

Equality, Good Relations and Human Rights SCREENING TEMPLATE with GUIDANCE

****Completed and Signed Screening Templates are public documents posted on the Trust's website****

- All policies / proposals require an Equality Screening
- Policy authors are responsible for Equality Screenings

Section 1: Information about the Policy / Proposal							
<p>(1.1) Name of the policy/proposal Give the policy or proposal a title that accurately describes its focus. This is very important – this is what is being screened – nothing else</p>	The intimate care, examination & chaperoning policy						
<p>(1.2) Status of policy/proposal <i>(please underline)</i></p>	New		Existing		Revised		
<p>(1.3) Department/Service Group: <i>(please underline)</i></p>	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
<p>(1.4) Description of the policy/proposal?</p> <ul style="list-style-type: none"> • State the aims and objectives/key elements of the policy/proposal • Who will it impact? • Detail the changes the policy/proposal will introduce • What is the rationale (mitigation)? • How will the policy/proposal be communicated to staff /service users? • Process to implementation (involvement of stakeholders) • 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? • How will the policy/ proposal be monitored to assess if effective? 	<p>The intimate care, examination & chaperoning policy ensures that the highest importance is given to ensuring a culture that values patient privacy, dignity and human rights exists within Belfast Health and Social Care Trust. This policy specifically applies to the care of patients who require any clinical intervention that involves an intimate examination or procedure.</p> <p>Staff have a professional duty to care for patients and responsibilities under their professional bodies to act in the patient's best interests and are accountable for their actions. Staff should be sensitive to differing expectations associated with sexual orientation, disability, gender identity, race, ethnicity, religion and culture.</p> <p>Attitude and approach by the individual professional is of paramount importance.</p> <p>Staff have a duty to try and understand the needs of a particular patient when performing an intimate examination and should always offer the patient the option of having a chaperone present wherever possible even in circumstances where the patient hasn't specifically requested it. This applies whether or not the Health Care Professional (HCP) is the same gender as the patient.</p>						

	<p>This policy sets out guidance for the use of chaperones and procedures that should be in place for consultations, examinations, investigations and clinical interventions that are considered to be intimate.</p> <ul style="list-style-type: none"> • To produce a co-ordinated approach to the use of chaperones during consultations, examinations and procedures carried out within the Trust. • To ensure that patients' safety, privacy and dignity is protected during intimate examinations or procedures and delivery of intimate clinical care interventions. • To ensure the HCP's interests whilst carrying out intimate clinical examinations and clinical care interventions. • To recognise that the BHSCT policy for obtaining consent for examination, treatment or care in adults and children must be adhered to at all times.
<p>(1.5) Who owns the policy/proposal? Where does it originate? ie: DoH/HSCB. Is it Regional/following NICE guidance etc.</p>	<p>Director of Nursing & Service user Experience, Belfast Health & Social Care Trust</p>
<p>(1.6) Who are the main stakeholders affected (Internal and External)?</p> <ul style="list-style-type: none"> • For example, if the proposal relates to an internal re-organisation it would be reasonable to assume that staff and trade union representatives are the main stakeholders but also consider if service users or others are affected. • If the decision relates to a change in service provision it is likely that actual and potential service users will be affected. You should also consider if staff or others are affected. 	<p>Stakeholders include all patients/clients/service users of all ages who may require any type of intimate examination or procedure. In the case of children, parents/guardians are also a relevant stakeholder.</p> <p>This policy applies to all healthcare professionals working within the BHSCT, including Students, Medical, Allied Health Professional, Nursing and Midwifery, Radiographers and other Therapists working with individual patients in clinic situations, wards, departments, practices, outpatient departments and in the patient's home.</p> <p>All healthcare professionals have a responsibility to ensure they work in line with their own professional code of conduct.</p> <p>This policy specifically applies to all intimate examinations and procedures.</p>
<p>(1.7) Provide details of how you involved stakeholders, views of colleagues, service users, staff</p>	<p>A rigorous consultation exercise was carried out in relation to the review of this policy across all Directorates and Divisions in the Trust. This was the first action in the review of the policy.</p>

<p>side or other stakeholders when screening this policy/proposal.</p> <ul style="list-style-type: none"> • The screening process should involve engagement with stakeholders at the earliest opportunity. • In this section you should provide details of how you intend to or have involved stakeholders, views of colleagues, service users and staff and trade unions when screening this policy/proposal. Detailing stakeholder involvement will also provide evidence on meeting Personal and Public Involvement (PPI) requirements. 	<p>The review team worked with community group The Rainbow Project, to include the involvement of other stakeholders external to the Trust. The Rainbow Project is a health organisation that works to improve the physical, mental & emotional health and well-being of lesbian, gay, bisexual and/or transgender people in Northern Ireland.</p> <p>Trade Union colleagues were included in the consultation exercise.</p>
<p>(1.8) Other policies/strategies with a bearing on this policy/proposal</p> <ul style="list-style-type: none"> • Specify if the policy/proposal being screened relates to a regional strategy, policy or proposal by another body, whether the DHSSPS, HSC Board, BSO, Trusts or agencies. • There can be a wide range of policies that are in some way linked with others. You should also include here details of relevant strategies or information that might relate to the policy. Please note that information that is not published may also be relevant to the screening. This can include working papers, results from workshops, technical reports, press coverage or conference reports. • If the policy impacts on staff, you should ensure that the Management of Staff Affected by Organisational Change Framework is followed. The modernization team in HR can assist you in the application of this framework 	<p>Policies linked to this policy:</p> <ul style="list-style-type: none"> • Policy to be followed when obtaining consent for examination, treatment or care in adults and children • Your right to raise a concern (Whistleblowing) Policy • SBNI Regional core child protection policies and procedures • Safeguarding Children Policy • Adult Safeguarding policy and procedure • This policy is based on recommendations from the General Medical Council, Royal College of Nursing, NHS Guidance and the findings of the Ayling Inquiry (2004)
<p>(1.9) Are there any factors that could contribute to/detract from the</p>	<p>There are no factors identified that could contribute to/detract from the intended aim/outcome of the policy.</p>

intended aim/outcome of the policy/proposal?

These may be financial, legislative or other contributions or constraints. It allows you to specify if the policy is dependent on obtaining funding or part-funding which may have an impact on the intended aim/outcome and may require an on-going screening to determine the final impact on those directly affected.

Section 2: Classification of the Policy / Proposal: If it is clinical or technical in nature with no bearing on equality of opportunity or good relations, you will be able to screen the policy out. Please note these are the only circumstances that a policy can be screened out at this early stage.

- 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 consider what Reasonable Adjustments may be needed for patients/service users/staff including any information e.g. leaflets / letters in accessible/alternative formats.** [Guidance on how to promote accessible services](#)
- 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.**

Section 75 ('S75') equality categories include: Age, Dependent Status, Disability, Gender, Marital Status Ethnicity, Religion, Political Opinion and Sexual Orientation.

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

Screening Decision

- 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 Decision** at **2.7**.
- It should be noted that all policies are likely to have some impact on equality in how they are communicated to stakeholders (particularly in relation to disability or ethnic minority languages). You must ensure that you have considered this in line with the guidance document [Making Communication Accessible for All](#).
- Ethnic minority interpreters are available from NIHSCIS in a range of 35 different languages and ISL/BSL interpreters can be accessed via [Action on Hearing Loss](#). Further guidance is available from the Planning & Equality Team

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. 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 for more information. An [Equality, Good Relations and Human Rights training manual](#) has also been produced for staff.

(2.7) Screening Decision:

This policy / proposal is '**screened out**' on the basis that:

IMPACT:	OUTCOME:
No Impact	<input type="checkbox"/> Screened Out as it is 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. Inherent to this screening determination is the assumption, based on person-centred care, that any information provided to patients will be provided in accessible/alternative formats as required. Accessible formats can include, for example, information in easy to read formats when the patient has a learning disability. If a patient does not speak English as a first language, the information will be translated or an interpreter / sign language interpreter provided as appropriate.

(2.8) Any other reasons: Please detail

Approved Lead Officer: Position: Date:		Countersigned by*: Equality Manager: Date:	
---	--	---	--

Please sign and date and forward to the Planning and Equality Team for consideration - equality.team@belfasttrust.hscni.net

***Equality screenings are completed with information provided by the policy 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

What do we mean by impact?

- Impact means the effect that something has on a situation, on individuals or on a group of people.
- Will there be a differential impact? Will the proposal or policy have a more significant or negative effect on some people than others?
- 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.
- The absence of evidence does not mean there is no likely impact. Arrangements should be made to obtain relevant information, whether quantitative or qualitative. It is acknowledged that there is more available evidence for some of the equality categories

than for others, so if having explored the available evidence, you still do not know what the implications are, it would indicate that you need to gather additional information and an equality impact assessment should be considered.

- Using the information you have gathered regarding the S75 groups, you now need to determine the level of impact of the policy/proposal. E.g. does the policy/proposal disproportionately impact on men or women? Think about multiple identities, for example women with caring responsibilities, or older people with disabilities. Please ensure you give details of the reasons for the decision taken.

(3.1) Quantitative and Qualitative Data: Service Users

Your own information systems might contain qualitative data relating to patients/service users. If you only have some of the data, just complete what you have and use proxy indicators for other groups e.g. political opinion or sexual orientation. In the absence of data it may be useful to do a survey or a snapshot of who your service users are. For the qualitative data, consider using anecdotal or professional experience in this section.

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 16-24 25-34 35-44 45-54 55-64 65+	22% 11% 12% 14% 14% 12% 15%	The policy applies to people of ages. Specifically, the 2019 NISRA mid-year population estimates indicated that there are approximately 393,000 children in the UK, which equates to 21% of the overall population.	Safeguarding of children is particularly relevant in this policy. Parents and guardians are also an important stakeholder.
2. Dependent Status	Caring for a child dependent older person/ person with a disability	12% of usually resident population provide unpaid care - 36% of whom are male and 64% are female	Parents of children impacted by this policy, who may require an intimate examination or procedure.	It is important that parents / legal guardians are sufficiently informed to consent to a child's treatment.
3. Disability	Yes No	21% 79%	Given the guidelines are for intended by use in clinical settings, it is fair to say that the policy may particularly impact on people with a disability, who generally use health and social care services more than those without a disability.	There are particular considerations for service users with a disability in terms of capacity to consent, awareness and understanding. Each area is covered in detail in the policy.

			<p>21% of the overall population has a disability.</p> <p>1 in 4 people will experience a mental health issue over the course of their lives.</p> <p>Mencap estimates that there are 42,000 people with a learning disability in Northern Ireland.¹</p>	<p>People with a disability may require further explanations, simple information and written information, extra time for appointments and written advice regarding follow-on treatment or procedures. They may require additional help in arranging and attending the appointment.</p>
4. Gender	Female Male	49% 51%	<p>The policy will impact on people of all genders and also includes those who do not identify as any specific gender/are non-binary/gender-fluid.</p> <p>This policy could be particularly relevant for people who are transgender. Stonewall estimate that approximately 1% of people in the UK might currently identify as trans.²</p>	<p>Gender Identity describes the psychological identification of oneself, typically, as a boy/man or as a girl/woman, known as the 'binary' model.</p> <p>People have the right to self-identify, and many people reject the whole idea of binary tick-boxes, and describe themselves in non-binary, more wide-ranging, open terms.</p> <p>There are issues relevant to patients who are transgender in terms of sensitivities, language, expectations and following best advice. This is covered in detail in the policy.</p>
5. Marital Status	Married/Civil Partnership Single Other/Not known	34.21% 46.6% 19.19%		<p>It is not expected that there will be any impact on the basis of marital status.</p>

¹ <https://northernireland.mencap.org.uk/node/1327>

² <https://www.stonewall.org.uk/truth-about-trans>

6. Race Ethnicity	White Black/Minority Ethnic	98% 2%	Race/Ethnicity: The percentage of service users affected by this policy would be expected to be in line with the population data taken from the census i.e. 2% of patients are black / Minority Ethnic. Religion: The percentage of service users affected by this policy would be expected to be in line with the population data taken from the census i.e. 17%	There are particular issues around modesty and undressing which pertain to different race, religious groups and cultures. For example, some patients may have strong cultural or religious beliefs that restrict being touched by others. Consideration needs to be given in terms of the gender of the HCP.
7. Religion	Roman Catholic	41%		
	Presbyterian Church of Ireland Methodist Other Christian	42%		
	Buddhist Jewish Sikh None	Hindu Muslim Other 17%		
8. Political Opinion Based on Council seats on Belfast City Council, October 2017. Excludes Castlereagh	DUP SF SDLP UUP APNI Green PBP IND PUP	13 19 4 6 8 1 1 5 3 <i>(Based on Council seats on Belfast City Council * Excludes Castlereagh)</i>		It is not expected that there will be any impact on the basis of political opinion.
9. Sexual Orientation	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 & Rainbow Project</i>		It is not expected that there will be any impact on the basis of sexual orientation.

(3.2) 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](#)

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 properly 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.

Equality Category	Groups	Quantitative Data		Qualitative Data
		Belfast Trust workforce (@January 2018)	Staff affected by the Policy/Proposal %	
1. Age	16-24	4%		This policy will not have any impact on equality grounds for members of Trust staff.
	25-34	24%		
	35-44	26%		
	45-54	28%		
	55-64	16%		
	65+	2%		
2. Dependant Status	Dependants	23%		
	No Dependants	19%		
	Not known	58%		
3. Disability	Yes	2%		
	No	67%		
	Not known	31%		
4. Gender	Female	78%		
	Male	22%		
5. Marital Status	Married/ Civil P'ship	56%		
	Single	34%		
	Other/Not known	10%		
6. Race	BME	4%		
	White	76%		
	Not Known	20%		
a) Ethnicity				
b) Nationality	GB	18%		
	Irish	10%		
	Northern Irish	2%		

	Other	1%	
	Not known	69%	
7. Religion	Protestant	42%	
a) Community Background	Roman Catholic	50%	
	Neither	8%	
b) Religious Belief	Christian	28%	
	Other	1%	
	No religious belief	8%	
	Not known	63%	
8. Political Opinion <i>* 2011 Assembly election</i>	Broadly Nationalist	6%	
	Broadly Unionist Other	7%	
	Do not wish to answer/Unknown	8%	
	Not known	79%	
9. Sexual Orientation	Opposite sex	41%	
	Same sex or both sexes	1%	
	Do not wish to answer	58%	

Section 4: Consideration of Impacts, Mitigation, Alternative Policies / Proposals This section details steps that can be taken to reduce/remove any adverse impact or opportunities to better promote equality of opportunity

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**.

Is there an **impact** on **Equality of Opportunity** for those affected by this policy, for each of the S75 equality categories?

Are there better **opportunities** to promote equality of opportunity for people within the S75 categories?

Does the policy **impact** upon **Good Relations** between people of a different religious belief, political opinion or racial group?

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

Are there **opportunities** to encourage **disabled people** to **participate** in public life and promote **positive attitudes** toward disabled people? (

Does the policy/proposal **impact** on **human rights**?

(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. Also detail what measures can be taken to further promote equality of opportunity. If Major impact identified for any category, an EQIA is necessary please contact the Planning and Equality Team directly
	Major	Minor	None	
Age		✓		As per the policy: "If an intimate examination is required in caring for or treating Paediatric patients and young people, chaperoning considerations should be undertaken in the same way as would happen for an adult. The explanation given should take into account the child's

				<p>physical, emotional and educational needs, religious persuasion, racial origin, cultural and linguistic background. Where possible the child's own feelings and wishes (in light of age and understanding) should be the paramount concern. Only a person who legally has parental responsibility may agree to a child's treatment, with the exception where the Trust has an Interim or Full Care Order in place. Whether or not a child is capable of giving the necessary consent will depend on the child's maturity and understanding and the nature of the consent required. The child must be capable of making a reasonable assessment of the advantages and disadvantages of the treatment proposed, (Gillick v West Norfolk, 1984).</p> <p>As with adults, assumptions that a child with a learning disability may not be able to understand the issues should never be made automatically. It is essential to refer to the relevant policies which apply to the specific needs of the patient. Please refer to the BHSCT Safeguarding Children Policy, Caring for and safeguarding children and young people who attend adult services for admission, care or treatment for further guidance."</p>
Dependant Status			✓	N/A
Disability		✓		<p>The policy clearly sets out particular advice pertaining to service users who have a disability. In the case of learning disability, the policy includes a link to easy read information and encourages departments to develop easily-understood information specific to the speciality that can be provided to service users who require it.</p> <p>In the case of mental health, the policy cites the Mental Capacity Act and the need for staff to abide by the Act and to consult BHSCT Safeguarding Vulnerable Adults Policy for more guidance in this area.</p> <p>For patients with learning difficulties or mental health problems or other conditions that affect capacity, a familiar individual such as a named family member or professional Carer / HCP may be the best formal chaperone. This must be agreed and documented with the individual and the family member /Carer as part of the overall best interest decision making process.</p> <p>A careful, simple and sensitive explanation of the technique is vital in these circumstances. These patient groups are more at risk of vulnerability and as such, will experience heightened levels of anxiety, distress and misinterpretation. This could potentially lead to a risk of concerns that may arise in initial physical examination such as "touch", one to one "confidential" settings in line with their existing or previous treatment plans history of therapy, verbal and other "boundary-breaking" circumstances.</p>

				Adult patients with learning difficulties or mental health problems who resist any intimate examination or procedure must be interpreted as refusing to give consent and the procedure must be abandoned. In life threatening situations the healthcare professional should use professional judgment and where possible always discuss and engage with members of the relevant specialist teams within mental health and learning disabilities. In all circumstances the named mental health team members and learning disability Nurse should be contacted where ever possible in advance to provide advice and specialist input regarding the planning of intimate procedures and the support individuals will require. Please refer to BHSCT Adult safeguarding Policy for further guidance.
Gender		✓		<p>Staff should be alert to the possibility of any of their patients having issues relating to their gender. These need to be approached sensitively. Should there be any doubt regarding the patient's gender identity, the patient should be asked how they wish to be addressed.</p> <p>Staff should always use the name, pronoun or term the trans service user prefers in written and verbal communication with them. This may also include using general terminology for body parts, or asking patients if they have a preferred term to be used.</p> <p>The policy provides clear and practical advice for staff in terms of sensitively carrying out an intimate examination or procedure for a patient who identifies as Trans/Transgender and outlines the importance of treating such cases with sensitivity, respect and dignity and ensuring the human rights of the patient are protected, respected and upheld.</p>
Marital Status			✓	N/A
Race (Ethnicity)		✓		The policy offers mitigation and advice pertaining to race, religion and culture:
Religion				<p>Patients undergoing examinations should be allowed the opportunity to limit the degree of nudity by, for example, uncovering only that part of the anatomy that requires investigation or imaging. Wherever possible, particularly in these circumstances, a same sex HCP should perform the procedure.</p> <p>Further information is provided in the policy.</p>
Political Opinion			✓	N/A
Sexual Orientation			✓	N/A
Multiple Identity e.g. disabled minority ethnic people or young Protestant men.				In any situation, should the individual express distress or concern about the examination, it may be deferred until a later date. However, in cases where this is not an option, for example due to the urgency of the situation then procedures should be in place to ensure that communication, consent and record keeping are treated as paramount.
(4.2) STAFF				

Equality Category	Level of Impact			Mitigation measures and alternative policies or actions that might lessen the severity of the equality impact Also detail what measures can be taken to further promote equality of opportunity. where Minor Impact identified If Major impact identified for any category, an EQIA is necessary please contact the Planning and Equality Team directly
	Major	Minor	None	
Age			✓	
Dependant Status			✓	
Disability			✓	
Gender			✓	
Marital Status			✓	
Race	Ethnicity		✓	
	Nationality		✓	
Religion	Community Background		✓	
	Religious Belief		✓	
Political Opinion			✓	
Sexual Orientation			✓	
Multiple Identity e.g. female staff with caring responsibilities			✓	

Section 5: Good Relations

Based on the **evidence** 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. Are there opportunities to further promote good relations? (where Minor Impact identified) If Major impact identified for any category, an EQIA is necessary please contact the Planning and Equality Team directly
	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> <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> <p>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.</p> <p>The Trust's Multi-faith handbook (available on the hub) provides staff with information relating to religious, spiritual and cultural needs of patients, which may be particularly useful in the case of this policy.</p>
Political opinion			✓	
Racial group			✓	

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>A careful, simple and sensitive explanation of the technique is vital for patients with a learning disability, mental health issue and/or other disability.</p> <p>Appended to this policy is a list of documents regarding some intimate examinations and procedures, which staff can provide to patients with a learning disability, where required. The policy notes the need for clear communication and informed consent.</p> <p>For patients with learning difficulties or mental health problems or other conditions that affect capacity, a familiar individual such as a named family member or professional Carer / HCP may be the best formal chaperone. This must be agreed and documented with the individual and the family member /Carer as part of the overall best interest decision making process.</p> <p>Appropriate and inclusive means of communication will be used to communicate with patients and carers. Staff will be mindful of any reasonable adjustments required in the implementation of this policy for both patients and carers.</p> <p>All Health and Social Care staff are required to undertake mandatory equality training which includes disability duties.</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.

The trust's 'Making Communication Accessible' guidance is available for any member of staff to download at any time from the hub. The guide offers some practical guidance, advice and tips to improve communication and covers a wide range of disability types.

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.

Section 7: Human Rights

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

Does the policy/proposal engage 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 info can be found in the Toolkit.

Article	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		✓
1st 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, you may need to seek legal advice at this point.
- If the flowchart indicates that the policy is **likely** to be human rights compliant please **continue to section 7.1**

(7.1) 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:

PLEASE NOTE – A number of Articles of the Human Rights Act are potentially **positively** engaged in respect of this this policy.

The aim of the policy is to ensure protection of privacy and dignity, inherent to Article 8, thereby ensuring the Trust, as a public authority under the Human Rights Act, respects, protects and upholds the Article 8 rights of its patients. This policy is grounded in ‘patient privacy, dignity and human rights’, as noted in the opening sections of the policy document.

Regarding Article 3 in terms of freedom from treatment which is degrading – the policy aims to ensure that Article 3 rights are fully respected, protected and upheld thereby ensuring that this article is in no way interfered with.

Regarding Article 9 in terms of freedom of thought, conscience and religion – the policy aims to ensure that a person’s religious and cultural beliefs are respected with regards to intimate examinations and procedures.

Use of the Human Rights Screening Tool (next page) confirms that no Articles of the HRA will be negatively impacted by this policy.

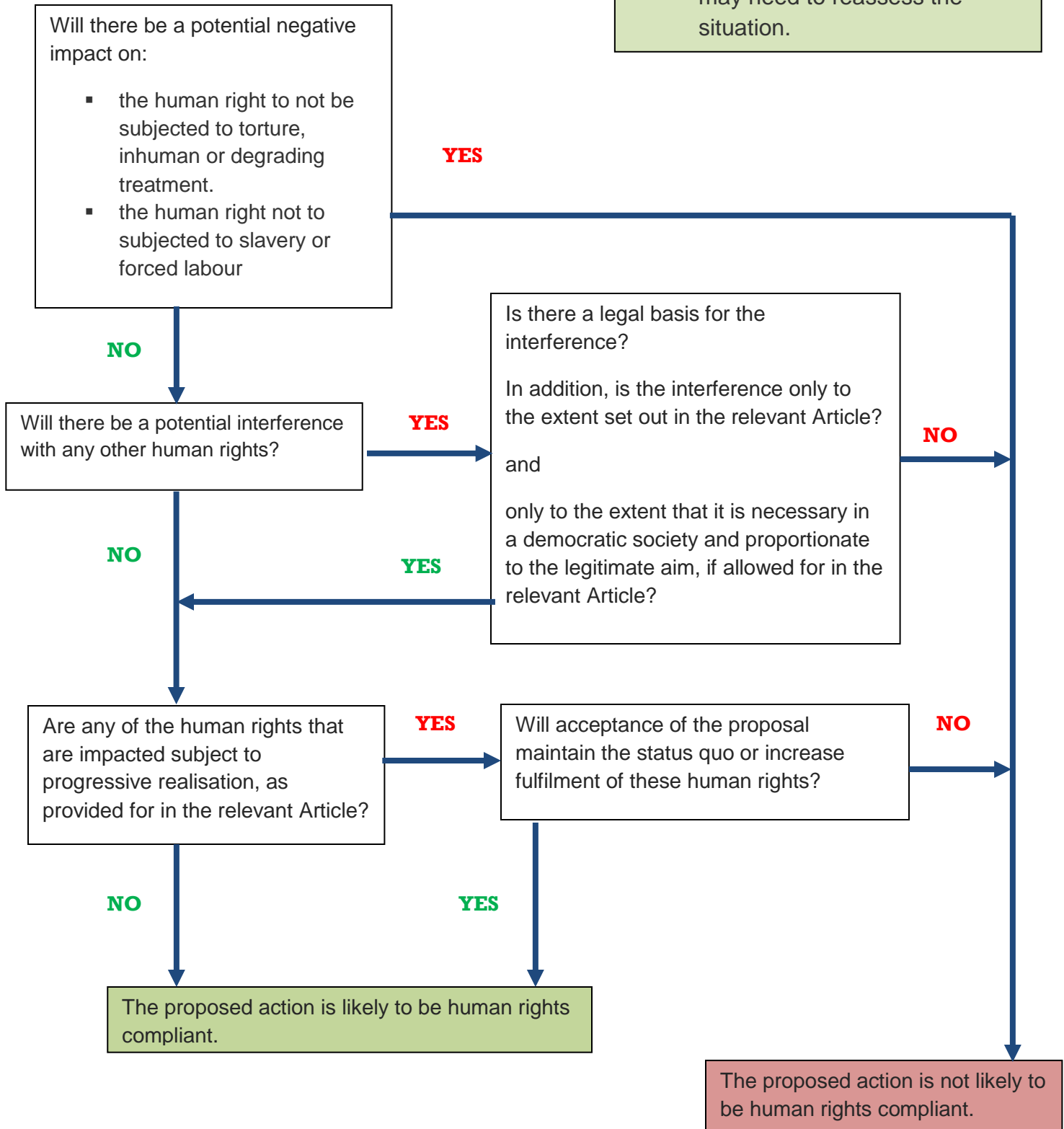
The Trust is committed to promoting, protecting and respecting human rights in all aspects of its work and will ensure that human rights are considered as an integral part of its actions and decision-making processes. The Trust acknowledges the importance of taking a human rights based approach and will endeavor to ensure that the principles of human rights underpin all areas of work across the organisation.

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 Equality and Planning team. As referenced in section 2.6, mandatory Equality training for staff and Managers also covers the area of human rights.

Human Rights Screening Tool

To be used by staff who have received human rights training

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



Section 8: Screening Decision

(8.1) Given the detail provided from sections 1-7 of this template, how would you categorise the impacts of this policy / proposal?
(Please complete details required for one of the options below)

Tick ONE:	IMPACT:	OUTCOME: (Tick as appropriate)
	Major Impact	<input type="checkbox"/> Screened In for EQIA as it is significant in terms of its strategic importance .
		<input type="checkbox"/> Screened In for EQIA as it is significant in terms of expenditure .
		<input type="checkbox"/> Screened In for EQIA as further assessment offers a valuable way to examine the evidence and develop recommendations .
	Minor Impact	<input checked="" type="checkbox"/> Screened Out with Mitigation Required to better promote equality of opportunity, disability duties, good relations and human rights.
		<input type="checkbox"/> Screened in for EQIA – this is depending on the policy
	No Impact	<input type="checkbox"/> Screened Out as it is purely clinical or technical nature and has <u>no relevance</u> or impact (actual / potential) in terms of equality of opportunity, disability duties, good relations and human rights .

(8.2) Please give reasons for your decision and detail any mitigation you have considered.

The purpose of this policy is to ensure patient privacy, dignity and human rights are respected and to the fore in any intimate examination or procedure. The policy contains advice for staff when carrying out intimate examinations or procedures and incorporates specific equality-related guidance pertaining to, for example, children, people with a disability, transgender patients, people of different race, religion and

cultures. Whilst the policy may relate more specifically to some equality groups than others, the mitigation and advice to staff is sufficiently robust and detailed as not to have any adverse impact on equality.

Section 9: Monitoring

(9.1) Please detail how you will monitor the effect of the policy/proposal for impact in terms of equality of opportunity, good relations, disability duties and human rights?

The Equality Manager will make contact with the policy author 12 months after the policy has gone live in order to monitor any unforeseen impacts on equality grounds, using the Trust’s Equality Screening Monitoring proforma.

Section 10: Sign Off

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

Equality screenings are completed with information provided by the policy / proposal author subject to advice and assistance from the Trust’s Equality Managers.

Please note that Completed and Signed Screening Templates are public documents and are posted on the Trust’s website.

Approved Lead Officer	<i>Dyona Shaw</i>	Countersigned by:	
Position	Deputy Director of Nursing	Equality Manager	Louise Neeson
Date	02/04/2020		

