>Section 2: Classification of the Policy / Proposal</p> <ul style="list-style-type: none"> • The purpose of this Section is to consider the policy/proposal in terms of its relevance and likely impact (actual/potential) on equality of opportunity, disability duties, good relations and human rights. • To determine the impact (actual and potential) of a policy/procedure on equality of opportunity, disability duties, good relations and human rights please complete the screening questions at 2.1 – 2.6. 	

Screening Questions	Yes	No
(2.1) Is there an impact on Equality of Opportunity for those affected by this policy, for each of the S75* equality categories?	Yes	
(2.2) Are there better opportunities to promote equality of opportunity for people within the S75 categories?		No
(2.3) Does the policy impact upon Good Relations between people of a different religious belief, political opinion or racial group?		No
(2.4) Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?		No
(2.5) Are there opportunities to encourage Disabled People to participate in public life and promote positive attitudes toward disabled people? (Disability Duties)		No
(2.6) Does the policy/proposal impact on Human Rights ?	Yes (positive)	

*S75 equality categories include : Age, Dependent Status, Disability, Gender, Marital Status Ethnicity, Religion, Political Opinion and Sexual Orientation.

Screening Statement

- If you have answered **Yes** to **any** of the above questions complete **Sections 3 - 9. OR**
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- If you have answered **No** to **all** of the above questions the policy may be **screened out** - go to **Screening Statement at 2.7.**

N.B: All Staff must complete their **mandatory equality, good relations and human rights training** once every five years. This can be booked via HRPTS or completed online at www.hsclearning.com. The online programme is called 'Making a Difference'. Belfast Trust Staff can also access a suite of equality and diversity training including: disability awareness, human rights and embracing diversity in HSC – please contact Lesley.Jamieson@belfasttrust.hscni.net for more information.

(2.7) Screening Statement :

This policy / proposal is ‘**screened out**’ on the basis that: (please tick)

- It is a purely clinical or technical nature and has **no relevance** or **impact (actual / potential)** in terms of **equality of opportunity, disability duties, good relations and human rights.**
- It aims to standardise practice and / or achieve best practice based on current evidence.
- Reasonable adjustments** will be made for patients/service users as required including any information e.g. leaflets / letters in accessible/alternative formats

NB: Accessible/ Alternative formats can include, for example, information in easy to read formats or audio formats when the patient/service user has a learning disability or is visually impaired. For advice on making information accessible and inclusive for disabled patients/service users, click [Making Communication Accessible guidance.](#) . In addition, if a patient/service user does not speak English as his/her first language, an interpreter / sign language interpreter should be provided and written information should be translated as appropriate.

Any other reasons: Please detail.

Approved Lead Officer:
Position:
Date:

Countersigned by:*
Equality Manager:
Date:

Please sign / date and forward to the Equality and Planning Team for consideration - Lesley.Jamieson@belfasttrust.hscni.net.

***Equality screenings are completed with information provided by the policy / proposal author subject to advice and assistance provided by the Trust’s Equality Managers.**

Section 3: Consideration of Equality and Good Relations Issues and Evidence Used

This section records the quantitative and qualitative data you have used to consider equality and good relations issues including:

- The assessment of impact on staff and service users
- The identification of mitigation factors to reduce/remove any adverse impact
- Opportunities to better promote equality of opportunity

Evidence to help inform the screening process may be quantitative and qualitative. For example: previous consultations and equality impact assessments (eqias), statistics, research, complaints, feedback, referrals, grievances, inspection reports, focus groups, user groups etc.

(3.1) Quantitative and Qualitative Data: Service Users

SERVICE USERS				
Equality Category	Service Users	Quantitative Data <i>(2011 Census Data unless otherwise stated)</i>		Qualitative Data (Needs, Experiences, Priorities)
		Belfast / Castlereagh population	Service users affected %	
1. Age	0-15 16-24 25-34 35-44 45-54 55-64 65+	22% 11% 12% 14% 14% 12% 15%		The policy applies to pregnant mothers who wish to decline one or more blood component or blood product as part of their medical care does so because of their religious beliefs or other reasons. According to the ONS this is after the age of 15 and before the 46 th birthday. The policy therefore disproportionately impacts women of child bearing age. The impact however is positive as it is related to respecting the patients legal and ethical right to decline specified treatments such as blood transfusion and respect of personal choices.

				<p>Guidance is provided for medical, midwifery and nursing staff in the: optimisation of antenatal and peripartum care, process of completion of an advance directive and the management of haemorrhage in circumstances where the woman has indicated she will decline treatment such as a blood transfusion.</p> <p>According to the PHA NI In 2017/18, births to teenage mothers represented almost 3% of all births. In recent years the number of births to teenage mothers in Northern Ireland has declined. In 2017, 692 births were recorded, the lowest on record and less than half of that recorded a decade ago in 2007 (1,405).</p> <p>The policy stipulates that staff are advised to consider patients under the age of 18 years on a case-by-case basis and should seek advice from BHSC Legal advisors or the NI Court if a patient, parent or legal guardian wishes to decline transfusion of a blood component or product when clinically indicated. The HSC Directorate of Legal Services has a 24-hour helpline if additional legal advice is required.</p> <p><i>Gillick v West Norfolk</i> noted that if a child under 16 could demonstrate <i>sufficient understanding and intelligence</i> to understand fully the treatment proposed they could give <i>their</i> consent to treatment.⁶³ If they failed this competency test, parental consent is required. <u>Unfortunately</u>, treatment refusal was not considered.</p>
2. Dependent Status	Caring for a child dependant older person/ person with a disability	12% of usually resident population provide unpaid care - 36% of whom are male and	Not routinely collated	<p>There is nothing to suggest that this policy will have a differential impact on any service user on the grounds of caring status.</p> <p>The policy discusses the involvement of family members and next of kin, however it makes clear that whilst the wishes expressed by a patient's next-of-kin can be considered (in an emergency situation) a relative or accompanying adult cannot give verbal consent or refuse treatment for a patient, particularly if it is not in the patient's best interests.</p>

		64% are female		If an adult who lacks capacity to refuse treatment or if a patient is aged 17 years or younger and they or their legal guardian declines suitable transfusion or transfusion alternatives staff must seek legal advice.
3. Disability	Yes No	21% 79%		<p>Pregnancy in itself is not a disability however many women experience debilitating medical conditions during and after their pregnancy.</p> <p>The policy makes specific reference to women who lack capacity eg due to a mental health condition or a learning disability.</p> <p>The policy indicates that patients in this category must be considered on a case-by-case basis with decisions made following consultation with Trust legal advisors and the NI Court, as appropriate.</p> <p>In determining a patient's capacity to refuse treatment, staff will ensure that best practice is followed in accordance with the Mental Capacity Act (Northern Ireland) 2016 as appropriate. This legislation is cited in the policy.</p>
4. Gender	Female Male	49% 51%	100%	<p>This policy relates to pregnant patients under the care of the BHSCT. By the very nature of the policy females will be disproportionately impacted however that impact will be positive as it seeks to respect the choices women make in relation to how they manage their pregnancy and birth.</p> <p>Women's consent is needed for every medical procedure, however minor, except in a life-threatening emergency when the woman is unable to make her wishes known, and in cases where a woman has been deemed to lack capacity. If a woman is deemed to lack capacity, decisions about her treatment must be made in her best interests.</p>

				The policy acknowledges that all women are entitled to care which respects their basic dignity, privacy and autonomy.
5. Marital Status	Married/Civil P'ship Single Other/Not known	34.21% 46.6% 19.19%	Not routinely collated	There is nothing to suggest that this policy will have a differential impact on any service user on the grounds of marital status.
6. Race Ethnicity	White Black/Minority Ethnic	98% 2%	Not routinely collated	There is nothing to suggest that this policy will have a differential impact on any service user on the grounds of race. Adult patients of any ethnicity may decline blood components or blood components for religious or other reasons.
7. Religion	Roman Catholic	41%		
	Presbyterian Church of Ireland Methodist Other Christian	42%		
	Buddhist Hindu Jewish Muslim Sikh Other None	17%	Approx. 138,515 or 1 in 471 adults in Britain is a Jehovah Witness "publisher"	The guidance will have a disproportionate effect on a pregnant patient who for religious reasons chooses to decline treatments such as blood transfusions. However, that impact is <i>positive</i> as it provides staff with guidance in terms of how to respect and manage those wishes/choices in a clinical setting.

<p>8. Political Opinion Based on Council seats on Belfast City Council, October 2017. Excludes Castlereagh</p>	<p>DUP SF SDLP UUP APNI Green PBP IND PUP</p>	<p><i>Based on Council seats on Belfast City Council * Excludes Castlereagh</i></p>	<p>2016 statistic www.jw.org</p> <p>Not routinely collated</p>	<p>The policy provides guidance for medical, midwifery and nursing staff in the:</p> <ul style="list-style-type: none"> • optimisation of antenatal and peripartum care, • process of completion of an advance directive and the • management of haemorrhage in circumstances where the woman has indicated she will decline treatment such as a blood transfusion. <p>It also outlines guidance if the patient is under 18 years of age or lacks capacity.</p> <p>Most if not all patients wishing to decline one or more blood component or blood product as part of their medical care does so because of their religious beliefs as a Jehovah's Witness. In general most Jehovah's Witnesses will not accept the transfusion of whole blood or its primary components, namely red cells, plasma, white cells and platelets, although consent to the transfusion of other blood-derived products or cell salvage varies from Witness to Witness (Watchtower 2000).</p> <p>The policy notes that the administration of blood components or blood products to an adult who has explicitly refused to accept them may lead to criminal and civil proceedings</p> <p>There is no evidence to suggest that the guidance will impact on patients in respect of their political opinion.</p>
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9. Sexual Orientation	Opposite sex Same sex Same and Opposite sex Do not wish to answer /Not known	Estimated 6-10% of persons identify as lesbian, gay, bisexual <i>Source: 2012 report by Disability Action & Rainbow Project</i>	Not routinely collated	There is no evidence to suggest that the guidance will impact on patients in respect of their sexual orientation.

(3.3) Quantitative and Qualitative Data: Staff

This information will be provided together with analysis and advice by the Employment Equality Team in the Human Resources department.

Quantitative Data: For staff data please contact Martin McGrath on 028 95 048353 / martin.mcgrath@belfasttrust.hscni.net

Qualitative Data: Consideration will be given to the different needs, experiences and priorities of each of the categories in relation to the policy / proposal.

Should any equality / modernisation related issues arise they will be managed through the Organisational Change Framework. [Click here for Framework](#)

When organisational / policy change is necessary, regardless of whether it is a permanent or temporary change, the Trust is committed to treating staff fairly and equitably. Staff can be assured that the change process will be managed. This includes consultation with staff and the opportunity for staff to discuss in one to one meetings, any adverse equality impacts resulting in changes to their employment.

This framework also works alongside other Human Resources policies including for example the Disability and Reasonable Adjustment Framework, the Work Life Balance Policy and Procedure, the Recruitment and Selection Policy and Procedure and Agenda for Change Terms and Conditions Handbook.

Equality Category	Groups	Quantitative Data		Qualitative Data Staff Guidance Only : No Impact
		Belfast Trust workforce (@January 2019)	Staff affected by the Policy/Proposal %	
1. Age	16-24 25-34 35-44 45-54 55-64 65+	4% 24% 25% 26% 18% 3%	N/A	
2. Dependant Status	Dependants No Dependants Not known	20% 16% 64%	N/A	
3. Disability	Yes No Not known	2% 63% 35%	N/A	

4.			N/A	
Gender	Female Male	77% 23%		
5.			N/A	
Marital Status	Married/ Civil P'ship Single Other/ Not known	52% 32% 16%		
6. Race			N/A	
a) Ethnicity	BME White Not Known	4% 72% 25%		
b) Nationality	GB Irish Northern Irish Other Not known	18% 11% 2% 1% 68%	N/A	
7. Religion			N/A	
a) Community Background	Protestant Roman Catholic Neither	40% 49% 11%		

b) Religious Belief	Christian Other No religious belief Not known	28% 1% 9% 62%	N/A	
8. Political Opinion <i>* 2011 Assembly election</i>	Broadly Nationalist Broadly Unionist Other Do not wish to answer/ Unknown Not known	6% 7% 8% 79%	N/A	
9. Sexual Orientation	Opposite sex Same sex or both sexes Do not wish to answer	41% 2% 57%	N/A	

Section 4: Consideration of Impacts, Mitigation, Alternative Policies / Proposals

Given the **evidence** gathered in Section 3 please identify for each of the **nine equality categories** the level of **impact, mitigation measures** and **alternative policies / proposals** that better **promote equality of opportunity**.

(4.1) SERVICE USERS

Equality Category	Level of Impact			Mitigation Measures and Alternative Policies or Actions that might lessen the severity of the equality impact (where Major or Minor Impact identified)
	Major	Minor	None	

Age		X		<p>The policy has a positive impact on woman of all ages who are pregnant as it seeks to provide guidance to staff in recognition that patients have a legal and ethical right to decline specified treatments such as blood transfusion.</p> <p>The guidance exists to assist staff in respecting the wishes of a mother who for religious or other reasons declines treatment such as a blood transfusion contrary to clinical advice.</p> <p>The guidance advises that “Patients have a legal and ethical right to decline specified treatments such as blood transfusion and their personal choices in this regard, whether for religious or other reasons, should be respected.”</p> <p>The Policy outlines guidance to achieve the :</p> <ul style="list-style-type: none"> • optimisation of antenatal and peripartum care, • process of completion of an advance directive • management of haemorrhage • management of patients who lack capacity or are under 18 years of age <p>in circumstances where the woman (legal guardian) has indicated she will decline specific treatment such as a blood transfusion.</p> <p>By doing so the policy ensures consistency, clarifies roles and responsibilities and seeks the best outcome for a woman who is pregnant whilst respecting her decision to decline treatment clinically advised. In addition, the guidance outlines the protocol for staff to ensure they provide the patient with as much information as possible so that she makes an informed choice.</p> <p>Reasonable adjustments including appropriate and inclusive means of communication will be used to communicate with patients their families.</p> <p>Appropriate and inclusive means of communication will be used to contact and communicate with patients, their families and carers who do not speak English as</p>
Dependant Status			X	
Disability		X		
Gender		X		
Marital Status			X	
Race (Ethnicity)			X	
Religion		X		
Political Opinion			X	
Sexual Orientation			X	
Multiple Identity e.g. disabled minority ethnic people or young Protestant men.		X		

				<p>their first language. Interpreters will be booked and translations provided as required.</p> <p>The Trust recognises that patients and service users are not one dimensional in terms of their identity. We are committed to providing care that is person centred and delivered in a compassionate, safe and efficient manner.</p>
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(4.2) STAFF

Equality Category		Level of Impact			Mitigation Measures and Alternative Policies or Actions that might lessen the severity of the equality impact (where Major or Minor Impact identified)
		Major	Minor	None	
Age				X	
Dependant Status				X	
Disability				X	
Gender				X	
Marital Status					
Race	Ethnicity			X	
	Nationality			X	
Religion	Community Background			X	
	Religious Belief			x	
Political Opinion				X	

Sexual Orientation			X	
Multiple Identity e.g. female staff with caring responsibilities			X	

Section 5: Good Relations

Based on the **evidence** collected in Section 3 & 4:

- To what extent is the policy/proposal likely to **impact Good Relations** i.e. between people of different religious belief, political opinion or racial group?
- Are there any **additional measures** that could be suggested to ensure the policy or proposal **promotes Good Relations**?

Good Relations category	Level of impact			Mitigation Measures and Alternative Policies or Actions that might lessen the severity of the equality impact (where Major or Minor Impact identified)
	Major	Minor	None	
Religious belief		X		<p>The Trust has a clear and well defined Good Relations strategy ‘Healthy Relations for A Healthy Future 2’ whereby the corporate commitment to Good Relations is underlined.</p> <p>The Trust will ensure that all services and all facilities are welcoming to all patients their carers and advocates regardless of their religious affiliation, political opinion and racial group.</p> <p>All Trust staff attend mandatory Equality, Human Rights and Good Relations training which includes reference to the Good Relations duty.</p> <p>Appropriate and inclusive means of communication will be used to contact and communicate with patients and their families who do not speak English as their first language. Interpreters will be booked and translations provided as required.</p>

				<p>Whilst the policy affects people on the grounds of their religion, the purpose of the policy is to ensure that staff respect a person's wishes and upholds their rights and so the impact of the policy is positive..</p> <p>The Guidance advises that "Patients have a legal and ethical right to decline specified treatments such as blood transfusion and their personal choices in this regard, whether for religious or other reasons, should be respected."</p> <p>Appendix 3: Legal and Ethical Aspects of Patient Care - provides explicit information for healthcare professionals on the emergency or planned care of patients who decline blood components or blood products, regardless of the patient's or healthcare professionals' religious beliefs.</p>
Political opinion			X	
Racial group			X	

Section 6: Disability Duties

How does the policy / proposal:

- **encourage disabled people to participate in public life *and***
- **promote positive attitudes towards disabled people?**

The Policy seeks to outline guidance to staff when realising the wishes of a pregnant woman to withhold consent to blood treatment when clinically advised. Respecting the wishes of a pregnant woman is core to the policy. If the pregnant woman has a disability which means that she does not have capacity to refuse treatment staff must seek legal advice. At all times staff will act in the best interests of the patient on a patient to patient basis. In addition, staff will be mindful of duties

<p>Consider what other measures you could take to meet these duties.</p> <p><i>For example, have staff received disability equality training.</i></p>	<p>under the Mental Capacity Act 2016 and will seek expert advice in this regard. To that end, the Trust is ensuring that patients with a disability are treated in such a way as to ensure their rights are best protected.</p> <p>Appropriate and inclusive means of communication will be used to communicate with patients and carers/legal guardians. Staff will also make any reasonable adjustments required in the implementation of this policy. Sign language interpreters will be provided and alternative written formats created to ensure the patient makes informed decisions and her choices are respected.</p> <p>All Health and Social Care staff are required to undertake mandatory equality training which includes disability duties. Disability Awareness Training is provided throughout the year, available on HRPTS. Bespoke Disability awareness training sessions can also be provided for staff teams on demand.</p>
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<h2>Section 7: Human Rights</h2>			
<p>Belfast Health and Social Care Trust is committed to providing the highest attainable standard of health within our resources.</p>			
<p>Does the policy/proposal affect human rights in a positive or negative way?</p>			
<p>Article</p>	<p>Positive impact</p>	<p>Negative impact</p>	<p>Neutral impact</p>

		(Human Right has been interfered with or restricted)	
A2: Right to life	X		
A3: Right to freedom from torture, inhuman or degrading treatment or punishment			x
A4: Right to freedom from slavery, servitude & forced or compulsory labour			X
A5: Right to liberty & security of person			X
A6: Right to a fair & public trial within a reasonable time			X
A7: Right to freedom from retrospective criminal law & no punishment without law			X
A8: Right to respect for private & family life, home and correspondence.	X		
A9: Right to freedom of thought, conscience & religion	X		
A10: Right to freedom of expression			x
A11: Right to freedom of assembly & association			X
A12: Right to marry & found a family			X
A14: Prohibition of discrimination in the enjoyment of the convention rights			x
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			X
1 st protocol Article 2 – Right of access to education			x
<p>Please outline: any actions you will take to promote awareness of human rights and</p> <ul style="list-style-type: none"> evidence that human rights have been taken into consideration in decision making processes. 	<p>The Human Rights Act 1998 incorporates the rights protected by the European Convention on Human Rights. The Convention sets out the minimum rights that all European countries have to respect.</p> <p>The Trust is committed to promoting, protecting and respecting human rights in all aspects of its work and will ensure that human rights are considered as an integral part of its actions and decision-making processes.</p> <p>The fundamental human rights values of dignity, autonomy and equality are often relevant to the way a woman is treated during pregnancy and childbirth. Women have the right to make their own choices about how they manage their pregnancy and birth. The right to make choices about childbirth includes the right to decline any medical care at all.</p>		

The policy provides guidance to staff in recognition of patients having a legal and ethical right to decline specified treatments such as blood transfusion and their personal choices in this regard, whether for religious or other reasons. The policy notes that the administration of blood components or blood products to an adult who has explicitly refused to accept them may lead to criminal and civil proceedings.

Guidance is provided for medical, midwifery and nursing staff to optimise antenatal and peripartum care including the management of haemorrhage, to outline the process of completion of an advance directive and the protocol when a patient is declining treatment around blood products when she has a lack of capacity or is under 18 years of age.

Key statements of the guidance include the following:

- Patients should make his or her own decision about transfusion and alternatives without coercion and that these choices to be recorded in the attached Advance Directive
- Patients' wishes, once known, should be respected with regards to refusal of blood components, blood products and alternatives.

It is anticipated that this policy will have a positive impact on Article 2 (the right to life) as it seeks to ensure life is protected by informing patients of risks and counselling them as to what options are available; a positive impact on Article 8 in which, at its core, reflects the principles of dignity and integrity, including decisions about medical treatments; and a positive impact on Article 9 by ensuring a person's right to freedom of thought, conscience and religion is respected by respecting a person's wishes to refusal blood products on religious grounds.

The policy engages with the human rights act in a positive manner particularly around articles 2, 8 and 9. The policy recognises that pregnant women are entitled to make autonomous decisions in the same way as any other person, and their decisions must be respected, regardless of whether health professionals agree with

	<p>them. The policy also indicates that a patient will also be provided with sufficient, objective and unbiased information by staff to ensure decisions are informed and that the right to a private and home life and the right to life (being protected) are realised.</p>
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Section 8: Screening Decision	Major	Minor	None
<p>(8.1) How would you categorise the impacts of this policy / proposal? (Please underline one category)</p>	<p>(Screened In for an Equality Impact Assessment)</p>	<p>X (Screened Out with mitigation)</p>	<p>(Screened Out)</p>
<p>(8.2) If you have identified any impact, what mitigation have you considered to address this?</p>	<p>The policy has a positive differential impact on woman because it upholds the right of women to make decisions about their medical treatment including the right to decline treatment due to religious or other reasons.</p> <p>The policy provides a framework for staff in such circumstances to ensure consistency, to optimise care, to clarify roles and responsibilities and to reinforce the principle that informed decisions must be respected and women treated with dignity. The policy also introduces an additional layer of governance around the delivery of care when a woman lacks capacity or is under the age of 18 years and declines clinically directed treatment.</p> <p>Emphasis is place on the need for the patient to have access to information to ensure she is fully informed of the potential impact of her decision making. Communication will be inclusive and accessible to aid understanding.</p>		

The clinical guidance and patient pathways contained within the policy seeks to minimise and plan for any risks that may arise due the patient’s decision. Ultimately the guidance seeks to enhance patient safety.

The policy has been developed in consultation with the Jehovah’s Witness Hospital Liaison Committee and will be regularly reviewed and monitored.

Finally, staff at Belfast Trust maternity services seek to delivery safe, compassionate and efficient care as per this policy and will do so committed to the HSC principles of treating people with respect and dignity.

(8.3) Do you consider the policy/proposal needs to be subjected to **on-going screening**?

Yes

No

Reasons

To help identify and monitor any unforeseen impact and develop subsequent mitigation if that impact is negative.

(8.4) Do you think the policy/proposal should be subject to an **Equality Impact Assessment (EQIA)**?

NB: A full Equality Impact Assessment (EQIA) is usually confined to those policies or proposals considered to have major implications for equality of opportunity/good relations/human rights.

Yes

No

Reasons

The policy does not fulfil the ECNI criteria in relation to completing a full EQIA.

Section 9: Monitoring

(9.1) Please detail how you will **monitor** the effect of the policy/proposal for impact in terms of **equality of opportunity, good relations, disability duties and human rights**?

Staff & Patient Feedback
Via KPIs Process
Robust Governance

Please sign /date and forward to the Equality and Planning Team for consideration - Lesley.Jamieson@belfasttrust.hscni.net.

Equality screenings are completed with information provided by the policy / proposal author subject to advice and assistance from the Trust's Equality Managers.

Please note that Completed and Signed Screening Templates are public documents and are posted on the Trust's website.

Approved Lead Officer	Dr Yasmin Nawaz,	Countersigned by:	
Position	Consultant Anaesthetist	Equality Manager	Estella Dorrian 10 th February 2021 Senior Equality & Planning Manager
Date	10 th February 2021	Employment Equality Manager	

