

****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	Indications for ERCP						
(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	<u>Un-scheduled and Acute Care</u>	Surgery & Specialist Services	Specialist Hospitals & Women's Health	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: To provide guidance to clinicians on the indications and contra-indications for endoscopic retrograde cholangiopancreatography (ERCP)</p> <p>Purpose: This policy outlines the indications for ERCP. This policy provides an update on the earlier guidelines of the same name that were issued in 2009.</p> <p>Scope: ERCP is an endoscopic procedure which permits diagnosis and therapy within the biliary and pancreatic systems. Patients should be carefully selected for the procedure, and the aim of these guidelines is to assist medical staff to determine which patients should be considered for ERCP. It is hoped that by rationalising referrals for assessment a more effective and streamlined service can be provided for those who will benefit most from it.</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 						

	<p>not be referred without having had a detailed history, clinical examination, suitable blood tests and appropriate imaging.</p> <p>Dissemination: This policy is applicable to all clinicians who look after patients with pancreaticobiliary conditions and are considering making a referral for ERCP. It applies to both the inpatient and outpatient setting.</p> <p>This policy is an update on the 2009 version and will be available to all staff on the Hub.</p>
<p>(1.5) Who owns the policy/proposal? Where does it originate? For example: DoH / HSCB</p>	<p>Director, Unscheduled & Acute Care, (BHSCT Endoscopy Units), 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>	<p>Service users with pancreaticobiliary conditions and medical and surgical team members referring patients for consideration of ERCP.</p>
<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>Policy reviewed by all the team members of the gastroenterology team who perform ERCP.</p> <p>The indications for ERCP outlined in this policy were reviewed and agreed upon by the following consultants, all of whom carry out ERCP:</p> <p>Dr Mark McLoughlin Dr Nick Kelly Dr Mike Mitchell Dr Ryan Scott.</p>
<p>(1.8) Other policies/strategies with a bearing on this policy/proposal For example: internal or regional policies</p>	<p>N/A.</p>
<p>(1.9) Are there any factors that could contribute to/detract from the intended aim/outcome of the</p>	<p>No.</p> <p>Belfast Trust is committed to the full implementation of this policy and through regular</p>

<p>policy/proposal? For example: Financial, legislative</p>	<p>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.
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Section 2: Classification of the Policy / Proposal

- 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:	Ryan Scott Consultant Gastroenterologist 21/1/21	Countersigned by*: Planning & Equality Team: Date:	Lesley Jamieson 21/1/21
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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	Service Users	Quantitative Data	Qualitative Data

Category		<i>(2011 Census Data unless otherwise stated)</i>		(Needs, Experiences, Priorities)
		Belfast / Castlereagh population	Service users affected %	
1. Age	0-15	22%	N/A	N/A
	16-24	11%		
2. Dependent Status	25-34	12%		N/A
	35-44	14%		
	45-54	14%		
	55-64	12%		
	65+	15%		
	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	N/A	
3. Disability	Yes	21%	N/A	N/A
	No	79%		
4. Gender	Female	49%	N/A	N/A
	Male	51%		

5. Marital Status	Married/Civil P'ship Single Other/Not known	34.21% 46.6% 19.19%	N/A	N/A
6. Race Ethnicity	White Black/Minority Ethnic	98% 2%	N/A	N/A
7. Religion	Roman Catholic	41%	N/A	N/A
	Presbyterian Church of Ireland Methodist Other Christian	42%	N/A	N/A
	Buddhist Hindu Jewish Muslim Sikh Other None	17%	N/A	N/A

<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>13 19 4 6 8 1 1 5 3</p> <p><i>Based on Council seats on Belfast City Council * Excludes Castlereagh</i></p>	<p>N/A</p>	<p>N/A</p>
<p>9. Sexual Orientation</p>	<p>Opposite sex Same sex Same and Opposite sex Do not wish to answer /Not known</p>	<p>Estimated 6-10% of persons identify as lesbian, gay, bisexual</p> <p><i>Source: 2012 report by Disability Action & Rainbow Project</i></p>	<p>N/A</p>	<p>N/A</p>

(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 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	N/A

2.	Dependant Status	Dependants No Dependants Not known	20% 16% 64%	N/A	N/A
3.	Disability	Yes No Not known	2% 63% 35%	N/A	N/A
4.	Gender	Female Male	77% 23%	N/A	N/A
5.	Marital Status	Married/ Civil P'ship Single Other/ Not known	52% 32% 16%	N/A	N/A
6.	Race				
a)	Ethnicity	BME White Not Known	4% 72% 25%	N/A	N/A

b) Nationality	GB Irish Northern Irish Other Not known	18% 11% 2% 1% 68%	N/A	N/A
7. Religion a) Community Background	Protestant Roman Catholic Neither	40% 49% 11%	N/A	N/A
b) Religious Belief	Christian Other No religious belief Not known	28% 1% 9% 62%	N/A	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	N/A

9. Sexual Orientation	Opposite sex Same sex or both sexes Do not wish to answer	41% 2% 57%	N/A	N/A
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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	
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	
(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				X	
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	
Political opinion			X	
Racial group			X	

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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>	<p>Disability and Human Rights training is available to all staff.</p> <p>All staff attend mandatory equality, good relations and Human Rights training</p>
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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			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
1st 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 Trust is committed to the safeguarding and promotion of Human Rights in all aspects of its work. The Human Rights Act 1998 gives effect in UK Law to the European Convention on Human Rights and requires legislation to be integrated so far as possible in a way that is compatible with the Convention rights. It also makes it unlawful for a public body to act incompatibly with the convention rights. Where a public authority has assumed responsibility for the welfare and safety of individuals, there is a particular duty to guarantee human rights.</p> <p>The Trust will make every effort to ensure that respect for human rights, is part of its day to day work and is incorporated and reflected as an</p>		

	<p>integral part of its actions and decision making process. The Trust will keep human rights considerations and relevant legislation and previous judicial reviews at the core of any decisions or considerations.</p> <p>The Human Rights of all patients will be respected and adhered to in line with the Human Rights Act 1998 and the United Nations Convention on the Rights of People with a Disability.</p>
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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?	None		
(8.3) Do you consider the policy/proposal needs to be subjected to on-going screening?	Yes	<u>No</u>	Reasons
(8.4) Do you think the policy/proposal should be subject to an Equality Impact Assessment (EQIA)?	Yes	<u>No</u>	Reasons The policy has no implications for equality of

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.			opportunity/good relations/human rights
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<p>Section 9: Monitoring</p> <p>(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?</p>	Implementation of the policy will be monitored through annual audit.
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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	Dr Ryan Scott	Countersigned by:	
Position	Consultant Gastroenterologist	Equality Manager	
Date	21/1/21	Employment Equality Manager	

