Equality, Good Relations and Human Rights SCREENING TEMPLATE

Overview of Equality Screening Process

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

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

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

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

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

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

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

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

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

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

Section 11: **Statutory Rural Impact Assessments**: Signposting

****Completed Screening Templates are public documents posted on the Trust Website****

Ref No: ES July 24 10

Belfast Health and Social Care Trust
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Section 1: Policy Scoping: Information about the Policy / Proposal / Decision					
(1.1) Name of the policy/proposal/decision	Introduction of the new Regional Enforcement Contract by Belfast Trust				
(1.2) Status of policy/proposal/decision	**New**			Existing	Revised
(1.3) Trust Directorate / Division	Corporate Services Group *(Please specify)* • Performance, Planning & Informatics • Finance, Estates & Capital Development • HR & Org Development • Corporate Comms	**Nursing and User Experience** Medical Directorate	Unscheduled Care and Older People's Acute Services	ACCTSS and Surgery Anaesthetics, Critical Care, Theatres and Sterile Services (ACCTSS)	Trauma, Orthopaedics, Rehab Services, Maternity, ENT, Dental and Sexual Health
	Mental Health and Intellectual Disability	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?	This is an equality screening for Belfast Trust regarding the introduction of the new Regional Enforcement Contract for Car Parking Management. Belfast Trust currently has a contract with APOCA. This contract covers the Royal Victoria Hospital Site, City Hospital Site and Mater Hospital, Musgrave Park Hospital, Knockbracken and Bradbury Place sites Due to the introduction of the Hospital Parking Charges Act (Northern Ireland) 2022 there is a need for a				

	new Regional Enforcement Contract for Car Parking Management. In March 2024 it was agreed by the NI Executive that the planned introduction of free parking should be deferred for two years (until May 2026) to allow for the necessary infrastructure to be implemented at hospital sites. The first stage of this is implementing the new Regional Enforcement Contract for Car Parking Management. This contract is with Parking Eye and is due to commence in November 2024. The new contracts includes details of: • Use of car parking technology - Automatic Number Plate Recognition (ANPR) is a technology that uses specialist cameras, software and image processing to capture vehicle registration plates and converts the registration plate images into data. • Patrol Wardens • Enforcement Actions, including Parking Charge Notifications (PCN) • Signage Belfast Trust will be utilising existing and upgraded barrier control technology for dedicated (predominantly staff only) parking areas. The new contract commences in November 2024, however not all aspects of it will be in force until May 2026. For example, the wardens and PCNs will only oversee areas outside of the visitor and staff car parks. The use of ANPR will commence in November 2024. A Data Protection Impact Assessment has been completed with regard to the use of ANPR. The real and full impact of changes for users of the car parks will not be realised until May 2026 when free car parking is introduced. There will be engagement with services users and staff regarding the full implementation measures needed for free car parking and these will be screened for any equality impacts. **Changes for Patients/Service Users/Carers/Visitors** The only changes for patients, service users, carers or visitors at this stage will be the use of ANPR and upgraded barrier control technology in the car parks. It is not expected this will have an adverse impact in respect of any of the nine protected groups. A Data Protection Impact Assessment has been completed for the use of ANPR.

Impact on Staff

The only change the new Regional Enforcement Contract for Car Parking Management will have for our staff with permits is how they gain access to the car park in some of our sites. Staff who have a permit will continue to park in the staff areas. The new ANPR will recognise the number plate and allow access. In 2022, Car Park Access Criteria was introduced - the same assessment criteria now applies to all Trust staff; long term appointments of agency and locum staff; joint contract holders; Board Members; and volunteers. The access criteria was subject to an ongoing equality screening in 2022 and is available on the Belfast Trust's website.

It is important to note, with regard to the RVH site, Belfast Trust recognises that there is not sufficient parking for staff, which means many staff park in the visitor's car park. There are a number of alternative options to driving/parking offered to staff, but also recognition that some staff need to drive. There is exploration of other ways to create spaces on the RVH site or nearby. At present, there will be no change for staff who park in the visitor car parks. However, in May 2026 when free parking is introduced and the visitor car parks are monitored, it is likely staff who park there regularly and for long durations, will be impacted.

There will be ongoing engagement with staff regarding this issue and the measures needed for the introduction of free parking will be screened for any equality impacts and rural needs.

Monitoring and Review

This implementation will be reviewed at monthly, then 6 monthly intervals. It is expected that between November 2024 and May 2026 there will be many reviews of the new contract due to the needed preparation for the introduction of free car parking.

- Data will be sought from Dashboard reports generated via Parking eye portal - Number of Parking infringements (PCNs) overturned / appealed / upheld
- Logistics complaints and compliments database – governance reports
- KPIs of regional Sustainability strategy group
- Number of Freedom of information related requests

(1.5) Who owns the policy/proposal?	Director of Nursing and User Experience
(1.6) Who are the **main stakeholders affected**?	• Patients & Service users • Carers/family members • Visitors • Members of the public • Staff • Contractors • Trade Unions
(1.7) Provide details of **how you involved stakeholders,** views of colleagues, service users, staff side or other stakeholders when screening this policy/proposal.	• Contract adjudication group membership from all NI Trusts (consisting of car park management and Business Services Organisation) responsible for tendering specifications and awarding of contract and responsibilities therein. • Regional Car Parking Strategy group • BHSCT strategy group (comprising disabled users, staff and Trade Unions) • Union Stakeholders / Staff side, strategy group attendance – different disciplines • Ministerial involvement with decision making • Consultation took place with the public regarding the Hospital Parking Charge Bill 2022
(1.8) Other policies/strategies with a bearing on this policy/proposal	**BHSCT 5 Year Travel Plan** The Department of Health and Trusts are currently working to implement a traffic management system to control parking, preserve blue light routes and protect designated routes to facilitate free car parking from May 2026. **Guidance on HSC Hospital Car Parking Provision and Management was issued in June 2008.** The Regional Strategic Transport – Network Transport Plan 2015 Regional Transportation Strategy (RTS) for Northern Ireland 2002-2012 HTM 07-03: Transport Management and Car Parking
(1.9) Are there any **factors that could contribute to/detract** from the intended aim/outcome of the policy/proposal/decision?	Belfast Trust is committed to the full implementation of this policy and through regular monitoring, it is anticipated that the aims and objectives of the policy will be fully realised and any factors that could detract from those aims and objectives will be minimised/avoided. The Regional Enforcement Contract for Car Parking Management with be managed by BSO with local HSC Trusts managing at Local level.

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 **<u>any</u>** of the above questions (2.1 – 2.6) please **complete Sections 3 – 10**
- If you have answered **No** to **<u>all</u>** 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 equalityscreenings@belfasttrust.hscni.net

Lead Responsible Manager:	Countersigned by Equality Manager:
Name: Aidan McCrory [redacted] **Position: Logistics Senior Manager** **Date: 30th September 2024**	Name: [redacted] Date: 30/09/2024

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)

(3.1)	**Quantitative and Qualitative Data: Service Users**				
Equality Category	**Service Users**	**Quantitative Data** (Using 2022 census data unless otherwise stated)			**Qualitative Data** (Needs, Experiences, Priorities)
		Belfast Population only	**NI Population**	**Service Users affected %**	

1. Age	0-14 15-24 25-34 35-44 45-54 55-64 65-74 75+	18.04% 14.57% 15.47% 13.35% 11.85% 12% 7.8% 6.92%	19.19% 11.8% 12.74 13.11% 13.27 12.73 9.3% 7.86%	All ages groups but particularly those aged 65+	
2. Dependent Status	Caring for a child dependant, older person or a person with a disability		12.42 % are carers	Data not collated.	
3. Disability	Yes* No *Type of disability: • Deafness or partial hearing loss • Blindness or partial sight loss • Mobility or dexterity difficulty that requires the use of a wheelchair • Intellectual or learning disability • Learning difficulty • Autism or Asperger Syndrome • Emotional, psychological or mental health condition • Frequent periods of confusion or memory loss		24.33%* 75.67% 5.75% 1.78% 1.48% 0.89% 3.15% 1.86% 8.68% 1.99%	Potentially a significant proportion of service users impacted given the nature of services delivered.	

	• Long term pain or discomfort • Shortness of breath or difficulty breathing • Other condition		11.58% 10.29% 8.81%		
4. Men and Women generally	Female Male		50.81% 49.19%		
5. Marital Status	Single Married Civil P'ship Separated Divorced Widowed	49.82% 32.94% 0.26% 4.73% 6.15% 6.1%	38.07% 45.59% 0.18% 3.78% 6.02% 6.36%		
6. Race Ethnicity	White BME	92.95% 7.05%	96.55% 3.45%		
7. Religion	Roman Catholic Presbyterian C.of Ireland Methodist Other Christian Other Religions No Religion Religion not stated	43.46% 12.44% 8.49% 2.86% 5.95% 2.96% 21.67% 2.17%	42.31% 16.61% 11.55% 2.35% 6.85% 1.34% 17.39% 1.6%		

8. Political Opinion Based on total elected candidates in the local government elections 2023 **Figures extracted from Lisburn and Castlereagh Council 2023.*		Belfast Council	C'reagh*		
	DUP	14	3		
	SF	22	2		
	SDLP	5	1		
	UUP	2	1		
	APNI	11	5		
	Green	3	0		
	PBP	1	0		
	IND	1	0		
	Trad UP	2	0		
9. Sexual Orientation	Straight or heterosexual	87.1%	90.04%		
	Gay or lesbian	2.27%	1.17%		
	Bisexual	1.48%	0.75%		
	Other	0.32%	0.17%		
	Prefer not to say	5.2%	4.58%		
	Not stated	3.64%	3.30%		

Multiple Identities					

(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:** [redacted] **Email : samantha.whann@belfasttrust.hscni.net**

Qualitative Data: Consider the different needs, experiences and priorities of each of the categories in relation to the policy / proposal / decision.

Should any equality / modernisation related issues arise they will be managed through the Organisational Change Framework.
Click here for Framework

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

Equality Category	**Groups**	**Quantitative Data**		**Qualitative Data**
		Belfast Trust workforce (@January 2023)	Staff affected by the Policy/Proposal /Decision %	

1. **Age**	16-24 25-34 35-44 45-54 55-64 65+	6% 23% 25% 23% 19% 3%		
2. **Dependant Status**	Dependants No Dependants Not known	18% 24% 58%		
3. **Disability**	Yes No Not known	2% 65% 33%		
4. **Men and Women generally**	Female Male	76% 24%		
5. **Marital Status**	Married/ Civil P'ship Single Other/ Not known	45% 28% 27%		

6. **Race** a) Ethnicity	BME White Not Known	4% 68% 29%		
b) Nationality	GB Irish Northern Irish Other Not known	20% 15% 2% 1% 62%		
7. Religion a) Community Background	Protestant Roman Catholic Neither	35% 45% 20%		
b) Religious Belief	Christian Other No religious belief Not known	30% 1% 10% 59%		
8. Political Opinion ** 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				

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

Given the **evidence** gathered in Section 3, please identify for each of the **nine equality categories** the level **of impact, mitigation measures** and **alternative** policies / proposals that better **promote equality of opportunity**.

(4.1) **SERVICE USERS**

Equality Category	**Level of Impact**			**Mitigation Measures and Alternative Policies or Actions that might lessen the severity of the equality impact** (where Major or Minor Impact identified)
	Major	**Minor**	**None**	
Age				
Dependant Status				
Disability				
Men and Women generally				

Marital Status				
Race (Ethnicity)				
Religion				
Political Opinion				
Sexual Orientation				
Multiple Identities e.g. *disabled ethnic minorities or young Protestant men.*				

(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					

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				

Political opinion				
Racial group				

Section 6: Disability Duties	
How does the policy / proposal: • **encourage disabled people to participate in public life** *and* • **promote positive attitudes towards disabled people?** Consider what **other measures** you could take to meet these **duties.** *For example, have staff received disability equality training.*	

Section 7: Human Rights

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

(7.1)

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

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

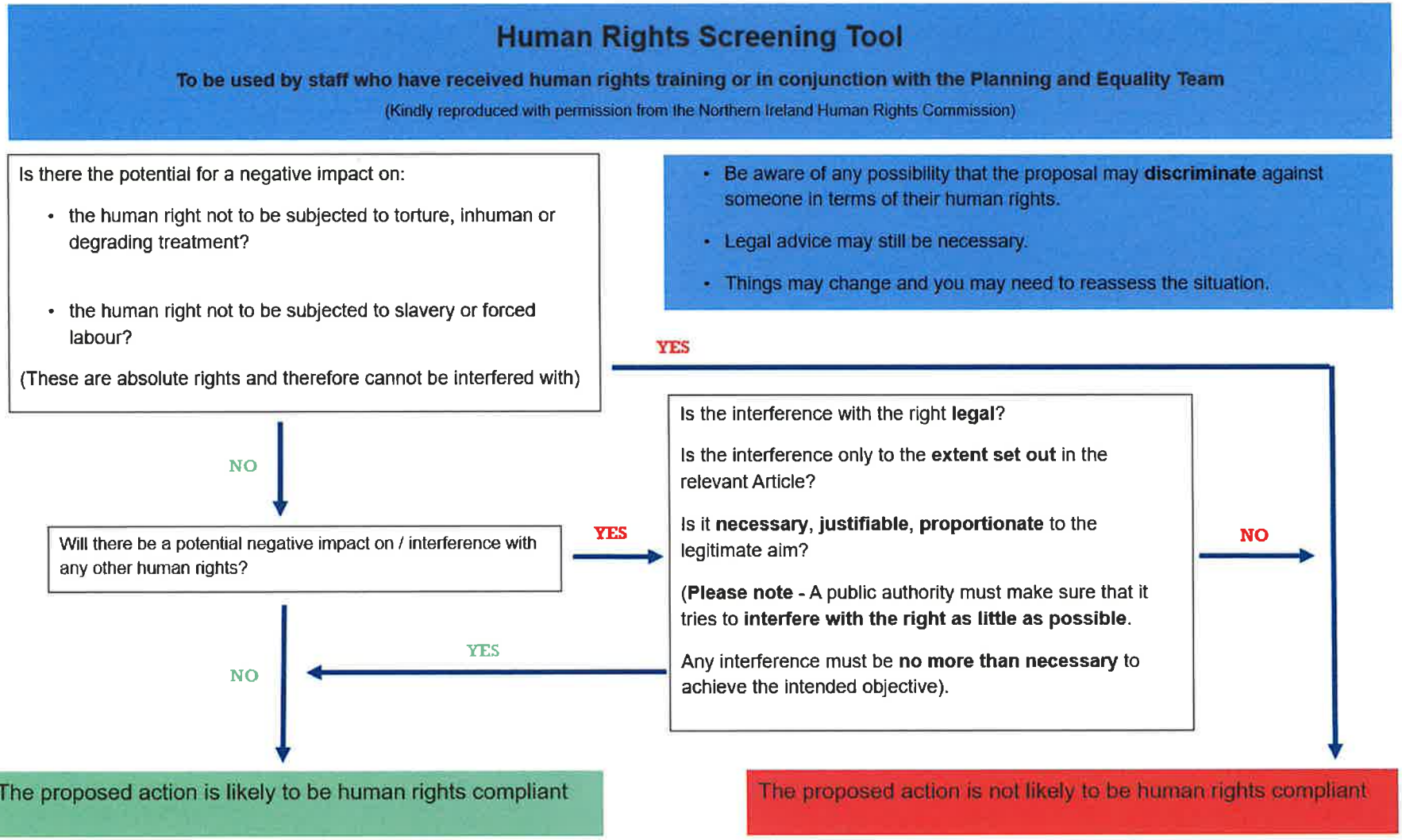
Human Rights Articles	**Yes**	**No**
A2: Right to life		
A3: Right to freedom from torture, inhuman or degrading treatment or punishment		
A4: Right to freedom from slavery, servitude & forced or compulsory labour		
A5: Right to liberty & security of person		
A6: Right to a fair & public trial within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

equalityscreenings@belfasttrust.hscni.net

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



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

Section 8: Screening Decision (8.1) **How would you categorise the impacts of this policy / proposal?** (Please underline one category)	**Major** (**Screened In** for an Equality Impact Assessment)	**Minor** (**Screened Out** with mitigation)	**None** (**Screened Out**)
(8.2) **If you have identified any impact, what mitigation has been considered to address this?**			

(8.3) **Do you think the policy/proposal/decision should be subject to an Equality Impact Assessment (EQIA)?** NB: A full Equality Impact Assessment (EQIA) is usually confined to those policies or proposals considered to have major implications for equality of opportunity/good relations/human rights.	**Yes**	**No**	**Reasons** A policy/proposal/decision is subject to an EQIA if one or more of the following criteria is met: 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.
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?*			
Section 10: Approval and Authorisation Please sign /date and forward to the Planning and Equality team equalityscreenings@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	Countersigned by: Equality Manager/Employment Equality Manager
Name: Aidan McCrory [redacted]	**Name:**
Position: Logistics Senior Manager	**Position:**
Date: 30th September 2024	**Date :**

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.