

****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	Management of Small for Gestational Age (SGA)						
(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>Background:</p> <p>Fetal growth restriction (FGR) is the biggest risk factor for stillbirth. The principle aim of screening and surveillance is to detect fetal growth restriction.</p> <p>The aim of this guideline template is to outline the methods used to assess fetal growth and referral pathways utilizing customised antenatal growth charts. This guideline is relevant to all healthcare professionals involved in the care of pregnant women including midwives, general practitioners, obstetricians and sonographers.</p> <p>This guideline addresses:-</p> <ul style="list-style-type: none"> • Use and production of a customised growth chart • Booking risk assessment • When and how to measure fundal height using a standardised technique • When to refer to ultrasound for a growth scan • Serial growth scans for women at increased risk of fetal growth restriction 						

Scope:

This guideline is relevant to all healthcare professionals involved in the care of pregnant women including general practitioners (GP's), sonographers, midwives and obstetricians - particularly in the following areas:

- Antenatal clinics (ANC)
- Community midwife/GP clinics
- Admissions unit
- Day Obstetric unit (DOU)
- Antenatal inpatient ward

Objectives:

To increase the antenatal detection of SGA and reduce complications such as stillbirth and birth asphyxia by ensuring that there are guidelines in place for all health care professionals involved in the assessment of fetal growth. In addition, the Regional IT system Northern Ireland Maternity System (NIMATS) has introduced the means to detect SGA at birth and will allow notes within the Belfast HSC Trust (BHSCT) to be examined to see if this was detected in the antenatal period.

- To ensure that there is accurate fetal surveillance, through standardised fundal height measurements of low risk women and serial growth scans for increased risk women
- To ensure that serial fundal height measurements (FHM) are plotted correctly on customised growth charts
- Where growth problems are suspected from fundal height measurements, referral for a growth scan and appropriate further investigations to assess fetal well-being should be undertaken as soon as possible, ideally within 72 hours
- Where a problem has been identified, referral is indicated to a consultant-led clinic for discussion and agreement of an appropriate management plan, to be seen as soon as possible.
- To ensure that there is identification of all infants born below the 10th customised centile at birth and appropriate management initiated post-natally.

	<p>Dissemination:</p> <p>This guideline will be disseminated to all health care professionals providing care within maternity services.</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</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>	<p>Pregnant women. Healthcare professionals involved in the care of pregnant women including general practitioners (GP's), sonographers, midwives and obstetricians - particularly in the following areas:</p> <ul style="list-style-type: none"> - Antenatal clinics (ANC) - Community midwife/GP clinics - Admissions unit - Day Obstetric unit (DOU) - Antenatal inpatient ward
<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>Consultant Obstetricians, trainee Obstetricians, Early Obstetric Unity, Maternity ward, Labour ward, Antenatal clinic managers, Midwife Sonographers, Obstetric Sonographers, Community Midwives, Head of Midwifery and Gynaecology, Lead Midwives, Consultant Midwife.</p>
<p>(1.8) Other policies/strategies with a bearing on this policy/proposal For example: internal or regional policies</p>	<p>Information and guidance are available from the Perinatal Institute and from NHS England 'Saving Babies Lives' Care Bundle version 2.</p> <p><u>Evidence Base / References:</u></p> <ul style="list-style-type: none"> ○ RCOG (2013) Guideline No.31 The Investigation and Management of the Small for gestational Age Fetus. ○ Perinatal Institute for Maternal and Child Health 2007 available at http://www.perinate.org/growth/fhm.htm ○ "The Saving Babies' Lives Care Bundle – Version 2" NHS England https://www.england.nhs.uk/wp-content/uploads/2019/05/saving-babies-lives-care-bundle-version-two.pdf

	<ul style="list-style-type: none"> ○ “Fetal growth surveillance – Current guidelines, practices and challenges” Mandy Williams, Sue Turner, Emily Butler, Jason Gardosi ○ “Effect of serial scan frequency on antenatal detection of fetal growth restriction” M Southam, M Williams, A Malik, J Gardosi https://fn.bmj.com/content/99/Suppl_1/A104.3?sid=dca3dab2-a1e0-43a9-b9a9-248c63d75adf ○ “The Growth Assessment Protocol: a national programme to improve patient safety in maternity care” sally Clifford, Sally Giddings, Michelle Southam, Mandy Williams, Jason Gardosi MIDRIS Midwifery Digest 23:4 2013 ○ Preterm Labor and Birth Guideline 25, NICE, 2019 ○ Corticosteroids for Women, Quality Statement 5 – Corticosteroids 24-33+6 weeks in pregnancy, NICE, 2019
<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>N/A</p> <p>Belfast Trust 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. However, influencing factors regarding the full implementation of the policy include:</p> <ul style="list-style-type: none"> • Lack of staff training and awareness of the policy • Demanding workloads • Staffing capacity • 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?		No
(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 ?		No
*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**
- 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:	Margaret Rogan Consultant Midwife 11 th January 2021	Countersigned by*: Planning & Equality Team Date:	Lesley Jamieson 11/1/21
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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 (2011 Census Data unless otherwise stated)		Qualitative Data (Needs, Experiences, Priorities)
		Belfast / Castlereagh population	Service users affected %	
1. Age	0-15	22%		
	16-24	11%		
	25-34	12%		
	35-44	14%		
	45-54	14%		
	55-64	12%		
	65+	15%		
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 64% are female		
3. Disability	Yes No	21% 79%		
4. Gender	Female Male	49% 51%		
5. Marital Status	Married/Civil P'ship Single Other/Not known	34.21% 46.6% 19.19%		
6. Race Ethnicity	White Black/Minority Ethnic	98% 2%		
7. Religion	Roman Catholic	41%		
	Presbyterian Church of Ireland Methodist Other Christian	42%		

	Buddhist Hindu Jewish Muslim Sikh Other None	17%		
8. Political Opinion Based on Council seats on Belfast City Council, October 2017. Excludes Castlereagh	DUP SF SDLP UUP APNI Green PBP IND PUP	13 19 4 6 8 1 1 5 3 <i>Based on Council seats on Belfast City Council * Excludes Castlereagh</i>		
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</i>		

		<i>Disability Action & Rainbow Project</i>		
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(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
		Belfast Trust workforce (@January	Staff affected by the Policy/Proposal %	

		2019)		
1. Age	16-24 25-34 35-44 45-54 55-64 65+	4% 24% 25% 26% 18% 3%		
2. Dependant Status	Dependants No Dependents Not known	20% 16% 64%		
3. Disability	Yes No Not known	2% 63% 35%		
4. Gender	Female Male	77% 23%		
5. Marital Status	Married/ Civil P'ship Single Other/ Not known	52% 32% 16%		

6. Race				
a) Ethnicity	BME White Not Known	4% 72% 25%		
b) Nationality	GB Irish Northern Irish Other Not known	18% 11% 2% 1% 68%		
7. Religion				
a) Community Background	Protestant Roman Catholic Neither	40% 49% 11%		
b) Religious Belief	Christian Other No religious belief Not known	28% 1% 9% 62%		

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%		
9. Sexual Orientation	Opposite sex Same sex or both sexes Do not wish to answer	41% 2% 57%		

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				
Dependant Status				
Disability				
Gender				

Marital Status				
Race (Ethnicity)				
Religion				
Political Opinion				
Sexual Orientation				
Multiple Identity e.g. <i>disabled minority ethnic people or young Protestant men.</i>				
(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				
Dependant Status				
Disability				
Gender				
Marital Status				
Race	Ethnicity			

	Nationality				
Religion	Community Background				
	Religious Belief				
Political Opinion					
Sexual Orientation					
Multiple Identity e.g. female staff with caring responsibilities					

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				

Political opinion				
Racial group				

Section 6: Disability Duties	
<p>How does the policy / proposal:</p> <ul style="list-style-type: none"> • encourage disabled people to participate in public life <i>and</i> • promote positive attitudes towards disabled people? <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>	

Section 7: Human Rights

Belfast Health and Social Care Trust is committed to providing the **highest attainable standard of health** within our resources.

Does the policy/proposal affect human rights in a positive or negative way?

Article	Positive impact	Negative impact (Human Right has been interfered with or restricted)	Neutral impact
A2: Right to life			
A3: Right to freedom from torture, inhuman or degrading treatment or punishment			
A4: Right to freedom from slavery, servitude & forced or compulsory labour			
A5: Right to liberty & security of person			
A6: Right to a fair & public trial within a reasonable time			
A7: Right to freedom from retrospective criminal law & no punishment without law			
A8: Right to respect for private & family life, home and correspondence.			
A9: Right to freedom of thought, conscience & religion			
A10: Right to freedom of expression			
A11: Right to freedom of assembly & association			
A12: Right to marry & found a family			
A14: Prohibition of discrimination in the enjoyment of the convention rights			
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			
1st protocol Article 2 – Right of access to education			
Please outline: any actions you will take to promote awareness of human rights and <ul style="list-style-type: none"> evidence that human rights have been taken into consideration in decision making processes. 			

Section 8: Screening Decision		Major	Minor	None
(8.1) How would you categorise the impacts of this policy / proposal? (Please underline one category)		(Screened In for an Equality Impact Assessment)	(Screened Out with mitigation)	(Screened Out)
(8.2) If you have identified any impact, what mitigation have you considered to address this?				
(8.3) Do you consider the policy/proposal needs to be subjected to on-going screening?	Yes	No	Reasons	
(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 <u>major</u> implications for equality of opportunity/good relations/human rights.	Yes	No	Reasons	
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?				

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

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Approved Lead Officer		Countersigned by:	
Position		Equality Manager	
Date		Employment Equality Manager	

