

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	Genito-urinary Medicine GUM Clinic – Renaming the waiting areas				
(1.2) Status of policy/proposal/decision	<u>New</u>	Existing			Revised
(1.3) Trust Directorate / Division	Corporate Services Group <i>(Please specify)</i>	Nursing and User Experience	Unscheduled Care and Older People's Acute Services	ACCTSS and Surgery Anaesthetics, Critical Care, Theatres and Sterile Services (ACCTSS)	<u>Trauma, Orthopaedics, Rehab Services, Maternity, ENT, Dental and Sexual Health</u>
	<ul style="list-style-type: none"> Performance, Planning & Informatics Finance, Estates & Capital Development HR & Org Development Corporate Comms 	Medical Directorate			
	Mental Health and Intellectual Disability	Cancer and Specialist Services	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 an Equality Screening for changes to the names of the waiting areas in the GUM clinical in the Royal Victoria Hospital. Since the GUM clinic opened, there have been two waiting areas – male and female. In September last year, the decision was made to change the waiting areas to Zone A and Zone B. There were a number of reasons for this change.</p> <p>Rationale for change:</p> <ul style="list-style-type: none"> The GUM staff team had been discussing the need to change the waiting areas for some time. 				

Although the areas were named male and female, they were never used exclusively for only males or only females. Examples of these are:

- Often a female service user would have their male partner with them for support and vice versa.
 - At times, male service users chose to sit in the 'female' area, as it was quieter and they didn't want to see anyone they knew.
 - At times, there were limited reception staff so everyone was asked to go to one waiting room.
 - When a specific clinic was on one side, those attended were asked to sit in one particular waiting room.
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- The approach used by staff was always to tell service users to '*sit on the side where you feel most comfortable*'
 - A number of service users had reported discomfort with waiting areas named male and female
 - The GUM clinic work closely with the Rainbow Project, who also raised concerns about how transgender-friendly the service was with waiting areas named male and female
 - There was concern that the number of transgender people attending the service were much lower than expected. GUM staff and management were concerned that part of the problem was their waiting areas being explicitly and overtly 'male' and 'female'. There was a reservation that naming the waiting areas male and female created a barrier before people even walked into the service, particularly transgender people.
 - The GUM staff team were conscious that they were the only service in Belfast Trust that had separate waiting areas for male and female.
 - The GUM staff team were also conscious that they were the only GUM clinic in Northern Ireland and the entire UK that had separate waiting areas for male and female.
 - The GUM staff team wanted to make this change to be more inclusive overall and ensure that anyone and everyone who needed their services could do so.

Decision Process:

The GUM staff team had been discussing the need to change the waiting areas for some time informally. They were aware of the feedback from service users and the Rainbow Project and the discomfort the waiting areas were causing for some service users. The item was then placed on the agenda for the Operational Meeting on 30/06/2022. In attendance at the meeting was medical, nursing, pharmacy, health advisor and administration staff. It was unanimously agreed that the waiting areas would be renamed Zone A and Zone B. This would be positive action to become a more welcoming and inclusive service to all. Following this new signage was ordered and on 17/08/2022 the waiting areas were renamed Zone A

	<p>and Zone B.</p> <p>Communication & Feedback:</p> <ul style="list-style-type: none"> • All GUM clinic staff were informed of the decision to rename the waiting areas following the Operations Meeting and all staff welcomed the change and were in support of the decision. • Service users are directed to Zone A or B when they receive correspondence from the GUM clinic. • To date the majority of feedback from services user has been positive, with many thanking the staff and praising the changes. • There has been one complaint received and in response to this, posters have been put at reception which state “If for any reason you feel uncomfortable sitting in any of our waiting areas please ask receptionist to speak with nurse in charge.” This ensures anyone who needs a private area can access one.
(1.5) Who owns the policy/proposal?	Director - Trauma, Orthopaedics, Rehab Services, Maternity, ENT, Dental and Sexual Health
(1.6) Who are the main stakeholders affected?	<ul style="list-style-type: none"> • Actual or potential service users • Carers • All Staff of GUM services • Other related professionals internal/external
(1.7) Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders when screening this policy/proposal.	<ul style="list-style-type: none"> • The GUM staff team had been discussing the need to change the waiting areas for many years. • The views of service users and other agencies were taken into consideration. • The issue was discussed at an operational meeting, in attendance was medical, nursing, pharmacy, health advisor and administration staff. It was unanimously agreed that the waiting areas would be renamed.
(1.8) Other policies/strategies with a bearing on this policy/proposal	N/A
(1.9) Are there any factors that could contribute to/detract	Belfast Trust is committed to the full implementation of this proposal and through regular monitoring it is anticipated that the aims and objectives of the proposal will be fully realised and any factors that could

from the intended aim/outcome of the policy/proposal/decision?	<p>detract from those aims and objectives will be minimised/avoided.</p> <p>Some service users could have an issue with renaming the waiting areas of the GUM services and staff have taken this on-board. If any service user requires an alternative waiting area this can be accommodated, so that the needs of the patient are never compromised.</p>
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Section 2: Screening Classification of the Policy / Proposal /Decision

- 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?	✓	
(2.2) Are there better opportunities to promote equality of opportunity for people within the S75* categories?	✓	
(2.3) Does the policy impact upon Good Relations between people of a different religious belief, political opinion or racial group? (Good Relations Duties)		✓
(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)		✓
(2.5) Are there opportunities to encourage disabled people to participate in public life and promote positive attitudes toward disabled people? (Disability Duties)	✓	
(2.6) Does the policy/proposal impact on human rights ?	✓	

*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 no relevance or bearing in terms of its likely impact (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. | |
| 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. | |
| 3. Other reason: Please provide details. | |

(2.8): Statutory Duties – Making Reasonable Adjustments and Accessible Information

To complete the equality screening please tick this box to indicate that you have **considered** and have made **explicit reference** in the policy to the need to make reasonable adjustments and information accessible.

1. The Trust has a **statutory duty to make reasonable adjustments** in respect of disabled patients/service users/carers/visitors.

This includes making all communication (in person, by phone, via email) *and* 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](#)

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.

(2.9) Approval

Please sign / date and forward to the Equality and Planning Team for consideration equalitiescreenings@belfasttrust.hscni.net

Lead Responsible Manager:

Name:
Position:
Date:

Countersigned by Equality Manager:

Name:
Date:

Section 3: Evidence used to Assess Impact on Service Users and Staff

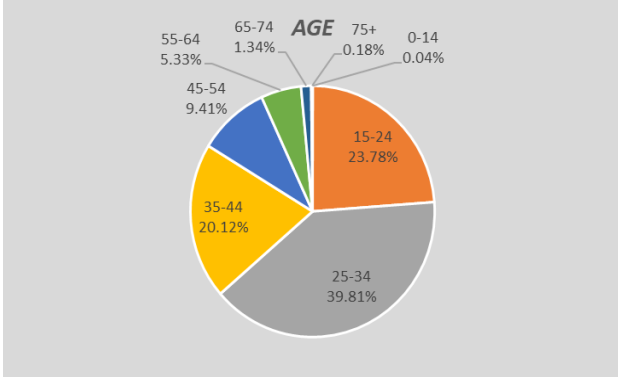
This section records the quantitative and qualitative data you have used to consider equality and good relations issues to assess the impact on staff and service users across the 9 protected categories plus multiple identities.

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 \(A Signposting Guide\) \(equalityni.org\)](https://www.equalityni.org/Section-75-Using-Evidence-in-Policy-Making-A-Signposting-Guide)

(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	18.04%	19.19%	0.04	 <p>NICE Impact Sexual Health Report published in February 2019 informed the greatest impact of STIs are in younger people, with 50% of all new STI diagnoses in people under 25¹.</p> <p>Further to that, STI surveillance in Northern Ireland 2022 Report stated the highest diagnostic rates of the common STIs occur in 16-24 year old females and 20-34 year old males. People aged 16-34 year old account for approximately 80% of new STIs².</p> <p>The correlates with the data the GUM clinic has provided. The largest age groups that attended between October 2022-2023 were 34 and under – 64%. It is therefore likely that younger adults will be impacted. However, the nature of this differential impact is expected to be positive as renaming the waiting areas to Zone A and Zone B is viewed as positive action to</p>
	15-24	14.57%	11.8%	23.78	
	25-34	15.47%	12.74	39.81	
	35-44	13.35%	13.11%	20.12	
	45-54	11.85%	13.27	9.41	
	55-64	12%	12.73	5.33	
	65-74	7.8%	9.3%	1.34	
	75+	6.92%	7.86%	0.18	

¹ <https://www.nice.org.uk/media/default/about/what-we-do/into-practice/measuring-uptake/niceimpact-sexual-health.pdf>

² <https://www.publichealth.hscni.net/sites/default/files/2021-12/STI%20Annual%20Report%202021%20%282020%20data%29.pdf>

					<p>become a more welcoming and inclusive service to all.</p> <p>Engagement and interventions with GUM patients are user friendly and appropriate for the person's age.</p> <p>All leaflets and patient information materials are in simple English format and are approved. There are patient specific groups for support etc. such as positive life and rainbow.</p>
2. Dependent Status	Caring for a child dependant, older person or a person with a disability	12.42 % are carers	Unknown	It is not expected there will be an adverse differential impact in terms of dependent status.	
3. Disability	<p>Yes*</p> <p>No</p> <p>*Type of disability:</p> <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 	<p>24.33%*</p> <p>75.67%</p> <p>5.75%</p> <p>1.78%</p> <p>1.48%</p> <p>0.89%</p> <p>3.15%</p> <p>1.86%</p> <p>8.68%</p>	Unknown	<p>The GUM clinic treats people who are diagnosed with HIV, this is currently 5% of their patients. HIV infection is deemed to be a qualifying disability from the point in time that a person develops the infection. Additionally, in Northern Ireland almost one in five people have a disability³. Therefore the GUM clinic will have a high number of service users who have a disability. However, It is not expected there will be an adverse differential impact in terms of disability. Staff will be mindful of any reasonable adjustments required for service users with disabilities.</p> <p>The changes to the waiting areas should not impact on disability. The changes are to the names of the waiting areas and will now allow anyone with a disability to use either or both waiting areas.</p>	

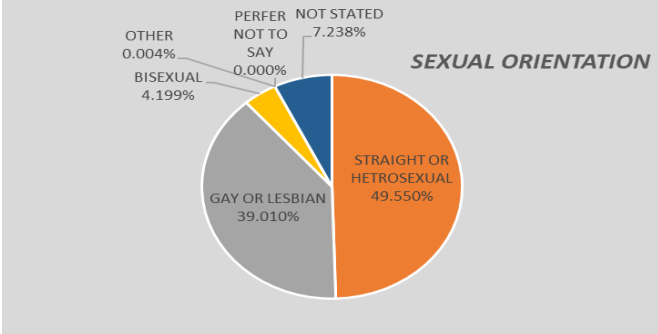
³ <https://www.communities-ni.gov.uk/articles/disability>

	<ul style="list-style-type: none"> mental health condition • Frequent periods of confusion or memory loss • Long term pain or discomfort • Shortness of breath or difficulty breathing • Other condition 	<p>1.99%</p> <p>11.58%</p> <p>10.29%</p> <p>8.81%</p>		<p>Appropriate and inclusive means of communication will be used to communicate with current and new service users and if need be, their carers/families. Staff will be mindful of any reasonable adjustments required for new services users, whether in discussions, explanations or obtaining feedback to maximise the service users understanding of what is happening and to reduce any potential confusion. When information is provided reasonable alternative formats such as information in easy-to-read formats for a patient who has a learning disability, producing information in Braille or audio format. A sign language interpreter must be provided for any patient who requires it.</p>						
<p>4. Men and Women generally</p>	<p>Female Male</p>	<p>50.81%</p> <p>49.19%</p>	<p>29</p> <p>71</p>	<div data-bbox="1267 584 1787 930" data-label="Figure"> <p>A pie chart titled "MEN & WOMEN GENERALLY" showing the gender distribution of GUM patients. The chart is divided into two segments: a larger orange segment representing "MALE" at 71%, and a smaller grey segment representing "FEMALE" at 29%.</p> <table border="1"> <thead> <tr> <th>Gender</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td>71%</td> </tr> <tr> <td>Female</td> <td>29%</td> </tr> </tbody> </table> </div> <p>71% of GUM patients are men. It is therefore more likely that men will be impacted than woman. However, the nature of this differential impact is expected to be positive as renaming the waiting areas to Zone A and Zone B is viewed as positive action to become a more welcoming and inclusive service to all.</p> <p>It is also important to note, there was concern that the number of transgender people attending the service were much lower than expected. GUM staff and management were concerned that part of the problem was their waiting areas being explicitly and overtly 'male' and 'female'. There was a reservation that</p>	Gender	Percentage	Male	71%	Female	29%
Gender	Percentage									
Male	71%									
Female	29%									

					naming the waiting areas male and female created a barrier before people even walked into the service, particularly transgender people. Renaming the waiting areas to Zone A and Zone B is viewed as positive action to become a more welcoming and inclusive service to all, especially transgender people.
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%	Unknown	It is not expected there will be an adverse differential impact in terms of marital status.
6. Race Ethnicity	White BME	92.95% 7.05%	96.55% 3.45%	28 1 71 – not stated	<p>Race/ethnicity is not stated for 71% of GUM patients, it is therefore difficult to ascertain if the other percentages are a true representation of GUM patients.</p> <p>The 'Official Statistics: Sexually transmitted infections and screening for chlamydia in England: 2022 report' stated that people of black ethnicity had the highest diagnosis rates of all ethnic groups, although this varied among the black ethnic groups⁴.</p> <p>There is potential for a differential equality impact in terms of race/ethnicity. However, it is not perceived that the changes to the waiting areas will impact on race/ethnicity.</p> <p>Staff are aware that if service users or their carers do not have</p>

⁴ <https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables/sexually-transmitted-infections-and-screening-for-chlamydia-in-england-2022-report>

					English as a first language interpreters/ translations need to be provided. From November 2022 to November 2023, the four most requested languages from the Regional Interpreting Service in GUM were Polish, Arabic, Lithuanian and Portuguese.
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%	Unknown	It is not expected there will be an adverse differential impact in terms of religion.
8. Political Opinion Based on total elected candidates in the local government elections 2023 <i>*Figures extracted from Lisburn and Castlereagh Council 2023.</i>	DUP SF SDLP UUP APNI Green PBP IND Trad UP	Belfast Council 14 22 5 2 11 3 1 1 2	C'reagh* 3 2 1 1 5 0 0 0 0	Unknown	It is not expected there will be an adverse differential impact in terms of political opinion.

9. Sexual Orientation	Straight or heterosexual	87.1%	90.04%	49.55	 <p>The STI surveillance in Northern Ireland 2022 Report stated that GBMSM (men who have sex with men) are at disproportionate risk of contracting some STIs accounting for 89% of male infectious syphilis, 78% of male gonorrhoea, 23% of male herpes and 40% of male chlamydia infections. GBMSM have accounted for the majority of the increase seen in syphilis and gonorrhoea diagnoses during 2021.⁵</p> <p>Based on attendance percentages it is unlikely there will be a differential equality impact in terms of sexual orientation. However, given the information above regarding STI surveillance it is likely that more MSM will have treatment from the service.</p> <p>The nature of any differential impact is expected to be positive as renaming the waiting areas to Zone A and Zone B is viewed as positive action to become a more welcoming and inclusive service to all.</p> <p><i>'The evidence that LGBT+ people have disproportionately worse health outcomes and experiences of healthcare is both</i></p>
	Gay or lesbian	2.27%	1.17%	39.01	
	Bisexual	1.48%	0.75%	4.199	
	Other	0.32%	0.17%	0.004	
	Prefer not to say	5.2%	4.58%	0	
	Not stated	3.64%	3.30%	7.238	

⁵ <https://www.publichealth.hscni.net/sites/default/files/2023-01/STI%20Report%202021%20tables%20and%20charts%20%282021%20data%29%20-%20Final.pdf>

					<p><i>compelling and consistent. With almost every measure we look at LGBT+ communities fare worse than others. This is unacceptable, and we need to increase our efforts to address these health inequalities' (NHS England » LGBT health).</i></p> <p>People who identify as LGBTQ+ often experience significant health and social inequalities. One in seven LGBTQ+ people (14 per cent) have avoided treatment for fear of discrimination because they're LGBTQ+ and Lesbian and bisexual women have less frequent health checks and are less likely to avail of cervical screening than their heterosexual counterpart⁶.</p> <p>It is also important to consider Transgender people. Around 70-80% of transgender people are also lesbian, gay, bisexual or asexual. It is likely that someone from the Transgender community will use the GUM services. The new waiting area names more welcoming for Transgender people as they are not gender specific.</p> <p>GUM staff are aware of the difficulties service users can experience in accessing their service, particularly the social stigma. GUM staff work in a caring and compassionate manner, respecting service users and always aim to maintain their dignity. This is to ensure a service users' experience is a positive as possible.</p>
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⁶ <https://www.stonewall.org.uk/lgbt-britain-health>

Multiple Identities					Young, LGBTQ+ men are most likely to be impacted. The nature of any differential impact is expected to be positive as renaming the waiting areas to Zone A and Zone B is viewed as positive action to become a more welcoming and inclusive service to all.
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(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 %	No Impact on Staff

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				
* 2011 Assembly election	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				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? <i>(For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people).</i>

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		✓		The current and potential service users of GUM fall within protected Section 75 Groups of age, men and women generally and sexual orientation. It is likely they will be differentially impacted by renaming the waiting areas to Zone A and Zone B. The nature of this differential impact is expected to be positive. Renaming the waiting
Dependant Status			✓	
Disability			✓	

Men and Women generally		✓		areas to Zone A and Zone B is positive action to become a more welcoming and inclusive service to all.
Marital Status			✓	<p>Although the waiting areas were named Male and Female they were never exclusively for only males and females, people were always encouraged to sit where they were more comfortable or on the side where a particular clinic was taking place.</p> <p>The need to rename the waiting areas was carefully considered. The GUM staff team had been discussing the need to change the waiting areas for some time informally. They were aware of the feedback from service users and the Rainbow Project and the discomfort the waiting areas were causing for some service users. The item was then placed on the agenda for the Operational Meeting on 30/06/2022. In attendance at the meeting was medical, nursing, pharmacy, health advisor and administration staff. It was unanimously agreed that the waiting areas would be renamed Zone A and Zone B. This would be positive action to become a more welcoming and inclusive service to all. Following this new signage was ordered and on 17/08/2022 the waiting areas were renamed Zone A and Zone B.</p> <p>The impact of this proposal is deemed to be positive for the following reasons:</p> <ul style="list-style-type: none"> • A number of service users had informed of their discomfort with waiting areas named male and female • The GUM clinic work closely with the Rainbow Project who also raised concerns about how transgender friendly the service was with waiting areas named male and female • Concerns had been rising that the number of transgender people attending the service were much lower than expected. GUM staff and management were concerned that part of the problem was their waiting areas being overtly named 'male' and 'female'. It was evident naming the waiting areas male and female created a barrier before people even walked into the service, particularly transgender people. • The GUM staff team were conscious that they were the only service in Belfast Trust that had separate waiting areas for male and female. • The GUM staff team were also conscious that they were the only GUM clinic in
Race (Ethnicity)			✓	
Religion			✓	
Political Opinion			✓	
Sexual Orientation		✓		
Multiple Identities e.g. disabled ethnic minorities or young Protestant men.		✓		

				<p>Northern Ireland and the entire UK that had separate waiting areas for male and female.</p> <ul style="list-style-type: none"> • The GUM staff team wanted to make this change to be more inclusive overall and ensure that anyone and everyone who needed their services could do so. <p>Mitigation:</p> <p>It is recognised that there could be people who are unhappy about the renaming of the waiting room and who would prefer the waiting areas to be exclusively ‘male’ and ‘female.’ To date one female has complained about the changes to the waiting areas. In response to this, posters have been put at reception which state This ensures anyone who needs a private area can access one and they will not need to wait in an area they are not comfortable with.</p> <p>It is important to remember that although the areas were named male and female, they were never used exclusively for only males or only females. Examples of these were:</p> <ul style="list-style-type: none"> ○ Often a female service user would have their male partner with them for support and vice versa. ○ At times male service users chose to sit in the ‘female’ area as it was quieter and they didn’t want to see anyone they knew. ○ At times there was limited reception staff so everyone was asked to go to one waiting room. ○ When a specific clinic was on one side, those attended were asked to sit in one particular waiting room. <p>Communication & Feedback:</p> <ul style="list-style-type: none"> • All GUM clinic staff were informed of the decision to rename the waiting areas following the Operations Meeting and all staff welcomed the change and were in support of the decision. • Service users are directed to Zone A or B when they receive correspondence from the GUM clinic. • To date the majority of feedback from services user has been positive, with many thanking the staff and praising the changes.
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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:

- 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			✓	<p>All Trust staff attend mandatory Equality, Human Rights and Good Relations training which includes reference to the Good Relations duty.</p> <p>The Trust has a clear and well defined Good Relations strategy 'Healthy Relations for A Healthy Future 2' whereby the corporate commitment to Good Relations is underlined.</p>
Political opinion			✓	<p>The Trust will ensure that all services and all facilities are welcoming to all patients their carers and advocates regardless of their religious affiliation, political opinion and racial group.</p>

Racial group			✓	Appropriate and inclusive means of communication will be used to contact and communicate with patients, their families and carers who do not speak English as their first language. An interpreter will be booked and/or letters translated using established protocols within the Trust as appropriate.
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Section 6: Disability Duties	
<p>How does the policy / proposal:</p> <ul style="list-style-type: none"> • encourage disabled people to participate in public life and • promote positive attitudes towards disabled people? <p>Consider what other measures you could take to meet these duties.</p> <p><i>For example, have staff received disability equality training.</i></p>	<p>Appropriate and inclusive means of communication will be used to communicate with service users and carers. Staff will be mindful of any reasonable adjustments required in the implementation of this policy for both service users and carers.</p> <p>All Health and Social Care staff are required to undertake mandatory equality training which includes disability duties.</p> <p>Disability Awareness Training is provided throughout the year, available on HRPTS. Bespoke Disability awareness training sessions can also be provided for staff teams on demand, when it is feasible to do so.</p> <p>The Trust has produced a suite of guidance for increasing access to services and information. These are all available on the hub or on request from the Planning & Equality team.</p>

Section 7: Human Rights	
<p>Belfast Health and Social Care Trust is committed to providing the highest attainable standard of physical and mental health within our resources.</p>	
(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	X	
A3: Right to freedom from torture, inhuman or degrading treatment or punishment		X
A4: Right to freedom from slavery, servitude & forced or compulsory labour		X
A5: Right to liberty & security of person		X
A6: Right to a fair & public trial within a reasonable time		X
A7: Right to freedom from retrospective criminal law & no punishment without law		X
A8: Right to respect for private & family life, home and correspondence.	X	
A9: Right to freedom of thought, conscience & religion		X
A10: Right to freedom of expression		X
A11: Right to freedom of assembly & association		X
A12: Right to marry & found a family		X
A14: Prohibition of discrimination in the enjoyment of the convention rights	X	
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 equalitiescreenings@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

YES

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:

The Trust is committed to the safeguarding and promotion of Human Rights in all aspects of its work. The Human Rights Act 1998 gives effect in UK Law to the European Convention on Human Rights and requires legislation to be integrated so far as possible in a way that is compatible with the Convention rights. It also makes it unlawful for a public body to act incompatibly with the convention rights. Where a public authority has assumed responsibility for the welfare and safety of individuals, there is a particular duty to guarantee human rights.

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Belfast Trust is committed to carrying out its functions in line with the core principles and values that underline human rights legislation namely Freedom, Respect, Equality, Dignity and Autonomy (FREDA). Staff should use FREDA principles to red flag any behaviour that is not compatible with the Trust ethos of delivering safe, quality and compassionate care or which violates our equality and human rights statutory commitments.

Belfast Trust is committed to delivering safe, high quality and compassionate services. Employees are expected to deliver services and behave in a manner that is compatible with this commitment. Belfast Trust expects all employees to treat others with dignity and respect whether it be service users, carers, visitors or colleagues.

The Belfast Health and Social Care Trust (BHSCT) GUM clinical renamed their waiting areas to Zone A and Zone B in September 2022.

This plan engaged Article 2, the Right to Life and Article 8, the Right to respect for private and family life.

Article 2 determines that the Trust has a positive obligation to take appropriate steps to safeguard the lives of its service users. As an outcome of renaming the waiting areas to Zone A and Zone B there is a potential positive impact on Article 2. This is due to the change being viewed as positive action to become a more welcoming and inclusive service to all. This could encourage a person who has not attended the service to now attend and in turn it could be life saving for some.

Article 8 states that everyone has the right to respect for his private and family life, his home and his correspondence. In general, the right to a private life means that a person has the right to live their own life (lifestyle choice) with such personal privacy as is reasonable in a democratic society, taking into account the rights and freedoms of others. As an outcome of renaming the waiting areas to Zone A and Zone B there is a potential positive impact on Article 8, service users will not have to sit in an area that makes them uncomfortable and if either area does make them uncomfortable for any reason they can request an alternative space.

The service strives to assess and treat as many people as possible, key to this is ensuring as many people as possible feel comfortable using their services. Renaming the waiting areas to Zone A and Zone B allows the service to be more inclusive for everyone.

GUM staff are aware of the difficulties service users can experience in accessing their service, particularly the social stigma. GUM staff work in a caring and compassionate manner, respecting service users and always aim to maintain their dignity and ensure their human rights are protected.

Human rights training is available throughout the year for any staff member who wishes to attend. Bespoke human rights training sessions can be delivered for staff groups on demand and a large number of resources relating to human rights in health and social care can be made available by the Planning and Equality team. The mandatory Equality training for staff and Managers also covers the area of human rights.

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?	<p>It is recognised that there could be people who are unhappy about the renaming of the waiting room and who would prefer the waiting areas to be exclusively 'male' and 'female.' To date one female has complained about the changes to the waiting areas. In response to this, posters have been put at reception which state "If you any reason you feel uncomfortable sitting in any of our waiting areas please ask receptionist to speak with the nurse in charge". This ensures anyone who needs a private area can access one and they will not need to wait in an area they are not comfortable with.</p> <p>It is important to remember that although the areas were named male and female, they were never used exclusively for only males or only females. Examples of these were:</p> <ul style="list-style-type: none"> ○ Often a female service user would have their male partner 		

	<p>with them for support and vice versa.</p> <ul style="list-style-type: none"> ○ At times male service users chose to sit in the ‘female’ area as it was quieter and they didn’t want to see anyone they knew. ○ At times there was limited reception staff so everyone was asked to go to one waiting room. ○ When a specific clinic was on one side, those attended were asked to sit in one particular waiting room.
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<p>(8.3)</p> <p>Do you think the policy/proposal/decision should be subject to an Equality Impact Assessment (EQIA)?</p> <p>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.</p>	<p>Yes</p> <p><input checked="" type="checkbox"/></p>	<p>No</p> <p>Reasons</p> <p>A policy/proposal/decision is subject to an EQIA if one or more of the following criteria is met:</p> <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. e) The policy is likely to be challenged by way of judicial review. f) The policy is significant in terms of expenditure.
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Belfast Trust is committed to the effective monitoring of this

Section 9: Monitoring

(9.1)

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?

change to the service so that we can identify any future adverse impact

Monitoring will be undertaken by the manager and include consideration of feedback and complaints in this area as well as any equality issues.

Section 10: Approval and Authorisation

Please sign /date and forward to the Planning and Equality team equalitiescreenings@belfasttrust.hscni.net

Equality screenings are completed with information provided by the senior responsible manager subject to advice and assistance from Belfast Trust Equality & Planning Managers.

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

Lead Responsible Manager

Name: Conor McDowell

Position: Assistant Services Manager (GUM / Regional Fertility / S&RH)

Date: 27/11/2023

Countersigned by: Equality Manager

Name: Caroline McMenamin

Position: Planning & Equality Manager

Date : 27/11/2023

Section 11: Statutory Rural Impact Assessment Duties

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.**

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.