

Equality, Good Relations and Human Rights Screening Template

*****Completed Screening Templates are public documents and will be posted on the Trust's website*****

See [Guidance Notes](#) for further background information on the relevant legislation and for help in answering the questions on this template (follow the links).

(1) Information about the Policy/Proposal

(1.1) Name of the policy/proposal

Kawasaki Disease – Diagnosis and Management in Childhood

(1.2) Is this a new, existing or revised policy/proposal?

Revised

(1.3) What is it trying to achieve (intended aims/outcomes)?

- These guidelines provide guidance to all nursing and medical staff involved in the care of infants or children with suspected Kawasaki disease.
- Kawasaki disease is of unknown aetiology and most frequently affects infants and young children. It is a multisystem vasculitic disease affecting medium sized muscular arteries.

(1.4) Are there any Section 75 categories (see list in 3.1) which might be expected to benefit from the intended policy/proposal?

- The policy has been written to meet the needs of all Section 75 categories and in particular infants and children.

(1.5) Who owns and who implements the policy/proposal - where does it originate, for example DHSSPS, HSCB?

The Trust implements the Policy



(1.6) Are there any factors that could contribute to/detract from the intended aim/outcome of the policy/proposal/decision? (Financial, legislative or other constraints?)

Trust Staff not being aware of the policy may hinder the intended outcome.

(1.7) Who are the internal and external stakeholders (actual or potential) that the policy/proposal/decision could impact upon? (staff, service users, other public sector organisations, , trade unions, professional bodies, independent sector, voluntary and community groups etc)

Internal stakeholders: Trust Staff

External stakeholders: Service users, family and carers

(1.8) Other policies with a bearing on this policy/proposal (for example regional policies) - what are they and who owns them?

- Modified from RBHSC Clark Clinic (Paediatric Cardiology) Guideline 2013
- Diagnosis, Treatment, and Long-Term Management of Kawasaki Disease A Scientific Statement for Health Professionals from the American Heart Association Circulation 2017;135:e927-e999 with corrections Circulation 2019;140:e181-e184
- Management of Kawasaki disease Eleftheriou D, Levin M et al Archiv Dis Child 2014;99:74-83
- BNF for Children 2020-2021
- National Institute for Health Care Excellence (NICE) Fever in under 5s [A] Evidence review for signs and symptoms predicting Kawasaki disease – accessed 17/2/23



(2) Available evidence

Evidence to help inform the screening process may take many forms. What evidence/information (both qualitative and quantitative) have you gathered to inform this policy? Specify details for relevant Section 75 categories.

Details of evidence/information

- A comprehensive review of research and available guidelines was undertaken to produce this policy (see above) to adopt best practice principles.

(3) Needs, experiences and priorities

(3.1) Taking into account the information above what are the different needs, experiences and priorities of each of the Section 75 categories and for both service users and staff.

Category	Needs, experiences and priorities	
	Service users	Staff
Gender	Female 55.50% Male 44.50%	Female 81.22% Male 18.78%
Age	0 -16 10% 16 -19 3% 20 - 29 9% 30 - 45 19% 46 - 59 20% 60 + 39%	0-15 0% 16 – 19 0.53% 20-29 16.39% 30-45 40.00% 46-59 33.49% 60+ 9.59%
Religion	Not Routinely collected for this service. Consideration has been given to Trust service user profile as below and council voting patterns. Protestant 50.52% Roman Catholic 27.90% Other 0.82% None 14.65% Not Known 6.11%	Protestant 42.99% Roman Catholic 25.90% Other 0% None 23.02% Not Known 8.10 %
Political Opinion	Not routinely collected. Council voting patterns below are considered. Ards & North Down council area return a unionist majority Lisburn and Castlereagh council area return a unionist majority Newry, Mourne & Down council area return a nationalist majority	Broadly Nationalist 3.03% Broadly Unionist 8.24% Do not wish to answer 11.09% Other 5.35% Not known 72.29%
Marital Status	Not routinely collected. Trust population profile is considered as below Single 31.7% Married 51.64% Divorced 6.01% Widowed 6.85% Separated 3.70% Other 0.1%	Single 32.16% Married 56.31% Divorced 3.47% Widowed 0.53% Separated 1.56% Other / Not Known 5.98%
Dependent Status	Not Routinely collected. Trust population profile is considered as below. Households with dependent children - 33.38%	Child or children 13.00% Dependant older 2.98% A person with disability 1.89% None 10.54%

		Other/Not Known 72.30%
Disability	<p>Not Routinely collected</p> <p>Trust population profile is considered as below.</p> <p>Households with one or more persons with a limiting long term illness 19.82%</p>	<p>No 25.84%</p> <p>Yes 1.32%</p> <p>Not known 72.85%</p>
Ethnicity	<p>Not Routinely collected</p> <p>Trust population profile is considered as below.</p> <p>Black African 0.1%</p> <p>Irish Traveller 0.04%</p> <p>Bangladeshi 0.06%</p> <p>Pakistani 0.04%</p> <p>Black Caribbean 0.03%</p> <p>Mixed Ethnic Group 0.35%</p> <p>Chinese 0.26 %</p> <p>White 98.50%</p> <p>Indian 0.25%</p> <p>Other 0.3 %</p>	<p>Black African 0.06%</p> <p>Irish Traveller 0.03%</p> <p>Bangladeshi 0.01%</p> <p>Pakistani 0.03%</p> <p>Black Caribbean 0.01%</p> <p>Mixed Ethnic Group 0.05%</p> <p>Chinese 0.05%</p> <p>White 30.63%</p> <p>Indian 0.43%</p> <p>Other 0.33%</p> <p>Filipino 0.37%</p> <p>Not known 68.00%</p>
Sexual Orientation	<p>Not Routinely collected</p> <p>Trust population profile is considered as below</p> <p>Estimated 10% of population is LGBTQ+. Equates to estimated 168,527 of the NI population i.e. possibly one in 10 in terms of clientele/service user.</p> <p>data source Rainbow Project July 2008</p>	<p>Opposite sex 26.19%</p> <p>Do not wish to answer 1.54%</p> <p>Both sexes / Same Sex 0.58%</p> <p>Not known 71.70%</p>

(3.2) Provide details of how you have involved stakeholders, views of colleagues, service users and staff etc when screening this policy/proposal.

Paediatricians SEHSCT

Pharmacy SEHSCT

Virology Belfast Link Laboratories Trust Staff

(4) Screening Questions

You now have to assess whether the impact of the policy/proposal is major, minor or none. You will need to make an informed judgement based on the information you have gathered.

(4.1) What is the likely impact of equality of opportunity for those affected by this policy/proposal, for each of the Section 75 equality categories?				
Section 75 category	Details of policy/proposal impact		Level of impact? Minor/major/none	
	Services Users	Staff	Service users	Staff
Gender	Female 55.50% Male 44.50%	Female 81.22% Male 18.78%	None	None
Age	0 -16 10% 16 -19 3% 20 - 29 9% 30 - 45 19% 46 - 59 20% 60 + 39%	0-15 0% 16 – 19 0.53% 20-29 16.39% 30-45 40.00% 46-59 33.49% 60+ 9.59%	None	None
Religion	Not Routinely collected for this service. Consideration has been given to Trust service user profile as below and council voting patterns. Protestant 50.52% Roman Catholic 27.90% Other 0.82% None 14.65% Not Known 6.11%	Protestant 42.99% Roman Catholic 25.90% Other 0% None 23.02% Not Known 8.10 %	None	None
Political Opinion	Not routinely collected. Council voting patterns below are considered. Ards & North Down council area return a unionist majority Lisburn and Castlereagh council area return a unionist majority Newry, Mourne & Down council area return a nationalist majority	Broadly Nationalist 3.03% Broadly Unionist 8.24% Do not wish to answer 11.09% Other 5.35% Not known 72.29%	None	None
Marital Status	Not routinely collected. Trust population profile is considered as below Single 31.7% Married 51.64% Divorced 6.01% Widowed 6.85% Separated 3.70% Other 0.1%	Single 32.16% Married 56.31% Divorced 3.47% Widowed 0.53% Separated 1.56% Other / Not Known 5.98%	None	None

Dependent Status	Not Routinely collected. Trust population profile is considered as below. Households with dependent children - 33.38%	Child or children 13.00% Dependant older 2.98% A person with disability 1.89% None 10.54% Other/Not Known 72.30%	None	None
Disability	Not Routinely collected Trust population profile is considered as below. Households with one or more persons with a limiting long term illness 19.82%	No 25.84% Yes 1.32% Not known 72.85%	None	None
Ethnicity	Not Routinely collected Trust population profile is considered as below. Black African 0.1% Irish Traveller 0.04% Bangladeshi 0.06% Pakistani 0.04% Black Caribbean 0.03% Mixed Ethnic Group 0.35% Chinese 0.26 % White 98.50% Indian 0.25% Other 0.3 %	Black African 0.06% Irish Traveller 0.03% Bangladeshi 0.01% Pakistani 0.03% Black Caribbean 0.01% Mixed Ethnic Group 0.05% Chinese 0.05% White 30.63% Indian 0.43% Other 0.33% Filipino 0.37% Not known 68.00%	None	None
Sexual Orientation	Not Routinely collected Trust population profile is considered as below Estimated 10% of population is LGBTQ+. Equates to estimated 168,527 of the NI population i.e. possibly one in 10 in terms of clientele/service user. data source Rainbow Project July 2008	Opposite sex 26.19% Do not wish to answer 1.54% Both sexes / Same Sex 0.58% Not known 71.70%	None	None

(4.2) Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories?

Section 75 category	Please provide details
Gender	<p>The Trust remains committed to embracing diversity, promoting good relations and challenging sectarianism and racism to ensure service users and staff enjoy equality of opportunity and access to health and social care in a welcoming and safe environment.</p> <p>The Trust has an ongoing strategy of staff training and engagement via e-learning or face to face if safe and appropriate to do so.</p> <p>Also see 7.4 for consideration and mitigation</p>
Age	As above
Religion	As above
Political Opinion	As above
Marital Status	As above
Dependent Status	As above
Disability	As above
Ethnicity	As above
Sexual Orientation	As above

(4.3) To what extent is the policy/proposal likely to impact on good relations between people of different religious belief, political opinion or racial group? minor/major/none

Good relations category	Details of policy/proposal impact	Level of impact Minor/major/none
Religious belief	The Trust is committed to ensuring that staff and patients have equality of access to services and feel welcome, comfortable and safe accessing all Trust facilities, irrespective of race, religion or political opinion.	The Trust has in place its Good Relations statement which is displayed on staff and service user notice boards.

Political opinion	As above	As above
Racial group	As above	As above

(4.4) Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?

Good relations category	Please provide details
Religious belief	<p>The Trust remains committed to embracing diversity, promoting good relations and challenging sectarianism and racism to ensure service users and staff enjoy equality of opportunity and access to health and social care in a welcoming and safe environment.</p> <p>The Trust has an ongoing strategy of staff training and awareness raising and the e-learning module 'Making a Difference' is available for staff. The Trust has recommenced face to face training where it is safe and appropriate to do so. Consideration is being given to a blended approach to delivery of training utilizing a variety of delivery methods including virtual and remote technology. On the basis of the information available, there is nothing to indicate that these changes would engender any adverse impact in regard to the promotion of good relations.</p>
Political opinion	As above
Racial group	<p>As above and additionally:</p> <p>As indicated previously, it is important that the Trust continues to translate essential information. Trust staff are cognisant of the ethical reasons for ensuring that patients who are not proficient in English as a first or second competent language are provided access to services including access to the system in an appropriate language. Telephone interpreting or face-to-face interpreting for appointments facilitates effective and safe communication. The Trust has arranged for written information on implementation to be provided in alternate languages for service users as required.</p> <p>The Trust is encouraging staff to continue accessing telephone interpreting services as appropriate.</p> <p>The promotion of Good Relations is an integral part of the Trust's commitment to improve the health and wellbeing of all our staff and in line with our Good Relations Statement, we strive to ensure that all staff irrespective of religion, race or political opinion feel safe, welcomed and comfortable in work.</p>

(5) Consideration of Disability Duties

(5.1) How does the policy/proposal encourage disabled people to participate in public life and promote positive attitudes towards disabled people?

- The Trust is committed to ensuring equality of opportunity for all service users and staff in terms of disability and complies with all relevant Disability legislation, including the Disability Discrimination Act 1995 and the United Nations Convention on the Rights of People with Disabilities.
- The Trust Disability Action Plan 2024 – 2029 promotes these two duties. Additionally, the Trust has policies, procedures and strategies in place aimed at encouraging disabled people to participate in public life and promote positive attitudes towards disabled people.
- Consideration has been given to the profile of staff and/or service users affected by the proposal including those with a disability.
- All staff must complete mandatory training on equality, human rights and good relations which includes awareness of disability duties. As this is available online, staff are being encouraged to complete online if possible at this present time.

(6) Consideration of Human Rights

(6.1) Does the policy/proposal affect anyone's Human Rights?

Complete for each of the articles

Article	Positive impact	Negative impact = human right interfered with or restricted	Neutral impact
Article 2 – Right to life	X		
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			X
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			X
Article 5 – Right to liberty & security of person			X
Article 6 – Right to a fair & public trial within a reasonable time			X

Article 7 – Right to freedom from retrospective criminal law & no punishment without law			X
Article 8 – Right to respect for private & family life, home and correspondence.			X
Article 9 – Right to freedom of thought, conscience & religion			X
Article 10 – Right to freedom of expression			X
Article 11 – Right to freedom of assembly & association			X
Article 12 – Right to marry & found a family			X
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			X
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			X
1 st protocol Article 2 – Right of access to education			X

Please note: If you have identified potential negative impact in relation to any of the Articles in the table above, speak to your line manager and/or Equality Unit. It may also be necessary to seek legal advice.

(6.2) Please 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.

The right to the highest attainable standard of health is to be realised progressively over time and the Trust as a public authority must use the maximum available resources to fulfil the right.

The Trust recognises that equality does not mean treating everyone the same but treating everyone according to their needs.

At this time the e-learning module on Equality, Diversity, Human Rights and Good Relations is promoted however face to face training programmes can and are facilitated if safe and appropriate to do so.



(7) Screening Decision

(7.1) given the answers in Section 4, how would you categorise the impacts of this policy/proposal?

Major impact	
Minor impact	
No impact	X

(7.2) Do you consider the policy/proposal needs to be subjected to ongoing screening

Yes	
No	X

(7.3) Do you think the policy/proposal should be subject to and Equality Impact Assessment (EQIA)?

Yes	
No	X

(7.4) Please give reasons for your decision and detail any mitigation considered.

The Trust has carried out an equality screening of the 'Kawasaki Disease – Diagnosis and Management in Childhood' Policy and has not identified any potential adverse impact for any of the Section 75 Categories. The Trust has identified that this policy will have a beneficial impact on infants and children by providing guidance for staff.

If the aims of the policy are achieved there will be potential positive impact under the Human Rights Act Article 2, Right to Life.

The Trust is committed to monitoring the implementation of this Policy and will carry out a further equality screening when the policy is reviewed every two years. The Trust will consider any potential adverse impact which may be identified, and can upgrade to a full EQIA if required.



(8) Monitoring

Please detail how you will monitor the effect of the policy/proposal for equality of opportunity and good relations, disability duties and human rights?

- This guideline will be reviewed every two years.
- An Audit of this guideline will be carried out.
- Feedback from staff
- Service user feedback
- Complaints and Compliments

Approved Lead Officer: Dr K Dunlop/Dr K Courtenay

Position: Consultant Paediatrician
Associate Clinical Director for
Paediatrics

Date: 8 November 2024

Policy/proposal screened by: Dr K Courtenay

Please forward completed schedule to:

Susan Thompson

Equality Manager

e: susan.thompson@setrust.hscni.net