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Copy of the screening for the Attendance Protocol policy

Please could you forward a copy of the screening that has taken place for above policy?

I have highlighted the section below. It would be much appreciated if you could forward as soon as possible.

. 12.2 Equality and Human Rights considerations

This policy has been screened for equality implications as required by Section 75 and Schedule 9 Northern Ireland Act 1998. Equality Commission guidance states that the purpose of screening is to identify those policies which are likely to have a significant impact on equality of opportunity so that greatest resources can be devoted to these. This policy has a direct impact on disabled employees and it is therefore recommended that Trust managers continue to record employee absences that are related to disability. Managers are required to work in partnership with HR, to ensure that such absences are monitored on a regular basis.

Using the Equality Commission's screening criteria, no significant equality implications have been identified. The policy will therefore not be subject to an equality impact assessment. Policy Committee_ Management of Attendance Protocol _V3_2017 Page 55 of 79

Similarly, this policy has been considered under the terms of the Human Rights Act 1998, and was deemed compatible with the European Convention Rights contained in the Act.

Please find the attached Equality, Good Relations and Human Rights screening for Management of Attendance Protocol for the Belfast Health & Social Care Trust.

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**Equality, Good Relations and Human Rights
 SCREENING TEMPLATE**



- Note:**
- 1) Proposals cannot be implemented until an Equality Screening or EQIA has been completed
 - 2) This template should be completed in conjunction with the accompanying Guidance Notes
 - 3) Completed Screening Templates are public documents and will be posted on the Trust’s website

Section 1: INFORMATION ABOUT THE POLICY/PROPOSAL							
(1.1) Name of the policy/proposal	Management of Attendance Protocol						
(1.2) Status of policy/proposal <i>(please underline)</i>	New		Existing		Revised		
(1.3) Department/Service Group: <i>(please underline)</i>	Corporate Services Group HR Proposal	Nursing and User Experience	Un-scheduled and Acute Care	Surgery & Specialist Services	Specialist Hospitals & Women’s Health	Children’s Community Services	Adult Social & Primary Care
(1.4) <u>Description of the policy including intended aims/outcomes</u>	Developed in line with the Regional Framework this protocol has been amended to reflect best practice and updates in equality legislation. The protocol underlines importance of employer duty to support staff when they become ill and facilitates them in so far as possible to return safely to work as early as they can. It is imperative that an environment is created which promotes personal health and well-being, It should be based a culture of openness and accountability to allow mutual understanding and to facilitate appropriate interventions and where appropriate, resolution of absence – related issues.						

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<p>(1.5) How will the policy/proposal be implemented?</p>	<p>Based on Good Practice and Equality Legislation Training and awareness sessions will be rolled out and feedback taken on board and implemented where practicable. Managers need to recognise the diversity of every individual and provide a sensitive and responsive service. Adjustments and modifications can be arranged to facilitate return to work re-deployment. The different needs of individuals are recognised in the protocol and addressed in the definitions of long-term and short-term absence and when to refer them.</p>
<p>(1.6) Who are the internal and external stakeholders (actual or potential) that the policy/proposal could impact upon? (E.g. service users/staff/ other public sector organisations/trade unions/ professional bodies/independent, voluntary or community sector)</p>	<p>All Staff, Trade Unions, Voluntary and Community Sectors. Occupational Health. Ultimately, service users will be positively affected through improved productivity and continuity and consistent quality of care.</p>
<p>Section 2: CLASSIFICATION OF POLICY <i>The purpose of this Section is to identify those policies/proposals which have <u>no impact on equality</u> e.g. policies of a purely clinical or technical nature.</i> <i>It should be noted however that the majority of policies /proposals will have <u>some</u> equality impact on staff and/or service users and will require the completion of the entire template.</i></p>	

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PART A:	Yes	No
(2A.1) Is there an impact on equality of opportunity for those affected by this policy, for each of the S75* equality categories?	X	
(2A.2) Are there better opportunities to promote equality of opportunity for people within the S75 categories?	X	
(2A.3) Does the policy impact upon good relations between people of a different religious belief, political opinion or racial group?		X
(2A.4) Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?		X
(2A.5) Are there opportunities to encourage disabled people to participate in public life and promote positive attitudes toward disabled people?	X	
(2A.6) Does the policy/proposal impact on Human Rights?		X
(2A.7) If you have answered <i>Yes</i> to any of the above questions proceed to Section 2B overleaf.		
<p>If you have answered <i>No</i> to all of the above questions the policy <i>may</i> be screened out at this stage. Please give reasons supporting this decision below then sign and date below then forward to the Health & Social Inequalities Team for consideration</p> <p>Lesley.Jamieson@belfasttrust.hscni.net</p>		
Approved Lead Officer: Position: Date:		<i>Countersigned by:</i> Health Inequalities Manager: Employment Equality Manager:

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<p>PART B</p> <p>(2B.1) Are there any factors that could contribute to/detract from the intended aim/outcome of the policy/ proposal? <i>Financial, legislative or other constraints?</i></p>	<p>Each individual will have different needs and experiences. This Protocol aims to harmonise the approach across the Trust but to also acknowledge that it is important to treat each case on its own merits. The Protocol states that employer should use discretion as to appropriate action in individual cases.</p>
<p>(2B.2) Other policies/strategies/information with a bearing on this policy/proposal (<i>for example internal or regional policies</i>) - What are they and who owns them?</p>	<p>Other policies/decisions with a bearing on this Protocol.</p> <ul style="list-style-type: none"> - Regional Managing Attendance Framework - Disability Legislation - Disability Action Plan – to promote positive attitudes towards disabled people and to encourage their full participation in public life - Maternity guidelines - Agenda for Change, Circular AfC 2008 - Joint Negotiating Forum policies - Disciplinary/capability - Flexible working - Carers/Improving Working Lives/Compassionate/Domestic Distress Leave

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(2B.3) Provide details of how you have or how you intend to involve stakeholders (refer 1.6 above) when screening this policy/proposal	Developed in partnership with Trade Unions.
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Section 3: AVAILABLE EVIDENCE , CONSIDERATION OF IMPACTS AND MITIGATION

You will need to collect quantitative and qualitative equality data for those service users and staff affected using the templates provided in Tables 1 & 2 at the end of this document.
Taking into account this data and the information gathered in Sections 1&2 you should now identify, for each of the nine Section 75 categories, the level of impact, mitigation measures and opportunities to better promote equality of opportunity.
NB: Where both staff and service users are impacted, a separate table for each is required.

3A) SERVICE USERS

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				NO SERVICE USER IMPACT
Dependant Status				
Disability				
Gender				
Marital Status				

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Race (Ethnicity)				
Religion				
Political Opinion				
Sexual Orientation				
Multiple Identity e.g. <i>disabled minority ethnic people or young Protestant men.</i>				
3B) 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			✓	<p>Although we recognise that staff with disabilities are no more likely to have short-term absences staff with long-term absences may be related to a long term health conditions/disabilities. The Attendance Management Protocol is very closely linked to Managing Disability and Reasonable Adjustments. The Trust is committed to ensuring equality of opportunity for all and staff in terms of disability and complies with the Disability Discrimination Act 1995, the United Nations Convention on the Rights of People with Disabilities, the Human Rights Act 1998 and Section 75 of the Northern Ireland act 1998. The Trust has a number of policies/strategies in place including the Disability Action Plan, aimed at encouraging disabled people to participate in public life and to promote positive attitudes towards disabled people. All staff have access to Disability awareness training.</p> <p>The Trust acknowledges 80% of its workforce is female however; the policy will be applied equally to all members of staff. Special provisions are also incorporated into the protocol to cover maternity related absence.</p>
Dependant Status			✓	
Disability		✓		
Gender		✓	✓	
Marital Status			✓	
Race	Ethnicity		✓	
	Nationality		✓	
Religion	Community Background		✓	
	Religious Belief		✓	
Political Opinion			✓	
Sexual Orientation			✓	
Multiple Identity e.g. <i>female staff with caring responsibilities</i>			✓	

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				<p>The Trust will constructively engage with those affected by this protocol and ensure that it adheres to the regionally agreed Attendance Management Framework. Training will be provided to managers and staff to ensure that they have a clear understanding of the protocol and how best to apply it. This is particularly relevant on dealing with each case individually to ensure that the protocol is applied in a person-centred manner. In line with this process, staff will be offered the opportunity to discuss should there be any potential adverse impact on equality grounds.</p>
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Section 4: GOOD RELATIONS				
To what extent is the policy/proposal likely to impact on good relations between people of different religious belief, political opinion or racial group?				
Good relations 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	
Religious belief			✓	
Political opinion			✓	
Racial group			✓	

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Section 5: DISABILITY DUTIES

<p>How does the policy/proposal or decision currently encourage disabled people to participate in public life and promote positive attitudes towards disabled people? Consider what other measures you could take.</p> <p><i>For example, have staff received disability equality training or training on the Trust’s Patient and Client Experience Standards?</i></p>	<p>The Trust is committed to ensuring equality of opportunity for all service users and staff in terms of disability and complies with the Disability Discrimination Act 1995, the United Nations Convention on the Rights of people with disabilities, the Human Rights Act 1998 and Section 75 of the Northern Ireland act 1998. The Trust has a number of policies/strategies in place including the Disability Action Plan, aimed at encouraging disabled people to participate in public life and to promote positive attitudes towards disabled people. All staff have access to Disability awareness training.</p>
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Section 6: HUMAN RIGHTS

Does the policy/proposal affect human rights in a positive or negative way?
NB: If you identify potential negative impact in relation to any of the Articles seek advice from your line manager and/or a representative from the Equality Team. It may also be necessary to seek legal advice.

Article	Positive impact	Negative impact *	Neutral impact
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			✓

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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			✓
Please 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.			

* A negative impact is where human rights have been interfered with or restricted

Section 7: SCREENING DECISION	Major	Minor	None
(7.1) How would you categorise the impacts of this policy/proposal?			✓
(7.2) If you have identified any impact, what mitigation have you considered to address this?			

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(7.2) Do you consider the policy/proposal needs to be subjected to on-going screening?	Yes	No ✓	Reasons
(7.3) Do you think the policy/proposal should be subject to an Equality Impact Assessment (EQIA)? <i>NB: A full Equality Impact Assessment (EQIA) is usually confined to those policies or proposals considered to have major implications for equality of opportunity.</i>	Yes	No ✓	Reasons
(7.4) Monitoring- Please detail how you will monitor the effect of the policy/proposal for equality of opportunity and good relations, disability duties and human rights?	It will be monitored and reviewed periodically		
Please sign and date below and forward to the Health & Social Inequalities Team xxxxxxx@belfasttrust.hscni.net			
Approved Lead Officer	Samantha Whann		Countersigned by:
Position	Senior HR Manager	Health Inequalities Manager	Orla Barron
Date	21 November 2017	Employment Equality Manager	Martin McGrath

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Tables 1 and 2: **Qualitative and Quantitative Data** required to assess level of impact, mitigation and opportunities to better promote equality of opportunity (As referred to in Section 3)

THERE IS NO SERVICE USER IMPACT

Table 1: SERVICE USERS *2011 Census Data unless otherwise stated				
Equality Category	Service users	Quantitative Data*		Qualitative Data (Needs, Experiences, Priorities)
		Belfast / Castlereagh population	Service users affected	
1. Age	0-16	22%		
	16-24	11%		
	25-34	12%		
	35-44	14%		
	45-54	14%		
	55-64	12%		
	65+	15%		
2. Dependent Status	Caring for a child dependant older person/ person with a disability	12% of usually resident population provide unpaid care		
	None			
	Not known			

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3. Disability	Yes No Not known	21% 69% n/a		
4. Gender	Female Male	51% 49%		
5. Marital Status	Married/Civil P'ship Single Other/Not known	47% 36% 17%		
6. Race Ethnicity	White Black/Minority Ethnic Not known	98% 2% n/a		
7. Religion	Roman Catholic	41%		

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	Presbyterian Church of Ireland Methodist Other Christian	42%		
	Buddhist Hindu Jewish Muslim Sikh Other None	17%		
8. Political Opinion <i>* 2011 Assembly election</i>	Broadly Nationalist Broadly Unionist Other Do not wish to answer/ Unknown	45% 48% 2% 5%		
9. Sexual Orientation <i>*2012 report by Disability Action & Rainbow Project</i>	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		

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Table 2: STAFF *@January 2017				
Equality Category	Groups	Quantitative Data		Qualitative Data
		Trust workforce*	Staff affected	
1. Age	<25	4%	ALL STAFF	
	25-34	24%		
	35-44	26%		
	45-54	28%		
	55-64	16%		
65+	2%			
2. Dependant Status	Dependants	23%	ALL STAFF	
	No Dependants	19%		
	Not known	58%		
3. Disability	Yes	2%	ALL STAFF	
	No	67%		
	Not known	31%		

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4. Gender	Female Male	78% 22%	ALL STAFF	
5. Marital Status	Married/ Civil P'ship Single Other/Not known	56% 34% 10%	ALL STAFF	
6. Race a) Ethnicity	BME White Not Known	4% 76% 20%	ALL STAFF	
b) Nationality	GB Irish Northern Irish Other Not known	18% 10% 2% 1% 69%	ALL STAFF	

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

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