

Appendix 2 - Template for Information to be Compiled

Information to be compiled by Public Authorities under Section 3(1)(a) of the Rural Needs Act (NI) 2016.

(To be completed and included in public authorities' own annual reports and submitted to DAERA for inclusion in the Rural Needs Annual Monitoring Report).

Name of Public Authority:

Reporting Period: April 20 to March 20

The following information should be compiled in respect of each policy, strategy and plan which has been developed, adopted, implemented or revised and each public service which has been designed or delivered by the public authority during the reporting period.



Context:

Under the Rural Needs Act (NI) 2016 Belfast Health and Social Care Trust as a designated public authority has a legal duty to:

- Have due regard to rural needs when developing, adopting, implementing or revising policies, strategies and plans, and when designing and delivering public services and
- Monitor and report on how the 'due regard' duty has been exercised.

This is the first year that Belfast Health and Social Care Trust is submitting an annual monitoring report in accordance with its statutory duties under the Rural Needs Act (NI) 2016. The Trust has used the DAERA template to complete the report, which covers the period from April 2018 to March 2019. In the interests of openness and transparency, the Trust has provided the following hyperlinks to equality screenings of Trust policies, which total 145 during this period.

[*Equality Screening Outcome Report April June 2018*](#)

[*Equality Screening Outcome Report July September 18*](#)

[*Equality Screening Outcome Report October December 2018*](#)

[*Equality Screening Outcome Report January March 2019*](#)

The Trust has 'consciously considered' each of these 145 policies in respect of the social and economic needs of persons in rural areas and for the majority, no rural needs were identified. Many of these policies are clinical or technical in nature and have no bearing on rural needs. From our analysis, four policies were identified as requiring a rural needs assessment.

The Trust is mindful that the majority of population that it serves tend to live in urban areas (NISRA note from the 2011 census that Belfast had a population of 280,211) and that in terms of provision our regional services decision making across our functions of service provision, procurement or employment, there will be greater relevance and potential impact for people in rural areas (defined by NISRA as settlements with populations with less than 5,000) and as such, are more likely to require the duty of 'Due Regard' to apply in terms of the social and economic needs of people in rural areas.

In the table below, the Trust has provided detail on those policies which were considered as having a bearing on rural needs and therefore subject to a rural needs assessment. This amounted to 4 rural needs assessment being completed during the reporting period.

Belfast Trust Activity subject to Rural Needs Assessment:

<i>Description of the activity undertaken by the public authority which is subject to section 1(1) of the Rural Needs Act (NI) 2016¹.</i>	<i>The rural policy area(s) which the activity relates to².</i>	<i>Describe how the public authority has had due regard to rural needs when developing, adopting, implementing or revising the policy, strategy or plan or when designing or delivering the public service³.</i>
1. Visitors Policy at Royal Belfast Hospital for Sick Children	Health and Social Care	<p>The staff of the RBHSC aim to provide a family-centred service in which parents are encouraged to participate in their child’s care. Although the policy is essentially that of ‘Open Visiting’ for parents, a comprehensive visiting policy is necessary to promote the implementation of effective infection prevention and control measures and to promote the health, safety and privacy of children and young people in our care.</p> <p>The purpose of the policy is to clarify appropriate visiting arrangements and to ensure these are implemented. The aim is to balance the beneficial effects of children spending time with their family, carers and friends with their need to rest and recover from illness and the need for staff to manage clinical areas safely and effectively.</p> <p>As such, only 2 people will be allowed to visit the child at any time. Facilities for staying overnight are very limited however, these will be allocated as fairly as possible by ward nursing staff. After 8pm only parents are permitted to visit. Only one parent or a nominated adult relative should stay overnight with the child.</p> <p>In recognition of different needs and where people live, visiting arrangements for an individual patient will be reassessed according to the child’s clinical condition and the needs of the family. In accordance with the aim of providing individualised patient-centred</p>

		care, nursing staff will allow for some flexibility in overnight arrangements according to the needs of each patient and family.
2. Temporary redirection of Children aged under 14 from the Mater Hospital Emergency Department to the Royal Belfast Hospital for Sick Children Paediatric Emergency Department	Health and Social Care	<p>It became clinically necessary to redirect children from the Mater Emergency Department to be cared for in a dedicated paediatric 24/7 Children's Emergency Department. The Trust had due regard to the potential impact on those in rural areas accessing Children's ED, who may have to travel further (Driving distance from RVH to MIH is 1.6 miles) People continue to attend the Mater ED with their under 14s (on average 3-4 per day).</p> <p>They have presented with mainly minor injuries or minor illnesses. Patients who arrive at the Mater ED and require urgent treatment will be triaged and First Aid administered before being redirected to the RBHSC. The Trust can offer financial assistance for travelling expenses in some cases when parents are in receipt of certain benefits. The aim of this policy is to ensure that children under 14 receive the best possible care at the right time and in the right place. It is anticipated that the impact of this proposal would contribute towards better health outcomes for patients.</p>
3. Visitors Policy	Health and Social Care	<p>Belfast Health and Social Care Trust recognises that visiting time is an important part of the patient's day and our hospitals welcome visiting. The policy for In-patient Hospital Visiting has been developed with the aim to balance the therapeutic effect of patients spending time with relatives, carers and friends with the patients' need for rest and the need for clinical staff to manage the ward, reduce the potential spread of infection and provide efficient care in a safe and secure environment. On admission, patients and visitors should be informed of the visiting times in the ward or clinical area. If there is restricted visiting they should be advised of the reasons for restricting visiting to these times, and that they should refrain from visiting outside of these hours. Visitors who do present outside of these hours should only be permitted to visit a patient at the discretion of the nurse in charge. This should be in exceptional circumstances only.</p> <p>The Trust is also mindful that patients and their families can come from rural areas and so in accordance with a patient's wishes, defined family should be able to remain with their loved one at any time, as part of the patient-centred plan of care. The care team, the patient and the family will agree on how family presence can be facilitated. This depends on the physical space, safety considerations and the patient's needs.</p>
4. Proposal to temporarily transfer regional provision of perinatal paediatric pathology	Health and Social Care	<p>Belfast Trust is commissioned by the Health and Social Care Board to provide this perinatal paediatric pathology service on a regional basis across Northern Ireland since 2008. Perinatal/paediatric autopsies are performed by a Paediatric Pathologist who specialises in</p>

<p>service from Belfast HSC Trust to Alder Hey Children's NHS Foundation Trust.</p>		<p>identifying conditions that affect babies, and who examines babies to find out why they died. The Trust can no longer provide the service due to an absence of paediatric pathologists. While continuing to explore all avenues to maintain the service in Northern Ireland, the Health and Social Care Board, the Public Health Agency and the Trust have now had to consolidate provision of perinatal pathology services for the region by a service provider in the UK on a temporary basis. (Microscopic examination and reporting of placentas is already provided outside Northern Ireland in Alder Hey NHS Foundation Trust, Liverpool due to limited perinatal paediatric pathologist capacity). It is anticipated that this proposal will impact on parents and families who have been bereaved and who are considering whether to consent to a post mortem for their baby or child. The Trust will ensure that this process will be dealt with sensitively and with the appropriate level of information and assurances. Should parents and families consent to the post mortem, they will have the opportunity to spend time with the baby or child before transfer to Alder Hey.</p> <p>All travel arrangements for the baby and any 2 family members who wish to travel will be organised and paid for by the HSC Trust. The Trust is committed to equality of opportunity and accessible and responsive services for all. This is an interim arrangement and the Trust will continue to seek to recruit paediatric pathologists for the region within the Belfast Trust. The transfer of services to Alder Hey will also yield some service improvements, from which people in rural and urban areas will benefit. These include:</p> <ul style="list-style-type: none"> • Provision of a high quality paediatric perinatal pathology service with improved capacity e.g. It will also allow for an increase in capacity for placental examination from 500 to 1500 a year. • Continuity of service delivery with the service provided 52 weeks of the year from Monday- Friday <i>whereas currently the regional service is only available 3 days a week due to the consultant shortage.</i> • A paediatric autopsy will be completed within 36 hours of arrival at Alder Hey, • Shorter and consistent turnaround times for full pathology report which will be available within 56 days, as opposed to the current potential wait of 5-6 months.
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Belfast Health and Social Care Trust is a large and complex organisation which provides care to the population of Belfast, and to the wider population of Northern Ireland. We are the largest integrated health and social care Trust in the United Kingdom. The Trust delivers integrated health and social care to approximately 340,000 people in Belfast and provides the majority of regional specialist services to all of Northern Ireland. We have an annual budget of £1.3bn and a workforce over 20,000 (full time and part time). Belfast Trust also comprises the major teaching and training hospitals in Northern Ireland. We have responsibilities to improve health and well-being, reducing inequalities in health and inequalities in access to care.

Belfast Trust has been designated as a public body under the Rural Needs Act (NI) (2016) and is committed to its reporting and monitoring obligations in accordance with this legislation. Mindful of the size and scale of the Trust, it has been important to effectively communicate and mainstream the duties across the Trust. Accordingly, to comply with our duties the Trust undertook a range of activities including:

- A briefing note was prepared and tabled at our Executive Team meeting to ensure that there was leadership and ownership of these duties at strategic level. The definition of “rural” (the default definition for the public sector has been adopted) was agreed by the Executive team for the organisation.
- The Directorate of Planning, Performance and Informatics will be responsible for central co-ordination of the monitoring report on behalf of the Trust. Each Directorate within the Trust was tasked with nominating a Rural Needs Champion in the interests of mainstreaming into everyday business for the Trust. These champions attended Rural Needs Awareness training provided by the Rural Development Council in September 2018.
- Work has been undertaken by HSC Trusts to make the rural needs assessment template more user-friendly and it has been somewhat condensed but maintained the key components of that issued by DAERA and ensured that it would satisfy the obligations outlined in the legislation.
- In terms of accessibility and communicating information and support in completing a rural needs assessment, training slides provided by the Rural Development Council have been uploaded onto the Trust intranet, along with the rural needs assessment template, the DAERA guidance and a list of directorate champions for staff to easily access.
- The introduction of the legislation was also featured as a news item on the intranet and is highlighted to policy authors and decision makers through the Planning and Equality Team. Rural needs legislation has also been covered at a masterclass in March 2019 for 40 Senior Managers and Policy Makers.
- In the spirit of mainstreaming, the Trust has incorporated a section on rural needs consideration in its policy template, along with a section on equality and privacy assessments in accordance with statutory duties in terms of Section 75 of

the Northern Ireland Act 1998 and the General Data Protection Regulations.

- This annual monitoring report on rural needs will be shared with the Equality, Partnership and Engagement Sub-Assurance Committee, the Assurance Committee and Trust Board for consideration before submission to DAERA on 16th September 2019. The monitoring information in this report will be included in the Trust's annual report
- The Trust is committed to promoting and upholding its duties in relation to the Rural Needs Act (NI) 2016 and will have due regard to rural needs in the development of all our policy and public service delivery decisions. The Trust is mindful that the level of 'regard' due will depend on the circumstances and, in particular, on the relevance of rural needs to the decision or function in question. The greater the relevance and potential impact for people in rural needs, the greater the regard required by the duty.

NOTES

1. This information should normally be contained in section 1B of the RNIA Template completed in respect of the activity.
2. This information should normally be contained in section 2D of the RNIA Template completed in respect of the activity.
3. The information contained in sections 3D, 4A & 5B of the RNIA Template should be considered when completing this section.