

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

Massive Transfusion Protocol

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

This is a revision of current policy to include published evidence and recently available clinical practice guidelines

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

This protocol aims to provide health care personnel with a comprehensive framework to guide them in the recognition of massive haemorrhage, activation of the Massive Transfusion Protocol and initial management of the patient presenting with life threatening bleeding.

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

Majority of service users affected by this protocol are represented in all section 75 categories and will benefit from it.
Those service users under 16 will have a separate protocol.



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

This directive originates from DoH following a national alert

This policy was introduced to ensure compliance with NPSA/2010/RRR017
- The transfusion of blood and blood components in an emergency.

It is owned by the South Eastern Health and Social Care Trust and was endorsed by the Hospital Transfusion Committee.

(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?)

Resistance from service users and potentially their families who refuse blood component transfusion

Service users who require transfer to a hospital with critical care facilities

This protocol should ensure better outcomes for majority of patients through emergency supply of blood in life threatening situations

(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)

This policy impacts all staff groups within the hospital setting and service users.

Staff in hospital setting

Service users, families, NIBTS, NIAS, private taxi services, DoH, NI Transfusion committee

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

- British Society for Haematology: (BSH) (2015) A practical guideline for the hematological management of major haemorrhage
- NPSA/2010/RRR017 The transfusion of blood and blood components in an emergency.
- National Patient Safety Agency (NPSA) (2006) *Safer Practice Notice 14: Right Patient, Right Blood.*
- Transfusion Policy (Adult) SET/PtCare (140)2013
- Traceability of Blood Components and Blood Products Policy SET/PtCtCare(129) 2013
- Patient Identification Policy SET/PtCtCare(154)2014
- External transfer of patients between SET Hospitals or to other Trusts Policy SET/PtCtCare(204)2015

(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

- Evidence was obtained from National Guidelines,
- Regional discussions at NITC
- Directive from DoH following a national alert - NPSA/2010/RRR017 The transfusion of blood and blood components in an emergency
- Review of activations by the SET HTC of the Massive Transfusion Protocol within South Eastern Health and Social care Trust 2016-2018

(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 51.25% Male 48.75%	Female 83% Male 17%
Age	All users of this protocol are over 16 Patients less than 16 years of age require separate guidance 80% of service users in SETrust area are over 16	16-24 5 % 25-34 30% 35-44 25% 45-54 25% 55-64 14% 65+ 1% Staff require guidance on massive transfusion if patient is less than 16 years. This is available in the Paediatric Transfusion Policy which is currently being devised.
Religion	Protestant 50.52% Roman Catholic 27.90% Other 0.82% None 14.65% Not Known 6.11% Some patients may refuse to accept a blood transfusion. In this event a Bloodless care pathway is available	Protestant 43% Roman Catholic 21% Other/Not Known 36%
Political Opinion	Not collected Local council voting preferences are considered with 2 out of 3 council areas return a unionist	Broadly Unionist 3% Broadly Nationalist 10% Do not wish to answer 13% Other 6% Not known 68% Local council voting preferences are considered with

	majority	2 out of 3 council areas return a unionist majority
Marital Status	Single 31.7% Married 51.64% Divorced 6.01% Widowed 6.85% Separated 3.70% Other 0.1%	Single 32.71% Married 61.13% Divorced 2.25% Widowed 0.43% Separated 1.04% Other 0.5% Not known 1.94%
Dependent Status	Households with dependent children 33.38%	Child or children 18% Dependant older 3% A person with disability 2% None 12% Other/not known 65%
Disability	Household with one or more persons with a limiting long term illness 19.82%	Not known 67% No 31% Yes 1%
Ethnicity	Black African 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 % Filipino 0.06%	Black African 0.1% Irish Traveller 0.08% Bangladeshi 0.03% Pakistani 0.03% Black Caribbean 0.03% Mixed Ethnic Group 0.13% Chinese 0.18% White 35.26% Indian 0.66% Other 0.61% Filipino 0.45% Not known 62.47%
Sexual Orientation	Estimated 10% of population is LGBT equates to estimated 168,527 of the NI population i.e. possibly one in 10 in terms of clientele/service user–	Opposite sex 29.9% Do not wish to answer 1.18% Not known 67.9% LGBT 0.48%

	data source Rainbow Project July 2008	
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(3.2) Provide details of how you have involved stakeholders, views of colleagues, service users and staff etc when screening this policy/proposal.

- Review of all activations of the protocol 2016-2018.
- Discussed at Hospital Transfusion Committee and Hospital Transfusion Team
- There is representation of all areas of transfusion among members of HTC and HTT
- Scrutiny panel included persons from various categories listed in 3.1
- This protocol is a review of the current protocol and no concerns have been raised.

(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	
Gender	Female 51.25% Male 48.75%	Female 83% Male 17%	None / None
Age	All users of this protocol are over 16 Patients less than 16 years of	16-24 5 % 25-34 30% 35-44 25% 45-54 25%	Minor / None

	<p>age require separate guidance</p> <p>80% of service users in SETrust area are over 16</p>	<p>55-64 14% 65+ 1%</p> <p>Staff require guidance on massive transfusion if patient is less than 16 years. This is available in the Paediatric Transfusion Policy which is currently being devised.</p>	
Religion	<p>Protestant 50.52%</p> <p>Roman Catholic 27.90%</p> <p>Other 0.82%</p> <p>None 14.65%</p> <p>Not Known 6.11% Some patients may refuse to accept a blood transfusion. In this event a Bloodless care pathway is available</p>	<p>Protestant 43% Roman Catholic 21% Other/Not Known 36%</p>	Minor / None
Political Opinion	<p>Not collected</p> <p>Local council voting preferences are considered with</p> <p>2 out of 3 council areas return a unionist majority</p>	<p>Broadly Unionist 3% Broadly Nationalist 10% Do not wish to answer 13% Other 6% Not known 68%</p> <p>Local council voting preferences are considered with</p> <p>2 out of 3 council areas return a unionist majority</p>	None / None
Marital Status	<p>Single 31.7%</p> <p>Married 51.64%</p> <p>Divorced 6.01%</p> <p>Widowed 6.85%</p> <p>Separated 3.70%</p> <p>Other 0.1%</p>	<p>Single 32.71% Married 61.13% Divorced 2.25% Widowed 0.43% Separated 1.04% Other 0.5% Not known 1.94%</p>	None / None
Dependent Status	<p>Households with dependent children</p>	<p>Child or children 18% Dependant older 3% A person with disability 2% None 12%</p>	None / None

	33.38%	Other/not known 65%	
Disability	Household with one or more persons with a limiting long term illness 19.82%	Not known 67% No 31% Yes 1%	None / None
Ethnicity	Black African 0.1% 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 % Filipino 0.06%	Black African 0.1% Irish Traveller 0.08% Bangladeshi 0.03% Pakistani 0.03% Black Caribbean 0.03% Mixed Ethnic Group 0.13% Chinese 0.18% White 35.26% Indian 0.66% Other 0.61% Filipino 0.45% Not known 62.47%	None / None
Sexual Orientation	Estimated 10% of population is LGBT 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 29.9% Do not wish to answer 1.18% Not known 67.9% LGBT 0.48%	Minor / 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 services in a welcoming and safe environment.</p> <p>The Trust has an ongoing strategy of staff training and engagement</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		<p>This protocol means that all patients who present with a life threatening haemorrhage will receive blood components. However when the patient's wishes are made known that they do not wish to receive blood staff</p>

		must follow the bloodless pathway
Political opinion		None
Racial group		None

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

<i>Good relations category</i>	<i>Please provide details</i>
Religious belief	Liaise with groups of service users when requested to provide advice and guidance and support
Political opinion	None
Racial group	None The trust provides telephone and face to face interpreting services as requested

(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 Disability Action Plan 2018 – 2023 promotes these two duties
- Consideration has been given to the profile of staff and/or service users affected by the proposal including those with a disability
- No specific issues were identified in this proposal re disability duties

(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.

- Human Rights of staff and service users were discussed throughout the screening process specifically Article 9 Right to freedom of thought, conscience & religion. If a patient requires emergency blood transfusion until their wishes are known this protocol will be followed. Immediately once it is known that the patient does not wish a blood transfusion then the transfusion will be discontinued and if appropriate the Bloodless care pathway will be enacted. Article 2 Right to Life was also discussed as this protocol will positively impact on patients and their right to life. Article 8 was also discussed but was viewed to be a neutral impact.

(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	X
No impact	

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

Yes	X
No	

(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.

- This is a revised protocol taking on board advice/guidance from Directive from DoH following a national alert - NPSA/2010/RRR017 The transfusion of blood and blood components in an emergency
- Consideration and discussions have taken place regards patients whose wishes are not yet known at the point of admission to hospital. When the patient's wishes are known that the patient does not wish a blood transfusion then the transfusion will discontinued and if appropriate the Bloodless care pathway will be enacted.
- Patients under the age of 16 will have a separate protocol due to differing physiology
- Patients who are currently gender reassigning from female to male will require during their reassignment to be managed as a female patient as per their current physiology due to clinical considerations.
- Ongoing screening in 12 months is recommended as a method of measuring and monitoring impacts as the protocol is embedded.

(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?

Ongoing screening is recommended to monitor the impact of patients receiving emergency blood transfusions in 12 months

Review of activations by the SET HTC of the Massive Transfusion Protocol within South Eastern Health and Social care Trust

Review each case on an individual basis within the HT team and share learning with relevant departments

Complaints and Compliments



Approved Lead Officer: Louann Birch
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Date: 18/10/18
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