Southern Health and Social Care Trust
Quality Care - for you, with you

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

Our People Framework 2022-2025.

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

This replaces the previous HROD People Management Strategy.

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

Our People Framework is an enabling framework in support of the Corporate Plan and is about 'transforming our workplace…transforming our care'. It is about enabling us all to thrive and be our best to support the delivery of safe, high quality, compassionate care and support. It outlines what we will focus on to achieve the desired cultural change, supporting the transformation of our workplace to enable the transformation of our care.

It is an enabling strategy that responds specifically to the strategic ambitions relating to our culture and valuing our people. It sets out what we can all expect - from our formal leaders and from each other. It has been influenced by national, regional and local priorities and by listening to our people through our staff surveys, big coffee conversations and COVID-19 lessons learned listening events. It is informed by what our people have told us - what is important to them, what works well and how we can get better.

We recognise if we want to provide the best care for our patients and service users, we need to provide the best care for our people. We are absolutely committed to becoming an employer of choice by creating a great place to work.

Our People framework outlines our three people priorities – **WELLBEING**, **BELONGING** and **GROWING**, including what we will focus on over the next three years in order to continue to care for, engage, retain and recruit colleagues.

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

Potentially all S75 categories are expected to benefit from this framework.

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

The Southern Trust.

(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?)

- Financial
- Legislative
- Resistance from managers and employees who are under pressure and/or whose morale is low
- Resources to implement the framework

(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.)

Trust Board, SMT, Southern Trust management, Trust employees, agency workers, volunteers, students, Trade Unions, Professional Bodies other HSC Trusts/arms-length bodies eg Public Health Agency, the Health and Social Care Board, the Department of Health, actual/potential service users, patients, families and carers, general public, community and voluntary sector, independent health care providers, other public bodies, contractors.

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

- Corporate Plan
- SQE Working Together Strategy
- Safety Strategy
- Draft Outcomes Framework – NI Executive Programme for Government
- Comprehensive Spending Review – requirement to deliver cash- releasing efficiency savings targets – OFMDFM
- Equality, Diversity & Inclusion Policy
- Work Life Balance Policy
- Human rights Act
- S75 NI Act 1998

(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 / 2.2 Composition of Southern Trust Workforce – all staff are potentially affected by this policy.

Section 75 Group	*Southern Trust Workforce Profile as at 1 January 2022*	*Percentage*
Gender	Female Male	**85.3%** **14.7%**
Religion	Protestant Roman Catholic Neither	**34.9%** **57.2%** **7.9%**
Political Opinion	Broadly Unionist Broadly Nationalist Other Do Not Wish To Answer/Not Known	**9.1%** **9.9%** **7.8%** **73.2%**
Age	16-24 25-34 35-44 45-54 55-64 65+	**8.7%** **24.3%** **25.3%** **21.0%** **17.5%** **3.2 %**
Marital Status	Single Married Not Known	**33.2%** **56.9%** **9.9%**
Dependent Status	Caring for a Child/Children / Dependant Older Person / Person With a Disability None Not Known	 **17.1%** **31.1%** **51.8%**
Disability	Yes No Not Known	**2.4%** **76.3%** **21.3%**
Ethnicity	Bangladeshi Black African Black Caribbean Black Other Chinese Filipino Indian Irish Traveller Mixed Ethnic Pakistani White Not Known	**0.01%** **0.2%** **0.02%** **0.02%** **0.08%** **0.4%** **0.7%** **0.02%** **0.2%** **0.1%** **77.5%** **20.8%**
Sexual Orientation ***towards:***	Opposite Sex Same Sex Same and Opposite Sex Do Not Wish To Answer/Not Known	**57.2%** **1.0%** **0.2%** **41.6%**

2.3 Patients / Clients Affected / 2.4 Southern Trust's Area Population Profile – Census 2011

Section 75 Group	*Trust's Area Population Profile (Population of 358,034)*	*Percentage*
Gender	Female Male Reed et al. 2009: 8/100000 (115) transgender people in NI. "Research (McBride, Ruari-Santiago (2011): Healthcare Issues for Transgender People Living in Northern Ireland. Belfast) suggests: - 140-160 individuals are affiliated with transgender groups - 120 individuals have presented with Gender Identity Dysphoria - there are more trans women than trans men living in NI	**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+ Older People People over 60 in N Ireland now make up 19% of the population (Census 2011). The number of people aged over 85 years makes up 1.73% of the population (Census 2011). Pensioner poverty is increasing; there is a link between poverty and inequality.	**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 NI Population Statistics* 3.11% (56, 318) provided 50 hours care or more. 33.86% (238, 129) of households contained dependent children. 40.29% (283, 350) contained a least one person with a long – term health problem or a disability Based on the most recent information from Carers Northern Ireland, the following facts relate to carers. 1 in every 8 adults is a carer there are approximately 207,000 carers in Northern Ireland One quarter of all carers provide over 50 hours of care per week This information can be accessed at info@carersni.org	**11.34% of usually resident population provide unpaid care**
Disability	Yes No NI Population Statistics* 20.69% (374, 668) regard themselves as having a disability or long – term health problem, which has an impact on their day to day activities. 68.57% (1, 241,709) of residents did not have a long – term health condition. 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 of 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)**	**19.64** **80.36**
Ethnicity	Asian Other Bangladeshi Black African Black Caribbean Black Other Chinese	**0.20** **0.01** **0.11** **0.01** **0.10** **0.22**

	Indian Irish Traveller Mixed Ethnic Group Other Pakistani White	**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	This People Framework sets out our priorities for the period ahead, 2022-2025. This three year plan is an enabling framework in support of the Corporate Plan and is about 'transforming our workplace…transforming our care'. It is envisaged that the outworking of this plan will bring about positive changes for all S75 categories and all our people within the SHSCT. Our People Framework is about enabling us all to thrive and be our best to support the delivery of safe, high quality, compassionate care and support. It is an enabling strategy that responds specifically to the strategic ambitions relating to our culture and valuing our people. It sets out what we can all expect - from our formal leaders and from each other. We recognise if we want to provide the best care for our patients and service users, we need to provide the best care for our people. We are absolutely committed to becoming an employer of choice by creating a great place to work. Our People framework outlines our three people priorities – **WELLBEING**, **BELONGING** and **GROWING**, including what we will focus on over the next three years in order to continue to care for, engage, retain and recruit colleagues.	This People Framework sets out our priorities for the period ahead, 2022-2025. This three year plan is an enabling framework in support of the Corporate Plan and is about 'transforming our workplace…transforming our care'. It is envisaged that the outworking of this plan will bring about positive changes for all S75 categories and all our people within the SHSCT. Our People Framework is about enabling us all to thrive and be our best to support the delivery of safe, high quality, compassionate care and support. It is an enabling strategy that responds specifically to the strategic ambitions relating to our culture and valuing our people. It sets out what we can all expect - from our formal leaders and from each other. We recognise if we want to provide the best care for our patients and service users, we need to provide the best care for our people. We are absolutely committed to becoming an employer of choice by creating a great place to work. Our People framework outlines our three people priorities – **WELLBEING**, **BELONGING** and **GROWING**, including what we will focus on over the next three years in order to continue to care for, engage, retain and recruit colleagues.

Section 75 Category	Details of Needs, Experiences and Priorities	
	Staff	Service Users
Age	"	"
Religion	"	"
Political Opinion	"	"
Marital Status	"	"
Dependent Status	"	"
Disability	"	"
Ethnicity	"	"
Sexual Orientation	"	"

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

It has been influenced by national, regional and local priorities and by listening to our people through our staff surveys, big coffee conversations and COVID-19 lessons learned listening events.

It is informed by what our people have told us - what is important to them, what works well and how we can get better.

(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	Minor	Minor	Minor Positive
Age	Minor	Minor	As above
Religion	Minor	Minor	As above
Political Opinion	Minor	Minor	As above

Marital Status	Minor	Minor	As above
Dependent Status	Minor	Minor	As above
Disability	Minor	Minor	As above
Ethnicity	Minor	Minor	As above
Sexual Orientation	Minor	Minor	As above

(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	Tackling the major inequalities in health and wellbeing and their causes will help promote equality of opportunity and good relations. The principles of equality of opportunity and good relations are in enshrined within the Equal Opportunities Policy, Policy on the Employment of People with Disabilities and Work Life Balance Policy as well as the Change Management Framework. The Trust also has Guidance in place on Promoting a Harmonious Working Environment and whilst the focus of this guidance is on religious belief and political opinion, it is hoped that the overarching principles for helping to promote and sustain a good and harmonious working environment may also be considered in terms of all aspects of identity, for example, the principles may apply to harassment that is related to race, gender, disability, sexual orientation and age.
Age	
Religion	
Political Opinion	
Marital Status	
Dependent Status	
Disability	
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		The Trust is committed to ensuring that staff and patients have equality of access to its services and feel welcome, comfortable and safe accessing all Trust facilities regardless of race, religion or political opinion. This is a requirement of staff and is in line with the Trust's Good and Harmonious Working Environment Guidelines.
Political opinion		As above
Racial group		As above

(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	The Trust is using a variety of means in ensuring that any changes are effectively communicated through use of media broadcasts, social media, the Trust website, share point and through engagement, the use of FAQs and the more frequent publication of Southern-i, the Trust's corporate news letter as well as specific advice and guidance for managers.
Political opinion	As above
Racial group	The Trust will ensure that all relevant information is available in alternative formats and interpreters are provided when required. The Trust will ensure all relevant staff have good relations training.

(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 is committed to ensuring equality of opportunity for all service users and staff in line with the provisions of the Disability Discrimination Act 1995 and the United Nations Convention on the Rights of People with disabilities.

The Trust has a number of policies/plans in place including a Disability Action Plan, aimed at encouraging disabled people participation in public life and promoting positive attitudes towards disabled people.

(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	Positive impact	Negative impact = human right interfered with or restricted	Neutral impact
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			✓

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 principle that everyone has the fundamental right to the highest attainable standard of physical and mental health. In order to promote awareness of Human Rights, Trust staff will continue to receive relevant human rights training.

(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)*

<table>
<tr><td rowspan="2">Major impact</td><td rowspan="2"></td><td colspan="2">EQIA Required? (Delete as appropriate)</td></tr>
<tr><td>No</td><td>No</td></tr>
<tr><td rowspan="3">Minor impact</td><td rowspan="3">Minor positive</td><td>Mitigation Required</td><td>Alternative Policy Required</td></tr>
<tr><td>No</td><td>No</td></tr>
<tr><td>No impact</td><td></td><td colspan="2">Screened Out</td></tr>
</table>

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

This People Framework sets out our priorities for the period ahead, 2022-2025. This three year plan is an enabling framework in support of the Corporate Plan and is about 'transforming our workplace…transforming our care'.

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Our People framework outlines our three people priorities – **WELLBEING**, **BELONGING** and **GROWING**, including what we will focus on over the next three years in order to continue to care for, engage, retain and recruit colleagues.

Therefore it is envisaged that the outworking of this plan will bring about positive changes for all S75 categories and all service users and staff within the SHSCT.

(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	✓

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(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?

A range of information and data will be collected to help us fulfil our legal requirements as well as assist in the planning of services for the future.

Approved Lead Officer: Vivienne Toal

Position: Director of HR&OD, SHSCT

Email: Vivienne.toal@southerntrust.hscni.net

Telephone No: 028 375 60125

Date: 26th August 2022

Policy/proposal screened by: Anne Forsythe; Interim Deputy Director of HR (Workforce & OD), SHSCT

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.