

Equality, Good Relations and Human Rights Screening Template

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

See 'Equality, Good Relations and Human Rights Screening Guidance Notes' (on SharePoint) for further background information on the relevant legislation and for help in answering the questions on this template.

(1) Information about the Policy/Proposal

(1.1) Name of the policy/proposal

Policy on Patient/Client Identification for the Southern Health and Social Care Trust (SHSCT)

(1.2) Is this a new, existing or revised policy/proposal?

This is a revised policy which was previously screened out with no impact.

What is it trying to achieve (intended aims/outcomes)?

The Southern Trust patient/client identification policy aims to *ensure*:

- The SHSCT has appropriate identification processes embedded for all staff to minimize the potential for errors that may result in harm to patients/clients.
- That the identification of all patient/client accessing services provided by the SHSCT are correctly identified as an ongoing process as opposed to only at initial contact.
- All health and social care staff acknowledge and accept that the management and monitoring of patient/client identification is a key component of their individual's role and that is an ongoing process rather than an activity, which takes place only at initial contact.

(1.3) Are there any Section 75 categories, which might be expected to benefit from the intended policy/proposal?

This policy applies to all patients as it is specifically concerned with patient safety.

(1.4) Who owns and who implements the policy/proposal - where does it originate, for example DoH, HSCB, the Trust?

This is owned by the Southern HSC Trust

(1.5) Are there any factors that could contribute to/detract from the intended aim/outcome of the policy/proposal/decision? (Financial, legislative or other constraints?)

Adherence to Articles 2 and 3 of the Human Rights Act (1998)
The Mental Capacity Act (2016) (MCA) this legislation guided the development of this policy review in relation to the review of the identification of patients/clients Staff Training on human rights and MCA in the practical application of the policy.

(1.7) Who are the internal and external stakeholders (actual or potential) that the policy/proposal/decision could impact upon? (E.g. staff, service users, other public sector organisations, trade unions, professional bodies, independent sector, voluntary and community groups etc.)

The internal and external stakeholders that this policy could impact on are all permanent and temporary staff employed by the SHSCT, the patients/service users who require inpatient/outpatient care and treatment. Other stakeholders could include volunteers providing services on behalf of the Trust and students on placement in the Trust. All professions must adhere to their own code of conduct, Mental Capacity Act (2016) and the Human Rights Act (1998) in addition to Trust guidance and policy when confirming patients identification.

(1.8) Other policies with a bearing on this policy/proposal (for example regional policies) - what are they and who owns them?

The most significant policies and legislation with a bearing on this policy Trust policies and legislation include

- Southern Trust Policy on Gaining Consent (2009-awaiting update)
- Southern Trust Infection Control Information as contained in Intranet Infection Prevention Page
- UN Convention on Rights of People with Disabilities (UNCRPD)
- Human Rights Act 1998
- Equality, Diversity and Inclusion Policy 2021
- Disability Equality Policy 2021
- Age of Majority Act 1969
- Mental Capacity Act 2016
- SHSCT Policy for the Safeguarding, movement & Transportation of patient/Client/Staff/Trust Records, Files and other media between facilities (2021)
- SHSCT Blood Transfusion Policy (2018)

- SHSCT Medicine’s Management Code (2015)
- Southern Health & Social Care Trust Acute Hospitals Major Incident Plan (Mass Casualties) (2022)
- Nursing and Midwifery Council (2015), The Code Professional standards of practice and behaviour for nurses, midwives and nursing associates

(2) Available evidence

Evidence to help inform the screening process may take many forms. What evidence/information (both qualitative and quantitative) have you gathered to inform this policy?

2.1 Staff Affected by this Policy/Proposal / 2.2 Composition of Southern Trust Workforce

This Policy applies to all staff working in the SHSCT.

Section 75 Group	Southern Trust Workforce Profile as at 1 January 2025	Percentage
Gender	Female	85.6%
	Male	14.4%
Religion	Protestant	34.1%
	Roman Catholic	55.9%
	Neither	10.0%
Political Opinion	Broadly Unionist	8.9%
	Broadly Nationalist	9.7%
	Other	7.4%
	Do Not Wish To Answer/Not Known	74.0%
Age	16-24	6.7%
	25-34	22.5%
	35-44	27.9%
	45-54	21.2%
	55-64	17.8%
	65+	3.9%
Marital Status	Single	31.7%
	Married	56.8%
	Not Known	11.5%
Dependent Status	Caring for a Child/Children / Dependant Older Person / Person With a Disability	14.7%
	None	31.3%
	Not Known	54.0%
Disability	Yes	2.6%
	No	73.9%
	Not Known	23.5%
Ethnicity	Bangladeshi	0.01%
	Black African	0.45%
	Black Caribbean	0.01%
	Black Other	0.03%
	Chinese	0.09%
	Filipino	0.6%
	Indian	1.2%

	Irish Traveller	0.01%
	Mixed Ethnic	0.2%
	Pakistani	0.15%
	White	74.2%
	Not Known	23.0%
Sexual Orientation towards:	Opposite Sex	57.9%
	Same Sex	1.03%
	Same and Opposite Sex	0.26%
	Do Not Wish To Answer/Not Known	40.81%

2.3 Patients / Clients Affected / 2.4 Southern Trust's Area Population Profile – Census 2021

This policy applies to all service users.

(NB: in some instances you may need to be more specific and use local District Council areas – please contact the Equality Unit on 028 375 64152).

Section 75 Group	Trust's Area Population Profile (Population of 390,973)	Percentage
Gender	Female	50.2
	Male	49.8
Religion	Protestant	35.5
	Roman Catholic	57.0
	Other	7.5
Political Opinion	Not collected	
Age	0-15	22.5
	16-24	10.2
	25-44	26.5
	45-64	25.2
	65-84	13.8
	85+	1.8
Marital Status (aged 16+ years)	Single	28.1
	Married/Civil Partnership	37.7
	Other	34.2
Dependent Status	Caring for a dependent Child/Children	25.8% care for a dependent child/children
Disability	Yes	21.8
	No	78.2
Ethnicity	Asian Other	0.4
	Bangladeshi	0
	Black African	0.4
	Black Caribbean	0
	Black Other	0.4
	Chinese	0.3
	Filipino	0.1
	Indian	0.2
	Irish Traveller	0.3
	Mixed Ethnic Group	0.8
	Arab	0.06
Roma	0.08	

	Other	0.2
	Pakistani	0.1
	White	96.5
Sexual Orientation	Heterosexual	69.8
	LGBTQ+	1.1
	Not Stated	29.1

2.5 Northern Ireland Health And Social Care Workforce Key Statistics

According to the 2025 Census figures some key stats for the HSC are:

- The HSC workforce grew by 22% (11,944.8 WTE) between the 2016 and 2025 Censuses.
- The largest employer in the HSC was the Belfast Trust with 21,191 (19,038.9 WTE) staff or 28% of all HSC staff.
- The largest Occupational Family was Nursing & Midwifery with 24,887 (22,269.3 WTE) staff or 33% of all HSC staff.
- Over two thirds (34%, 22,402.2 WTE) of WTE HSC staff were employed at Agenda for Change Bands 1 to 4.
- Over three quarters (78% or 58,354 headcount) of HSC employees were female.

(3) Needs, experiences and priorities

(3.1) Taking into account the information above what are the different needs, experiences and priorities of each of the Section 75 categories and for both service users and staff.
(NB: Use relevant statistical and qualitative data to complete the table below)

Section 75 Category	Details of Needs, Experiences and Priorities	
	Staff	Service Users
Gender	The policy is relevant to all staff, who have contact with service users. Staff will be made aware of the policy through the policy implementation plan submitted to Policy Scrutiny.	None known but will be kept under review
Age	None known but will be kept under review	Age is not a deciding factor however it is acknowledged that those patients with age of 85+ years may have some conditions which are more prevalent in old age such as dementia, which may affect capacity. Human Rights considerations in particular Articles 3 and 5 will be borne in mind in the practical application of the policy
Religion	This policy is sufficiently flexible to accommodate expression of religious needs.	None known but will be kept under review

Section 75 Category	Details of Needs, Experiences and Priorities	
	Staff	Service Users
Political Opinion	None	None known but will be kept under review
Marital Status	None	None known but will be kept under review
Dependent Status	None	None known but will be kept under review
Disability	This policy is sufficiently flexible to accommodate reasonable adjustments for those staff with disabilities.	Disability is an identified contributing factor to accommodate individuals. Human Rights considerations in particular Articles 3, 5 and 8 will be borne in mind in the practical application of the policy
Ethnicity	This policy is sufficiently flexible to accommodate differences in cultural diversity and expression. Interpreters are available if required.	Interpreters are available if required
Sexual Orientation	None	None Known but will be kept under review

(3.2) Provide details of how you have involved stakeholders, views of colleagues, service users and staff etc when screening this policy/proposal.

Given that, this is a review of an existing Trust policy with minimal change and reflective of the Regional steer, consultation has been targeted to Infection Control and Union Representation, Senior Nursing and Midwifery and AHP Governance Forum and through this Operational Directorates. Assistant Director of Acute Services, Assistant Director of MHD and Assistant Director of OPPC.

(4) Screening Questions

You now have to assess whether the impact of the policy/proposal is major, minor or none. You will need to make an informed judgement based on the information you have gathered.

(4.1) What is the likely impact of equality of opportunity for those affected by this policy/proposal, for each of the Section 75 equality categories?			
Section 75 category	Details of policy/proposal impact		Level of impact? Minor/major/none
	Staff	Service Users	
Gender	None	This policy will have a positive impact for all service users. By standardising patient/client identification procedures, it maintains the safety of all patients and clients accessing services. The policy also recognises that some patients may be unable to wear identification bands and provides alternative guidance to ensure inclusive and proportionate application	Minor Positive
Age	None	As Above	Minor Positive
Religion	None	As Above	Minor Positive
Political Opinion	None	As Above	Minor Positive
Marital Status	None	As Above	Minor Positive
Dependent Status	None	As Above	Minor Positive
Disability	None	As Above	Minor Positive
Ethnicity	None	As Above	Minor Positive
Sexual Orientation	None	As Above	Minor Positive

(4.2) Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories?	
Section 75 category	Please provide details
Gender	None
Age	As above
Religion	As Above
Political Opinion	As above
Marital Status	As above
Dependent Status	As above
Disability	As above
Ethnicity	As above
Sexual Orientation	As above

(4.3) To what extent is the policy/proposal likely to impact on good relations between people of different religious belief, political opinion or racial group? minor/major/none		
Good relations category	Details of policy/proposal impact	Level of impact Minor/major/none
Religious belief	N/A	N/A
Political opinion	N/A	N/A
Racial group	N/A	N/A

(4.4) Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?	
Good relations category	Please provide details
Religious belief	None identified
Political opinion	None identified
Racial group	None identified

(5) Consideration of Disability Duties

(5.1) How does the policy/proposal encourage disabled people to participate in public life and promote positive attitudes towards disabled people?

Through acknowledgement by the Trust and staff employed of the need for the policy to be applied flexibly to include the use of reasonable adjustments for individuals with in relation to patient/client identification

The Policy intention is to reflect a positive corporate culture of equal opportunity and respect whilst reinforcing a positive attitude towards all staff and public alike through patient safety.

(6) Consideration of Human Rights

The Trust has a duty to act compatibly and must take Human Rights considerations into account in its day-to-day functions/activities.

(6.1) How does the policy/proposal impact on Human Rights?
Complete for each of the articles

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

Please note: If you have identified potential negative impact in relation to any of the Articles in the table above, speak to your line manager and/or Equality Unit on tel: 028 375 64151. It may also be necessary to seek legal advice.

(6.2) 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.

The Trust is committed to the protection and promotion of Human Rights in all aspects of its work. The Human Rights Act 1998 gives effect in UK Law to the European Convention on Human Rights and requires legislation to be integrated so far as possible in a way that is compatible with the Convention rights. It also makes it unlawful for a public body to act incompatibly with the Convention rights.

(7) Screening Decision

(7.1) Given the answers in Section 4 of this template, how would you categorise the impacts of this decision or policy/proposal? *(Please tick one option below and list your reasons for the decision in 7.2 below)*

Major impact	EQIA Required? <i>(Delete as appropriate)</i>	
		No

Minor impact	✓ positive	Mitigation Required	Alternative Policy Required
		No	No

No impact	Screened Out
------------------	---------------------

(7.2) Please give reasons for your decision and detail any mitigation or alternative policies considered.

This policy will be applied flexibly to take account of the needs of all individuals. This policy has been screened out as it applies equally to all patients/clients and is designed to enhance patient safety through robust identification procedures. It does not affect how patients access services, nor does it alter entitlements to care or treatment.

(7.3) Do you consider the policy/proposal needs to be subjected to ongoing screening? NB: for strategies/policies that are to be put in place through a series of stages – screen at various stages during implementation.

Yes	
No	x

(8) Monitoring

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

Managers of all disciplines/departments must monitor compliance with this policy and provide feedback and assurance at Directorate/Division/Governance/Quality/Safety meetings. The Patient Safety Quality of Care Team will carry out an annual independent audit across both hospital and community sites. Any issues arising can be escalated as per “Responsibilities” section of policy. Complaints and expressions of dissatisfaction are monitored and reviewed adopting a trend analysis approach.

Approved Lead Officer: Julianne Lee
Position: Head of Service Nursing, Patient Safety and Quality of Care
Email: Julianne.lee@southerntrust.hscni.net
Telephone No: 0778235748
Date: 21/11/2025
Policy/proposal screened by: Laura McBride

Please forward completed screening template to Equality.Unit@southerntrust.hscni.net for inclusion in the Trust’s Policy Screening Reports which are uploaded to the Trust’s website.