South Eastern Health and Social Care Trust

Equality, Good Relations and Human Rights Screening Template

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

See Guidance Notes for further background information on the relevant legislation and for help in answering the questions on this template (follow the links).

(1) Information about the Policy/Proposal

(1.1) Name of the policy/proposal Change of Rota for ED/UCC Patient Trackers, June 2026

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

(1.3) What is it trying to achieve (intended aims/outcomes)? This proposal would provide an improved rota better meeting the needs of the service and how it has changed over the past few years with the move to the new Emergency Department and the introduction of Encompass. With the current rota there are days that have too many staff in, a few days when staffing ratio is short and only certain days have a twilight shift. These inconsistencies in staffing are due to the current rota being in place since creation of the Patient Tracker role, approximately 2013 and new staff coming on board and also staff requesting reduction in hours and adjustments to their working pattern due to personal circumstances. This current rota is now no longer sustainable and is no longer fit for purpose and management feels that a new rota needs to be introduced to ensure even staffing across all days to build resilience within the team and fair allocation of new shift patterns across all staff. Alongside the change to the rota, review of the Job description for the Patient Tracker needs to be undertaken to ensure that the role is being

fully utilised within the department, as due to the introduction of Encompass how and what the Patient Tracker does has changed.

See MoC document for further information on current structure and proposed structure and potential shift patterns.

(1.4) Are there any Section 75 categories (see list in 3.1) which might be expected to benefit from the intended policy/proposal?

The Proposal is expected to benefit all Section 75 Categories

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

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(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?)

- Staff and Union resistance to the proposed rota change
- Funding not being available for the Proposed Staffing Model

(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)

Internal Stakeholders: Staff, Trade Unions

External Stakeholders: Service users, carers and family

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

- Recruitment and Selection Policy
- Annual Leave Policy
- Special Leave Policy
- CBH Policy
- Management of Attendance Protocol
- Hybrid Working Policy
- Disability Discrimination Act 1995
- Human Rights Act 1998
- Our People Plan
- Flexible Working Policy
- SET Equality Scheme 2024
- Rural Needs Act 2016
- Complaints Procedure
- Grievance Procedure
- Workplace Adjustment Plan

(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? Specify details for relevant Section 75 categories.

Details of evidence/information
The ED/UCC Patient Tracker is a vital role within the Emergency Department and Urgent Care Centre based at the Ulster Hospital. The Patient Tracker works alongside the multi-disciplinary team within the department and is an administrative function helping to support good patient flow within both the Emergency Department and Urgent Care Centre. The Patient Tracker team reports to the Band 5 Administration Manager and overall is accountable to the Operational Support Manager for Unscheduled Care. The current rota for the Patient Tracker team is based on individual staff rotas/shift patterns and is worked over a four-week period with shift patterns being long days (8am-8.30pm, 8.30pm, 8am–9pm, 9.45am–8pm, 10am–8pm and 9.30am-10pm) and twilight shifts (6pm-2am) and one weekend in four. Not all staff work the twilight shifts as these were only introduced in recent years. Some days are more heavily staffed than others providing inconsistencies in staffing. There are currently six Patient Trackers within the team (five substantive and one agency, who is covering a fully funded post). Up until December 2025, there had been seven Patient Trackers but one has moved on due to re-deployment. Five staff members are full time (37.5hpw) and two are part time, one working 30hpw on permanent basis and one working 35.5hpw on temporary basis, until the Management of Change process has been implemented. **Staff perception/awareness of the need for change**, All Patient Trackers are aware that a Management of Change process will be started and they were advised of this in a Team Meeting on 19th September 2025. This process was raised as part of discussion around changes to the current rota and shifts and what proposed new shifts could look like **Financial implications** are still to be confirmed as the proposed options are being costed.

(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.

Category	**Needs, experiences and priorities**	
	Service users	***Staff***
Gender	**Female 51.25**% **Male 48.75**%	Female 50% Male 50%
Age	**0-15 20.56**% **16 – 19 5.32**% **20-29 12.28**% **30-45 20.09**% **46-59 20.07**% **60+ 21.68**%	20 – 29 16.67% 30 – 45 33.33% 46 – 59 33.33% 60 + 16.67%
Religion	**Protestant 50.52**% **Roman Catholic** 27.90% **Other** 0.82% **None** 14.65% **Not Known** 6.11%	Not recorded due to the small numbers potentially impacted.
Political Opinion	Not collected on 2021 census. Council voting patterns below are considered. Ards & North Down council area return a unionist majority Lisburn and Castlereagh council area return a unionist majority Newry, Mourne & Down council area return a nationalist majority It should be noted that half of Trust residents aged 85+ reside in Ards & North Down LGD (4,432, 49%), a quarter reside in Lisburn & Castlereagh LGD (2,348, 26%), and a fifth in Newry, Mourne & Down LGD (1,814, 20%).	Not recorded due to the small numbers potentially impacted.
Marital Status	**Single** 31.7% **Married** 51.64% **Divorced** 6.01% **Widowed** 6.85% **Separated** 3.70% **Other** 0.1%	Majority fall into married status
Dependent Status	Households with dependent children - 33.38%	Majority do not have dependent children
Disability	Household with one or more persons with a limiting long-term illness 19.82%	Not recorded due to the small numbers

		potentially impacted.
Ethnicity	**Black African** 0.1% **Irish Traveller** 0.04% **Bangladeshi** 0.06% **Pakistani** 0.04% **Black Caribbean** 0.03% **Mixed Ethnic Group** 0.35% **Chinese 0.26** % **White** 98.50% **Indian** 0.25% **Other 0.3** % **Filipino 0.06**% Evidence would appear to show that BAME groups are disproportionately affected by COVID-19	Majority would fall into White Ethnicity
Sexual Orientation	Estimated 10% of population is LGBT equates to estimated 168,527 of the NI population i.e. possibly one in 10 in terms of clientele/service user– data source Rainbow Project July 2008	Not recorded due to the small numbers potentially impacted.

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

All Patient Trackers are aware that a Management of Change process will be started and they were advised of this in a Team Meeting on 19th September 2025. This process was raised as part of discussion around changes to the current rota and shifts and what proposed new shifts could look like.

Management of Change document is with HR Business Partner for review and confirmation that changes processed fall under the remit of Management of Change. Once this is confirmed then Unions will be contacted and formal 12 week process will commence.

(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***
	Services Users	***Staff***	
Gender	**Female 51.25%** **Male 48.75%**	**50% Female** **50% Male**	None/None
Age	**0-15 20.56%** **16 – 19 5.32%** **20-29 12.28%** **30-45 20.09%** **46-59 20.07%** **60+ 21.68%**	20 – 29 16.67% 30 – 45 33.33% 46 – 59 33.33% 60+ 16.67%	None/Minor
Religion	**Protestant 50.52%** **Roman Catholic** 27.90% **Other** 0.82% **None** 14.65% **Not Known** 6.11%	Not known	None/None
Political Opinion	Not collected on 2021 census. Council voting patterns below are considered. Ards & North Down council area return a unionist majority Lisburn and Castlereagh council area return a unionist majority Newry, Mourne & Down council area return a nationalist majority It should be noted that half of Trust residents aged 85+ reside in Ards & North Down LGD (4,432, 49%), a quarter reside in Lisburn & Castlereagh LGD (2,348, 26%), and a fifth in Newry, Mourne & Down LGD (1,814, 20%).	Not known	None/None
Marital Status	**Single** 31.7% **Married** 51.64% **Divorced** 6.01%	Majority fall into Married status	None/Minor

	Widowed 6.85% **Separated** 3.70% **Other** 0.1%		
Dependent Status	Households with dependent children - 33.38%	Majority do not have dependent children	None/None
Disability	Household with one or more persons with a limiting long-term illness 19.82%	Not known	None/None
Ethnicity	**Black African** 0.1% **Irish Traveller** 0.04% **Bangladeshi** 0.06% **Pakistani** 0.04% **Black Caribbean** 0.03% **Mixed Ethnic Group** 0.35% **Chinese 0.26** % **White** 98.50% **Indian** 0.25% **Other 0.3** % **Filipino 0.06**% Evidence would appear to show that BAME groups are disproportionately affected by COVID-19	Majority fall into White ethnicity	None/None
Sexual Orientation	Estimated 10% of population is LGBT equates to estimated 168,527 of the NI population i.e. possibly one in 10 in terms of clientele/service user– data source Rainbow Project July 2008	Not known	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	The Trust remains committed to embracing diversity, promoting good relations and challenging sectarianism and racism to ensure service users and staff enjoy equality of opportunity and access to health and social care in a welcoming and safe environment. The Trust will continue to train our staff and raise awareness of processes for the new system which will enable staff to assist our service users to sign up and access the new service. The Trust has an ongoing strategy of staff training and engagement via e-learning or face-to-face if safe and appropriate to do so. Also see 7.4 for consideration and mitigation

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	The Trust is committed to ensuring that staff and patients have equality of access to services and feel welcome, comfortable and safe accessing all Trust facilities, irrespective of race, religion or political opinion.	The Trust has in place its Good Relations Statement which is displayed on staff and service user notice boards.
Political opinion	As above	As above
Racial group	As above	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 remains committed to embracing diversity, promoting good relations and challenging sectarianism and racism to ensure service users and staff enjoy equality of opportunity and access to health and social care in a welcoming and safe environment. The Trust has an ongoing strategy of staff training and awareness raising. Face to face training was stood down as part of the Trust COVID-19 response, however the e-learning module 'Making a Difference' is still available for staff and the Trust has recommenced face to face training where it is safe and appropriate to do so. The Trust now has a blended approach to delivery of training utilising a variety of delivery methods including virtual and remote technology. On the basis of the information available, there is nothing to indicate that these changes would engender any adverse impact in regard to the promotion of good relations.
Political opinion	As above
Racial group	As above and additionally: As indicated previously, it is important that the Trust continues to translate essential information. Trust staff are cognisant of the ethical reasons for ensuring that patients who are not proficient in English as a first or second competent language are provided access to services including access to the system in an appropriate language. Telephone interpreting or face-to-face interpreting for appointments facilitates effective and safe communication. The Trust is encouraging staff to continue accessing telephone interpreting services as appropriate. The promotion of Good Relations is an integral part of the Trust's commitment to improve the health and wellbeing of all our staff and in line with our Good Relations Statement, we strive to ensure that all staff irrespective of religion, race or political opinion feel safe, welcomed and comfortable in work.

(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 recognises that disabled people are statistically more likely to use our services. It is anticipated that providing free wheel Chairs to all service users, carers and staff who need them will have a positive impact on overall accessibility for all who use the Ulster

Hospital, including those with a disability and those without.

- The Trust is committed to ensuring equality of opportunity for all service users and staff in terms of disability and complies with all relevant Disability legislation, including the Disability Discrimination Act 1995 and the United Nations Convention on the Rights of People with Disabilities.
- The Trust Disability Action Plan 2024 – 2029 promotes these two duties. Additionally, the Trust has policies, procedures and strategies in place aimed at encouraging disabled people to participate in public life and promote positive attitudes towards disabled people.
- Consideration has been given to the profile or staff and/or service users affected by the proposal including those with a disability.
- The Trust will monitor feedback from stakeholders and in partnership with providers aim to address these issues in further phases.
- All staff must complete mandatory training on equality, human rights and good relations, which includes awareness of disability duties. As this is available online, staff are being encouraged to complete online, if possible, at this present time. Patient Experience and Domiciliary Care staff have received bespoke face-to-face training as it is more difficult for them to access the e-learning module.
- The Trust is aware of under reporting of disability within our Workforce. The Trust is aware of its responsibilities with regard to the DDA 1995 and will consider reasonable adjustments to support our staff to carry out their duties. These reasonable adjustments will be considered on a case-by-case basis. The solution will be based on risk assessment and staff needs in partnership with IT, our Occupational Heath Team and the HRBP.

(6) Consideration of Human Rights

(6.1) Does the policy/proposal affect anyone's 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			√

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. 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 has considered Human Rights as part of this Equality Screening and has identified a number of positive impacts as noted above.

The Human Rights Act 1998 places a positive duty on public bodies to promote human rights and ensure that any actions or decisions taken are compatible with the European Convention on Human Rights, or relevant legislation post Brexit. This is the case in regard to service delivery, policy formulation, procurement or employment. Understanding human rights can help in making the right decisions. • We are therefore committed to providing HSC based on the human rights principles known as FREDA.

- Fairness
- Respect

- Equality
- Dignity
- Autonomy

• The Disability Discrimination Act 1995 Sections 49A & 49B, places a duty to promote positive attitudes towards disabled people and encourage participation by disabled people in public life, which links with the Personal and Public Involvement (PPI) agenda.

The right to the highest attainable standard of health is to be realised progressively over time and the Trust as a public authority must use the maximum available resources to fulfil the right.

The Trust recognises that equality does not mean treating everyone the same but treating everyone according to their needs.

At this time the e-learning module on Equality, Diversity, Human Rights and Good Relations is promoted however face to face training programmes can and are facilitated if safe and appropriate to do so.

(7) Screening Decision

(7.1) Given the answers in Section 4, how would you categorise the impacts of this policy/proposal?

Major impact	
Minor impact	X
No impact	

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

Yes	X
No	

(7.3) Do you think the policy/proposal should be subject to and Equality Impact Assessment (EQIA)?

Yes	
No	X

(7.4) Please give reasons for your decision and detail any mitigation considered.

The Trust is committed to its legal duties and the fundamental principles under Section 75 of the Northern Ireland Act 1998. As with any change, the Trust is committed to monitoring the efficacy of this proposal alongside outcomes, and the satisfaction of staff, parents, carers and clients. As an open and learning organisation, we remain determined to assess, learn, and change as necessary.

The Trust has carried out an Equality Screening of the proposed Change of Rota for ED/UCC Patient Trackers,

Service Users
The Trust has not at this stage identified any potential adverse impact on service users in the Section 75 Categories.

Staff
Due to the small number of staff who work in the Team, and are potentially impacted by the proposal, a full Section 75 staff profile has not been noted. However, the Trust has gathered anecdotal evidence which suggests that there may a minor adverse impact for those staff who fall into the Section 75 Categories of Age and Marital Status.

Possible Adverse Impact includes:

- The change to the shift patterns will impact all staff as everyone will move from the current model to the proposed model.
- All staff will now have to work Twilight shifts, Monday to Friday. This will mean some staff will work more unsocial hours and some staff will work less unsocial hours over the seven week period.
- The latest finish times for day shifts will be 8.30pm instead of 10pm and earliest start time for day shift will be 7.30am instead of 8am. Earlier start time may impact those staff members who have dependent children in regards to school run.
- Staff will work two weekends in seven compared to the current model of one weekend in four.

Mitigation of Adverse includes:

Ongoing discussions as part of the MoC process to consider feedback from staff potentially impacted, listen to their concerns, consider requests for specific rota requirements, flexible working arrangements and review if requests can be accommodated within the new working patterns, taking into consideration Business Service needs.

Offer staff one to one meetings to review their own personal circumstances and how changes may impact them.

Notwithstanding this, the Trust acknowledges the importance of a communication and engagement strategy to communicate these changes. Information and communication can be provided in alternative formats and languages where a need is identified and also on request.

The Trust commits to an ongoing screening of the proposal and can upgrade to a full EQIA if additional adverse impacts are identified as the proposal is implemented.

(8) Monitoring

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

- Staff feedback from 1:1s
- Appraisal conversations
- Management of Attendance
- Recruitment and retention of staff
- Grievances
- Complaints/Compliments
- AQ's/FOI
- Team Meetings
- Feedback from staff

South Eastern Health and Social Care Trust

Approved Lead Officer:	Rhonda Matthews
Position:	Operational Support Manager, Unscheduled Care
Date:	22 June 2026
Policy/proposal screened by:	Rhonda Matthews & Denise Hopps