

****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	Guidelines for the use of haemofiltration in the Paediatric Intensive Care Unit, Royal Belfast Hospital for Sick Children						
(1.2) Status of policy/proposal <i>(please underline)</i>							Revised
(1.3) Department/Service Group: <i>(please underline)</i>					Specialist Hospitals & Women's Health		
(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: These guidelines are to be used to support the ongoing use of continuous veno-venous haemofiltration (CVVH) in the Paediatric Intensive Care Unit (PICU) in the Royal Belfast Hospital for Sick Children, following a trust wide change to the Baxter Prismaflex haemofiltration machine from the Edwards Aquarius. They outline the indications for initiating therapy and give guidance regarding prescription of therapy.</p> <p>Scope: This policy only applies to children receiving CVVH within the PICU, Royal Belfast Hospital for Sick Children. It does not apply to patients less than 18 years of age receiving CVVH on adult intensive care units.</p> <p>Purpose: This policy directs how the Prismaflex haemofiltration machine will be used on introduction to the PICU. Until more experience is gained in the use of this therapy, use will be restricted to the CVVH mode only. Additionally this policy covers:</p> <ul style="list-style-type: none"> • Indications for starting therapy • Appropriate vascular access as per patient body weight • Selection of an appropriate filter set size 						

	<ul style="list-style-type: none"> • Prescription of therapy • Setting up the machine • How to discontinue therapy • Use of point of care testing for Activated Clotting Time • Recording of parameters at the bedside, including fluid balance. <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>Dissemination:</p> <ul style="list-style-type: none"> • All PICU Consultant staff. • All trainee medical staff working on PICU will be told about CVVH at the unit induction. • All PICU nursing staff, in particular those trained in the use of CVVH. <p>These guidelines are intended for immediate implementation. Any queries regarding the guideline should be notified to Dr Stewart Reid, Consultant Paediatric Anaesthetist and Intensivist, PICU.</p> <p>On-going orders of Prismaflex CVVH consumables as required. There will also be an additional training need. This will be provided initially by already trained nursing staff in consultation with the manufacturer’s representative. Monitoring of the policy will be by the lead author in combination with senior PICU nursing staff and the critical care pharmacist. Data regarding patients on CVVH will be recorded on the national PICANET audit.</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 (RBHSC).</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>Children who are inpatients in PICU receiving CVVH.</p> <p>PICU nursing and medical staff.</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>The policy was circulated to the following for comment:</p> <ul style="list-style-type: none"> • PICU Consultant Medical Staff • PICU Nursing Staff • PICU Pharmacist • RBHSC Policies and Procedures Committee • RBHSC Drugs and Therapeutics 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"> • Point of care testing • Infection Prevention and Control Policies • Aseptic Non Touch Technique. <p><u>Evidence base/references:</u></p> <p>Kellum JA, Angus DC, Johnson JP et al. Continuous versus intermittent renal replacement therapy: a meta-analysis. <i>Intensive Care Med</i> 2002; 28: 29-37</p> <p>Strazdins V, Watson AR and Harvey B. Renal replacement therapy for acute renal failure in children: European Guidelines. <i>Pediatr Nephrol</i> (2004) 19:199–207</p> <p>Regional Intensive Care Unit, Royal Group of Hospitals, Guidelines for phosphate replacement.</p> <p>University Hospitals of Leicester NHS Trust- Continuous Renal Replacement therapy in PICU: explanations.definitions/rationale/background</p> <p>The RENAL replacement Therapy Study Investigators. Intensity of Renal replacement therapy in critically ill patients. <i>NEJM</i> (2009) 361:17 pp1627-38</p> <p>The VA/NIH Acute Renal Failure Trial Network. Intensity of Renal support in critically ill patients with AKI. <i>NEJM</i> (2008). 359:1 pp7-20</p> <p>Joannes-Boyou et al. High volume versus standard volume haemofiltration for septic shock patients with acute kidney injury (IVOIRE study): a multicentred randomised controlled trial. <i>Intensive Care Med</i> (2013) 39 pp1535-46</p> <p>Westrope et al. Renal Replacement therapy in the Critically Ill Child. <i>Paediatric Critical Care Medicine</i> (2018) 19:3 pp210-217.</p>
<p>(1.9) Are there any factors that could contribute to/detract from the</p>	<p>No.</p> <p>Belfast Trust is committed to the full implementation of this policy and through regular monitoring it</p>

<p>intended aim/outcome of the policy/proposal? For example: Financial, legislative</p>	<p>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?		✓
(2.2) Are there better opportunities to promote equality of opportunity for people within the S75 categories?		✓
(2.3) Does the policy impact upon Good Relations between people of a different religious belief, political opinion or racial group?		✓
(2.4) Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?		✓
(2.5) Are there opportunities to encourage Disabled People to participate in public life and promote positive attitudes toward disabled people? (Disability Duties)		✓
(2.6) Does the policy/proposal impact on Human Rights ?		✓

*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:	Carolyn Neill Quality Coordinator 03/03/21	Countersigned by*: Planning & Equality Team: Date:	Lesley Jamieson 19/3/21
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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 16-24 25-34 35-44 45-54 55-64 65+	22% 11% 12% 14% 14% 12% 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%		
8. Political Opinion Based on Council seats on Belfast City Council, October 2017. Excludes Castlereagh	Presbyterian Church of Ireland Methodist Other Christian	42%		
	Buddhist Hindu Jewish Muslim Sikh Other None	17%		
	DUP SF SDLP UUP APNI Green PBP IND PUP	<i>Based on Council seats on Belfast City Council * Excludes Castlereagh</i>		

		13 19 4 6 8 1 1 5 3		
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>		

(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%		
2. Dependant Status	Dependants No Dependants 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. disabled minority ethnic people or young Protestant men.				

(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					

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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

How does the policy / proposal:

- encourage disabled people to participate in

<p>public life and</p> <ul style="list-style-type: none"> 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>	
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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			
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)

<p>(8.2) If you have identified any impact, what mitigation have you considered to address this?</p>			
<p>(8.3) Do you consider the policy/proposal needs to be subjected to on-going screening?</p>	<p>Yes</p>	<p>No</p>	<p>Reasons</p>
<p>(8.4) Do you think the policy/proposal should be subject to an Equality Impact Assessment (EQIA)?</p> <p>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.</p>	<p>Yes</p>	<p>No</p>	<p>Reasons</p>
<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>			
<p>Please sign /date and forward to the Equality and Planning Team for consideration - Lesley.Jamieson@belfasttrust.hscni.net.</p> <p>Equality screenings are completed with information provided by the policy / proposal author subject to advice and assistance from the Trust's Equality Managers.</p> <p>Please note that Completed and Signed Screening Templates are public documents and are posted on the Trust's website.</p>			
<p>Approved Lead</p>	<p>Countersigned by:</p>		

Officer			
Position		Equality Manager	
Date		Employment Equality Manager	

