

Screening Outcome Report

1 January 2021 – 31 March 2021

Introduction

Section 75 of the Northern Ireland Act 1998 requires the 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:

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

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

Belfast Trust's Revised Equality Scheme was formally approved by the Equality Commission in September 2011. The revised 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.

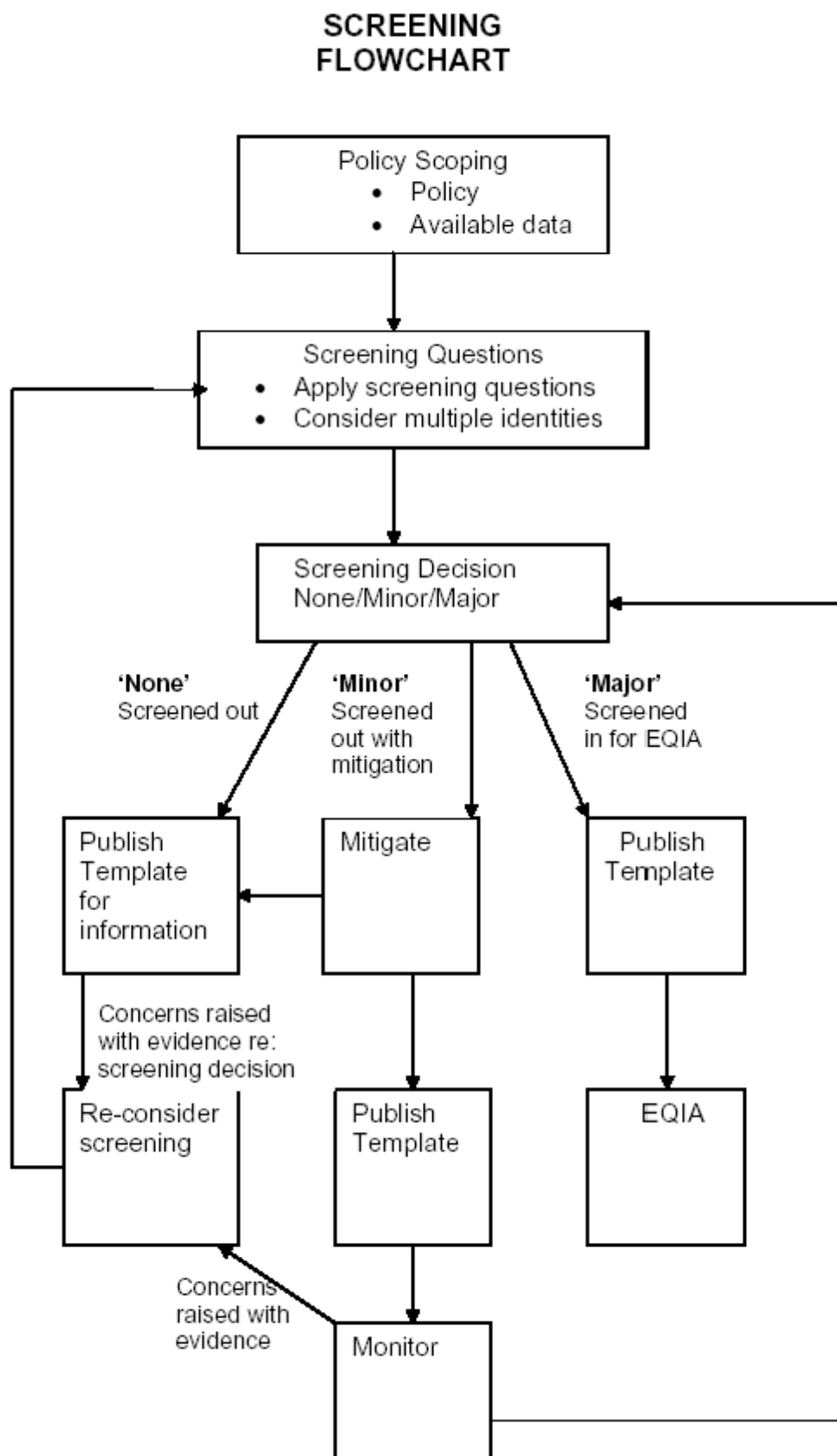
- What is the likely impact of equality of opportunity for those affected by this policy/proposal, for each of the Section 75 equality categories?
- Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories?
- To what extent is the policy/proposal likely to impact on good relations between people of different religious belief, political opinion or racial group?
- Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?

In keeping with the Trust's commitments in its Equality Scheme the Trust has applied the above screening criteria to new policies and proposals. Screening identifies policies that are likely to have an impact on equality of opportunity and or good relations.

Screening identifies the impact of the policy/proposal as major, minor or none.

- If major – an Equality Impact Assessment may be carried out.
- If minor – consider mitigation or alternative policy and screen out.
- If none – screen out and give reasons.
- Ongoing screening – for strategies/policies that are to be put in place through a series of stages – screen at various stages during implementation.

Figure 1 provides a flowchart of how screening is conducted in Belfast Trust.



Belfast Trust also committed within its Revised Equality Scheme to prepare and publish for information regular reports on its screening exercises. Belfast HSC Trust has provided detail on all screenings undertaken since 1 September 2011 when the Trust received Equality Commission approval for their revised Equality Scheme. To further promote openness and transparency, there is a link to each completed screening template on the Belfast Trust's website. www.belfasttrust.hscni.net.

The quarterly screening report shall detail all policies screened over a three month period and includes decisions reached.

This screening report outlines the screening outcomes from 1 January – 31 March 2021.

Communication and Engagement

Belfast Trust recognises the importance of stakeholder involvement – one of the 5 key strategic objectives that Belfast Trust devised at the outset was that of Partnership – we are committed to improving health and well-being through existing and new partnerships with a range of individuals, representative groups and voluntary and community organisations. The Trust is committed to providing people led services, drawing on the years of experience and listening to the needs and feedback that meaningful consultation can yield. 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.

If you have any queries about this document, and its availability in alternative formats (including Braille, disk and audio cassette, and in minority languages to meet the needs of those who are not fluent in English) then please contact:

Orla Barron
Equality Lead
Belfast Health and Social Care Trust
First Floor, Administration Building
Knockbracken Healthcare Park
Saintfield Road
Belfast
BT8 8BH

Telephone: 028 95046567
Textphone: 028 90637406
orla.barron@belfasttrust.hscni.net

This report details each proposal and the screening outcome – for ease of reference, readers can access the full completed screening template via a link to the Trust website. Should you have concerns which are based on supporting evidence regarding the screening decision, please contact the Health and Social Inequalities Manager as above and outline your concern along with the supporting evidence. Belfast Trust will duly consider rescreening the proposal.

Outcome of Screening

The screening outcomes are outlined below. Four possible outcomes are recorded:

1. The policy has been **‘screened in’ for equality impact assessment**;
2. The policy has been **‘screened out’ with mitigation or an alternative policy proposed to be adopted**;
3. The policy has been **‘screened out’ without mitigation or an alternative policy proposed to be adopted**.
4. The policy will be **subjected to ongoing screening**. For more detailed strategies or policies that are to be put in place through a series of stages, screening should be considered at various times during implementation.

Description of Policy or Proposal	Screening Outcome
<p>4/1/21 <u>Policy for the intravenous (IV) administration of gadolinium based contrast media to adult patients by imaging MRI staff</u></p> <p>Aims:</p> <p>This policy aims to provide information for MRI staff on the potential and theoretical risks of IV administration of GBCAs which must be weighed against the potential benefits to the patient.</p>	<p><i>Screened out without mitigation as is clinical/technical in nature</i></p>
<p>4/1/21 <u>Changes to Eye Casualty Service resulting from the COVID-19 pandemic</u></p> <p>As a direct result of the COVID-19 pandemic, on 1st June 2020 the Belfast Trust Eye Casualty service changed from a “walk in” to a “referral only” emergency eye service, and for clarity and further promotion of service changes, the service has been renamed the ‘Eye Emergency Referral Clinic (‘EERC’).’ This means that members of the public who acquire an eye problem should attend their GP, local Pharmacist or a local Opticians which operates a scheme called ‘NI PEARS’ (Northern Ireland Primary Eye-care Assessment and Referral Service), so that they can be seen locally, at the right time, reducing the number who have to travel to Royal Victoria Hospital in Belfast and thereby avoid waiting in the hospital to be seen. The aim of NI PEARS is to make best use of local optometrist’s, clinical skills and equipment, expanding its primary care role to treat more people closer to home, freeing capacity in general medical practice and in secondary care clinics and Eye Casualty.</p>	

<p>This is in line with Ministerial Vision outlined in “Health & Well Being 2026 - Delivering Together”. For more serious eye problems, GP or NI PEARS Optician will refer patients directly to Eye Casualty (now EERC), and patients will be given a date and time to attend. Clinic times are as before, and out of hours arrangements have not been affected by the change to the service. These remain as the RVH Emergency Department, local Emergency departments / emergency care facilities. And if required, access to the Ophthalmology on-call team 27-7.</p>	<p>Screened out with mitigation - ongoing</p>
<p>5/1/21 <u>BHSCT Smoke Free Policy</u></p> <p>Objectives</p> <ul style="list-style-type: none"> • To promote the health and wellbeing of Trust staff, patients and visitors by establishing a Smoke Free environment. • To ensure all Trust buildings, vehicles and grounds are maintained as Smoke Free from March 2016 • To provide assistance for staff, volunteers, patients and clients who wish to stop smoking. • To comply with the Smoking (Northern Ireland) Order 2006. • To promote a culture of non-smoking within Belfast Trust’s catchment population. • To set a positive and responsible corporate example to the public through our actions. • To reduce the effects of passive smoking. • To improve the environment and reduce littering that is associated with smoking. • To ensure that all patients, staff and visitors are informed of the Smoke Free policy and the expectation to comply. 	<p>Screened out with mitigation - ongoing</p>

<p>11/1/21 <u>Management of Small for Gestational Age (SGA)</u></p> <p>The aim of this guideline template is to outline the methods used to assess fetal growth and referral pathways utilising 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. 	<p>Screened out without mitigation as is clinical/technical in nature</p>
<p>13/1/21 <u>BHSCT Tobramycin Policy (excluding CF): Prescribing, Monitoring and Administration in Respiratory Patients.</u></p> <p>Objectives: The objective of this policy is to provide clear guidance on all aspects of prescribing and administration of IV Tobramycin in Respiratory patients in both an outpatient and in-patient setting.</p>	<p>Screened out without mitigation as is clinical/technical in nature</p>
<p>18/1/21 <u>Self or Carer administration of IV antimicrobials policy (Outpatient Parenteral Antimicrobial Therapy referred to as S-OPAT)</u></p> <p>The purpose of this guideline is to provide consistent Trust-wide guidance for the selection, training and competency assessment of patients onto the carer or self-administration of IV antimicrobials OPAT program (S-OPAT).</p>	<p>Screened out without mitigation as is clinical/technical in nature</p>

<p>19/1/21 <u>Anticoagulation during haemodialysis</u></p> <p>Objectives: This policy is to ensure a consistent approach in the prescribing and administration of anticoagulation during haemodialysis to minimise the risk of the extracorporeal circuit clotting. Adherence to this policy will reduce complications caused by either excessive or sub therapeutic dosing schedules.</p>	<p><i>Screened out without mitigation as is clinical/technical in nature</i></p>
<p>20/1/21 <u>Covid Surge 3 Plan: January 2021</u></p> <p>Purpose of the Plan In response to the increasing pandemic challenges during this winter period, the BHSCT Covid Surge 3 Plan details service arrangements to meet the need of our local population and in support of the region. Aligned to the Covid modelling, BHSCT has rapidly increased its capacity to be able to meet the demand for Covid Medical care, including patients on CPAP, as well as demand for intensive care and unscheduled care.</p> <p>This Surge 3 Covid Plan therefore details:</p> <ul style="list-style-type: none"> - how Covid Medical beds will exponentially expand, including plans to ensure medically fit patients are not inappropriately delayed in hospital; - a Covid ICU bed plan to increase Covid intensive care capacity from 14 – 78 beds; - the delivery of increasing community capacity for step-down and delirium pathways for discharged patients; - arrangements for maintaining support for the most vulnerable in our community; - supported by workforce plans to enable sustainable staffing models, developed with support from Trade Union colleagues and regional colleagues. 	<p><i>Screened out with mitigation - ongoing</i></p>

<p>21/1/21 <u>Prevention of the spread of Blood Borne Virus (BBV) Infection and the Management of patients with BBV infection in the Department of Nephrology & Transplant</u></p> <p>Scope: The policy will apply to all staff employed within the Department of Nephrology & Transplant including agency and bank staff.</p> <p>Policy Objectives:</p> <ul style="list-style-type: none"> • To minimise the risk of spread of BBV infection to patients/clients and staff. • To achieve a standardised approach to care 	<p>Screened out without mitigation as is clinical/technical in nature</p>
<p>21/1/21 <u>Anti-bullying Policy for Beechcroft CAMHS</u></p> <p>The objectives are:</p> <ul style="list-style-type: none"> • To create an environment where staff, patients, parents/carers and visitors to Beechcroft feel safe, and are treated with dignity and respect. • To create an ethos which does not tolerate bullying through encouraging young people to disclose and discuss incidences of bullying behaviour. • To raise awareness of bullying as a form of unacceptable behaviour with all staff, patients and visitors. • To develop procedures for noting and reporting incidents of bullying behaviour. • To develop procedures for investigating and dealing with bullying behaviour. • To develop a programme of support for those affected by bullying behaviour and for those involved in bullying behaviour. 	<p>Screened out with mitigation – ongoing.</p>

<p>21/1/21 <u>Indications for ERCP</u></p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Reduce referral for unnecessary or inappropriate procedures. In particular, investigation of frail, elderly patients is not always appropriate and should be discussed with gastroenterology consultant or registrar before referral. 2. Ensure patients have a full clinical evaluation prior to referral. Patients must not be referred without having had a detailed history, clinical examination, suitable blood tests and appropriate imaging. 	<p><i>Screened out without mitigation as is clinical/technical in nature</i></p>
<p>25/1/21 <u>Relocation of Senior Executive Team and Admin support to RVH Site</u></p> <p><u>Aim:</u></p> <p>Relocation of Senior Executive Team and Support Staff from BCH Site to RVH Site.</p> <p><u>Rationale For Change:</u></p> <p>Current issues facing the service: Demand for Clinical space is always increasing and it is becoming more challenging to identify suitable accommodation.</p>	<p><i>Screened out with mitigation – ongoing.</i></p>

<p>1/2/21 <u>Covid-19 vaccine medicines management policy</u></p> <p>Purpose: The Covid-19 vaccination programme is of the highest priority for the HSC. To deliver this priority, BHSCT has established a Trust vaccination centre and a programme of vaccination. Vaccination will be carried out by a team of peer vaccinators. The peer vaccinators administer the vaccine as per a Patient Group Direction or a Patient Specific Direction.</p> <p>MHRA have requested that all adverse reactions to BNT162b2 are reported to them; a Trust incident form must also be completed.</p> <p>All staff undertaking duties at the Vaccination Centre or as part of a Trust mobile vaccination team must meet the necessary training standards and competencies in line with SOPs and standard BHSCT processes.</p>	<p>Screened out without mitigation as is clinical/technical in nature</p>
<p>1/2/21 <u>Policy for the Treatment of Hyperkalaemia in Adults</u></p> <p>Aim: The aim of this policy is to define how hyperkalaemia in adults should be treated and especially how to limit the potentially serious adverse effects that can be associated with this treatment.</p> <p>This policy promotes safe management of hyperkalaemia by being based on:-</p> <ul style="list-style-type: none"> • GAIN Guidelines for the Treatment of Hyperkalaemia in Adults – August 2014 • GAIN 'Emergency management of Hyperkalaemia in Adults' wall chart • The use of a 'Hyperkalaemia kit'. 	<p>Screened out without mitigation as is clinical/technical in nature</p>

<p>3/2/21 <u>Home Delivery of Factor Products' for patients who have bleeding disorders</u></p> <p>As of January 2021, 87 patients with bleeding disorders in NI are eligible for home delivery of clotting factor, out of approximately 400 patients who are known to the CCC</p> <p>In order to avail of the service, the patient must be deemed suitable for referral by the CCC clinical team in terms of their ability to manage the delivery and retention of clotting factor stock at home.</p> <p>The home delivery service in no way alters the BHSCT's duty of care to existing patients and indeed it complements the existing services that are provided by the BHSCT CCC.</p>	<p><i>Screened out with mitigation – ongoing</i></p>
<p>10/2/21 <u>Guidance and Advanced Directive for the Management of Mothers who decline Transfusion of Red Cells or other Blood Products</u></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. 	<p><i>Screened out with mitigation – ongoing</i></p>
<p>19/2/21 <u>Environmental & Sustainability (incl. Energy) Policy</u></p> <p>Purpose</p> <p>The main aim of the Policy is to provide a framework for the management of environmental and sustainability (incl. Energy) issues throughout the Trust.</p>	<p><i>Screened out without mitigation as is clinical/technical in nature</i></p>

<p>26/2/21 <u>Belfast Infant Mental Health Strategy</u></p> <p>The objectives of the Infant Mental Health Strategy are to:</p> <ul style="list-style-type: none"> • Raise awareness of the current research, evidence and policy which highlights the importance of infant mental health. • Workforce development, build the capacity of frontline practitioners. • Improve integration of services through a collaborative approach. • Service development that encourages an evidenced based approach. 	<p>Screened out without mitigation as is clinical/technical in nature</p>
<p>5/3/21 <u>Shared Haemodialysis Care</u></p> <p>Objectives: To provide clear guidance for all staff assisting patients participating in shared dialysis care.</p>	<p>Screened out without mitigation as is clinical/technical in nature</p>
<p>9/3/21 <u>Guidelines for the management of anaemia in patients with chronic kidney disease (CKD) SG 32/14</u></p> <p>Objectives:</p> <ul style="list-style-type: none"> • To ensure a standardised and safe administration of ESAs and Intravenous Iron preparations to patients with chronic kidney disease • This document will enhance uniformity of management thereby safe-guarding patient care and safety, and ensure the official guidelines are consistent with the national recommendations. 	<p>Screened out without mitigation as is clinical/technical in nature</p>

<p>19/3/21 <u>Guidelines for the use of haemofiltration in the Paediatric Intensive Care Unit, Royal Belfast Hospital for Sick Children</u></p> <p>Objectives: The objective of this policy is to facilitate the safe continuation of CVVH in PICU following the trust wide change to the Baxter Prismaflex.</p>	<p><i>Screened out without mitigation as is clinical/technical in nature</i></p>
<p>22/3/21 <u>Use of Personal Alarm Systems on the Muckamore Abbey Hospital Site and Iveagh</u></p> <p>Purpose: To ensure a consistent approach to the use of the personal alarm system.</p> <p>Objectives: To ensure the safety of patients and staff.</p>	<p><i>Screened out without mitigation as is clinical/technical in nature</i></p>
<p>23/3/21 <u>Non-Medical Prescribing Policy</u></p> <p>This policy sets out a framework for the development and implementation of non-medical prescribing of medicines within Belfast Health and Social Care Trust (BHSCT) and thus establishes a consistent approach for non-medical prescribing. This policy applies to all registered nurses, midwives, specialist community public health nurses, pharmacists and other allied health professionals registered with the Trust as non-medical prescribers of medicines in accordance with their job descriptions and KSF outlines.</p>	<p><i>Screened out without mitigation as is clinical/technical in nature</i></p>

<p>24/3/21 <u>Removal of a peripheral inserted central catheter in a home setting</u></p> <p>Objectives: This document aims to:</p> <ul style="list-style-type: none"> ○ Ensure safe practice ○ Provide evidenced based guidelines to support service development ○ Standardise removal of PICCs in a community setting ○ Achieve delivery of high quality patient care ○ Provide clarity for staff when delivering patient care. 	<p><i>Screened out without mitigation as is clinical/technical in nature</i></p>
<p>29/3/21 <u>Competency Based protocols for Child health care assistants caring for children with complex physical healthcare needs</u></p> <p>Objectives: To ensure the CHCA has the skills and ability to carry out procedures as delegated by a Registered Nurse.</p>	<p><i>Screened out without mitigation as is clinical/technical in nature</i></p>
<p>30/3/21 <u>Patient's Handed-In Property Policy</u></p> <ul style="list-style-type: none"> • This policy sets out the Belfast Trust policy and procedures for the management and safekeeping of patients' property handed in for safekeeping in wards and departments. • It aims to provide clear standardised guidance and approach on policy and practices for staff about their responsibilities on the receipt, documentation, custody, transfer, return and disposal of patients' personal property. • It aims to safeguard the interests of patients and protect staff and the Trust • It aims to ensure that patients and/or their carers will be informed of measures to be taken to protect their property before and/or at the time of their admission. 	

<ul style="list-style-type: none"> • The policy is a more comprehensive policy than the previous version divided into clear sections detailing procedures for – definitions of property/valuables; patient admission, transfer, short-term leave; and discharge; receiving, recording, depositing of property; patients lacking capacity; patients' clothing; return of property and deceased patients; unclaimed, lost or damaged property; patients own medications, illicit substances/property seized by police; exceptional circumstances such as the Covid-19 pandemic. The policy has been informed by an evidence base and government and finance guidance/policy documents and on analysis of commonly occurring incidents and complaints involving patients' property. • NIAS and the Police service of Northern Ireland were consulted regarding relevant sections of the policy. • The policy will be rolled out through Divisional Nurse management structures and disseminated through induction programmes, safety briefs and team meetings • The policy will be promoted as a new policy on the Hub. • Service Users will be made aware of the policy through patient information leaflets/booklets and informed at clinics and upon admission. This will be made available in accessible formats • Reference to patients' property can be included in patient information on the Trust's public facing website. A patient property disclaimer notice (regarding property not handed-in) has been developed to be displayed in all areas. A Covid-19 specific Standard Operating Procedure is in development. The policy will not impact on how services are delivered or on working patterns. 	<p><i>Screened out with mitigation ongoing.</i></p>
--	--