

# 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	Patient's Handed-In Property Policy						
(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>	<u>Nursing and User Experience</u>	Un-scheduled and Acute Care	Surgery & Specialist Services	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>Belfast Health and Social Care Trust (BHSCT) aims to be one of the safest, most effective and compassionate health and social care organisations and staff deliver services in accordance with this goal.</p> <ul style="list-style-type: none"> <li>• This policy sets out the Belfast Trust policy and procedures for the management and safekeeping of patients' property handed in for safekeeping in wards and departments.</li> <li>• It aims to provide clear standardised guidance and approach on policy and practices for staff about their responsibilities on the receipt, documentation, custody, transfer, return and disposal of patients' personal property.</li> <li>• It aims to safeguard the interests of patients and protect staff and the Trust</li> <li>• It aims to ensure that patients and/or their carers will be informed of measures to be taken to protect their property before and/or at the time of their admission.</li> <li>• The policy is a more comprehensive policy than the previous version divided into clear sections detailing procedures for – definitions of property/valuables; patient admission, transfer, short-term leave; and discharge; receiving, recording,</li> </ul>						

	<p>depositing of property; patients lacking capacity; patients' clothing; return of property and deceased patients; unclaimed, lost or damaged property; patients own medications, illicit substances/property seized by police; exceptional circumstances such as the Covid-19 pandemic. The policy has been informed by an evidence base and government and finance guidance/policy documents and on analysis of commonly occurring incidents and complaints involving patients' property.</p> <ul style="list-style-type: none"> <li>•</li> <li>• NIAS and the Police service of Northern Ireland were consulted regarding relevant sections of the policy.</li> <li>• The policy will be rolled out through Divisional Nurse management structures and disseminated through induction programmes, safety briefs and team meetings</li> <li>• The policy will be promoted as a new policy on the Hub.</li> <li>• Service Users will be made aware of the policy through patient information leaflets/booklets and informed at clinics and upon admission. This will be made available in accessible formats</li> <li>• Reference to patients' property can be included in patient information on the Trust's public facing website. A patient property disclaimer notice (regarding property not handed-in) has been developed to be displayed in all areas. A Covid-19 specific Standard Operating Procedure is in development. The policy will not impact on how services are delivered or on working patterns.</li> </ul>
<p><b>(1.5) Who owns the policy/proposal?</b>  <b>Where does it originate?</b>  For example: DoH / HSCB</p>	<p>Belfast Health and Social Care Trust</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 bodies, independent, voluntary or community sector or others.</p>	<p>Actual service users Families and Carers, Staff and Managers  The Chair of the Unions advised that the policy did not require staff side involvement.</p>
<p><b>(1.7) Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other</b></p>	<p>This policy applies to all Belfast Trust employees, paid and unpaid, bank and agency staff, and departments who have responsibility for the handling, recording, custody and return of patients' personal property. Staff from the various staff groups to whom the</p>

<p><b>stakeholders when screening this policy/proposal.</b></p>	<p>policy applies have been consulted with via their senior managers. At various stages of development the policy was emailed to relevant senior managers in clinical areas, finance, infection control, bereavement, pharmacy, risk, governance, complaints, and PCSS teams and divisional nurses for discussion with their teams to seek feedback. Phone call discussions were held with managers in the above groups, mortuary staff, staff side, PSNI. The policy was reviewed by Directorate of Legal services. A leaflet will be developed for patients about care of their property and made available in different formats to ensure that patients or carers will have this in an accessible format.</p>
<p><b>(1.8 ) Other policies/strategies with a bearing on this policy/proposal</b> For example: internal or regional policies</p>	<p>HFMA (2016) Patients' Monies and Belongings. 3<sup>rd</sup> Edition. Bristol: Healthcare Financial Management Association.</p> <p>BHSCT Finance Department. Patients' Private Property: Written Procedures for Acute Hospitals.</p> <p>BHSCT Medicines Code (2017) <a href="http://intranet.belfasttrust.local/policies/Documents/Hospital%20Medicines%20Code.pdf">http://intranet.belfasttrust.local/policies/Documents/Hospital%20Medicines%20Code.pdf</a>.</p> <p>BHSCT Controlled Drugs Policy-Inpatient Areas (2017) (SG 01/11) <a href="http://intranet.belfasttrust.local/policies/Documents/Controlled%20Drugs%20Policy%20-%20Inpatient%20Areas.pdf">http://intranet.belfasttrust.local/policies/Documents/Controlled%20Drugs%20Policy%20-%20Inpatient%20Areas.pdf</a>.</p> <p>Patients' Finances and Private Property – Policy for Inpatients within Mental Health and Learning Disability Hospitals (2015) (SG 09/15). <a href="http://intranet.belfasttrust.local/policies/Documents/Patients'%20Finances%20and%20Private%20Property%20-%20Policy%20for%20Inpatients%20within%20Mental%20Health%20and%20Learning%20Disability%20Hospitals.pdf">http://intranet.belfasttrust.local/policies/Documents/Patients'%20Finances%20and%20Private%20Property%20-%20Policy%20for%20Inpatients%20within%20Mental%20Health%20and%20Learning%20Disability%20Hospitals.pdf</a>.</p> <p>Management of Residents' Finances and Private Property, Older Peoples Residential Homes (2016) (SG 72/16). <a href="http://intranet.belfasttrust.local/policies/Documents/Residential%20Homes%20for%20Older%20People%20-%20Policy%20for%20Staff%20Working%20in%20Trust.pdf">http://intranet.belfasttrust.local/policies/Documents/Residential%20Homes%20for%20Older%20People%20-%20Policy%20for%20Staff%20Working%20in%20Trust.pdf</a>.</p>

	<p>Mental Capacity Act (NI) (MCA, NI) (2016): Deprivation of Liberty Safeguards (DOLS) (2019).  Belfast Trust's MCA Guidance (November 2019)  PHA information leaflet 'Laundry advice for patients and visitors'  <a href="http://intranet.belfasttrust.local/directorates/nue/Documents%20%20IPC/LaundryLeaflet0416.pdf">http://intranet.belfasttrust.local/directorates/nue/Documents%20%20IPC/LaundryLeaflet0416.pdf</a>.  Guidance on Actions to be Taken after a Patient's Death in Hospital (2018) ( SG 04/09).  <a href="http://intranet.belfasttrust.local/policies/Documents/Death%20-%20Guidance%20on%20actions%20to%20be%20taken%20after%20a%20patient's%20death%20in%20hospital.pdf">http://intranet.belfasttrust.local/policies/Documents/Death%20-%20Guidance%20on%20actions%20to%20be%20taken%20after%20a%20patient's%20death%20in%20hospital.pdf</a>.</p>
<p><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>	<p>Sufficient knowledge of the policy – we will ensure that staff are made aware of this through staff briefings, induction and via the Trust hub. The Trust will disseminate the policy widely and monitor the policy robustly to minimise the risk of staff not being aware of the policy and their responsibilities therein.</p>

**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:	Una St Ledger Nursing Development Lead Acute Services	Countersigned by*: Equality Manager: Date:	
--	--	--	--

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)
		Belfast / Castlereagh population	Service users affected %	
1. Age	0-15	22%		The policy covers admission to inpatient general wards and departments, outpatient departments, emergency departments, transfer within departments and/or patient discharge to home/other organisations. Therefore people from any group may be impacted – how it is envisaged that this will be a positive impact in that it standardises practice and ensures good governance in terms of patients' property
	16-24	11%		
	25-34	12%		
	35-44	14%		
	45-54	14%		
	55-64	12%		
	65+	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		We know that carers will be impacted by this policy in that their dependent's property will be secure when they are in a hospital setting. Many carers and their loved ones will be encouraged to take property home for safekeeping so the policy will only be applied in the event that this is not possible.
<b>3. Disability</b>	Yes No	21% 79%		<ul style="list-style-type: none"> <li>• It is important that there is accessible communication with people with disabilities about this policy – this could include people with dementia, learning disabilities or sensory support needs. Any reasonable adjustments required to support people with disabilities will be made including the provision of inclusive communication to ensure they fully understand the details of support being provided.</li> <li>• Patients' own personal mobility aids such as walking frames, crutches and wheel chairs will be labelled with the patient's name and details, available for their use and transferred or discharged with patients. For people who lack capacity</li> <li>• It must be assumed that all patients have the capacity to make a decision about the safekeeping of their property.</li> <li>• Situations may arise, where a patient lacks capacity to make decisions about their property, either on admission (for example patient brought unconscious into the emergency department or has cognitive impairment) or at any time during their stay (for example, a patient's level of consciousness decreases, becomes increasingly confused/disorientated, or enters into a coma). In such situations, the Trust automatically assumes responsibility of the property.</li> <li>• Staff are required to follow procedures in assessing and recording capacity in line with the Mental Capacity Act (NI) (MCA, NI) (2016): Deprivation of Liberty Safeguards (DOLS) (2019) and the Belfast Trust's MCA Guidance (November 2019).</li> </ul>

				<ul style="list-style-type: none"> <li>• If a patient has been assessed and deemed by staff to lack capacity, personal property and valuables should be taken into safekeeping in the patient's best interests and recorded and catalogued</li> <li>• Actions taken by staff to protect a patient's property can be considered to be related to their 'care and treatment' and may thus be protected from liability, provided there is no negligence in the handling of the property.</li> <li>• Before taking a patient's property into safe custody, staff should consider whether property can be handed over to next-of-kin or in the case of longer-term lack of capacity if there is anyone with authority to make decisions on behalf of the patient.</li> </ul>
<b>4. Gender</b>	Female Male	49% 51%		It is acknowledged that women tend to live longer than men and as we age, there is an increased risk of disability. It is not however envisaged that this policy will have a differential impact in terms of gender. It will be applied equitably.
<b>5. Marital Status</b>	Married/Civil P'ship Single Other/Not known	34.21% 46.6% 19.19%		There is no evidence to suggest that this policy will impact differentially on any person in terms of their marital status.
<b>6. Race Ethnicity</b>	White Black/Minority Ethnic	98% 2%		The Race Relations (NI) Order (1997) and The Northern Ireland Act (1998) sets a legal imperative the Trust to address the needs of all their minority ethnic groups. The Trust acknowledges that people from different cultures or minority ethnic groups may have diverse beliefs or cultural norms in regard to certain items of property. It is important that there is interpreter provision for people who are not proficient in English and that any relevant reading materials are made available in minority ethnic languages.
<b>7. Religion</b>	Roman Catholic	41%		Spiritual healthcare is an integral aspect of healthcare. Total care includes care for the physical, social, psychological and spiritual dimensions of the person. Different cultures

<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%		and faiths have a variety of views on health, ill health, birth, dying and death. We need to be aware of the diversity which will affect their path and outcome of treatment.  Consideration must be taken into account for cultural items left on the body of deceased patients and for those patients without capacity who may wish to retain property
	Buddhist Hindu Jewish Muslim Sikh Other None	17%		Cultural awareness and competence in regard to these matters will help to ensure no differential or adverse impact in terms of religious belief.
	DUP SF SDLP UUP APNI Green PBP IND PUP	13 19 4 6 8 1 1 5 3		The policy will not impact adversely or differentially on the basis of political opinion.
		<i>Based on Council seats on Belfast City Council * Excludes Castlereagh</i>		

<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>		On the basis of the information available, there is no impact in term of people of different sexual orientations.
------------------------------	---	--	--	---

**(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.

		<b>Quantitative Data</b>	<b>Qualitative Data</b>
--	--	--------------------------	-------------------------

Equality Category	Groups	Belfast Trust workforce (@January 2019)	Staff affected by the Policy/Proposal %	This is staff guidance for correct handling and documentation of patient's property
1. Age	16-24 25-34 35-44 45-54 55-64 65+	4% 24% 25% 26% 18% 3%		n/a
2. Dependant Status	Dependants No Dependents Not known	20% 16% 64%		n/a
3. Disability	Yes No Not known	2% 63% 35%		n/a
4. Gender	Female Male	77% 23%		n/a
5. Marital Status	Married/ Civil P'ship Single Other/ Not known	52% 32% 16%		n/a

<b>6. Race</b> a) Ethnicity	BME White Not Known	4% 72% 25%		n/a
b) Nationality	GB Irish Northern Irish Other Not known	18% 11% 2% 1% 68%		n/a
<b>7. Religion</b> a) Community Background	Protestant Roman Catholic Neither	40% 49% 11%		n/a
b) Religious Belief	Christian Other No religious belief Not known	28% 1% 9% 62%		n/a

<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%		n/a
<b>9. Sexual Orientation</b>	Opposite sex Same sex or both sexes Do not wish to answer	41% 2% 57%		n/a

#### 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	
<b>Age</b>			X	It is not envisaged that this will have an impact in terms of age except that the policy may be applied more frequently as older people tend to become more frequent users of HSC as they age.
<b>Dependant Status</b>		X		It is envisaged that this will impact on carers but in a positive way in that there will be more robust governance and harmonisation of practice in regard to documentation and handling of patient's property

<b>Disability</b>		X		Use of Sign Language interpreters and alternative formats for information as well as consideration of reasonable adjustments for people with disabilities will ensure that there is not an adverse impact as a result of the policy. It is of paramount importance that essential aids such as glasses or hearing aids are not removed as this would cause detriment and loss of dignity for the patient and would hinder effective communication. The Policy robustly sets out steps in regard to compliance with the Mental Capacity legislation.
<b>Gender</b>			X	It is not envisaged that there will be any differential impact in regard to gender.
<b>Marital Status</b>			X	It is not envisaged that there will be any differential impact in regard to marital status.
<b>Race (Ethnicity)</b>		X		It is important to be mindful of the need to provide an ethnic minority interpreter for people who are not proficient in English and similarly to provide information in different languages. Staff must be cognisant of different cultural norms and rituals in regard to healthcare and some items of property may be considered essential to remain with the person. It is always best to engage with the patient or their family to ensure that there is a culturally competent response in this regard.
<b>Religion</b>				As aforementioned, it is important to be aware of religious rituals or cultural norms in regard to patients' property.
<b>Political Opinion</b>				It is not envisaged that this policy will have any impact in terms of political opinion.
<b>Sexual Orientation</b>				It is not envisaged that this policy will have any impact in terms of sexual orientation.
<b>Multiple Identity</b> e.g. disabled minority ethnic people or young Protestant men.				
<b>(4.2) STAFF</b>				
<b>Equality Category</b>	<b>Level of Impact</b>			

		Major	Minor	None	Mitigation Measures and Alternative Policies or Actions that might lessen the severity of the equality impact (where Major or Minor Impact identified) Not applicable
<b>Age</b>					
<b>Dependant Status</b>					
<b>Disability</b>					
<b>Gender</b>					
<b>Marital Status</b>					
<b>Race</b>	<b>Ethnicity</b>				
	<b>Nationality</b>				
<b>Religion</b>	<b>Community Background</b>				
	<b>Religious Belief</b>				
<b>Political Opinion</b>					
<b>Sexual Orientation</b>					
<b>Multiple Identity</b> e.g. female staff with caring responsibilities					
<b>Section 5: Good Relations</b>					
Based on the <b>evidence</b> 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				The Trust has a second generation Good Relations strategy entitled Healthy Relations for a Healthy Future which underpins our commitment to providing responsive, accessible and inclusive services regardless of religious belief, political opinion or racial group. HSC Trusts have recently co-developed a regionally consistent HSC good relations statement to set out that we will not tolerate and will actively challenge any form of racism or sectarianism.
Political opinion				
Racial group				

## Section 6: Disability Duties

How does the policy / proposal:

- **encourage disabled people to participate in public life** *and*

All staff must attend mandatory equality, good relations, human rights and disability training. The Making Communication Accessible resource is available for all staff to help them communicate responsively and sensitively with patients and carers who may have a disability

<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>	
--	--

<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>			
<b>Article</b>	<b>Positive impact</b>	<b>Negative impact</b> (Human Right has been interfered with or restricted)	<b>Neutral impact</b>
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			n/a
A7: Right to freedom from retrospective criminal law & no punishment without law			n/a
A8: Right to respect for private & family life, home and correspondence.			n/a
A9: Right to freedom of thought, conscience & religion			n/a
A10: Right to freedom of expression			n/a
A11: Right to freedom of assembly & association			n/a
A12: Right to marry & found a family			n/a
A14: Prohibition of discrimination in the enjoyment of the convention rights			n/a
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	X		
1 <sup>st</sup> protocol Article 2 – Right of access to education			n/a
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>	It is envisaged that this policy will have a positive impact in regard to the 1 <sup>st</sup> protocol Article 1: Right to a peaceful enjoyment of possessions and protection of property through the harmonisation of practice and robust governance and documentation of patients' property.		

<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)	<u>(Screened Out with mitigation)</u>	(Screened Out)
<b>(8.2) If you have identified any impact, what mitigation have you considered to address this?</b>	<b>As previously detailed</b>		

<b>(8.3)</b> Do you consider the policy/proposal needs to be subjected to <b>on-going screening</b> ?	<b>Yes</b>	<b>No</b> <b>X</b>	<b>Reasons</b>
<b>(8.4)</b> Do you think the policy/proposal should be subject to an <b>Equality Impact Assessment (EQIA)</b> ?  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.	<b>Yes</b>	<b>No</b> <b>X</b>	<b>Reasons: Policy will have a positive impact</b>
<b>Section 9: Monitoring</b>  <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> ?	Policy will be monitored in terms of complaints and compliments and any recorded incidents on Datix.		
<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>			
<b>Approved Lead Officer</b>	Una St Ledger		<b>Countersigned by:</b>
<b>Position</b>			Equality Manager Orla Barron
<b>Date</b>	25 <sup>th</sup> March 2021		Employment Equality Manager

