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

Temporary Reduction in Opening Hours – Lagan Valley Urgent Care Centre

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

New

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

The Trust is proposing to implement a temporary reduction to opening hours within the Lagan Valley Hospital (LVH) Urgent Care Centre (UCC), including associated workforce arrangements and staff support.

The LVH UCC will change operating hours from 8.00am- 6.00pm to a 8:00am–4:00pm service, on a temporary basis.

The proposed changes are being implemented in response to acute workforce pressures. These arrangements will be kept under continuous review, with the intention of restoring 8.00am-6.00pm operating hours as soon as it is safe and sustainable to do so.

The following temporary changes will apply to staffing hours:

- Medical cover will change from 8:00am–8:00pm to 8:00am–6:00pm and the last medical appt available will be at 4pm). There may not be a Senior EM trained clinical decision maker after 4pm.
- Nursing cover will be changing from 8:00am–10:00pm to 8:00am–7:00pm

It is proposed that this temporary change will take effect from Monday 15th June 2026. These temporary changes are to align staffing models, safely and sustainably, with our substantive medical availability model due to medical staffing crisis. The Trust has engaged with recruitment partner (Retinue) to identify suitable candidates from across the UK willing to work in LVH UCC, but unfortunately no appropriate CV's have been received to date.

The revised model ensures that staff are rostered in line with service demand and activity levels, supporting safe, effective, and consistent patient care within the defined operating hours.
Patients attending LVH UCC between 8am and 4pm will continue to receive the same level of care, assessment, and treatment as currently provided.

Patients presenting outside of these hours will continue to be redirected to appropriate services, including Emergency Departments or other urgent care pathways, as is current practice.

Rationale for Change

These temporary changes are being implemented to:

- Align with our substantive medical availability model due to medical staffing crisis
- Align staffing safely with operational service hours
- Ensure a sustainable workforce model
- Match staffing to patient demand and activity levels
- Support safe, high-quality care delivery within the defined UCC hours

Potential Impact on Patients

- Patients attending between 8:00am–4:00pm will continue to receive the same level of care
- After 4:00pm, patients will be directed to appropriate services (e.g. Emergency Department or GP Out of Hours)
- Clear communication and signage will support patient navigation

Potential Impact on Staff

- The temporary change will affect some staff working patterns, particularly those currently rostered beyond 6pm and 7pm.

The Trust will continue to support staff including:

- Adjustment of working patterns in line with new service hours
- Individual discussions to explore preferences and options
- Ongoing engagement throughout the transition

Services which will remain unchanged

- Emergency Nurse Practitioner (ENP) service hours will remain unchanged and additional slots will be offered at 4pm to align with previous slots offered up to 5pm
- Administrative service hours
- First Contact Physiotherapist service hours

Further meetings will be held with medical teams Friday 26 June 2026 to review any impact to date and ongoing discussions will continue.

Profile of Current LVH UCC attendances:

Analysis of current presentations to LVH UCC, during 4pm – 6pm, shows the following:

Age Range	Month			Total
	March	April	May	
1-10	30	13	16	59
11-20	58	43	45	146
21-30	35	51	33	119
31-40	45	49	32	126
41-50	32	41	34	107
51-60	39	31	24	94
61-70	29	26	18	73
71-80	18	14	14	46
81-90	7	7	7	21
91-100	2	1	2	5

Primary Diagnosis	Month			Total
	March	April	May	
Closed Fracture/Fracture	36	26	34	96
Contusion	24	16	12	52
Sprain	52	58	47	157

Service User by Post Code	BT11,BT17,BT25,BT27,BT28,BT29,BT67 (Lisburn and Castlereagh, Dromore, Dromara, Dunmurry, Crumlin, Craigavon, Lurgan, Moria and Andersonstown)
March	71% (total 295)
April	84% (total 267)
May	79% (total 225)

See below for proposed Number of appointments between 8 am and 4pm which is very similar to the current operating model.

	Medical Appointment	ENP Appointment	Physio Appointments
OLD	85	48	10
NEW	81	48	10

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

Trust Services, including the LVH UCC, are used by all Section 75 groups.

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

South Eastern Health and Social Care 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?)

Main factor which may have an impact would be SEHSCT Service Users and staff not being aware of temporary change to the opening hours for LVH UCC.

Identified benefits may include:

- These temporary changes are to align staffing models, safely and sustainably, with our substantive medical availability model due to medical staffing crisis.
- The revised model ensures that staff are rostered in line with service demand and activity levels, supporting safe, effective, and consistent patient care within the defined operating hours.

- Patients attending LVH UCC between 8am and 4pm will continue to receive the same level of care, assessment, and treatment as currently provided.
- Phone First allows scheduling of attendances at LVH UCC

Potential challenges may include:

- Staff resistance to temporary changes and challenges to ongoing staff resilience
- Service users not being aware of temporary change in LVH UCC opening hours.
- Service user and local representative resistance to the temporary changes.
- Continued recruitment challenges with regard to suitably trained doctors

(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: SEHSCT Staff Trust Board, EMT

External: Service users, families, carers and advocates, HSC Trusts/arm's length bodies eg NIAS, PHA, DoH, HSCB, Trade Unions and Professional Bodies, MLA's

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

- SET Management of Change Framework
- Covid-19 Urgent and Emergency Care Action Plan – No More Silos - DoH Oct 2020
- Urgent and Emergency Care in Northern Ireland: Population Health Needs Assessment Review of Urgent and Emergency Care. DoH Jan 2022
- Human Rights Inquiry into Emergency Care. Human Rights Commission 2015
- Change or Withdrawal of Services: Revised Guidance on Roles and Responsibilities – DHSSPSNI – 30 August 2023
- Health and Wellbeing 2026: Delivering Together
- Northern Ireland Act and the Social Care (Reform) Act.

- Recruitment and Selection Framework 2018
- Rural Needs Act 2016
- Disability Discrimination Act 1996
- SEHSCT Equality Scheme 2024

(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
• SET Data on attendances at LVH UCC • Staff Recruitment and staff profile data • Equality Screening/EQIA The Future Provision of South Eastern Trust Urgent and Emergency Care Services Phase One- Ards and North Down Area, 2023 • Rural Needs Assessment The Future Provision of South Eastern Trust Urgent and Emergency Care Services Phase One- Ards and North Down Area, 2023 • 'Systems not Structures' (The Bengoa Report) • Health and Well-being 2026: Delivering Together (2016). • Royal College of Emergency Medicine (RCEM) • Urgent and Emergency Care in Northern Ireland: Population Health Needs Assessment Review of Urgent and Emergency Care January 2022 • Human Rights Inquiry into Emergency Care 2015 • Change or Withdrawal of Services: Revised Guidance on Roles and Responsibilities – DHSSPSNI – August 2023 • Census 2021 data • EMT and Trust Board Briefing Papers

(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 51.46%** **Male 48.41%**	Female 96% Male 4%	96% of LVH UCC staff are female. Important to note that of these staff a number will be working part-time hours and or potentially bank staff of which a high proportion would also be part-time and may have caring responsibilities.
Age	**1-10** 7% **11-20** 18% **21-30** 15% **31-40** 16% **41-50** 13% **51-60** 12% **61-70** 9% **71-80** 6% **81-90** 3% **91-100** 1%	16-24 0% 25-34 36% 35-44 28% 45-54 4% 55-64 28% 65+ 4%	Studies find a correlation between increasing levels of age and ED attendances specifically those over 65 Evidence gathered shows that 19 % or LVH UCC users are aged over 60 years of age.
Religion	No direct information is gathered on political opinion. Council voting patterns have been considered	Protestant 44% Roman Catholic 20% Neither/Not known 36%	There may a potential minor adverse impact those from those who identify as protestant (44 %) due to the temporary change in LVH UCC opening hours.
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	Broadly Nationalist 0% Broadly Unionist 8% Do not wish to answer 20% Other 4% Not known 68%	There is a high percentage where political opinion is not known. The Trust is aware that a temporary change to the provision of opening hours at LVH UCC may have a potential minor impact on the Unionist Community. As noted in Section 7.4, the travel times and distances to alternative ED are well within the acceptable guidelines. Analysis of post codes for those who attended the LVH UCC in the last 3 months shows that the majority of services users came from the BT11, BT17, BT25, BT27, BT28, BT29 BT67 postcode areas. These corelate to the council areas where a unionist majority is returned.
Marital Status	Information not routinely gathered	Single 20% Married/Civil Partnership 44% Divorced 8% Widowed 4% Separated 0%	It is not envisaged that these changes will impact on the basis of an individual's marital status. Consideration will be given to staff requests for alternate working patterns.

		Other 0% Not known 24%	All patients will be afforded equality of opportunity and will be treated with dignity and respect and in a setting which is most appropriate based on a clinical assessment.
Dependent Status	Households in population with dependent children - 33.38%	Child or Children 16% Dependant Older 0% A person with Disability 0% None 12% Other/Not known 72%	Trust Profile – 16 % of staff have stated that they have dependants. Also important to take into account that 72% have not provided an answer to this question therefore the actual number of people with caring responsibilities could potentially increase.
Disability	Household with one or more persons with a limiting long-term illness 19.82%	Yes 4% No 28% Not Known 68%	The Trust has 4% of staff who have confirmed that they have a disability. The Trust acknowledges that the category of disability is significantly underreported and the actual number is potential much higher.
Ethnicity	Not routinely gathered. Evidence would appear to show that BAME groups are disproportionately affected by COVID-19	Bangladeshi 0% Black African 0% Black Caribbean 0% Black Other 0% Chinese 0% Filipino 0% Indian 8% Irish Traveller 0% Mixed Ethnic Group 0% Other 0% Pakistani 0% White 24% Not Known 68%	Majority white. 68% have not provided an answer to this question.
Sexual Orientation	Not routinely gathered. Estimated 10% of population are LGBT which 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 28% LGB&T 0% Do not wish to answer 4% Not Known 68%	68% of staff have not declared their sexual orientation. Population trends of 10% are assumed for gay, lesbian and bisexual individuals. Source: Rainbow Project.

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

- Briefing Paper prepared and details provided of change and possible impact
- Staff Meetings held 4 June 2026. Staff Briefing Paper and FAQs shared. Individual discussions offered where required.
- HR Business Partner met with staff 8 June 2026. Options discussed with regards to working in

Ulster Hospital, instead of LVH. This is an ongoing process whereby staff continue to discuss working patterns and rotas. Some staff have asked for a reduction in working hours and this will be considered.

- Implementation of planning and communication rollout planned.

- Communication with Lisburn and Castlereagh City Council.

The Trust remains committed to our PPI duties and this stakeholder engagement will continue as we robustly monitor and review the temporary changes. Stakeholder engagement has and continues to take place with:

- Trade Unions
- Clinicians
- Patients/Service Users
- HSC Sector including NIAS
- Staff

Cross-sectoral consultation also takes place with other HSC Trusts, NIAS, Public Health Agency, Health and Social Care Board, Department of Health particularly throughout the pandemic.

This screening will be shared publicly on the Trust website and with Trade Union colleagues and all stakeholders through the normal channels

(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***	***Service users***	***Staff***
Gender	**Female 51.46**% **Male 48.41**% **Not specified** less than 1%	Female 96% Male 4%	Minor	Minor
Age	**01-10 7%** **11-20 18%** **21-30 15%** **31-40 16%** **41-50 13%** **51-60 12%** **61-70 9%** **71-80 6%** **81-90 3%** **91-100 1%**	16-24 0% 25-34 36% 35-44 28% 45-54 4% 55-64 28% 65+ 4%	Minor	Minor
Religion	No direct information is gathered on political opinion. Council voting patterns have been considered	Protestant 44% Roman Catholic 20% Neither/Not known 36%	Minor	Minor
Political	Not collected on 2021 census.	Broadly Nationalist 0%	Minor	Minor

Opinion	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 Analysis of post codes for those who attended the LVH UCC in the last 3 months shows that the majority of services users came from the BT11, BT17, BT25, BT27, BT28, BT29 BT67 postcode areas. These corelate to the council areas where a unionist majority is returned.	Broadly Unionist 8% Do not wish to answer 20% Other 4% Not known 68%		
Marital Status	Information not routinely gathered	Single 20% Married/Civil Partnership 44% Divorced 8% Widowed 4% Separated 0% Other 0% Not known 24%	None	Minor
Dependent Status	Households in population with dependent children - 33.38%	Child or Children 16% Dependant Older 0% A person with Disability 0% None 12% Other/Not known 72%	None	Minor
Disability	Household with one or more persons with a limiting long-term illness 19.82%	Yes 4% No 28% Not Known 68%	None	None
Ethnicity	Not routinely gathered. Evidence would appear to show that BAME groups are disproportionately affected by COVID-19	Bangladeshi 0% Black African 0% Black Caribbean 0% Black Other 0% Chinese 0% Filipino 0% Indian 8% Irish Traveller 0% Mixed Ethnic Group 0% Other 0% Pakistani 0% White 24% Not Known 68%	None	None
Sexual Orientation	Not routinely gathered. Estimated 10% of population are LGBT which 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 28% LGB&T 0% Do not wish to answer 4% Not Known 68%	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 has an ongoing strategy of staff training and engagement via e-learning or face to face sessions 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	None The Trust has in place its Good Relations statement which is displayed on staff and service user notice boards. SEHSCT Good Relations Statement

	opinion. It is not anticipated that there will be any adverse impact on any service user on account of their race, religion or political opinion.	'Working together we will promote good relations between people of different race, religion or political opinion.'
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. 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 temporary 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 with telephone interpreting or face-to-face interpreting to facilitate effective and safe communication. The Trust is encouraging staff to continue accessing telephone interpreting services as appropriate during this period to ensuring social distancing. If required, face to face can be accommodated. 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 Strategy, 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 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 must ensure its Emergency Department services are accessible to everyone. The Trust has considered, and will continue to consider, the specific needs of its disabled service users as the proposal is implemented. The Trust ensures that its Emergency Department is fully accessible and will ensure that specific needs are assessed and addressed. • Accessing Phone First for those who are deaf or hard of hearing, through the provision of the remote interpreting service SignVideo App. This service has been established to enable the Deaf community to communicate effectively via telephone and secure video link. • It is envisaged that these changes will have a potential positive impact on people who have disabilities. We know that people with Long Term Conditions and those who are older and more likely to have multiple morbidities tend to be more regular users of Emergency Department. These new phone first provision and temporary change to ED opening hours will enhance the patient experience and will more adequately provide the right care at the right time at the right place • The Trust would anticipate that the proposal would have a potential positive impact on those with disabilities through the Phone First Approach. • The Trust is mindful of the impact of the COVID-19 virus on vulnerable groups including older people many of whom have a disability. The Trust is closely following Government advice on social distancing and shielding in seeking to preserve and promote the health and well-being of staff and services users. • Having a range of tiered services in place will offer more choice in accessing the right care at the right time in the right place. People living with dementia will benefit from not having to go to a busy Emergency Department, but rather by accessing Phone First. • 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.

(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. IT would seem pertinent that the Trust reflect on the findings of the NIHRC Inquiry into Emergency Care in Northern Ireland in 2014. It recorded that the International and regional instruments were pertinent to this inquiry with relevance to emergency healthcare, as well as a host of non-binding instruments.

- International United Nations (UN) International Covenant on Economic, Social and Cultural Rights (ICESCR) [UK ratification 1976]
- UN International Covenant on Civil and Political Rights (ICCPR) [UK ratification 1976]
- UN International Convention on the Elimination of All Forms of Racial Discrimination (CERD) [UK ratification 1969]
- UN Convention on the Elimination of Discrimination Against Women (CEDAW) [UK ratification 1986]
- UN Convention on the Rights of the Child (CRC) [UK ratification 1991] UN Convention on the Rights of Persons with Disabilities (UNCRPD) [UK ratification 2009] 6 Regional Council of Europe (CoE),
- European Convention on Human Rights (ECHR) [UK ratification 1951] Charter of Fundamental Rights of the European Union [UK ratification 2000]
- EU Directive 2000/43/EC implementing the principle of equal treatment between persons irrespective of racial or ethnic origin Non-binding International instruments
- Universal Declaration on Human Rights (UDHR), 1948 Vienna Declaration and Programme of Action,
- 1993 Vienna International Plan of Action on Ageing,
- 1983 UN Declaration on the right to development,
- 1986 UN Principles for Older Persons,
- 1991 UN Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care,
- 1991 UN Human Rights Council Resolution 19/20 ‘the role of good governance in the promotion and protection of human rights’,
- 2012 CoE, Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine (Convention on Human Rights and Biomedicine)
- WHO Declaration of Alma-Ata, 1978

Notably the EU Special Rapporteur on the Right to Health was part of the Panel who conducted the Inquiry. A minimum core obligation in terms of human rights is the duty to ensure that health facilities, goods and services are accessible on a non-discriminatory basis, especially for vulnerable or marginalised groups.

The Inquiry presented evidence in regard to the following findings:

- Respect and protection of the right to human dignity
- Access to information in terms that the patient can understand is integral to the right to health and to free and informed consent
- A sufficient quantity of health facilities, goods and services is essential to ensure timely heath care as required by human rights laws and standards
- Human rights standards recognise that a good quality health system requires a minimum number of health professionals
- Equal treatment and non-discrimination
- Governance

Respect and protection of the right to human dignity

Through the introduction of alternative pathways and person-centred care at the right time in the right place, the Trust believes that human dignity and respect will be optimised in that people will access the care they need appropriately.

Access to information in terms that the patient can understand is integral to the right to health and to free and informed consent.

The phone first system will ensure that people do not inappropriately access UCC.

A sufficient quantity of health facilities, goods and services is essential to ensure timely heath care as required by human rights laws and standards

Specialist pathways and a variety of options will help to ensure that people do not see ED as the only option to have their healthcare needs met. It will facilitate prioritisation of cases so that immediate emergency cases are seen and treated in our Emergency Departments whilst other urgent cases are triaged and directed to the most appropriate pathway as opposed to having to wait and compete with the real emergency cases. This is an important step in making the best use of limited public resources.

Human rights standards recognise that a good quality health system requires a minimum number of health professionals

In terms of having a minimum number of health professionals, again having alternate pathways will ensure that our staff are working to the best of their abilities and in accordance with their experience to deal with varying degrees of acuity in terms of urgent and emergency cases

Equal treatment and non-discrimination

The Trust recognises that equality does not mean treating everyone the same but treating everyone according to their needs and so alternate pathways and triage will ensure those requiring urgent and emergency care will have more timely access to the service that they need according to a clinical assessment in a more appropriate environment.
At this time the e-learning module on Equality, Diversity, Human Rights and Good Relations is promoted however face to face training programmes can be facilitated if safe and appropriate to do so.

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(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	ongoing screening no EQIA
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 Equality Screened the proposed Temporary Reduction in Opening Hours – Lagan Valley Urgent Care Centre against the nine Section 75 Equality Categories.

The screening has been deemed as an **on-going screening** to allow on-going monitoring of the proposal to enable identification of any possible unforeseen adverse impact over a period of time in terms of equality of opportunity, good relations and human rights. This will allow for further mitigating measures to be implemented if and when required.

The Trust is cognisant of the need to consider and mitigate any potential adverse impact. As with any change, the Trust is committed to monitoring the efficacy of this temporary change alongside outcomes and the satisfaction of patients, carers and staff. As an open and learning organisation, we remain determined to learn and change as necessary. The Trust commits to ongoing discussions with staff as the temporary change continues to be implemented.

The Trust is aware that there may be a potential minor impact on those service users in the religion

and political opinion Section 75 Categories due the temporary change of LVH UCC opening hours. However, travel times to alternate Accident and Emergency facilities will still be well within the acceptable guidelines. Please see table below:

	Distance	Travel Time
LVH – UHD	16.7 miles	27 minutes
LVH – RVH	8.46 miles	13 minutes
LVH – Mater	9.69 miles	13 minutes
LVH – RBHSC	8.46 miles	13 minutes
LVH – Craigavon Hospital	20.01 miles	24 minutes
LVH – Daisy Hill Hospital	29.03 miles	33 minutes
LVH – Antrim Area Hospital	20.60 miles	33 minutes

Mitigation Measures

See consideration and mitigating measures for potential impact on service users below and noted in the Table.

- After 4pm, LVH UCC will be closed. Patients requiring urgent or emergency care, who have not booked an appointment, will be advised to attend the nearest Emergency Department or the Emergency Department they choose to attend. They may also access alternative services such as GP Out of Hours, where appropriate.
- The Trust has taken steps to ensure that approximately the same number of appointments are available for our service users each day. Currently around 95 attendances per day, and going forward the number will be similar . Data shows that an average of 14 service users attend LVH UCC from 4pm – 6pm each day. The Trust will continue to monitor the attendance figures for LVH UCC.
- Clear communication and signage will support patients in accessing the right care.
- The Trust has engaged with recruitment partner (Retinue) to identify suitable candidates from across the UK willing to work in LVH UCC, but unfortunately no appropriate CV's have been received to date.

	Service Users /Staff
Gender	People who are older tend to attend UCC more frequently and so whilst the NI overall population is slightly more male than female; the life expectancy for females is longer. Similarly, women tend to have more caring responsibilities than men – and so these changes may have a small impact disproportionately on females however it is envisaged that the changes will bring about positive impact, as opposed to negative. It may disproportionately impact in terms of gender as women have a longer life

	expectancy than men and older people tend to be more frequent users of urgent and emergency care. On the basis of the information available, these changes will potentially have a positive impact on older women.
Age	A DOH document entitled NI Hospital Statistics Emergency Care 2019/20 cites that during 2019/2020 the highest number of Emergency Department attendances per 1,000 population was recorded for those aged 75 and over (741.7). Those aged 75 and over reported the highest attendances per 1,000 population in each of the last five years On the basis of the evidence and information considered within this document, it is likely that these temporary changes will have an adverse impact on people of all ages and in particular notably those who are older and who tend to attend UCC more often than younger people as evidenced in the service user profile in 3.1. These temporary changes will impact on all age groups – predominantly on those people who are older, who we know are more regular attenders at UCC.
Religion	There may be a potential minor adverse impact on those who identify as protestant due to the temporary change in LVH UCC opening hours.
Political Opinion	The Trust is aware that a temporary change to the provision of opening hours at LVH UCC may have a potential minor impact on the Unionist Community. As noted above the travel times and distances to alternative ED are well within the acceptable guidelines
Marital Status	It is not envisaged that these changes will impact on the basis of an individual's marital status. All patients will be afforded equality of opportunity and will be treated with dignity and respect and in a setting which is most appropriate based on a clinical assessment. The Trust is mindful that some staff will have caring responsibilities. If this is the case individual and specific circumstances will be considered and where adverse impact is identified, the Trust will take steps to mitigate its effects including flexible working.
Dependent Status	New figures released in 2020 show an estimated 98,000 people in Northern Ireland have become unpaid carers as a result of the COVID-19 Pandemic. This is on top of the 212,000 unpaid carers in Northern Ireland who were already caring before the outbreak, bringing the total to 310,000. Approximately 57,000 women (58%) and 41,000 men (42%) have started caring for relatives who are older, disabled or living with a physical or mental illness. The vast majority of adults with a learning disability are cared for and supported in their family home. Many of whom are being cared for by ageing parents Attendance at the Emergency Department only, when necessary, will have a potential positive impact on carers. The use of telephone triage from GPs, scheduled appointments, direct admissions, rapid access clinics and an urgent care centre will all facilitate better flow and consequently less time spent waiting in a busy ED. It will allow emergency cases to be prioritised. The Trust is aware that attendance at LVH UCC provides the right care at the right time in the right place, avoiding unnecessary attendances at the Emergency Department. Being treated quickly in ED is clearly important for both the experience and clinical outcome of patients. The Trust will monitor the potential impact of the temporary change to opening hours for those with or without dependents.

	The Trust is mindful that some staff will have caring responsibilities. If this is the case, individual and specific circumstances will be considered and where adverse impact is identified, the Trust will take steps to mitigate its effects including consideration of flexible working options.
Disability	It is estimated that between 17-21% of the Northern Ireland population have a disability, affecting almost 37% of households so essentially it is fair to assume that 1 in 5 people will have some form of disability. There is a disproportionate level of attendance at UCC from people who have multiple morbidities and/or long terms conditions. We know that prevalence of disability increases as people get older and that as with the age statistics as cited above, there is a propensity for older people to attend ED. The Mental Health Liaison service in ED will ensure that people experiencing acute mental ill health are treated in an appropriate tailored MH setting. The Trust does not routinely record disability but is aware that 19.82% of households have with one or more persons with a limiting long-term illness. It is envisaged that these changes will have a potential impact on people who have disabilities. We know that people with Long Term Conditions and those who are older and more likely to have multiple morbidities tend to be more regular users of LVH UCC.
Ethnicity	It is not envisaged that these changes will impact on the basis of an individual's ethnicity. However, it is important that information on these changes is communicated and available in appropriate languages and formats for people who are not proficient in English as a first language via a communication and engagement strategy. The Trust will continue to provide qualified interpreters for service users either face to face or via telephone.
Sexual Orientation	It is not envisaged that these changes will impact on the basis of an individual's sexual orientation. All patients will be afforded equality of opportunity and will be treated with dignity and respect and in a setting which is most appropriate based on a clinical assessment.

Potential Impact on our Staff
The Trust is working closely with staff, trade union representatives and other stakeholders as this proposal is implemented. We recognise this change will affect some staff working patterns, particularly those currently rostered beyond 6pm and 7pm.

Support for staff will include:

- Adjustment of working patterns in line with new service hours
- Individual discussions to explore preferences and flexible working options
- Ongoing engagement throughout the transition
- Opportunities to speak with their line manager
- Encouragement to attend scheduled staff engagement sessions
- Option to contact the leadership team directly
- Short -term pay protection may apply if there is a reduction in regular unsocial working hours. Human Resources will provide guidance on individual circumstances.

Alternative Working Options

Staff will be offered the opportunity to:

- Work contracted hours or outstanding contracted hours in a compressed format within the Ulster Hospital UCC. This option can be facilitated on the proviso that sufficient staffing remains to operate the Lagan Valley Urgent Care Centre.
- Explore flexible arrangements aligned to service need and individual circumstances. For nursing staff, where possible, contracted hours beyond rota requirements can be compressed and completed in an additional shift if available.
- Adjusting working patterns to align with the medical 8am–4pm service
- Opportunities to work contracted hours in alternative services where appropriate

Engagement and Communication

- The Trust is committed to supporting staff throughout this process:
- Group engagement sessions will be held to provide information and answer questions
- 1:1 meetings will be available for individual support
- Continuous communication will be maintained as plans progress
- The Trust will implement a communication plan to ensure patients and the public are aware of the changes.
- Updated signage on site
- Communication via Trust channels and digital platforms
- Clear messaging at point of access

Assessment of Impact.

The Trust has noted the rationale for the proposed temporary changes LVH UCC. The Trust believes that there will be a potential minor impact in terms of patients, carers and staff.

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

On-Going Screening of the Proposal

The screening has been deemed as an on-going detailed screening to allow on-going monitoring of the proposal to enable identification of any possible unforeseen adverse impact over a period of time in terms of equality of opportunity, good relations and human rights. This will allow for further mitigating measures to be implemented if and when appropriate and required.

The Trust is committed to ongoing screening in six months to monitor the potential adverse or positive impact to any of the Section 75 equality categories. If the Trust identifies a major adverse impact, screening can then be escalated to full EQIA as required. The Trust is also committed to undertaking a full EQIA and further public consultation for a minimum of 12 weeks in the event that any permanent changes are proposed.

(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?

The Trust will monitor the implementation of change to opening hours at LVH UCC to identify any unforeseen impact on any of the Section 75 categories. The Trust will also take account of information or feedback provided by service users and key stakeholders via the formal and informal consultation process.

The Trust intends to review this equality screening template at the end of 6 months following implementation of the temporary changes, to ensure it is updated to reflect any feedback from consultees.

The Trust will be closely monitoring the ongoing impact of the temporary reduction in opening hours at LVH UCC. This includes monitoring the following:

- UCC activity e.g. number of patients using 'Phone First'
- Number of patients who need to be admitted to the LVH
- Number of patients transferred from LVH UCC to other hospitals
- Duration of patient's time spent in ED
- Ongoing recruitment
- Ongoing discussions with staff regarding, career progression opportunities, potential redeployments and work life balance considerations
- Patient and staff experience – satisfaction questionnaires, complaints and compliments
- Feedback from SEHSCT Communication and Engagement Plans for temporary change including potential service user /public engagement.

Signed	Conor McCracken
Position	Assistant Director Unscheduled Care
Signed	
Position	