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

HSC Management of Sickness Absence Policy & Procedure

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

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

Health & Social Care Northern Ireland (HSCNI) is committed to providing safe, effective and high-quality service to patients and service users, and recognises its duty to support the employees delivering that service by providing a working environment that is conducive to positive health and wellbeing. There are many reasons why someone may experience a decline / deterioration in their physical, mental, or emotional health during their working lives. HSCNI is committed to providing a range of health & wellbeing initiatives, resources, and services, to support all staff to be well at work, and to return to work as soon as feasible where a period of absence is required. This Policy is aimed at providing a framework for all HSCNI organisations to ensure that where sickness absence does occur, it is managed in a fair, prompt, and compassionate manner based on the individual circumstances of each employee.
HSCNI is committed to provide necessary and appropriate supports to help employees sustain regular and effective attendance at work, thus helping ensure that patients and service users get the best possible quality of care.

The key purpose of this formal procedure is to provide the steps to be followed to ensure ongoing review of an employee's sickness absence, provide management support to the employee to assist them in achieving the expected level of attendance, and facilitate their early return to work in circumstances where this is possible.

If, following all appropriate support being provided, an employee remains unfit to return to their role or they are unable to sustain the required level of attendance, this formal procedure also provides a range of alternative options to be explored with the employee regarding their future employment including redeployment, ill health retirement etc. In circumstances where all alternative options have been exhausted and there is no alternative but to consider ill health termination by the employer, this procedure provides a process under which this will be managed.

All HSC Organisations are committed to applying the following set of principles to support the promotion of attendance and management of absence: -

a) Compassionate Support

b) HSC Values

c) Collective Leadership

d) Early Intervention

e) Equality & Fairness

(1.4) Are there any Section 75 categories (see list in 3.1) which might be expected to benefit from the intended policy/proposal?
This policy has been written to meet the needs of all section 75 categories

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

A regional policy is being implemented by SET

(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?)

Effective implementation will require line managers to regularly apply the procedure and respond to individual need. To support this a toolkit has been developed and training will be provided. The new EQUIP system will help support management of the process in a more streamlined manner. Implementation of the policy is supported by Human Resources and by Occupational Health.

This Policy will be applied in adherence with all relevant Employment & Equality Legislation, with particular consideration given to the responsibilities outlined within the Disability Discrimination Act.

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

What are they? (This list is not exhaustive)

- HSC Health and Wellbeing Framework?
- Equality, Diversity and Inclusion Policy
- Equality Scheme
- Reasonable Adjustment Plan
- Neurodiversity Toolkit
- Terms and Conditions of Employment
- Disciplinary Policy
- Absence Policy
- Conflict, Bullying & Harassment Policy

- **Who owns them?**

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(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
• HSC Workforce Data (HRPTS) February 2025 • NISRA Census Data as at 2021 • HSC Management of Sickness Absence Policy 2026 • Occupational Health data • There was a total of 132 staff who had their contract terminated, through both ill-Health Termination and ill-Health Retirement

(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 55.50% Male 44.50%	Female 79.4% Male 20.6%
Age	0 -16 10% 16 -19 3% 20 - 29 9% 30 - 45 19% 46 - 59 20% 60 + 39%	16-24 5.02% 25-34 21.45% 35-44 28.36% 45-54 23.97% 55-64 18.59% 65+ 2.60%

Religion	Not Routinely collected for this service. Consideration has been given to Trust service user profile as below and council voting patterns. Protestant 50.52% Roman Catholic 27.90% Other 0.82% None 14.65% Not Known 6.11%	Protestant Roman Catholic Neither/Not known	40.67% 24.33% 35.01%
Political Opinion	Not routinely collected. 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	Broadly Nationalist Broadly Unionist Do not wish to answer Other Not known	2.91% 7.01% 12.56% 5.32% 72.20%
Marital Status	Not routinely collected. Trust population profile is considered as below Single 31.7% Married 51.64% Divorced 6.01% Widowed 6.85% Separated 3.70% Other 0.1%	Single Married/Civil Partnership Divorced Widowed Separated Other Not known	18.45% 45.94% 2.34% 0.40% 1.02% 0.64% 31.21%
Dependent Status	Not Routinely collected. Trust population profile is considered as below. Households with dependent children - 33.38%	Child or Children Dependant Older A person with Disability None Other/Not known	11.99% 2.07% 1.26% 14.69% 72.04%
Disability	Not Routinely collected Trust population profile is considered as below. Households with one or more persons with a limiting long term illness 19.82%	Yes No Not Known	1.92% 29.01% 69.07%
Ethnicity	Not Routinely collected Trust population profile is considered as below. 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%	Bangladeshi Black African Black Caribbean Black Other Chinese Filipino Indian Irish Traveller Mixed Ethnic Group Other	0.01% 0.19% 0.02% 0.02% 0.08% 0.47% 0.83% 0.00% 0.15% 0.35%

	Indian 0.25% Other 0.3 %	Pakistani White Not Known	0.07% 31.00% 66.82%
Sexual Orientation	Not Routinely collected Trust population profile is considered as below Estimated 10% of population is LGBTQ+. 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	Opposite Sex LGB&T Do not wish to answer Not Known	28.01% 0.95% 1.66% 69.38%

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

This new policy has been developed over a four and a half year period, before being signed off regionally in October 2025. This was developed regionally with all five Health & Social Care Trusts, including Business Organisational Services, and all Union representation. Feedback was taken from multiple stakeholders about inconsistencies across HSC organisations. Multiple organisations with an open Audit requirement to review local Absence Policy- opportunity to work together. General direction of travel with other Policies e.g. CBH, Grievance etc. Learning was also taken from tribunal cases and case law

(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 55.50% Male 44.50%	Female Male	79.4% 20.6%	None/Minor

Age	0 -16 10% 16 -19 3% 20 - 29 9% 30 - 45 19% 46 - 59 20% 60 + 39%	16-24 5.02% 25-34 21.45% 35-44 28.36% 45-54 23.97% 55-64 18.59% 65+ 2.60%	None/Minor
Religion	Not Routinely collected for this service. Consideration has been given to Trust service user profile as below and council voting patterns. Protestant 50.52% Roman Catholic 27.90% Other 0.82% None 14.65% Not Known 6.11%	Protestant 40.67% Roman Catholic 24.33% Neither/Not known 35.01%	None/None
Political Opinion	Not routinely collected. 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	Broadly Nationalist 2.91% Broadly Unionist 7.01% Do not wish to answer 12.56% Other 5.32% Not known 72.20%	None/None
Marital Status	Not routinely collected. Trust population profile is considered as below Single 31.7% Married 51.64% Divorced 6.01% Widowed 6.85% Separated 3.70%	Single 18.45% Married/Civil Partnership 45.94% Divorced 2.34% Widowed 0.40% Separated 1.02% Other 0.64% Not known 31.21%	None/None

	Other 0.1%		
Dependent Status	Not Routinely collected. Trust population profile is considered as below. Households with dependent children - 33.38%	Child or Children 11.99% Dependant Older 2.07% A person with Disability 1.26% None 14.69% Other/Not known 72.04%	None/Minor
Disability	Not Routinely collected Trust population profile is considered as below. Households with one or more persons with a limiting long term illness 19.82%	Yes 1.92% No 29.01% Not Known 69.07%	None/Minor
Ethnicity	Not Routinely collected Trust population profile is considered as below. 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 %	Bangladeshi 0.01% Black African 0.19% Black Caribbean 0.02% Black Other 0.02% Chinese 0.08% Filipino 0.47% Indian 0.83% Irish Traveller 0.00% Mixed Ethnic Group 0.15% Other 0.35% Pakistani 0.07% White 31.00% Not Known 66.82%	None/None
Sexual Orientation	Not Routinely collected Trust population profile is considered as below Estimated 10% of population is LGBTQ+. Equates to estimated 168,527 of the NI population i.e. possibly one in 10 in terms of clientele/service user.	Opposite Sex 28.01% LGB&T 0.95% Do not wish to answer 1.66% Not Known 69.38%	None/None

	data source Rainbow Project July 2008		

(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 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 and the e-learning module 'Making a Difference' is available for staff. The Trust has recommenced face-to-face training where it is safe and appropriate to do so. Consideration is being given to a blended approach to delivery of training utilizing 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 has arranged for written information on implementation to be provided in alternate languages for service users as required. 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?
I. 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. II. 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. III. Consideration has been given to the profile or staff and/or service users affected by the proposal including those with a disability.

(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			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
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			x
1st 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. 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 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 has carried out an Equality Screening of the Absence Policy. The Trust has not identified any adverse impact on service users.

The Trust has identified a potential minor adverse impact with regards to Gender, Age, Dependent Status and Disability.

Gender
SET has a higher proportion of females employed largely due to the occupational groups i.e. nursing and midwifery which is the largest job group with significantly higher level of female participation.

This policy supports all staff regardless of gender. Where appropriate, the Trust takes into consideration gender specific health issues including, for example, menopause or men's mental health and resources are invested to support staff.

Age
The Trust recognises that there is a link between age, health & disability. This policy supports all staff regardless of age and responds to individual need.

Dependent Status
The Trust is aware that there is evidence to show that female employees are most likely to shoulder caring responsibilities. The Trust address any issues and support staff where possible.

Disability
Whilst there is no data to suggest that a disabled person will avail of more sickness absence than non-disabled staff, staff with long term health conditions and disabilities may require reasonable adjustments to support their attendance at work. Staff who are disabled, may require advice from Occupational Health and Human Resources when putting reasonable adjustments in place. A Workplace Adjustment Plan has been developed to support the application of this policy.

Any issues highlighted by affected staff will be able to be mitigated by support from management and access to support from employment policies, the

application of terms and conditions and advice from human resources and occupational health. Staff are also encouraged to liaise with their Trade Union representatives for advice and support throughout the application of the policy and procedure.

The Trust has identified that this will be subject to an ongoing screening. However, if the Trust identifies any adverse impact, it can escalate to a full EQIA as required.

(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?

- Feedback from staff
- Complaints and Compliments from staff and service users
- Attendance statistics
- Equality Data
- The number of staff that have had their contract terminated due to Ill-Health will continue to be monitored, with data provided by Analytics as required

Approved Lead Officer:	Caroline Mcgowan / Stephanie Griffiths
Position:	HR Attendance Manager
Date:	13 February 2026
Policy/proposal screened by:	Caroline McGowan / Denise Hopps

South Eastern Health and Social Care Trust

Please forward completed schedule to:

Susan Thompson
Equality Manager
t: 07525 898850
e: susan.thompson@setrust.hscni.net

Denise Hopps
Equality Officer
T : 07866 071 536
E : Denise.Hopps@setrust.hscni.net