

Equality, Good Relations and Human Rights SCREENING TEMPLATE

Overview of Equality Screening Process

Section 1: Policy Scoping: This notes the background & context of the policy/proposal/decision being screened.

Section 2: Screening Classification: The purpose of this section is to consider the policy/proposal/decision in terms of its relevance and likely impact (actual/potential) on equality of opportunity, disability/good relations duties and human rights. Policies may be screened out at this stage provided they are clinical and/or technical and have no relevance whatsoever to equality, disability/good relations and human rights and have no bearing in terms of its likely impact on equality of opportunity or good relations for people within the equality and good relations categories.

Section 3: Evidence Used to Assess Impact: This section records the quantitative and qualitative data gathered and considered across the 9 protected groups (plus multiple identities) to assess the impact of the policy/proposal/decision on staff and service users.

Section 4: Consideration of Impact & Identification of Mitigation and/or Alternative Policies given the evidence.

Section 5: Good Relations Duties: Based on the evidence gathered the Good Relations duties are considered.

Section 6: Disability Duties: Based on the evidence gathered the Disability Duties are considered.

Section 7: Human Rights: Based on the evidence gathered Human Rights obligations are considered.

Section 8: Screening Decision: In this section, a decision is taken as to whether or not there is a need to carry out an equality impact assessment (EQIA), or to introduce (a) measures to mitigate the likely impact (b) an alternative policy to better promote the duties.

Section 9: Monitoring: identify the steps that will be taken to monitor the policy

Section 10: Approval and Authorisation: The screening decision is verified and approved by a senior manager responsible for the policy. Equality screenings are completed by a senior manager subject to advice/assistance from Trust Equality Managers.

Section 11: Statutory Rural Impact Assessments: Signposting

****Completed Screening Templates are public documents posted on the [Trust Website](#)****

Ref No:

Section 1: Policy Scoping: Information about the Policy / Proposal / Decision

(1.1) Name of the policy/proposal/decision	Treatment of Hypophosphataemia in Adults				
(1.2) Status of policy/proposal/decision	New			Existing	<u>Revised</u>
(1.3) Trust Directorate / Division This policy is applicable in all adult clinical areas except for critical care.	Corporate Services Group (Please specify) <ul style="list-style-type: none"> Performance, Planning & Informatics Finance, Estates & Capital Development HR & Org Development Corporate Comms 	Nursing and User Experience Medical Directorate	Unscheduled Care and Older People's Acute Services	ACCTSS and Surgery Anaesthetics, Critical Care, Theatres and Sterile Services (ACCTSS)	Trauma, Orthopaedics, Rehab Services, Maternity, ENT, Dental and Sexual Health
	Mental Health and Intellectual Disability	<u>Cancer and Specialist Services</u>	Children's Community Services and Social Work	Child Health & NISTAR, Imaging, Medical Physics and Outpatients and Medical Illustration	Adult Community, Older Peoples' Services and Allied Health Professionals
(1.4) Description of the policy/proposal/decision?	<p>This is a revised policy, there no significant changes to the policy. It is an update of the formatting.</p> <p>Background - The reference range for serum phosphate in adults is currently 0.8-1.5mmol/L*. The decision on to how best manage low serum phosphate (hypophosphataemia) is not solely based on the laboratory result and treatment is not always necessary. While hypophosphataemia is often asymptomatic, in a severe presentation it can lead to life threatening complications. There are no recognised guidelines for treating this condition, hence the need for a local clinical guideline.</p>				

	<p>*This range may be subject to change- refer to the Clinical Biochemistry Laboratory User Handbook.</p> <p>Purpose - To have a best practice clinical guideline for the management of adult patients with hypophosphataemia in BHSCT taking into account available phosphate preparations.</p> <p>Objectives - The aim of this policy is to describe recommendations for the treatment of hypophosphataemia including monitoring, review, drug treatment and when to refer.</p> <p>Scope - This is a clinical policy, applicable to all healthcare staff including medical, nursing, dietetic and pharmacy staff involved in the management of adult patients with hypophosphataemia. Adult patients are defined as patients who are 16 years old and above. The policy does not include treatment in critical care (Level 2 and Level 3) settings, nor does it cover the long-term management of patients with phosphate-losing states or patients with complex conditions requiring specialist nutrition input.</p> <p>Dissemination - This will be disseminated to all nursing, medical and pharmacy staff through the line managers. It will also be shared with all associated teaching and training staff. It should be readily accessible on the BHSCT intranet and easily found under the search terms – phosphate, hypophosphataemia, hypophosphatemia, polyfusor, Sandoz, Addiphos. Ideally, where possible, a printed version should be available.</p>
(1.5) Who owns the policy/proposal?	Director, Cancer and Specialist Services
(1.6) Who are the main stakeholders affected?	Patients with hypophosphataemia Staff working with patients with hypophosphataemia All medical, nursing, dietetic, pharmacy and laboratory staff
(1.7) Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other	Consultation with all relevant clinical areas: <ul style="list-style-type: none"> • Renal • Cardiology • GP • Endocrinology and Diabetes

stakeholders when screening this policy/proposal.	<ul style="list-style-type: none"> • Fractures • General Surgery • Nutrition Team • Gastroenterology/Intestinal Failure • Acute Medicine • Emergency Department • Medicine Governance • Medicine Information • Clinical Biochemistry • Haematology • Oncology • Encompass
(1.8) Other policies/strategies with a bearing on this policy/proposal	<p>Medicines Code 2017/updates as applicable. http://intranet.belfasttrust.local/policies/Documents/Medicines Code.pdf</p> <p>References</p> <ol style="list-style-type: none"> 1. Phosphate Sandoz Summary of Product Characteristics. Updated Nov 2022, accessed via emc.medicines.org.uk 2. British National Formulary. Chapter 9 Blood and Nutrition. Section 1.4b.
(1.9) Are there any factors that could contribute to/detract from the intended aim/outcome of the policy/proposal/decision?	<p>Belfast Trust is committed to the full implementation of this policy and through regular monitoring it is anticipated that the aims and objectives of the policy will be fully realised and any factors that could detract from those aims and objectives will be minimised/avoided.</p> <p>Potential factor - unforeseen shortages in the drug products listed in the policy.</p>
Section 2: Screening Classification of the Policy / Proposal /Decision <ul style="list-style-type: none"> • 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/proposal on **equality of opportunity, disability duties, good relations duties and human rights** please **complete the screening questions at 2.1 – 2.6.**

Screening Questions	Yes	No
(2.1) Is there an impact on Equality of Opportunity for those affected by this policy, for each of the S75* equality categories? I.e. is there a differential impact for one S75 group rather than the others?		X
(2.2) Are there better opportunities to promote equality of opportunity for people within the S75* categories?		X
(2.3) Does the policy impact upon Good Relations between people of a different religious belief, political opinion or racial group? (Good Relations Duties)		X
(2.4) Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group? (Good Relations Duties)		X
(2.5) Are there opportunities to encourage disabled people to participate in public life and promote positive attitudes toward disabled people? (Disability Duties)		X
(2.6) Does the policy/proposal impact on human rights ?		X

*S75 protected equality categories include: Age, Dependent Status, Disability, Men and Women generally, Marital Status Ethnicity, Religion, Political Opinion and Sexual Orientation.

Screening Statement

- If you have answered **Yes** to **any** of the above questions (2.1 – 2.6) please **complete Sections 3 – 10**
- If you have answered **No** to **all** of the above questions (2.1 – 2.6) please **complete only 2.7, 2.8 and 2.9**

(2.7) Screening Statement:

This policy is '**screened out**' on the basis that - **please tick all statements** that are appropriate to the policy:

1. It is purely clinical policy and/or is technical in nature and has <u>no relevance</u> or <u>bearing in terms of its likely impact</u> (actual / potential) on equality of opportunity, good relations and for people within these categories and in relation to disability duties, good relations and human rights.	Yes
2. It is a purely clinical policy and/or is technical in nature and aims to standardise practice to achieve best practice based on current evidence.	Yes
3. Other reason: Please provide details.	
<p>(2.8): Statutory Duties – Making Reasonable Adjustments and Accessible Information</p> <p>To complete the equality screening please tick this box to indicate that you have considered <u>and</u> have made explicit reference in the policy to the need to make reasonable adjustments and information accessible.</p> <p>1. The Trust has a statutory duty to make reasonable adjustments in respect of disabled patients/service users/carers/visitors.</p> <p>This includes making all communication (in person, by phone, via email) <i>and</i> any information provided (in writing, verbally) accessible using alternative formats as required. Accessible/ Alternative formats can include, for example, information translated into Easy Read format or into Audio format - when a patient/service user/carer/visitor has a learning disability or is visually impaired. For advice on making information accessible for a person with a disability please refer to the staff guidance Making-Communication-Accessible-for-All-A-guide-for-HSC-Staff</p> <p>2. In addition, if a patient/service user/carer/visitor does not speak English as their first language or has poor English, the Trust has a statutory duty to provide an interpreter and to translate written information. This facilitates informed consent, better understanding and greater independence.</p>	Yes
<p>(2.9) Approval</p> <p>Please sign / date and forward to the Equality and Planning Team for consideration equalityscreenings@belfasttrust.hscni.net</p>	

Lead Responsible Manager: Name: Niamh McGarry Position: Lead Clinical Education Pharmacist Date: 10.11.2023	Countersigned by Equality Manager: Name: Caroline McMenamin Date: 10.11.2023
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Section 3: Evidence used to Assess Impact on Service Users and Staff

This section records the quantitative and qualitative data you have used to consider equality and good relations issues to assess the impact on staff and service users across the 9 protected categories plus multiple identities.

Evidence to help inform the screening process may be quantitative and qualitative. Consideration needs to be given to the different needs, experiences and priorities of each of the categories in relation to the policy / proposal. For example: previous consultations and equality impact assessments (EQIAs), statistics, research, complaints, feedback, referrals, grievances, inspection reports, focus groups, user groups etc. Please also refer to the Equality Commissions' publication: [Section 75 - Using Evidence in Policy Making \(A Signposting Guide\)](https://equalityni.org/section-75-using-evidence-in-policy-making-a-signposting-guide/) (equalityni.org)

(3.1)	Quantitative and Qualitative Data: Service Users				
Equality Category	Service Users	Quantitative Data (Using 2022 census data unless otherwise stated)			Qualitative Data (Needs, Experiences, Priorities)
		Belfast Population only	NI Population	Service Users affected %	
1. Age	0-14 15-24 25-34 35-44 45-54	18.04% 14.57% 15.47% 13.35% 11.85%	19.19% 11.8% 12.74 13.11% 13.27		
		12%	12.73		

	55-64 65-74 75+	7.8% 6.92%	9.3% 7.86%		
2. Dependent Status	Caring for a child dependant, older person or a person with a disability		12.42 % are carers		
3. Disability	Yes* No *Type of disability: <ul style="list-style-type: none"> • Deafness or partial hearing loss • Blindness or partial sight loss • Mobility or dexterity difficulty that requires the use of a wheelchair • Intellectual or learning disability • Learning difficulty • Autism or Asperger Syndrome • Emotional, psychological or mental health condition • Frequent periods of confusion or memory loss • Long term pain or discomfort • Shortness of breath or difficulty breathing • Other condition 		24.33%* 75.67% 5.75% 1.78% 1.48% 0.89% 3.15% 1.86% 8.68% 1.99% 11.58% 10.29% 8.81%		*

4. Men and Women generally	Female Male		50.81% 49.19%		
5. Marital Status	Single Married Civil P'ship Separated Divorced Widowed	49.82% 32.94% 0.26% 4.73% 6.15% 6.1%	38.07% 45.59% 0.18% 3.78% 6.02% 6.36%		
6. Race Ethnicity	White BME	92.95% 7.05%	96.55% 3.45%		
7. Religion	Roman Catholic Presbyterian C.of Ireland Methodist Other Christian Other Religions No Religion Religion not stated	43.46% 12.44% 8.49% 2.86% 5.95% 2.96% 21.67% 2.17%	42.31% 16.61% 11.55% 2.35% 6.85% 1.34% 17.39% 1.6%		
8. Political Opinion Based on total elected	DUP SF	Belfast Council 14 22	C'reagh* 3 2		

<p>candidates in the local government elections 2023</p> <p><i>*Figures extracted from Lisburn and Castlereagh Council 2023.</i></p>	<p>SDLP</p> <p>UUP</p> <p>APNI</p> <p>Green</p> <p>PBP</p> <p>IND</p> <p>Trad UP</p>	<p>5</p> <p>2</p> <p>11</p> <p>3</p> <p>1</p> <p>1</p> <p>2</p>	<p>1</p> <p>1</p> <p>5</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p>		
<p>9. Sexual Orientation</p>	<p>Straight or heterosexual</p> <p>Gay or lesbian</p> <p>Bisexual</p> <p>Other</p> <p>Prefer not to say</p> <p>Not stated</p>	<p>87.1%</p> <p>2.27%</p> <p>1.48%</p> <p>0.32%</p> <p>5.2%</p> <p>3.64%</p>	<p>90.04%</p> <p>1.17%</p> <p>0.75%</p> <p>0.17%</p> <p>4.58%</p> <p>3.30%</p>		
<p>Multiple Identities</p>					<p>Generally speaking, people can fall into more than one Section 75 category. Taking this into consideration, are there any potential impacts of the policy/decision on people with multiple identities?</p> <p><i>(For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people).</i></p>

(3.2) Quantitative and Qualitative Data: Staff

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.

Information will be provided together with analysis and advice by the Employment Equality Team in the Human Resources department.

Quantitative Data: Please contact: **Samantha Whann / Tel: 028 96159615 Email : samantha.whann@belfasttrust.hscni.net**

Qualitative Data: Consider the different needs, experiences and priorities of each of the categories in relation to the policy / proposal / decision. Should any equality / modernisation related issues arise they will be managed through the Organisational Change Framework.

[Click here for Framework](#)

This framework also works alongside other Human Resources policies including for example the Disability and Reasonable Adjustment Framework, the Work Life Balance Policy and Procedure, the Recruitment and Selection Policy and Procedure and Agenda for Change Terms and Conditions Handbook.

Equality Category	Groups	Quantitative Data		Qualitative Data
		Belfast Trust workforce (@January 2023)	Staff affected by the Policy/Proposal /Decision %	
1. Age	16-24 25-34 35-44 45-54 55-64 65+	6% 23% 25% 23% 19% 3%		
2. Dependant Status	Dependants No Dependants Not known	18% 24% 58%		

3. Disability	Yes No Not known	2% 65% 33%		
4. Men and Women generally	Female Male	76% 24%		
5. Marital Status	Married/ Civil P'ship Single Other/ Not known	45% 28% 27%		
6. Race				
a) Ethnicity	BME White Not Known	4% 68% 29%		
b) Nationality	GB Irish Northern Irish Other Not known	20% 15% 2% 1% 62%		

7. Religion				
a) Community Background	Protestant Roman Catholic Neither	35% 45% 20%		
b) Religious Belief	Christian Other No religious belief Not known	30% 1% 10% 59%		
8. Political Opinion <i>* 2011 Assembly election</i>	Broadly Nationalist Broadly Unionist Other Do not wish to answer/ Unknown Not known	7% 6% 8% 78%		
9. Sexual Orientation	Opposite sex Same sex or both sexes Do not wish to answer	43% 1% 56%		
Multiple Identities				<p>Generally speaking, people can fall into more than one Section 75 category. Taking this into consideration, are there any potential impacts of the policy/decision on people with multiple identities?</p> <p><i>(For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people).</i></p>

Section 4: Consideration of Impacts and Identification of Mitigations and/or Alternative Policies

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	
Age				
Dependant Status				
Disability				
Men and Women generally				
Marital Status				
Race (Ethnicity)				
Religion				
Political Opinion				
Sexual Orientation				

Multiple Identities e.g. <i>disabled ethnic minorities</i> <i>or young Protestant men.</i>				
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(4.2) STAFF					
Equality Category		Level of Impact			Mitigation Measures and consideration of alternative policies or actions that might lessen the severity of the equality impact (where Major or Minor Impact identified)
		Major	Minor	None	
Age					
Dependant Status					
Disability					
Men and Women generally					
Marital Status					
Race	Ethnicity				
	Nationality				
Religion	Community Background				
	Religious Belief				
Political Opinion					
Sexual Orientation					

Multiple Identity e.g. female staff with caring responsibilities				
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Section 5: Good Relations				
Based on the evidence collected in Sections 3 & 4:				
<ul style="list-style-type: none"> To what extent is the policy/proposal likely to impact Good Relations i.e. between people of different religious belief, political opinion or racial group? Are there any additional measures that could be suggested to ensure the policy or proposal promotes Good Relations? 				
Good Relations category	Level of impact			Mitigation Measures and Alternative Policies or Actions that might lessen the severity of the equality impact (where Major or Minor Impact identified)
	Major	Minor	None	
Religious belief				
Political opinion				
Racial group				

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Section 6: Disability Duties

How does the policy / proposal:

- **encourage disabled people to participate in public life** *and*
- **promote positive attitudes towards disabled people?**

Consider what **other measures** you could take to meet these **duties**.

For example, have staff received disability equality training.

Section 7: Human Rights

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

(7.1)

Does the policy/proposal/decision negatively impact on any of the following human rights?

The rights particularly relevant in the delivery of health and social care are emboldened below. Examples for these rights and further information can be found in the [Equality Screening Toolkit](#).

Human Rights Articles	Yes	No
A2: Right to life		
A3: Right to freedom from torture, inhuman or degrading treatment or punishment		
A4: Right to freedom from slavery, servitude & forced or compulsory labour		
A5: Right to liberty & security of person		
A6: Right to a fair & public trial within a reasonable time		
A7: Right to freedom from retrospective criminal law & no punishment without law		
A8: Right to respect for private & family life, home and correspondence.		
A9: Right to freedom of thought, conscience & religion		
A10: Right to freedom of expression		
A11: Right to freedom of assembly & association		
A12: Right to marry & found a family		
A14: Prohibition of discrimination in the enjoyment of the convention rights		
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property		
1 st protocol Article 2 – Right of access to education		

If you answered **YES** to any of the above, please refer to the Human Rights Screening Tool below to check if the policy is likely to be human rights compliant.

If the flowchart indicates that the policy is **unlikely** to be human rights compliant, please contact the Planning and Equality team equalityscreenings@belfasttrust.hscni.net

If the flowchart indicates that the policy is **likely** to be human rights compliant, please **continue to section 7.2**.

Human Rights Screening Tool

To be used by staff who have received human rights training or in conjunction with the Planning and Equality Team

(Kindly reproduced with permission from the Northern Ireland Human Rights Commission)

Is there the potential for a negative impact on:

- the human right not to be subjected to torture, inhuman or degrading treatment?
- the human right not to be subjected to slavery or forced labour?

(These are absolute rights and therefore cannot be interfered with)

NO

Will there be a potential negative impact on / interference with any other human rights?

YES

NO

The proposed action is likely to be human rights compliant

- Be aware of any possibility that the proposal may **discriminate** against someone in terms of their human rights.
- Legal advice may still be necessary.
- Things may change and you may need to reassess the situation.

YES

Is the interference with the right **legal**?

Is the interference only to the **extent set out** in the relevant Article?

Is it **necessary, justifiable, proportionate** to the legitimate aim?

(Please note - A public authority must make sure that it tries to **interfere with the right as little as possible**.

Any interference must be **no more than necessary** to achieve the intended objective).

NO

The proposed action is not likely to be human rights compliant

(7.2)

Outline any actions you will take to promote awareness of human rights and evidence that human rights have been taken into consideration in decision making processes:

Section 8: Screening Decision (8.1) How would you categorise the impacts of this policy / proposal? (Please underline one category)	Major (Screened In for an Equality Impact Assessment)		Minor (Screened Out with mitigation)	None (Screened Out)
(8.2) If you have identified any impact, what mitigation has been considered to address this?				
(8.3) Do you think the policy/proposal/decision should be subject to an Equality Impact Assessment (EQIA)? 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.	Yes	No	Reasons A policy/proposal/decision is subject to an EQIA if one or more of the following criteria is met: <ul style="list-style-type: none"> a) The policy is significant in terms of its strategic importance. b) Potential equality impacts are unknown, because, for example, there is insufficient data upon which to make an assessment or because they are complex, and it would be appropriate to conduct an equality impact assessment in order to better assess them. c) Potential equality and/or good relations impacts are likely to be adverse or are likely to be experienced disproportionately by groups of people including those who are marginalised or disadvantaged. d) Further assessment offers a valuable way to examine the evidence and develop recommendations in respect of a policy about which there are concerns amongst affected individuals and representative groups, for example in respect of multiple identities. 	

			<p>e) The policy is likely to be challenged by way of judicial review.</p> <p>f) The policy is significant in terms of expenditure.</p>
<p>Section 9: Monitoring</p> <p>(9.1)</p> <p>Please detail the steps you will take to monitor the effect of the policy/proposal/decision for impact in terms of equality of opportunity, good relations, disability duties and human rights?</p>		<p><i>Belfast Trust is committed to the effective monitoring of this policy so that we can identify any future adverse impact arising from the policy which may lead to conducting an equality impact assessment and with helping with future planning and policy development.</i></p> <p><i>Monitoring will take place by undertaking the following steps:</i></p> <p><i>Please list actions to be taken.</i></p>	
<p>Section 10: Approval and Authorisation</p> <p>Please sign /date and forward to the Planning and Equality team equalitiescreenings@belfasttrust.hscni.net</p> <p>Equality screenings are completed with information provided by the senior responsible manager subject to advice and assistance from Belfast Trust Equality & Planning Managers.</p> <p>**Completed Screening Templates are public documents posted on the Trust Website**</p>			
<p>Lead Responsible Manager</p> <p>Name: Niamh McGarry</p> <p>Position: Lead Clinical Education Pharmacist</p> <p>Date: 7/11/2023</p> <p>This is also on the behalf of Dr Paul Hamilton</p>		<p>Countersigned by: Equality Manager/Employment Equality Manager</p> <p>Name:</p> <p>Position:</p> <p>Date :</p>	
<p>Section 11: Statutory Rural Impact Assessment Duties</p>			

The Trust is legally obliged to take **due regard of the impact** of any policy, proposal or decision on the social and economic needs of people who live in a rural community. This is particularly so when the policy/proposal/decision impacts service users/carers/patients across NI (eg regional service/policy).

Please **tick the box** to indicate that you have paid '**due regard**' to the social and economic needs of the rural community when developing, adopting, implementing or revising policies, strategies and plans *and* when designing and delivering public services and that **a rural impact assessment is not required**.

Yes

OR

Please complete a [Rural Needs Impact Assessment Template](#) rural impact assessment if there is impact on the social and economic needs of people who live in a rural community.

Please go to the: [Rural Impact Assessments Toolkit for HSC NI](#) to find out how to undertake a rural impact assessment.

Contact Estella.Dorrian@belfasttrust.hscni.net for further advice.