

Accessing Emergency Out of Hours Haemodialysis Standard Operating Procedure

V1.0

July 2025

Table of Contents

1. Introduction	6
2. Purpose of this Standard Operating Procedure	6
2.9. Definitions / Glossary	6
3. Ownership and Responsibilities.....	7
3.1. Role of The Consultant Nephrologist On-Call.....	7
3.2. Role of The Intermediate Trainee /Medical Registrar On-Call	7
3.3. Role of The Specialty Triumvirate	8
3.4. Role of the Service Manager	8
3.5. Role of Clinical Matron	8
3.6. Role of Renal Unit Leader	8
3.7. Role of Critical Care Outreach Team	9
3.8. Role of Clinical Site Manager	9
3.9. Role of Individual Staff	9
4. Standards and Practice	10
4.1. Service Provision.....	10
4.2. Clinical Indications Guidance: AKI.....	10
4.3. Clinical Indications Guidance: ESRF	11
4.4. Contraindications for performing emergency OOHs HD in the Renal Unit at RCHT .	11
4.5. Patient admission	12
4.6. Prescribing and Administration.....	12
4.7. Clinical Observations.....	12
4.8. Documentation	12
4.9. Recognition and escalation of patients attending for OOHs HD.....	13
4.10. Admission to base ward	13
4.11. Knowledge and skills	14
4.12. Limitations	14
5. Dissemination and Implementation.....	14
6. Monitoring compliance and effectiveness	15
7. Updating and Review.....	15
8. Equality and Diversity	15
Appendix 1. Governance Information	16
Appendix 2. Equality Impact Assessment	18

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

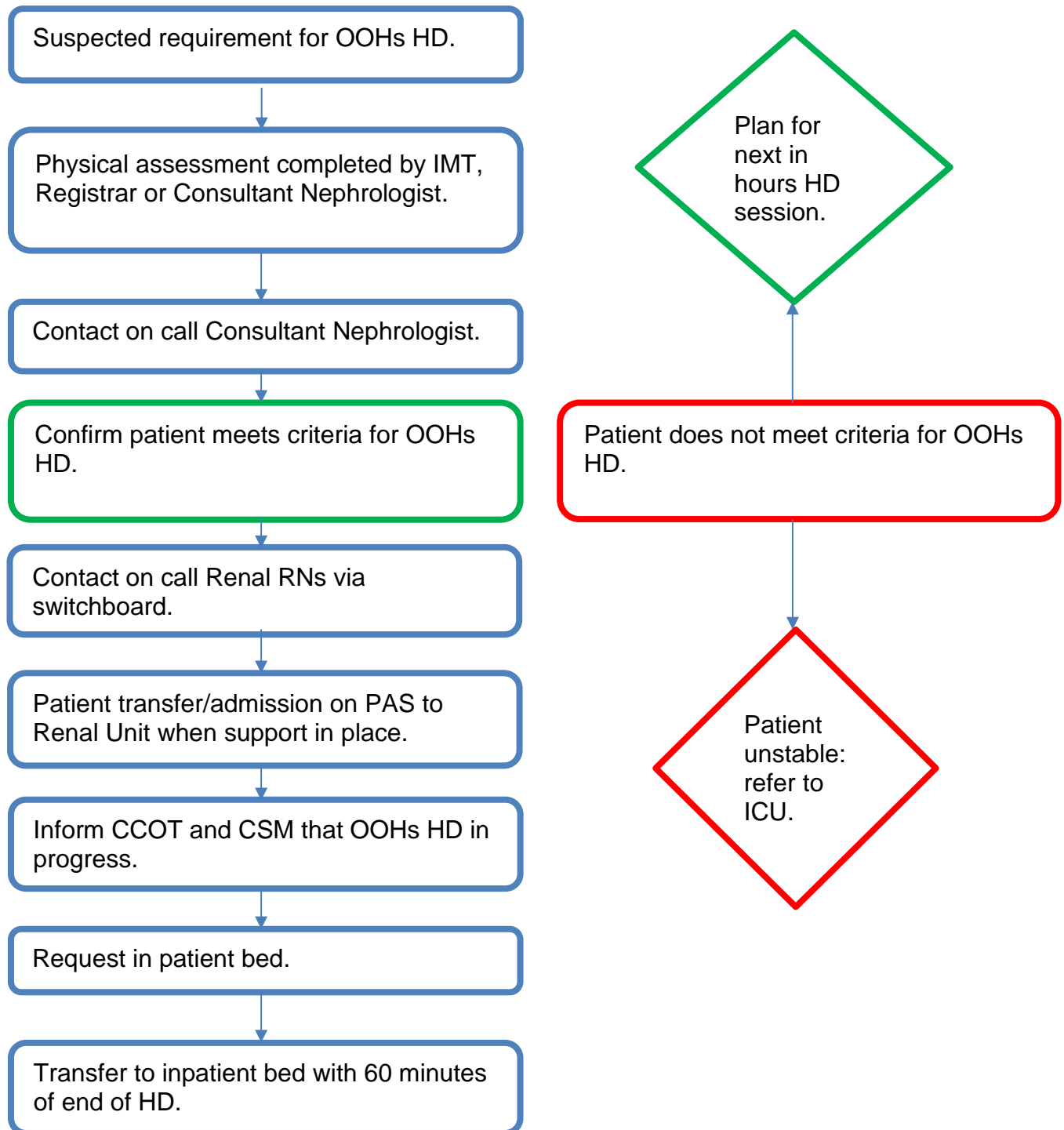
The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

Accessing Emergency Out of Hours Haemodialysis: Flow Chart



Clinical Indications Guidance:

Quick reference

Clinical indications are a guide only and therefore clinical decisions and judgments should be discussed with the on-call Consultant Nephrologist.

Clinical Indications: AKI

- Severe hyperkalaemia ($K^+ \geq 6$ mmol/L), with or without ECG changes, despite appropriate medical management (see “Adult Hyperkalaemia Management Clinical Guideline” in the Trust’s Intranet).
- Severe metabolic acidosis ($pH < 7.2$) despite appropriate medical management (e.g. oral or IV bicarbonate unless otherwise contraindicated).
- Fluid overload/pulmonary oedema not responsive to appropriate medical management (e.g. IV diuretics, morphine, O₂, etc.).
- Symptomatic uraemia (e.g. uremic encephalopathy, severe uremic gastritis, uremic pericarditis, etc.).
- Poisoning (e.g. ethylene glycol, severe lithium poisoning, etc.).
- Other conditions (clinical judgement of the named consultant).

Clinical indication: ESRF

- Severe hyperkalaemia ($K^+ \geq 6$ mmol/L), with or without ECG changes, despite appropriate medical management (see “Adult Hyperkalaemia Management Clinical Guideline” in the Trust’s Intranet).
- Severe metabolic acidosis ($pH < 7.2$) despite appropriate medical management (e.g. oral or IV bicarbonate unless otherwise contraindicated).
- Fluid overload/pulmonary oedema not responsive to appropriate medical management (e.g. IV diuretics, morphine, O₂, etc.).
- Symptomatic uraemia (e.g. uremic encephalopathy, severe uremic gastritis, uremic pericarditis, etc.).
- Other conditions (clinical judgement of the named consultant).

1. Introduction

- 1.1. The Renal Unit at the Royal Cornwall's Hospital Trust (RCHT) provides hemodialysis (HD) to those patients with end stage renal failure (ESRF) or for patients with an acute kidney injury (AKI).
- 1.2. Acute kidney injury (AKI) is a sudden deterioration of kidney function, caused by, for example, dehydration, sepsis or heart attack and is associated with about 100,000 deaths every year in hospital in the UK. 68.2% of people with an episode of AKI required a hospital stay, with mortality rates within 30 days increased to 27% in adults 75 years and over from 2018 to 2022.

(UK Renal Registry (2023) Acute kidney injury (AKI) in England – a report on the nationwide collection of AKI warning test scores from 2022)

- 1.3. Whilst many patients recover from an AKI, some are left with chronic kidney disease (CKD) or ESRF.
- 1.4. If AKI is severe, extra corporeal therapies such as HD are required as a lifesaving treatment, often as an emergency. Hence, an out-of-hours emergency service is a necessity.
- 1.5. Patients with End-Stage Renal Failure (ESRF) who receive regular hemodialysis at the Renal Unit at RCHT and the satellite Renal Units at West Cornwall Hospital and Bodmin may become unwell and require emergency HD out of hours.

2. Purpose of this Standard Operating Procedure

- 2.1. This SOP has been designed by the senior nursing team and Consultant Nephrologists to support the safe working and management of patients out of hours on the renal unit at RCHT.
- 2.2. Define the service provision for HD out of hours (OOHs).
- 2.3. Describe the clinical criterion for performing HD out of hours.
- 2.4. Describe the exclusions for performing HD on the Renal Unit out of hours.
- 2.5. Describe the use of supporting systems to ensure patient safety.
- 2.6. Describe a process for escalation of the sick and deteriorating patient whilst receiving HD out of hours.
- 2.7. Provide a pathway for admission to an inpatient area if required.
- 2.8. Ensure that all relevant teams and members of staff know their responsibility in relation to this SOP.

2.9. Definitions / Glossary

- AKI- Acute Kidney Injury.
- AMU - Acute Medical Unit.

- CKD - Chronic Kidney Disease.
- CSM - Clinical Site Manager.
- CCOT- Critical Care Outreach Team.
- ED - Emergency Department.
- ECG – Electrocardiogram.
- ESRF- End Stage Renal Failure.
- HD – Haemodialysis.
- IT- Information Technology.
- IMT- Intermediate Trainee Doctor (1-3).
- OOHs- Out of Hours.
- TEP - Treatment Escalation Plan.
- RN - Registered Nurse.
- Nervecentre / e-obs / e-observations – is the: primary electronic tool to capture observations.

3. Ownership and Responsibilities

The nephrology service is responsible for delivering access to an OOHs haemodialysis service.

The Renal Unit Lead will be supported clinically by the renal Clinical Matron and Clinical Lead for Nephrology.

The Renal Unit Lead is responsible for the day-to-day management of the Renal Unit alongside the rostered Consultant Nephrologist.

3.1. Role of The Consultant Nephrologist On-Call

The Consultant Nephrologist is responsible for:

- To be familiar with this SOP.
- Adherence to this SOP.
- Be cognisant of their role and responsibilities.
- Escalate and report and deviations from this SOP.

3.2. Role of The Intermediate Trainee /Medical Registrar On-Call

The Intermediate Trainee (1-3) (IMT) and Medical Registrar on call is responsible for:

- To be familiar with this SOP.
- Adherence to this SOP.
- Be cognisant of their role and responsibilities.
- Escalate and report and deviations from this SOP.

3.3. Role of The Specialty Triumvirate

Nephrology Clinical Lead, Clinical Matron and Specialty Service Manager are responsible for:

- Ensuring the standards and practices detailed in this SOP are shared with other teams within the organisation.
- Monitoring compliance with this SOP.
- To be a point of escalation for this service.
- To provide senior support to colleagues delivering this service.
- Escalation and resolution of any non-compliance with this SOP.

3.4. Role of the Service Manager

The Service Manager is responsible for:

- Ensuring Consultant Nephrologist cover is available OOHs.
- Being a point of escalation for this SOP.
- Providing senior management support to colleagues operating this service.
- Escalation and resolution of any non-compliance with this SOP.

3.5. Role of Clinical Matron

The Clinical Matron is responsible for:

- Being a point of escalation for this SOP.
- Providing senior nursing support to colleagues operating this service.
- Escalation and resolution of any non-compliance with this SOP.

3.6. Role of Renal Unit Leader

The Renal Unit Leader is responsible for:

- Ensuring the standards and practices detailed in this SOP are shared with the nursing team.
- Ensuring standards of this SOP are adhered to:

- Ensuring appropriate staffing levels are allocated to the service.
- Ensuring that colleagues have the necessary skills to provide this service.

3.7. Role of Critical Care Outreach Team

The Critical Care Outreach Team (CCOT) is responsible for:

- Being familiar with this SOP.
- Responding to escalations as per Recording of Physical Observations and News2 in Adults Clinical Policy.
- Supporting the safe transfer of patients when required as per the Safe Transfer of Patients Between care Areas or Hospitals Policy.

3.8. Role of Clinical Site Manager

The Clinical Site Manager (CSM) is responsible for:

- Being familiar with this SOP.
- Adhering to this SOP.
- Identification and allocation of an inpatient base ward bed.
- Supporting the safe transfer of patients when required as per the Safe Transfer of Patients Between care Areas or Hospitals Policy.
- To support the safe and timely transfer of patients requiring admission to either a base ward or other acute admitting area.

3.9. Role of Individual Staff

All staff members are responsible for:

- To be aware of this SOP.
- Ensuring they are maintaining the knowledge and skills to deliver this service.
- To ensure standards of this SOP are adhered to.
- Be cognisant of their role and responsibilities.
- To escalate any deviations from this SOP.
- Incident report any safety concerns via the trust incident reporting system.

4. Standards and Practice

4.1. Service Provision

- 4.1.1. An emergency/out-of-hour HD service will be provided in the Renal Unit RCHT from 17:00- 08:00 Monday to Friday, Saturday and Sunday from 08:00 to 08:00 the following day, including bank holidays.
- 4.1.2. This service will be supported by a Consultant Nephrologist and 2 Registered Nurses who are competent in delivering HD.
- 4.1.3. This service will be supported by the on call IMT/ Medical Registrar.
- 4.1.4. Emergency out-of-hour HD can only be requested by the on-call Consultant Nephrologist.
- 4.1.5. The patient must have an in person clinical assessment undertaken by the on-call Consultant Nephrologist or IMT/Medical Registrar prior to request for emergency OOHs HD.
- 4.1.6. In person clinical assessments made by the on call IMT/ Medical Registrar must be discussed with the on-call Consultant Nephrologist (available via switchboard).
- 4.1.7. A treatment escalation plan (TEP) should be completed for all patients prior to attending for emergency OOHs HD by the on call IMT/Medical Registrar or the on-call Consultant Nephrologist.
- 4.1.8. The Renal Unit Registered Nursing staff-on-call will be contacted via switchboard.
- 4.1.9. Emergency OOHs HD will be performed in the Renal Unit at RCHT.

4.2. Clinical Indications Guidance: AKI

Clinical indications are a guide only and therefore clinical decisions and judgments should be discussed with the on-call Consultant Nephrologist.

- Severe Hyperkalaemia ($K^+ \geq 6$ mmol/L), with or without ECG changes, despite appropriate medical management (see “Adult Hyperkalaemia Management Clinical Guideline” in the Trust’s Intranet).
- Severe metabolic acidosis ($pH < 7.2$) despite appropriate medical management (e.g. oral or IV bicarbonate unless otherwise contraindicated).
- Fluid overload/pulmonary oedema not responsive to appropriate medical management (e.g. IV diuretics, morphine, O₂, etc.).
- Symptomatic uremia (e.g. uremic encephalopathy, severe uremic gastritis, uremic pericarditis, etc.).
- Poisoning (e.g. ethylene glycol, severe lithium poisoning, etc.).
- Other conditions (clinical judgement of the named consultant).

4.3. **Clinical Indications Guidance: ESRF**

Clinical indications are a guide only and therefore clinical decisions and judgments should be discussed with the on-call Consultant Nephrologist:

- Severe hyperkalaemia ($K^+ \geq 6$ mmol/L), with or without ECG changes, despite appropriate medical management (see “Adult Hyperkalemia Management Clinical Guideline” in the Trust’s Intranet).
- Severe metabolic acidosis ($pH < 7.2$) despite appropriate medical management (e.g. oral or IV bicarbonate unless otherwise contraindicated).
- Fluid overload/pulmonary oedema not responsive to appropriate medical management (e.g. IV diuretics, morphine, O₂, etc.).
- Symptomatic uremia (e.g. uremic encephalopathy, severe uremic gastritis, uremic pericarditis, etc.).
- Other conditions (clinical judgement of the named consultant).

4.4. **Contraindications for performing emergency OOHs HD in the Renal Unit at RCHT**

Clinical indications are a guide only and therefore clinical decisions and judgments should be discussed with the on-call Consultant Nephrologist.

- Hemodynamically unstable patient (systolic BP ≤ 90 mmHg, e.g. recent acute coronary syndrome, etc.). This minimizes the risk of severe and potentially life-threatening intra-dialytic hypotension with HD. Chronic dialysis patients with congestive heart failure and chronically low systolic BP might not fulfil this criterion and be suitable for OOH HD in the renal unit.
- Patient with multi-organ failure.
- Patient with acute cerebral events, especially if associated with cerebral oedema and intracranial hypertension.
- Patient with large fluid removal requirements.
- Patients with severe ongoing metabolic acidosis.
- Patients refuse treatment (following capacity assessment).
- Patients are under the age of 16 years old.
- All patients with contraindications must be discussed with Intensive Care. Consultant on call for consideration for Haemofiltration (HF) in Intensive Care.

4.5. Patient admission

All patients must be either:

- a) Admitted on PAS/CORE by the admitting unit (ED/AMU).
- b) Or transferred by the base ward on Swiftplus to the Renal Unit if from another base ward.

4.6. Prescribing and Administration

- 4.6.1. A dialysis prescription must be completed on Vital Data prior to start of treatment, to include, length of treatment, ultrafiltration required, type of dialysate, dialyser size, anticoagulation, bicarbonate setting and dialysate temperature.
- 4.6.2. The Consultant Nephrologist is responsible for reviewing and prescribing any regular or emergency medications on the patient's electronic prescription.
- 4.6.3. Critical or urgent medication administration requests must be communicated verbally to the Renal Unit Registered Nursing staff by the prescribing clinician.
- 4.6.4. Registered Nursing team must check the electronic prescribing and administration chart regularly for any critical or urgent medications and/or regular medications.
- 4.6.5. Standards for verbal orders and administration in exceptional circumstances must be completed in line with **The Medicines Policy Chapter 5: Preparation and Administration.**

4.7. Clinical Observations

- 4.7.1. All patients must have a full set of clinical observations recorded on Nervecentre prior to commencing treatment by the responsible Registered Nurse.
- 4.7.2. Clinical observations must be completed and recorded on Nervecentre throughout the duration of treatment and at the end of treatment by the responsible Registered Nurse.

4.8. Documentation

- 4.8.1. A treatment escalation plan (TEP) should be documented and available in the patient medical record.
- 4.8.2. A record of the patients HD treatment must be recorded on vital data by the responsible Registered Nurse.
- 4.8.3. All in patients must have their HD treatment documented in the medical record by the responsible Registered Nurse.

- 4.8.4. In the event of system failure, a paper medical record, clinical observation chart and prescription chart must be used to document any treatments by all clinicians involved in the care of the patient.

4.9. **Recognition and escalation of patients attending for OOHs HD.**

Patients who require emergency OOHs HD are sick and at high risk of rapid deterioration. The Renal Unit at RCHT is isolated and therefore staff and patients have increased vulnerability.

- 4.9.1. The Critical Care Outreach Team (CCOT) must be informed when a patient attends for OOHs HD by the Renal Unit Nurse in Charge.
- 4.9.2. The Clinical Site Manager (CSM) must be advised when a patient attends for OOHs HD by the Renal Unit Nurse in Charge.
- 4.9.3. Escalation of a deteriorating patient should be completed through the escalation screens within Nervecentre in line with the **Recording of Physical Observations and News2 in Adults Clinical Policy**.
- 4.9.4. NEWS2 is not the only indicator of clinical deterioration in patients, and this can be more complex with multiple comorbidities and complex health conditions, therefore 'soft signs' of deterioration such as patient not feeling well, relative or family concern must not be ignored (Marthas Rule). **NHS England: Managing acute physical deterioration through the 'prevention, identification, escalation, response' (PIER) approach.**
- 4.9.5. The structured tool SBAR (situation, background, assessment and recommendation) should be used to facilitate clear and concise communication and documented in the medical record.
- 4.9.6. An escalation of care action label should be completed and placed in the medical record by the staff member making the escalation.

4.10. **Admission to base ward**

- 4.10.1. The Consultant Nephrologist must inform the on call IMT/Medical Registrar that the patient requires admission to an inpatient ward.
- 4.10.2. The Renal Unit nursing team to request inpatient bed at earliest opportunity providing estimated time of end of dialysis session.
- 4.10.3. The CSM to allocate a base ward bed to be ready with 60 minutes of end of HD treatment.
- 4.10.4. In the absence of an available in base ward bed the patient must transfer to the Acute Medical unit (AMU).
- 4.10.5. The Registered Nursing team must complete a structured handover using the appropriate trust handover form.

4.11. Knowledge and skills

- 4.11.1. All Registered Nursing staff have received training and are competent and up to date on the use of dialysis equipment/medical devices and accessories.
- 4.11.2. All Registered Nursing staff must be educated and competent in cannulation and surveillance of vascular access sites.
- 4.11.3. Registered Nursing staff are competent and up to date on the use of central venous haemodialysis catheters access such lines.
- 4.11.4. Where emergency central venous access is required the LocSSIP Guideline for: Central Lines- Renal must be followed - [Link](#)

4.12. Limitations

- 4.12.1. In exceptional circumstances when this service is unable to be delivered, the on-call Consultant Nephrologist and IMT/Medical Registrar will be required to escalate any treatment interventions with the appropriate clinical area, i.e. Intensive Care.
- 4.12.2. In exceptional circumstances if this service is unable to operate the Service Manager must escalate to the care group General Manager.
- 4.12.3. Any inability to deliver this service should be incident reported via the Trust's incident reporting system.

5. Dissemination and Implementation

- 5.1. This document will be available on the organisations' document library.
- 5.2. There will be a hard copy located on the Renal Unit at RCHT.
- 5.3. This SOP will be shared within specialty at business and governance and the wider specialist service and surgery care group via care board.
- 5.4. The Renal Unit leader and Clinical Lead for Nephrology will be responsible for the implementation of this SOP.
- 5.5. This document will be shared to the wider organisation via Care Group Governance Leads.
- 5.6. The document will be shared with the on call Medical SHO/registrar roster by the Clinical Lead for Nephrology.

6. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Nonadherence to this SOP. Patient experience.
Lead	Renal Unit Lead and Speciality Governance Lead.
Tool	Incident reporting system (Datix). Patient Experience Team (PET).
Frequency	Ongoing monitoring via Datix and PET. Monthly reporting via Speciality Business and Governance meetings.
Reporting arrangements	Incidents to be reported at business and governance. The governance lead and Clinical Matron will report nonadherence to SOP at Speciality Business and governance.
Acting on recommendations and Lead(s)	The Care group Governance systems are responsible for interrogating required actions and to designate a named lead where appropriate.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within negotiated time frames. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders. Actions will be where appropriate will be documented on the incident reporting system with named lead, time frame and lead.

7. Updating and Review

This SOP will be reviewed every 3 years or earlier depending on local or national guidance.

8. Equality and Diversity

8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity FAnd Inclusion Policy](#) or the [Equality and Diversity website](#).

8.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Accessing Emergency Out of Hours Haemodialysis Standard Operating Procedure V1.0
This document replaces (exact title of previous version):	New Document.
Date Issued / Approved:	July 2025.
Date Valid From:	July 2025.
Date Valid To:	July 2028.
Author / Owner:	Clair Stansfield: Clinical Matron. Giorgio Gentile: Clinical Lead. Mihaela Gunjaca: Renal Governance Lead.
Contact details:	07385407585.
Summary of contents:	Describe the process for accessing and delivering haemodialysis out of hours, escalation processes and transfer post treatment.
Suggested Keywords:	Haemodialysis. Out of hours.
Target Audience:	RCHT: Yes CFT: No CIOB ICB: No
Executive Director responsible for Policy:	Chief Medical Officer.
Approval route for consultation and ratification:	Care Group Governance Meeting, Specialty Business and Governance Meeting.
Manager confirming approval processes:	Ian Moyle-Browning, Head of Nursing (HoN), Specialist Services and Surgery.
Name of Governance Lead confirming consultation and ratification:	Michele Reed.
Links to key external standards:	None required.

Information Category	Detailed Information
Related Documents:	LocSSIP Guideline for: Central Lines- Renal. Recording of Physical Observations and News2 in Adults Clinical Policy. The Medicines Policy Chapter 5: Preparation and Administration.
Training Need Identified:	No.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Renal.

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
July 2025	V1.0	New document.	Clair Stansfield, Clinical Matron. Giorgio Gentile,. Clinical Lead. Mihaela Gunjaca, Governance Lead.

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or group of people.

For guidance, please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team.

rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Accessing Emergency Out of Hours Haemodialysis Standard Operating Procedure V1.0
Department and Service Area:	Renal Unit. Specialist Services and Surgery.
Is this a new or existing document?	New.
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Clair Stansfield ,Clinical Matron.
Contact details:	07385 407585.

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	To provide a structured process for the delivery of haemodialysis out of hours. Describing how to access the OOHs service, and the escalation processes for the team delivering the service.
2. Policy Objectives	To support staff to deliver OOHs HD safely and recognise when how and who to escalate concerns.
3. Policy Intended Outcomes	To deliver an OOHs HD service that is safe for patients and staff.
4. How will you measure each outcome?	Incident reporting system. Patient safety reporting systems.
5. Who is intended to benefit from the policy?	All users.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	<ul style="list-style-type: none"> • Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: Yes • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: <ul style="list-style-type: none"> • Anaesthetics Critical Care and Theatres. • Clinical Site Manager. • Acute and Emergency Medicine.
6c. What was the outcome of the consultation?	Approved.
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys: No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	

Protected Characteristic	(Yes or No)	Rationale
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Clair Stansfield, Clinical Matron.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:

[Section 2. Full Equality Analysis](#)