

Equality, Good Relations and Human Rights SCREENING TEMPLATE

****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	Paediatric Emergency Management of Hyperkalaemia For Patients aged 16 years and under						
(1.2) Status of policy/proposal <i>(please underline)</i>	<u>New</u>		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	Surgery & Specialist Services	<u>Specialist Hospitals & Women's Health</u>	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>True hyperkalaemia is a rare but life threatening emergency. The incidence of hyperkalaemia in the paediatric population is largely unknown. It can be a serious and potentially life threatening condition and may necessitate urgent intervention that often precedes complete investigation of the cause. The causes are wide ranging but the clinical priority involves stabilising the cardiac membrane, treating the raised potassium and investigating the cause.</p> <p>This guideline will aim to define a standard for the safe and consistent management of paediatric patients with hyperkalaemia in Royal Belfast Hospital for Sick Children (RBHSC).</p> <p>The aim of this document is to define how hyperkalaemia in paediatric patients should be identified by it's clinical feature. Once identified this policy will guide on implementation of best</p>						

	<p>practice for treated and especially how to limit the potentially serious adverse effects that can be associated with this treatment.</p> <p>As hyperkalaemia is a medical emergency, treatment will be provided which is in the best interest of the child or young person. Where able, parental/guardian/young person's consent/assent will be obtained prior to medication administration.</p> <p>Due to the need for emergency use of this policy, availability of usual reasonable adjustments to support accessibility will be limited i.e. restricted time to arrange interpreters. However the service is committed to equitable and accessible service provision, and will arrange accessible communication support when the clinical situation for the young person has been stabilised (to include leaflets if appropriate for service user/carer).</p> <p>The BHSCT is committed to ensuring that patients whose first language is not English receive the information they need and are able to communicate appropriately with healthcare staff. It is not appropriate to use children to interpret for family members who do not speak English. The healthcare professional will utilise the NI Health and Social Care Interpreting Service Procedure for Booking Interpreters – Emergency/Out Of Hours service</p>
<p>(1.5) Who owns the policy/proposal? Where does it originate? For example: DoH / HSCB</p>	<p>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>This guideline applies to all paediatric patients in RBHSC with hyperkalaemia aged 16 years and under.</p> <p>All medical, nursing and pharmacy staff of all grades must be familiar with this policy, in particular those working in Paediatric ICU, Renal and Emergency departments.</p>
<p>(1.7) Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other</p>	<p>Clinical leads in Paediatric Emergency Medicine, Nephrology, Critical Care and Pharmacy have</p>

stakeholders when screening this policy/proposal.	been consulted in the formation of this policy.
(1.8) Other policies/strategies with a bearing on this policy/proposal For example: internal or regional policies	Treatment of Hyperkalemia in Adults (BHSCT/PtCtCare (14) 2021) https://bhsct.sharepoint.com/sites/Policies/PolicyLibrary/Forms/AllItems.aspx?id=%2Fsites%2FPolicies%2FPolicyLibrary%2FHyperkalaemia%20in%20adults%20%2D%20Treatment%20of%2Epdf&parent=%2Fsites%2FPolicies%2FPolicyLibrary
(1.9) Are there any factors that could contribute to/detract from the intended aim/outcome of the policy/proposal? For example: Financial, legislative	Implementation of policy could be impacted by lack of awareness of the policy and it's contents. All medical, nursing and pharmacy staff of all grades must be familiar with this policy, in particular those working in Paediatric ICU, Renal and Emergency departments. Dissemination: This will be circulated to <ul style="list-style-type: none"> • Consultant staff in RBHSC • Trainee medical staff working in RBHSC • PICU/Renal/ ED/ Theatre Nursing staff / Divisional Nurses • Pharmacists RBHSC and Pharmacists Belfast Trust This guideline will be implemented with immediate effect and training will be provided by the authors to the above groups via trust induction and ward teaching

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? I.e. is there a differential impact for one S75 group rather than the others?		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, Men and Women generally, 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.**

X

It aims to standardise practice and / or achieve best practice based on current evidence.

X

Reasonable adjustments will be made for patients/service users as required including any information e.g. leaflets/letters in accessible/alternative formats

X

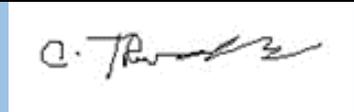
NB: Accessible/ Alternative formats can include, for example, information in easy to read formats or audio formats when the patient/service user has a learning disability or is visually impaired. For advice on making information accessible and inclusive for disabled patients/service users, use the Making 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: Paediatric Critical Care Pharmacist &
 Lead Pharmacist Paediatric Surgery
 Date: 7/6/23



Countersigned by*:
 Equality Manager:
 Catherine Truesdale
 Date: 23/10/23



Please sign / date and forward to the Equality and Planning Team for consideration -

***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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		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. Men and Women generally	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	98%		
	Black/Minority Ethnic	2%		
7. Religion	Roman Catholic	41%		
	Presbyterian Church of Ireland Methodist Other Christian	42%		
	Buddhist Hindu Jewish Muslim Sikh Other None	17%		
8. Political Opinion Based on total elected candidates in the local government elections, 2019		Belfast	Lisburn & Castlereagh	
	DUP	15	15	
	SF	18	2	
	SDLP	6	2	
	UUP	2	11	
	APNI	10	9	
	Green	4	1	
	PBP	3	0	
	IND	0	0	
	PUP	2	0	

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 2022)	Staff affected by the Policy/Proposal %	
1. Age	16-24 25-34 35-44 45-54 55-64 65+	6% 23% 25% 23% 19% 3%		
2. Dependant Status	Dependants No Dependants Not known	18% 24% 58%		
3. Disability	Yes No Not known	2% 65% 33%		
4. Men and Women	Female	76%		

generally	Male	24%		
5. Marital Status	Married/ Civil P'ship Single Other/ Not known	45% 28% 27%		
6. Race a) Ethnicity	BME White Not Known	4% 68% 29%		
b) Nationality	GB Irish Northern Irish Other Not known	20% 15% 2% 1% 62%		
7. Religion a) Community Background	Protestant Roman Catholic Neither	35% 45% 20%		

b) Religious Belief	Christian Other No religious belief Not known	30% 1% 10% 59%		
8. Political Opinion * 2011 Assembly election	Broadly Nationalist Broadly Unionist Other Do not wish to answer/ Unknown Not known	7% 6% 8% 78%		
9. Sexual Orientation	Opposite sex Same sex or both sexes Do not wish to answer	43% 1% 56%		

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
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	Major	Minor	None	severity of the equality impact (where Major or Minor Impact identified)
Age				
Dependant Status				
Disability				
Men and Women generally				
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 consideration of alternative policies or actions that
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		Major	Minor	None	might lessen the severity of the equality impact (where Major or Minor Impact identified)
Age					
Dependant Status					
Disability					
Men and Women generally					
Marital Status					
Race	Ethnicity				
	Nationality				
Religion	Community Background				
	Religious Belief				
Political Opinion					
Sexual Orientation					
Multiple Identity e.g. female staff with caring responsibilities					

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

<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>	
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Section 7: Human Rights

Belfast Health and Social Care Trust is committed to providing the **highest attainable standard of physical and mental health** within our resources.

Does the policy/proposal **negatively impact** on any of the following human rights?
 The rights particularly relevant in the delivery of health and social care are emboldened below. Examples for these rights and further information can be found in the [Equality Screening Toolkit](#).

Article	Yes	No
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		
1 st protocol Article 2 – Right of access to education		
(7.1) Outline any actions you will take to promote awareness of human rights and 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)
(8.2) If you have identified any impact, what mitigation have you considered to address this?			
(8.3) Do you think the policy/proposal should be subject to	Yes	No	Reasons

<p>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>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 Officer</p>		<p>Countersigned by:</p>	
<p>Position</p>	<p>Paediatric Critical Care Pharmacist & Lead Pharmacist Paediatric Surgery</p>	<p>Equality Manager</p>	
<p>Date</p>	<p>7/6/23</p>	<p>Employment Equality Manager</p>	

