

Equality and Human Rights Screening Template

The PHA is required to address the 4 questions below in relation to all its policies. This template sets out a proforma to document consideration of each question.

What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories? (minor/major/none)

Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?

To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group? (minor/major/none)

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

SCREENING TEMPLATE

See [Guidance Notes](#) for further information on the 'why' 'what' 'when', and 'who' in relation to screening, for background information on the relevant legislation and for help in answering the questions on this template.

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Maintaining the integrity and functionality of the National Breast Screening system in Northern Ireland.

1.2 Description of policy or decision

- **what is it trying to achieve? (aims and objectives)**
- **how will this be achieved? (key elements)**
- **what are the key constraints? (for example financial, legislative or other)**

- **Who are we doing this for...?**
The Northern Ireland Breast Screening Programme (NIBSP) which is commissioned and quality assured by the Public Health Agency.
- **What is it trying to achieve...?**
To manage call, recall, cohort identification and recording of outcomes for screening subjects who are covered by the NIBSP and ensure National Breast Screening System (the IT system underpinning the programme) can continue to receive necessary updates.
- **Why is this being done...?**
To safeguard the functioning, integrity and quality of the NIBSP, by ensuring its IT system can continue to be updated and operate effectively.
- **When should it be completed...?**
Go-live by February 2023.
- **How is the project to be achieved...?**
By procuring and implementing suitable software as part of the Digital Health and Care Northern Ireland (DHCNI) Enterprise Portfolio.

The outline business case has been approved by the Digital Health & Care NI (DHCNI) Portfolio Board. The preferred option is the procurement and implementation of a new IT system.

The key constraints are as follows:

- The Project Board, Project Team and Implementation Teams being available to work on the project as planned
- Management and stakeholders providing assistance and information as and when required.

- Staff resources with the required skills to deliver the project being made available
- Addressing any data protection and GDPR issues with information governance colleagues
- Obtaining legal advice on any data protection, GDPR and contractual issues and approval to sign off same.

It is important to note that this is an IT system change only and the NIBSP protocols and procedures in relation to people eligible and called for Breast Screening will not change.

However, there will be impacts on HSC staff involved in the commissioning and delivery of Breast Screening particularly in relation to:

- Changes to business processes
- Changes to area of responsibility
- Receiving training in the new system
- Usability of the new system

1.3 Main stakeholders affected (internal and external)

For example staff, actual or potential service users, other public sector organisations, voluntary and community groups, trade unions or professional organisations or private sector organisations or others

The greatest impact will be on HSC staff in the 4 Breast Screening Units as the main users of the new system.

There will also be some impact on staff in PHA Screening & Service Development as the commissioners of the service who need to have a full understanding of the new system but will not be using it in an operational manner.

HSC staff in BSO ITS, BSO FPS and HSC Trust IT Departments will be assisting in the implementation and support of the new system, but the impact will be minimal.

1.4 Other policies or decisions with a bearing on this policy or decision

- **what are they?**
- **who owns them?**

The Northern Ireland Breast Screening Programme (NIBSP) which is commissioned and quality assured by the Public Health Agency.

Public Health Agency's Corporate Plan 2017-21¹

¹ https://www.publichealth.hscni.net/sites/default/files/PHA%20Corporate%20Plan%202017-2021_0.pdf

Health and Wellbeing 2026 - Delivering together²

eHealth and Care Strategy for Northern Ireland (2016)³

DoH NI draft 10-year Cancer Strategy⁴

DoH NI “A Cancer Strategy for Northern Ireland 2022-2032”⁵

The project team is working to identify interaction with and dependencies on other HSC IT projects and programmes such as the Digital Identity Service Programme to ensure strategic alignment.

² <https://www.health-ni.gov.uk/sites/default/files/publications/health/health-and-wellbeing-2026-delivering-together.pdf>

³ <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/interactive-ehealth-strategy.pdf>

⁴ [doh-cancer-strategy-2021-2031.PDF \(health-ni.gov.uk\)](#)

⁵ [A Cancer Strategy for Northern Ireland 2022-2032 | Department of Health \(health-ni.gov.uk\)](#)

(2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

2.1 Data gathering

What information did you use to inform this equality screening? For example previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints. Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders.

All staff groups affected are represented on either the Project Board or Project Team.

A specific workstream for Business Change and Benefit Management has also been set up to consider and agree new business processes and areas of responsibility.

Breast Screening Unit Office Managers attended an early adopters training session in January 2022. This allowed them to better assess the extent of change required.

Advice was sought from Royal National Institute of Blind People in Northern Ireland (RNIB NI).

Data sources used:

- Census 2011
- GIRES. The Number of Gender Variant People in the UK - Update 2011. Available at <http://www.gires.org.uk/prevalence.php>
- Health Survey NI (various years)
Available at http://www.dhsspsni.gov.uk/index/stats_research/stats-public_health.htm
- Northern Ireland Health and Social Care (HSC) workforce census March 2021 (health-ni.gov.uk)
- Workforce Data (HRPTS)
- Northern Ireland Life and Times Survey, 2020 Available at <https://www.ark.ac.uk/nilt/2020/>
- Northern Ireland Statistics and Research Agency (2017) Northern Ireland Pooled Household Survey (NIPHS) Tables
- The Rainbow Project (2013) Through Our Minds, Belfast: Malachai O'Hara.

- UK Government accessibility requirements - available at [Making your service accessible](#)

○ **Quantitative Data**

Who is affected by the policy or decision? Please provide a statistical profile. Note if policy affects both staff and service users, please provide profile for both. Also give consideration to multiple identities.

Category	<i>What is the makeup of the affected group? (%) Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</i>				
Gender	<p>Staff Profile (HRPTS)</p> <p>All HRPTS data used in this document was provided by the 4 HSC Trusts that provide Breast Screening services and relates to staff in the Breast Screening Units.</p> <table border="1" data-bbox="336 1066 874 1173"> <tr> <td>Male</td> <td>3.77%</td> </tr> <tr> <td>Female</td> <td>96.23%</td> </tr> </table> <p>The Gender Identity Research and Education Society (GIREs) estimate the number of gender nonconforming employees and service users, based on the information that GIREs assembled for the Home Office (2011) and subsequently updated (2014)⁶:</p> <ul style="list-style-type: none"> • gender variant to some degree 1% • have sought some medical care 0.025% • having already undergone transition 0.015% <p>Applying GIREs figures to NI population (using NISRA mid-year population estimates for June 2019) N=1,881,600 (approx.):</p> <ul style="list-style-type: none"> • 18,816 people who do not identify with gender assigned to them at birth • 470 likely to have sought medical care • 282 likely to have undergone transition. 	Male	3.77%	Female	96.23%
Male	3.77%				
Female	96.23%				

⁶ GIREs. The Number of Gender Variant People in the UK - Update 2011. Available at <http://www.gires.org.uk/prevalence.php>

Age	Staff Profile (HRPTS)	
	16-44	58.49%
	45+	41.51%
	<p>NB. Due to the small number of staff involved, the age categories were broadened to avoid risk of identification of individuals and because of this it is useful to also look at the Northern Ireland health and social care (HSC) workforce census March 2021⁷ as proxy.</p>	
	< 25	4.86%
	25-29	10.63%
	30-34	13.36%
	35-39	13.24%
	40-44	12.61%
	45-49	12.49%
	50-54	13.43%
	55-59	11.46%
	60-64	5.90%
	65+	2.02%
	<p>The Staff Profile HRPTS figures show a slightly younger age profile than the HSC workforce.</p>	

Religion	Staff Profile (HRPTS)	
	Protestant	42.45%
	Roman Catholic	46.23%
	Not Determined/Not Known	11.32%
Political Opinion	Staff Profile (HRPTS)	
	Broadly Unionist/Broadly Nationalist	16.98%
	Other	16.98%
	Do not wish to answer/not known	66.04%

⁷ [Northern Ireland health and social care \(HSC\) workforce census March 2021 \(health-ni.gov.uk\)](https://health-ni.gov.uk)

	<p>NB. Due to the small number of staff involved, the “Broadly Unionist” and “Broadly Nationalist” categories were combined to avoid risk of identification of individuals.</p> <p>As there is quite a high percentage in the “Do not wish to answer/Not known” category, it is useful to also look at the NI Population as proxy.</p> <p>“Generally speaking, do you consider yourself as a unionist, a nationalist or neither?” (Northern Ireland Life and Times, 2020⁸)</p> <p>Unionist 35%; Nationalist 19%; Neither 42%; Other 1%; Don’t know 3%.</p>						
<p>Marital Status</p>	<p>Staff Profile (HRPTS)</p> <table border="1" data-bbox="336 759 963 866"> <tr> <td>Married/Civil Partnership</td> <td>49.06%</td> </tr> <tr> <td>Single/Other</td> <td>50.94%</td> </tr> </table>	Married/Civil Partnership	49.06%	Single/Other	50.94%		
Married/Civil Partnership	49.06%						
Single/Other	50.94%						
<p>Dependent Status</p>	<p>Staff Profile (HRPTS)</p> <table border="1" data-bbox="336 1081 1091 1256"> <tr> <td>Yes</td> <td>27.36%</td> </tr> <tr> <td>No</td> <td>25.47%</td> </tr> <tr> <td>Not known</td> <td>47.17%</td> </tr> </table> <p>As there is quite a high percentage in the “Not known” category, it is useful to also look at the NI Population as proxy.</p> <p>Official statistics from the Health Survey NI (2018/19) suggest that in Northern Ireland:</p> <ul style="list-style-type: none"> • 14% had caring responsibilities • Females (17%) were more likely than males (10%) to have caring responsibilities <p>The Staff Profile shows a higher percentage of people with a caring responsibility than the general population.</p>	Yes	27.36%	No	25.47%	Not known	47.17%
Yes	27.36%						
No	25.47%						
Not known	47.17%						

⁸ ARK. Northern Ireland Life and Times Survey, 2020.
https://www.ark.ac.uk/nilt/2020/Political_Atitudes/UNINATID.html

Disability	Staff Profile (HRPTS)						
	<table border="1"> <tr> <td>Yes</td> <td>4.72%</td> </tr> <tr> <td>No</td> <td>71.70%</td> </tr> <tr> <td>Not known</td> <td>23.58%</td> </tr> </table>	Yes	4.72%	No	71.70%	Not known	23.58%
Yes	4.72%						
No	71.70%						
Not known	23.58%						
	<p>As there is quite a high percentage in the “Not known” category, it is useful to also look at the NI Population as proxy.</p> <p>Health Survey NI (2018/19)⁹</p> <ul style="list-style-type: none"> • 41% longstanding illness (29% limiting and 13% non-limiting illness) • Females (42%) were more likely than males (40%) to have a long-term condition. • Prevalence also increased with age with 27% of those aged 16-24 reporting a long-term condition compared with 69% of those aged 75 and over. • Over a fifth (22%) reported high levels of anxiety, while 40% reported very low levels <p>Census data reveals that of the NI population:</p> <ul style="list-style-type: none"> • Deafness or partial hearing loss – 5.14% (93, 078) • Blindness or partial sight loss – 1.7% (30, 785) • Communication Difficulty – 1.65% (29, 879) • Mobility or Dexterity Difficulty – 11.44% (207, 163) • A learning, intellectual, social or behavioural difficulty - 2.22% (40, 201) • An emotional, psychological or mental health condition - 5.83% (105, 573) • Long – term pain or discomfort – 10.10% (182, 897) • Shortness of breath or difficulty breathing – 8.72% (157, 907) • Frequent confusion or memory loss – 1.97% (35, 674) • A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy. – 6.55% (118, 612) • Other condition – 5.22% (94, 527) • No Condition – 68.57% (1, 241, 709) 						
Ethnicity	Staff Profile (HRPTS)						

⁹ Health Survey NI [Tables from health survey Northern Ireland | Department of Health \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/tables-from-health-survey-northern-ireland/)

	White	79.25%
	Other/Not known	20.75%
<p>As there is quite a high percentage in the “Other/Not known” category, it is useful to also look at the NI Population as proxy.</p> <p>Although data for the numbers of people from different ethnicities living in Northern Ireland is limited, Northern Ireland Pooled Household Survey ¹⁰(NIPHS) tables, published 2017 show that:</p> <p>2013/14: Ethnicity White 98.2% (1,399,000); All other Ethnicities 1.6% (23,000)</p> <p>2014/15: Ethnicity White 98.2% (1,409,000); All other Ethnicities 1.8% (26,000)</p>		
Sexual Orientation	Staff Profile (HRPTS)	
	Opposite sex	53.77%
	Same sex	0.00%
	Same and Opposite sex	0.00%
	Do not wish to answer/not known	46.23%
<p>As there is quite a high percentage in the “Do not wish to answer/Not known” category, it is useful to also look at the NI Population as proxy.</p> <p>There are no accurate statistics on sexual orientation in the community as a whole, it is however estimated that between 5% and 10% of the population would identify as lesbian, gay or bisexual.</p> <p>A report published by the Rainbow Project (O’Hara, 2013)¹¹, based on research conducted with more than 500 individuals found that the respondents reported common experiences of invisibility, homophobia/transphobia, and a range of violence from threats to physical</p>		

¹⁰ Northern Ireland Statistics and Research Agency (2017) *Northern Ireland Pooled Household Survey (NIPHS) Tables*, Available at: <https://www.nisra.gov.uk/publications/northern-ireland-pooled-household-survey-niphs-tables> (Accessed: 04 December 2020).

¹¹ The Rainbow Project (2013) *Through Our Minds*, Belfast: Malachai O’Hara.

violence, whether direct or indirect. As a result of their actual or perceived sexual orientation and/or gender identity:

- 65.8% had been verbally assaulted at least once;
- 43.3% had been threatened with physical violence at least once;
- 33% had been threatened to be 'outed' at least once;

34.7% had experienced discrimination in accessing goods, facilities or services at least once.

2.2 Qualitative Data

What are the different needs, experiences and priorities of each of the categories in relation to this policy or decision and what equality issues emerge from this? Note if policy affects both staff and service users, please discuss issues for both. Also give consideration to multiple identities (such as single parents for example).

Category	Needs and Experiences
Gender	Females are more likely to work part-time which may affect their availability for training.
Age	It is recognised that new technology or changes to ways of working can prove difficult for older people.
Religion	There is no data to suggest that the needs and experiences of staff members differ on the basis of religion.
Political Opinion	There is no data to suggest that the needs and experiences of staff members differ on the basis of political opinion .
Marital Status	There is no data to suggest that the needs and experiences of staff members differ on the basis of marital status.
Dependent Status	People with caring responsibilities may work part-time which may affect their availability for training.
Disability	Changes to business processes and/or areas of responsibility could create additional stress and have an impact on staff members with existing mental health conditions. Staff with visual impairment should already have appropriate reasonable adjustments in place but these will need to be reviewed, specifically in relation to the training that will be provided and in the usability of the new system.
Ethnicity	Staff members whose first language is not English may require additional support in learning to use the system.
Sexual Orientation	There is no data to suggest that the needs and experiences of staff members differ on the basis of sexual orientation.

2.3 Making Changes

Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>We have committed to ensuring that the system meets accessibility standards. As it was developed by NHS Digital, we asked if they could provide a statement on this. They have told us that while they do seek to incorporate accessibility standards, there is no formal assessment carried out for systems designed for internal NHS use (as opposed to web based systems for public use). The system has been used in Breast Screening offices across England for over 5 years with no outstanding accessibility issues.</p> <p>NHS Digital have given an undertaking that if any accessibility issues are discovered they will be added to the system development roadmap for urgent correction.</p> <p>We have set up a Business Change and Benefits Management group which has representation from all Breast Screening Units. Some of these staff have part-time working patterns.</p> <p>We have carried out a staff survey to measure awareness of the project and plan to maintain communication with the Breast Screening Units so that staff have a channel through which to raise any concerns.</p>	<p>Through the Business Change and Benefits Management group we will invite existing staff to take part in user testing of the new system.</p> <p>In recognition of the need to make IT systems accessible to staff, we will carry out user testing. We will particularly encourage staff with sight loss to take part in user testing. If that is not possible to arrange, then other HSC staff with sight loss will be asked to assist in user testing to help identify potential barriers.</p> <p>This approach has been discussed with RNIB NI who think it is sensible and proportionate. If any issues are discovered, then they will be reported back to NHS Digital for remediation and further advice will be sought from RNIB NI.</p> <p>As Equal Opportunities employers, Trusts and PHA will also be guided by their existing policies and the need for necessary reasonable adjustments.</p> <p>A training programme will be developed which will allow for initial training and on-going support in ways that best address any issues identified i.e. both face-to-face and e-learning; access to accessible training materials and manuals on-line after formal training; seeking feedback on training.</p> <p>Part-time working patterns will be considered when arranging the training schedule. The project will also ensure that business readiness for change is assessed and that there is early-life support after go-live to ease transition to new working practices.</p>

2.4 Good Relations

What changes to the policy or decision – if any – or what additional measures would you suggest to ensure that it promotes good relations? (refer to guidance notes for guidance on impact)

<i>Group</i>	<i>Impact</i>	<i>Suggestions</i>
Religion	n/a	
Political Opinion	n/a	
Ethnicity	n/a	

(3) SHOULD THE POLICY OR DECISION BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

A full equality impact assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity

How would you categorise the impacts of this decision or policy? (refer to guidance notes for guidance on impact)

Please tick:

Major impact	<input type="checkbox"/>
Minor impact	<input checked="" type="checkbox"/>
No further impact	<input type="checkbox"/>

Do you consider that this policy or decision needs to be subjected to a full equality impact assessment?

Please tick:

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

Please give reasons for your decisions.

This is an IT system change only and the NIBSP protocols and procedures in relation to people eligible and called for Breast Screening will not change.

It will have minor impacts on staff working in HSC Breast Screening Units and mitigations for these will be addressed during the project.

No major adverse impacts were identified from the data and evidence available.

(4) CONSIDERATION OF DISABILITY DUTIES

4.1 In what ways does the policy or decision encourage disabled people to participate in public life and what else could you do to do so?

<i>How does the policy or decision currently encourage disabled people to participate in public life?</i>	<i>What else could you do to encourage disabled people to participate in public life?</i>
We will invite and encourage any staff with a disability to take part in user testing of the system.	

4.2 In what ways does the policy or decision promote positive attitudes towards disabled people and what else could you do to do so?

<i>How does the policy or decision currently promote positive attitudes towards disabled people?</i>	<i>What else could you do to promote positive attitudes towards disabled people?</i>
n/a	

(5) CONSIDERATION OF HUMAN RIGHTS

5.1 Does the policy or decision affect anyone's Human Rights? Complete for each of the articles

ARTICLE	Yes/No
Article 2 – Right to life	N
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	N
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour	N
Article 5 – Right to liberty & security of person	N
Article 6 – Right to a fair & public trial within a reasonable time	N
Article 7 – Right to freedom from retrospective criminal law & no punishment without law	N
Article 8 – Right to respect for private & family life, home and correspondence.	N
Article 9 – Right to freedom of thought, conscience & religion	N
Article 10 – Right to freedom of expression	N
Article 11 – Right to freedom of assembly & association	N
Article 12 – Right to marry & found a family	N
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights	N
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	N
1 st protocol Article 2 – Right of access to education	N

*If you have answered no to all of the above please move on to **Question 6** on monitoring*

5.2 If you have answered yes to any of the Articles in 5.1, does the policy or decision interfere with any of these rights? If so, what is the interference and who does it impact upon?

List the Article Number	Interfered with? Yes/No	What is the interference and who does it impact upon?	Does this raise legal issues?*
			Yes/No

** It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this*

5.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy or decision.

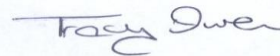
(6) MONITORING

6.1 What data will you collect in the future in order to monitor the effect of the policy or decision on any of the categories (for equality of opportunity and good relations, disability duties and human rights)?

Equality & Good Relations	Disability Duties	Human Rights
We intend to run a user survey approximately 12 months after go-live to measure project benefits. As a result of this screening exercise we will add a question to monitor any usability or accessibility issues.	n/a	n/a

Approved Lead Officer:

Dr Tracy Owen



Position:

Interim Assistant Director of Public Health (Screening and Professional Standards)

Date:

01/11/2022

Policy/Decision Screened by:

Dr Adrian Mairs
Consultant in Public Health



E: Adrian.mairs@hscni.net

Please note that having completed the screening you are required by statute to publish the completed screening template, as per your organisation's equality scheme. If a consultee, including the Equality

Commission, raises a concern about a screening decision based on supporting evidence, you will need to review the screening decision.

**Please forward completed template to:
Equality.Unit@hscni.net**

Any request for the document in another format or language will be considered.
Please contact the Equality Unit:

2 Franklin Street; Belfast; BT2 8DQ; Email: Anne.Basten@hscni.net or
Karen.Beattie@hscni.net; Phone: 028 9536 3814/ 9536 3023