Southern Health and Social Care Trust
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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

Proposal to introduce revised Car Parking Charges on both Acute hospital sites at Craigavon Area Hospital (CAH) and Daisy Hill Hospital (DHH) by decreasing the charge for parking up to 70 minutes and increasing the charges for each of the charge bands between 1 and 4 hours – see 1.3 below.

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

Revised Policy

NB: The Trust's Traffic Management Strategy was previously screened and subjected to a full Equality Impact Assessment and public consultation in 2008/9.

This screening applies to the proposed adjustment in current charges on CAH and DHH sites.

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

The Trust is proposing to increase car park charges by decreasing the charge for parking up to 70 minutes and increasing the charges for each of the charge bands between 1 and 4 hours as follows:

Charge Band	Present Charge (£)	Proposed New Charge (£)
Up to 70 mins	**1.20**	**0.40**
70 mins - 2 hours	**1.80**	**2.00**
2-4 hours	**2.40**	**2.60**
4-6 hours	3.00	3.00
6-8 hours	4.20	4.20
8-24 hours	5.40	5.40
Lost ticket	6.00	6.00

The proposed uplift would still represent value for money when compared with other Trusts in the region – see current charges in the table below.

Charge Bands	Belfast City £	Mater £	Royal £	Ulster £	Ards £	Lagan Valley £	Antrim £	Causeway £	Altnagelvin, SWAH & Omagh H&PCC £	Craigavon £	Daisy Hill £
Up to 1 hour	1.10	1.00 for duration of stay	1.60	1.20	First 30 mins free then £1.00 up to first hour	1.20	1.30	1.30	1.00	1.20	1.20
1-2 hours	1.70		1.60	1.80	1.80	1.80	1.90	1.90	1.80	1.80	1.80
2-3 hours	2.30		1.60	1.80	1.80	1.80	2.30	2.30	2.60	2.40	2.40
3-4 hours	2.80		1.60	1.80	1.80	1.80	2.50	2.50	3.40	2.40	2.40
4-5 hours	5.00		2.50	2.50	2.60	2.50	3.00	3.00	3.40	3.00	3.00
5-6 hours	8.30		2.50	2.50	2.60	2.50	3.50	3.50	4.80	3.00	3.00
6-8 hours	11.00		5.00	3.50	3.50	3.50	4.00	4.00	5.60	4.20	4.20
Over 8 Hours	11.00		5.00	4.50	4.50	4.50	5.00	5.00	6.40	5.40	5.40
Lost Ticket	11.00		5.00	6.00	4.50	6.00	5.00	5.00	6.40	6.00	6.00

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

All S75 categories are likely to benefit from safe, secure and suitable accessible car parking facilities. The Trust further recognises that the provision of safe, accessible car parking is not enough in itself and accepts that it has an obligation to manage such provision and take active steps to prevent abuse of such provision by others – Disability Discrimination Act 1995 refers.

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

Guidance originated from the DHSSPS with the decision making process and operational aspects delegated to Trust level.

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

The consultation process could be protracted and face opposition from the public and local MLAs, particularly at a time when hospitals in England have been told to cut the cost of parking for certain groups under new government guidelines.

Any increase in car parking charges could potentially lead to an increase in inappropriate parking on hospital sites due to the demand for free parking spaces and as evidenced in the previous EQIA has the potential to impact on S75 categories – see 2.3 below.

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

General public, patients, relatives, carers and visitors/service users, Trust senior management, voluntary and community sector, those representing S75 interests, local MLAs, Trade Unions and Professional Bodies etc.

NB: There is no intention at present to increase charging under the staff voluntary pay scheme.

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

- DHSSPSNI Policy for Car Parking Provision and Management in the HSC Sector June 2012
- Trust's Disability Action Plan - Disability Discrimination Act 1995
- NI Assembly Budget
- DHSSPSNI Budget
- Regional Financial Plan
- Trust Financial Plan
- Trust's Strategic Plan
- Change or Withdrawal of Services : Revised Guidance on Roles and Responsibilities – DHSSPSNI – November 2014
- Trust's Management of Change Framework – which is the main vehicle in effecting change as it relates to staff with trade union input.
- Trust's Equality Scheme which incorporates the Trusts Human Rights

obligations and disability duties.

- ECNI Guide on Section 75 and Budget
- Consultation Scheme – Personal and Public Involvement Statutory requirements
- Transforming Your Care
- Donaldson – The Right Time, the Right Place
- Human Rights Act
- Care Principles from the UN Principles for Older Persons
- UN Convention on the Rights of Persons with Disabilities
- Trust People Management Framework 2014-2017
- Trust Equal Opportunities Policy
- Trust Recruitment and Selection Policy
- Trust Work Life Balance Policy

This list is not exhaustive.

(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? *NB: Specify the details for each of the Section 75 categories for any staff affected, the Trust Workforce, any patients/clients affected and the Trust general population in the following tables* ***if appropriate***.

2.1 Staff Affected by this Policy/Proposal

NB: There is no intention at present to increase charging under the staff voluntary pay scheme**

Section 75 Group	*Make up of Staff Affected*	*Percentage*
Gender	Female Male	****See note above**
Religion	Protestant Roman Catholic Not Known/Other	**As above**
Political Opinion	Broadly Unionist Broadly Nationalist Other Do Not Wish To Answer/Not Known	**As above**
Age	16-24 25-34 35-44 45-54 55-64 65+	**As above**
Marital Status	Single Married Not Known/Other	**As above**
Dependent Status	Caring for a Child/Children/Dependant Older Person/Person(s) With a Disability None/Not Known	**As above**
Disability	Yes No Not Known	**As above**
Ethnicity	Black African Bangladeshi Black Caribbean Chinese Indian Irish Traveller Pakistani Mixed Ethnic Filipino Black Other White Not Known/Other	**As above**
Sexual Orientation *towards:*	Opposite Sex Same Sex Same and Opposite Sex Do Not Wish To Answer/Not Known	**As above**

2.2 Composition of Southern Trust Workforce

(please contact the Equality Unit on 028 375 64152 to ensure the figures below are the most recent)

Section 75 Group	*Southern Trust Workforce Profile as at 1 January 2019*	*Percentage*
Gender	Female Male	**85.6** **14.4**
Religion	Protestant Roman Catholic Neither	**37.0** **57.1** **5.9**
Political Opinion	Broadly Unionist Broadly Nationalist Other Do Not Wish To Answer/Not Known	**9.5** **9.6** **7.6** **73.4**
Age	16-24 25-34 35-44 45-54 55-64 65+	**5.1** **25.8** **24.6** **23.3** **18.3** **2.9**
Marital Status	Single Married Not Known	**29.3** **62.3** **8.4**
Dependent Status	Caring for a Child/Children / Dependant Older Person / Person With a Disability None Not Known	**22.2** **27.8** **50.0**
Disability	Yes No Not Known	**2.3** **78.3** **19.4**
Ethnicity	Bangladeshi Black African Black Caribbean Black Other Chinese Filipino Indian Irish Traveller Mixed Ethnic Pakistani White Not Known	**0** **0.09** **0.02** **0.03** **0.12** **0.24** **0.64** **0.03** **0.1** **0.1** **80.4** **18.2**
Sexual Orientation ***towards:***	Opposite Sex Same Sex Same and Opposite Sex Do Not Wish To Answer/Not Known	**52.9** **0.9** **0.1** **46.1**

2.3 Patients / Clients Affected *(complete as far as possible with information available to you)*

The proposed increase for each of the charge bands between 1 and 4 hours will impact on service users - patients, relatives, carers and visitors/service users who choose to use pay car parking on CAH and DHH sties.

***As highlighted in the previous EQIA 2008/9 - The Trust is mindful of the potential for adverse affect on S75 equality categories in particular older people, disabled people and single parents in terms of lower income levels. As such the Trust will continue to adhere to the Regional Exemption Policy. Therefore the proposed increase will not affect anyone who is eligible for free or concessionary parking under the DHSSPSNI Policy for Car Parking Provision and Management in the HSC Sector.

Under the DHSSPSNI Policy for Car Parking Provision and Management in the HSC Sector June 2012, the Trust consulted locally on the proposal to make changes to charging for car parking and has taken into account the views of consultees in making any final decision.

Section 75 Group	*Make up of Patients/Clients Affected*	*Percentage*
Gender	Female Male	***See note above
Religion	Protestant Roman Catholic Other	***See note above
Political Opinion	Broadly Unionist Broadly Nationalist Other Do Not Wish To Answer/Not Known	***See note above
Age	0-15 16-24 25-44 45-64 65-84 85+	***See note above
Marital Status	Single Married/Civil Partnership Other/Not Known	***See note above
Dependent Status	Caring for a Child/Children/Dependant Older Person/Person(s) With a Disability None/Not known	***See note above
Disability	Yes No Not known	***See note above
Ethnicity	Bangladeshi Black African Black Caribbean Black Other Chinese Filipino Indian Irish Traveller Mixed Ethnic	***See note above

	Pakistani White	
Sexual Orientation *towards:*	Opposite Sex Same Sex Same and Opposite Sex Do Not Wish To Answer/Not known	***See note above

2.4 Southern Trust's Area Population Profile – Census 2011

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

Section 75 Group	*Trust's Area Population Profile*	*Percentage*
Gender	Female Male	**50.36** **49.64**
Religion	Protestant Roman Catholic Other	**39.15** **56.69** **4.16**
Political Opinion	Not collected	
Age	0-15 16-24 25-44 45-64 65-84 85+	**22.73** **12.25** **28.45** **23.40** **11.69** **1.48**
Marital Status (aged 16+ years)	Single Married/Civil Partnership Other	**34.99** **50.24** **14.77**
Dependent Status	Caring for a Child/Children/Dependant Older Person/Person(s) With a Disability	**11.34% of usually resident population provide unpaid care**
Disability	Yes No	**19.64** **80.36**
Ethnicity	Asian Other Bangladeshi Black African Black Caribbean Black Other Chinese Indian Irish Traveller Mixed Ethnic Group Other Pakistani White	**0.20** **0.01** **0.11** **0.01** **0.10** **0.22** **0.17** **0.15** **0.29** **0.16** **0.07** **98.51**
Sexual Orientation	Estimated 6-10% of persons identify as lesbian, gay, bisexual – *Source: 2012 report by Disability Action & Rainbow Project*	

(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	**There is no intention at present to increase charging under the staff voluntary pay scheme.**	See note 2.3 above
Age	As above	See note 2.3 above
Religion	As above	
Political Opinion	As above	
Marital Status	As above	See note 2.3 above
Dependent Status	As above	See note 2.3 above
Disability	As above In terms of the provision of car parking for disabled people, a proportion of parking spaces must be set aside in line with Health Estates Guidance	See note 2.3 above In terms of the provision of car parking for disabled people, a proportion of parking spaces must be set aside in line with Health Estates Guidance.
Ethnicity	As above	
Sexual Orientation	As above	

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

Under the DHSSPSNI Policy for Car Parking Provision and Management in the HSC Sector June 2012, the Trust has consulted locally and has taken into account the views of stakeholders in making any final decision.

Car parking is reviewed through the Trust's Effective and Efficient Use of the Estate Group.

(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		None
Age	None	Minor with mitigation as identified at 2.3 above	Minor
Religion	None		None
Political Opinion	None		None
Marital Status	None		None
Dependent Status	None	Minor with mitigation as identified at 2.3 above	Minor
Disability	None	Minor with mitigation as identified at 2.3 above	Minor
Ethnicity	None		None
Sexual Orientation	None		None

(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	See mitigation at 2.3 above
Age	See mitigation at 2.3 above
Religion	
Political Opinion	
Marital Status	
Dependent Status	See mitigation at 2.3 above
Disability	See mitigation at 2.3 above
Ethnicity	
Sexual Orientation	

(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		None
Political opinion		None
Racial group		None

(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	
Political opinion	
Racial group	

(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?
The Trust has consulted locally on this proposal and has taken into account the views of consultees including those with or without a disability in making any final decision.

(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			√
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			√
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			√
Article 5 – Right to liberty & security of person			√ **
Article 6 – Right to a fair & public trial within a reasonable time			√
Article 7 – Right to freedom from retrospective criminal law & no punishment without law			√
Article 8 – Right to respect for private & family life, home and correspondence.			√**
Article 9 – Right to freedom of thought, conscience & religion			√
Article 10 – Right to freedom of expression			√
Article 11 – Right to freedom of assembly & association			√
Article 12 – Right to marry & found a family			√
Article 14 – 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			√

** *Neutral having regard to mitigating measures – see 2.3 above*

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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 will ensure that respect for human rights is reflected as an integral part of its decision making process**.**

(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?** ***(Delete as appropriate)***	
			No

Minor impact	√	Mitigation Required	Alternative Policy Required
		Yes – adherence to the Regional Eligibility Matrix for Free Car Parking	

No impact		

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

The Trust proposes to introduce the revised car park charges on CAH and DHH sites wef 24 February 2020. The proposed uplift would still represent value for money when compared with other Trusts in the region.

The Trust is mindful of the potential for adverse affect on S75 equality categories in particular older people, disabled people and single parents in terms of lower income levels. As such the Trust will continue to adhere to the Regional Exemption Policy for Free Car Parking. Therefore the proposed increase will not affect anyone who is eligible for free or concessionary parking under the DHSSPSNI Policy for Car Parking Provision and Management in the HSC Sector.

The Eligibility Matrix for Free Car Parking caters for a range of vulnerable groups/individuals including those who attend for radiotherapy and chemotherapy, renal dialysis and those in need of critical care/high dependency. The latter category also provides for discretion in the application of free car parking for visitors.

Under the DHSSPSNI Policy for Car Parking Provision and Management in the HSC Sector June 2012, the Trust has consulted locally on the proposal to make changes to car parking charging as detailed above and as described in the associated paper. The views of consultees have been taken into account in making any final decision.

(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	√

(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?

The Trust will continue to monitor usage of car park provision across both acute hospital sites and in particular the impact of this proposal – see 1.6.

Further, the Trust will monitor any impact in relation to its primary policy aim which is to

- minimise congestion and improve the free flow of traffic on Trust sites including

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emergency vehicles, and those using Trust services and
- ensure that the Trust provides appropriate, adequate and easily accessible parking for disabled badge holders, patients, visitors and staff.

NB: Being able to get parked is a key part of accessing services for many people and in particular for some S75 categories - as detailed in 2.3.

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Date:	**23 January 2020**
Policy/proposal screened by:	**Anita Carroll and Lynda Gordon**

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