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

Clinical Audit Policy.

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

New Policy.

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

The Policy sets out the principles, roles and responsibilities that the Southern Health and Social Care Trust will follow in auditing clinical practice as part of its requirement to continuously improve the quality of services to meet the needs of patients and service users, commissioners and regulators.

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

All Staff, Patients and Service Users of all Section 75 categories are expected to benefit from this new policy.

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

The Southern Health and Social Care Trust (SHSCT) will own this policy, lead author is the Head of Clinical Audit, part of the Systems Assurance Division of the Medical Directorate. Policy implementation will be under the remit of the Clinical Audit Reference Group. (see 7.8 in Roles & Responsibilities)

(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 policy is being implemented alongside a strengthened clinical audit function which will have a recruitment lead time and role establishment for both clinical and non-clinical personnel.

(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 new policy is expected to impact all staff who have a primary responsibility to audit the care they provide to patients and service users within the SHSCT catchment area. In that respect staff are the primary internal stakeholders with service users/families/carers potential stakeholders as/when aspects of their care are subject to clinical audit processes.

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

As clinical audit can form part of Patient Safety Meetings, Guidance for the Regional Mortality and Morbidity (M&M) Process is relevant. The scope of the clinical audit policy will be complimentary to particularly the work of the Quality Improvement Team and Information Governance within SHSCT and their respective policies.

Relevant Policies:

- **CG0540(1) Jan 2018 - Guidance for the Regional Mortality and Morbidity (M&M)Process:** recording, reviewing, monitoring and analysing hospital deaths at Specialty Mortality Review and Patient Safety meetings (SMR&PSM) ***Adopted regional guidance (DoH)***

- **Data Access Agreement (v0.5) Sept 2022**

(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 Composition of Southern Trust Workforce

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%**

2.2 Southern Trust's Area Population Profile – Census 2011

Section 75 Group	*Trust's Area Population Profile (Population of 358,034)*	*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.

Section 75 Category	***Details of Needs, Experiences and Priorities***	
	Staff	***Service Users***
Gender	The policy is relevant to all staff, regardless of their gender, who have contact with service users.	Service Users of all genders will benefit equally from the policy.
Age	The policy is relevant to all staff, regardless of their age, who have contact with service users.	Service Users of all ages will benefit equally from the policy.
Religion	The policy is relevant to all staff, regardless of their religion, who have contact with service users.	Service Users of all religions will benefit equally from the policy.
Political Opinion	The policy is relevant to all staff, regardless of their political opinion, who have contact with service users.	Service Users of all political opinions will benefit equally from the policy.
Marital Status	The policy is relevant to all staff, regardless of their marital status, who have contact with service users.	Service Users of all marital status will benefit equally from the policy.
Dependent Status	The policy is relevant to all staff, regardless of their dependent status, who have contact with service users.	Service Users of all dependent status will benefit equally from the policy.
Disability	Policy will be made available in other formats where required to meet the needs of those with disabilities.	Service Users of all disabilities will benefit equally from the policy.
Ethnicity	Policy will be made available as required in other languages for staff and services users/family/carers for whom English is not their first language.	Service Users of all ethnicities will benefit equally from the policy.
Sexual Orientation	The policy is relevant to all staff, regardless of their sexual orientation, who have contact with service users.	Service Users of all sexual orientations will benefit equally from the policy.

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

This policy was adapted from the guidance document 'Developing a Clinical Audit Policy', Healthcare Quality Improvement Partnership (HQIP) (April 2020)

This policy was drafted and shared for discussion/review/amendments with:

- Operational Directors
- Divisional Medical Directors
- Executive Director of Nursing, Midwifery and AHPs
- Executive Director, Social Work
- Deputy Medical Director Medical Education
- Assistant Director Medical Director's Office
- Head of Medical Staffing
- Assistant Director Clinical & Social Care Governance
- Senior Manager Standards, Risk and Learning
- Senior Re-Validation and Appraisal Manager
- Corporate Clinical & Social Care Governance Co-Ordinator
- Interim Head of Patient Safety Data and Improvement
- Senior Clinical Audit Facilitator
- Clinical Audit Engagement Lead
- Assistant Director Informatics
- Head of Information Governance
- Assistant Director Quality Improvement
- Head of Quality Improvement
- Board Assurance Manager
- Assistant Director Promoting Wellbeing

(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	N/A this revision will not affect any gender specific staff groups.	N/A this revision will not affect any gender specific service user groups.	None
Age	N/A this revision will not affect any age specific staff groups.	N/A this revision will not affect any age specific service user groups.	None
Religion	N/A this revision will not affect any religious specific staff groups.	N/A this revision will not affect any religious specific service user groups.	None
Political Opinion	N/A this revision will not affect any political opinion specific staff groups.	N/A this revision will not affect any political opinion specific service user groups.	None
Marital Status	N/A this revision will not affect any marital status specific staff groups.	N/A this revision will not affect any marital status specific service user groups.	None
Dependent Status	N/A this revision will not affect any dependent status specific staff groups.	N/A this revision will not affect any dependent status specific service user groups.	None
Disability	With the provision of reasonable adjustments to meet needs. Provided consideration is given to the need of disabled persons.	N/A this revision will not affect any specific Disability service user groups.	Minor - Positive
Ethnicity	Due to the availability of alternative formats and involvement of interpreters or interpreted information. Provided consideration	N/A this revision will not affect any specific Ethnic service user groups.	Minor - Positive

	is given to those whose first language is not English.		
Sexual Orientation	N/A this revision will not affect any sexual orientation specific staff groups.	N/A this revision will not affect any sexual orientation specific service user groups.	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	None
Age	None
Religion	None
Political Opinion	None
Marital Status	None
Dependent Status	None
Disability	The Policy will be accessible on SharePoint and can make reasonable adjustments to meet the needs of staff and service users/family/carers.
Ethnicity	Due to the availability of alternative formats and involvement of interpreters or provision of interpreted information there should be better equality of opportunity for staff and service users/family/carers whose first language is not English.
Sexual Orientation	None

(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 policy is beneficial to all groups regardless of religious belief and will have no specific impact on good relations between people of differing religious beliefs.	None
Political opinion	The policy is beneficial to all groups regardless of political opinion and will have no specific impact on good relations between people of differing political opinions.	None
Racial group	The policy is beneficial to all groups regardless of race and will have no specific impact on good relations between people of differing racial groups.	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	The policy is beneficial to all groups regardless of religious belief and does not require promotion of good relations between people of different religious belief.
Political opinion	The policy is beneficial to all groups regardless of political opinion and does not require promotion of good relations between people of different political opinions.
Racial group	The policy is beneficial to all groups regardless of race and does not require promotion of good relations between people of different racial groups.

(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?

This policy is inclusive for engagement from all staff, patients and service users / family / carers, and provision of clinical audit can be made to meet Additional needs and to encourage participation as required.

Any training will take consideration of staff with disabilities to ensure full participation of

all involved.

The Trust is committed to ensuring it meets its obligations within 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 as well as staff training, aimed at encouraging disabled people participation in public life and promoting positive attitudes towards disabled people including staff with disabilities.

The Trust is committed to Equal Opportunities.

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

(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 policy will take into account human rights considerations e.g. The Mental Capacity Act.
- The e-learning module on Equality, Diversity, Human Rights and Good Relations is promoted alongside face to face training programmes for all staff
- Human rights of staff and service users were discussed throughout the screening process
- Considering human rights aspects as an integral part of the Trust's decision making processes and in this instance policy development, implementation and review
- As part of audit and quality improvement, regular feedback will be sought from service users to ensure needs continue to be met.

(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?

Major impact		**EQIA Required? *(Delete as appropriate)***	
		Yes	**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 aims to inform staff on principles, roles and responsibilities that the trust will follow in auditing clinical practice.

Minor impact has been chosen based on the potential need to alter the format, training or delivery of the Policy due to disability needs or language differences, however this policy should have an overall positive impact on staff, patients and service users and the organisation as it learns.

Mitigations or alternative policies are not considered necessary.

(7.3) Do you consider the policy/proposal needs to be subjected to ongoing screening?

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?

The Policy and Procedure document will be subject to review in line with the DoH Guidance in relation to the Health and Social Care Complaints Procedure.
The Corporate Service User Feedback team will undertake an audit programme to monitor compliance with various aspects of the Policy, results will be shared with Directorate Governance Co-Ordinators.

Approved Lead Officer: Dr Damian Gormley

Position: Deputy Medical Director

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Date: 16.01.2023

Policy/proposal screened by: **Fiona Davidson, Head of Clinical Audit**

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.