

**\*\*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	Policy for the Treatment of Hyperkalaemia in Adults						
(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	<u>Surgery &amp; Specialist Services</u>	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><b>Background:</b> The reported incidence of hyperkalaemia in hospitalised patients is between 1 and 10%. It is the most serious of all electrolyte abnormalities as symptoms can be non-specific or absent, even in severe hyperkalaemia, before causing cardiac arrest.</p> <p>The treatment of hyperkalaemia may require the administration of intravenous insulin and glucose. Although this treatment modality is effective, it can be harmful to the patient if too high a dose of insulin is administered. The safe and effective use of insulin/glucose in the treatment of hyperkalaemia is therefore highlighted.</p> <p><b>Scope:</b> This policy will generally apply throughout the BHSCT and to all BHSCT medical, nursing and pharmacy staff.</p> <p>Certain specialist areas e.g. Intensive Care Units, may, on application to the Drugs and Therapeutics committee, decide not to stock or use the hyperkalaemia kits.</p> <p>All other ward/department areas must have the hyperkalaemia kit readily available.</p>						

	<p><b>Aim:</b> 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"> <li>• GAIN Guidelines for the Treatment of Hyperkalaemia in Adults – August 2014</li> <li>• GAIN ‘Emergency management of Hyperkalaemia in Adults’ wall chart</li> <li>• The use of a ‘Hyperkalaemia kit’.</li> </ul> <p>All medical, nursing and pharmacy staff of all grades must be trained according to their role in the management of hyperkalaemia. This training will need to be repeated as new staff join the Trust.</p> <p>A Medicines Governance pharmacist will liaise with the lead for nurse education to ensure this policy is incorporated into nursing staff training across the Trust.</p> <p><b>Dissemination:</b> BHSCT Medical, nursing and pharmacy staff.</p> <p>Medicines Governance pharmacist to liaise with FY1 and FY2 programme directors across the Trusts to ensure this policy is incorporated into induction and postgraduate training programmes.</p> <p>Medicines Governance pharmacist to ensure pharmacy staff across the Trust are aware of the policy.</p> <p>Hyperkalaemia kits are available in the Trust.</p>
<p><b>(1.5) Who owns the policy/proposal?</b>  <b>Where does it originate?</b>  For example: DoH / HSCB</p>	<p>Director, Surgery &amp; Specialist Services, BHSCT.</p>
<p><b>(1.6) Who are the main stakeholders affected (Internal and External)?</b>  For example: actual or potential service users, carers, staff, other public sector organisations, trade unions, professional</p>	<p>Throughout BHSCT and BHSCT Medical, Nursing and Pharmacy Staff and actual or potential service users.</p>

bodies, independent, voluntary or community sector or others.	
<b>(1.7) Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders when screening this policy/proposal.</b>	Consultation on policy through BHSCT Drug and Therapeutics committee and Standards & Guidelines Committee.
<b>(1.8 ) Other policies/strategies with a bearing on this policy/proposal</b> For example: internal or regional policies	<p>BHSCT Policy for the safe prescribing, preparation and administration of insulin for inpatients.</p> <p><b><u>Evidence Base/References:</u></b></p> <ol style="list-style-type: none"> <li>1. G McVeigh. Management of Hyperkalaemia in Adults. Ulster Med J 2005; 74 (2) 75-77.</li> <li>2. <a href="https://improvement.nhs.uk">www.improvement.nhs.uk</a> [Online] [18 February 2019]. Available from <a href="https://improvement.nhs.uk/documents/3121/Patient_Safety_Alert_-_Resources_to_support_safe_management_of_hyperkalaemia.pdf">https://improvement.nhs.uk/documents/3121/Patient_Safety_Alert_-_Resources_to_support_safe_management_of_hyperkalaemia.pdf</a></li> <li>3. GAIN Guidelines For The Treatment Of Hyperkalaemia In Adults – August 2014.[Online] February 2019] Available from <a href="https://www.rqia.org.uk/RQIA/files/6f/6f51b366-f8bf-44de-a630-6967d5353a87.pdf">https://www.rqia.org.uk/RQIA/files/6f/6f51b366-f8bf-44de-a630-6967d5353a87.pdf</a></li> <li>4. Renal Association guideline for treatment of acute hyperkalaemia in adults. June 2020 <a href="https://renal.org/sites/renal.org/files/RENAL%20ASSOCIATION%20HYPERKALAEMIA%20GUIDELINE%202020.pdf">https://renal.org/sites/renal.org/files/RENAL%20ASSOCIATION%20HYPERKALAEMIA%20GUIDELINE%202020.pdf</a> [Online] [28 January 2021]</li> <li>5. Management of hyperkalaemia. Maxwell AP, Linden K, O'Donnell S, Hamilton PK, McVeigh GE. J R Coll Physicians Edinb. 2013;43(3):246-51. doi: 10.4997/JRCPE.2013.312. Review.PMID:24087806</li> </ol>
<b>(1.9) Are there any factors that could contribute to/detract from the intended aim/outcome of the policy/proposal?</b> For example: Financial, legislative	<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>

- Lack of staff training and awareness of the policy
- Demanding workloads
- Staffing capacity
- Poor understanding of the policy by staff, patients, relatives/carers.

## 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 <b>impact</b> on <b>Equality of Opportunity</b> for those affected by this policy, for each of the S75* equality categories?		No
(2.2) Are there better <b>opportunities</b> to promote equality of opportunity for people within the S75 categories?		No
(2.3) Does the policy <b>impact</b> upon <b>Good Relations</b> between people of a different religious belief, political opinion or racial group?		No
(2.4) Are there <b>opportunities</b> to better promote good relations between people of a different religious belief, political opinion or racial group?		No
(2.5) Are there <b>opportunities</b> to encourage <b>Disabled People</b> to <b>participate</b> in public life and promote <b>positive attitudes</b> toward disabled people? (Disability Duties)		No
(2.6) Does the policy/proposal <b>impact</b> on <b>Human Rights</b> ?		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](http://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](mailto: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:	Sharon O'Donnell Lead Medication Safety pharmacist, BHSCT 29/1/21	Countersigned by*: Planning & Equality Team: Date:	Lesley Jamieson 1/2/21
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Please sign / date and forward to the Equality and Planning Team for consideration - [Lesley.Jamieson@belfasttrust.hscni.net](mailto: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)
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		<b>Belfast / Castlereagh population</b>	<b>Service users affected %</b>	
<b>1. Age</b>	0-15 16-24 25-34 35-44 45-54 55-64 65+	22% 11% 12% 14% 14% 12% 15%		
<b>2. Dependent Status</b>	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		
<b>3. Disability</b>	Yes No	21% 79%		
<b>4. Gender</b>	Female Male	49% 51%		
<b>5. Marital Status</b>	Married/Civil P'ship Single Other/Not known	34.21% 46.6% 19.19%		

<b>6. Race Ethnicity</b>	White Black/Minority Ethnic	98% 2%		
<b>7. Religion</b>	Roman Catholic	41%		
<b>8. Political Opinion</b> 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		
<b>9. Sexual Orientation</b>	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 &amp; 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%		

<b>7. Religion</b>				
a) Community Background	Protestant Roman Catholic Neither	40% 49% 11%		
b) Religious Belief	Christian Other No religious belief Not known	28% 1% 9% 62%		
<b>8. Political Opinion</b>  <i>* 2011 Assembly election</i>	Broadly Nationalist Broadly Unionist Other Do not wish to answer/ Unknown Not known	6% 7% 8% 79%		
<b>9. Sexual Orientation</b>	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><b>public life and</b></p> <ul style="list-style-type: none"> <li><b>promote positive attitudes towards disabled people?</b></li> </ul> <p>Consider what <b>other measures</b> you could take to meet these <b>duties</b>.</p> <p><i>For example, have staff received disability equality training.</i></p>	
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<b>Section 7: Human Rights</b>			
Belfast Health and Social Care Trust is committed to providing the <b>highest attainable standard of health</b> within our resources.			
<b>Does the policy/proposal affect human rights in a positive or negative way?</b>			
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 <b>promote awareness of human rights</b> and <ul style="list-style-type: none"> <li><b>evidence</b> that human rights have been taken into consideration in <b>decision making</b> processes.</li> </ul>			

<b>Section 8: Screening Decision</b>	<b>Major</b>	<b>Minor</b>	<b>None</b>
<b>(8.1) How would you categorise the impacts of this policy / proposal?</b> (Please underline one category)	(Screened In for an Equality Impact Assessment)	(Screened Out with mitigation)	(Screened Out)

<p><b>(8.2)</b> If you have identified any impact, what <b>mitigation</b> have you considered to address this?</p>			
<p><b>(8.3)</b> Do you consider the policy/proposal needs to be subjected to <b>on-going screening</b>?</p>	<p><b>Yes</b></p>	<p><b>No</b></p>	<p><b>Reasons</b></p>
<p><b>(8.4)</b> Do you think the policy/proposal should be subject to an <b>Equality Impact Assessment (EQIA)</b>?</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><b>Yes</b></p>	<p><b>No</b></p>	<p><b>Reasons</b></p>
<p><b>Section 9: Monitoring</b></p>			
<p><b>(9.1)</b> Please detail how you will <b>monitor</b> the effect of the policy/proposal for impact in terms of <b>equality of opportunity, good relations, disability duties and human rights</b>?</p>			
<p>Please sign /date and forward to the Equality and Planning Team for consideration - <a href="mailto:Lesley.Jamieson@belfasttrust.hscni.net">Lesley.Jamieson@belfasttrust.hscni.net</a>.</p> <p><b>Equality screenings are completed with information provided by the policy / proposal author subject to advice and assistance from the Trust's Equality Managers.</b></p> <p><b>Please note that Completed and Signed Screening Templates are public documents and are posted on the Trust's website.</b></p>			
<p><b>Approved Lead</b></p>			<p><b>Countersigned by:</b></p>

<b>Officer</b>			
<b>Position</b>		<b>Equality Manager</b>	
<b>Date</b>		<b>Employment Equality Manager</b>	

