

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

Implementation of new digital record management system- encompass, within Southern Health and Social Care Trust (SHSCT).

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

New

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

encompass is a HSCNI initiative established to deliver sustainable, long-term digital transformation for health and social care services. encompass will introduce an electronic healthcare record for every person in Northern Ireland, supplied by software developers Epic.

Intended aims include:

- encompass will give patients and service users the ability to view and update their health information online wherever and whenever they like.
- It will provide improved continuity of care for HSC patients, clients and service users.
- Those who deliver care will have secure access to real-time patient information, helping to reduce duplication of services and minimising the risk of errors
- Patients will not have to repeat information to different professionals providing care or have to repeat tests in different locations
- Safer care and medicine management for patients
- Improved data quality contributing towards improvements in delivery of services

All five HSC Trusts will go live between 2023 and 2025 with SHSCT scheduled to Go-Live on 8 May 2025. Children's Social Care will Go-live at a later stage.

This equality screening relates to the Southern Trust-wide implementation of a NI regional Health and Social Care initiative to introduce a Digital platform across all HSC Trusts. encompass is not an IT system rather a programme supporting the transformation of our Health and Care sector. encompass simplifies things, allows care workers to see the right information at the right time, eliminates heavy paper records, and reduces duplication of tests. It makes providing care safer for patients providing better quality data driving improvements within our services in the future; and with inbuilt digital safety features, and in particular will deliver safer medicine management. It is a clinical and operational change that will help our resources, our staff, to deliver the best services they can to people in Northern Ireland.

This transformation in how clinical records are created, stored and shared is in keeping with the DHCNI's Digital Strategy 2022-2030, and will support the Trust to meet the 6 strategic outcomes outlined. Strategic Outcomes – [DHCNI \(hscni.net\)](https://www.hscni.net)

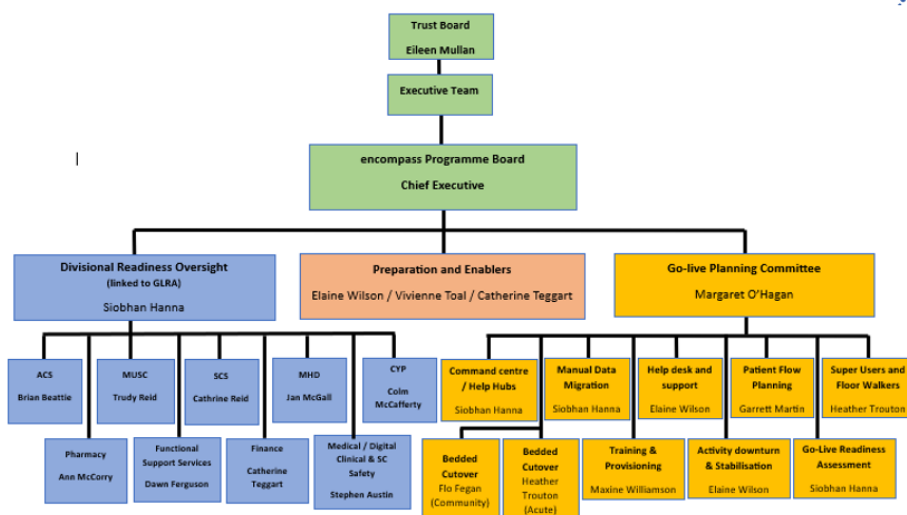
- Digital will provide the population with greater visibility and control over treatment and care journeys.
- Digital solutions will put quality, safety and improved experience at the heart of all new processes, systems and ways of working across health and care.
- Effective and joined up care through systems integration and streamlined information flows
- Digital will enable our people to work more efficiently and collaboratively across standardised systems
- Intelligent use of data will optimise performance and harness population health insights, whilst ensuring robust data protection standards
- Digital will support the acceleration of research and innovation to gradually embrace system leading disruptive and cutting-edge solutions

encompass is used by staff - both in acute hospital settings and across community settings. This new system will be used by most of the 15,000 plus staff, who deliver care both locally and regionally across more than 280 facilities across the Southern Trust. These include large hospital complexes providing acute services, health centres, day centres, wellbeing and treatment centres, residential accommodation, supported housing and administrative offices.

A key feature of encompass is the introduction of a single electronic health care record for every person in Northern Ireland. Each person will be able access details of their Health care via the My Care app. My Care app/patient portal is live and is accessible and has been downloadable as of March 2025 – circa 100,000 unique service users have signed up (mostly via mobile devices).

There is a My Care help desk, contactable via phone (028 9536 8180), and email (mycarehelpdesk@hscni.net).

Governance structure



SHSCT has commenced this equality screening of the local implementation of encompass, however, this is very much a live document which will be reviewed, updated and monitored on an on-going basis. This will enable the Trust to monitor the impact of the proposals to ensure that the impact is not more significant than initially anticipated.

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

Trust Staff and Service Users are representative of all Section 75 categories.

encompass Benefits - encompass will benefit all of the Trust key stakeholders including our patients, service users, carers and staff. According to Digital Health & Care Northern Ireland (DHCNI) (2024)¹ The benefits of a single overarching and cohesive health care record are:

For People who use the services:

My Care will allow people to have greater control over their healthcare by providing personalised and secure online access to view specific parts of their own medical records. This portal will allow people to update their preferred name, telephone number, temporary address (such as short-term place of care) and preferences of how they wish to receive information, however people will not be update or change their health information using this portal. encompass will enable:

- Increased access for own health information and test results
- View, make, and manage appointments
- Choose how they want to communicate with the team
- Increased understanding of health status
- Improved continuity of care-
- Data driven care

For Health care providers:

- Automation of tasks
- Streamlines workflows e.g. data entry, appointment scheduling, viewing lab results
- Frees time for patient care
- Facilitates communication
- Built in digital safety features. Improved patient safety and quality of care.
- Improved access to information, no matter where the care takes place

For Health care management:

- Reduction in revenue and administration costs
- Enhanced protection and security of patient information
- Better planning for services by giving us good quality information
- May lead to opportunities for closer working with other statutory bodies

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

The SHSCT Programme Board and Trust Go-Live Management Group will oversee the implementation of the initiative, supported by the EPIC and Regional encompass management teams. The DPIA was completed prior to Go-Live and will be reviewed regularly

(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?)

encompass Benefits

encompass will benefit all of the Trust key stakeholders including our patients, service users, carers and staff. According to Digital Health & Care Northern Ireland (DHCNI) (2024). The benefits of a single overarching and cohesive health care record are as outlined in section 1.3 above.

Potential challenges include:

- Accessibility for disabled service users and communication challenges in particular with use of My care app.
- Registration to My Care requires photo ID- not everyone has a passport, driving licence or electoral ID card and therefore, may be disadvantaged in signing up to My Care
- Staff and service users/public awareness of the new ways of working
- Retraining and redeployment of staff potentially affected – Management of Change process in place.
- Staff resistance
- Legislation – data protection regulations will inform which My Care features will be available and govern their use and monitoring

(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 health service has partnered with the global leader Epic to build encompass. Epic currently provides electronic records for over 300 million people within the UK and across the globe.

Internal: SHSCT Staff, Executive Team, Trust Board, BSO, SPPG, DoH, Trade Unions and Professional Bodies

External: Patients and Clients, families and carers, Patient and Client Council and patient advocates, encompass, independent sector partners, voluntary sector representing S75 interest groups, other public bodies, Public Health Agency, Department of Health, local Councils, contractors and interested groups. Primary care colleagues e.g. community pharmacists, LCG's, PCP's, opticians, residential and nursing home providers.

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

- DHCNI's Digital Strategy 2022-2030
- Trust Corporate Plan
- Trust Management of Change Framework
- Trust's Equality Scheme which incorporates the Trust's Human Rights obligations and disability duties.
- Rural Needs Act 2018
- Trust's People Priorities Plan
- E-Health and Care Strategy 2016: Improving Health and Wealth through the use of information and communication technology (DoH)
- Elective Care Plan – Transformation and Reform of Elective Care Services (DoH Feb 2017)
- Health and Wellbeing 2026 Delivering Together (DoH 2017)
- HSC Digital Strategy (DoH July 2022)
- HSC Data Strategy (DoH July 2022)
- HSC Digital Innovation Strategy (DoH July 2022)
- Mental Health Strategy Delivery Plan for 2022/23 (DoH July 2022)
- Regional Trusts Equality Action Plan and Disability Action Plan 24-29
- Data Protection Act 2018 (DPA)
- Articles 6 and 9 UK General Data Protection Regulations
- Health and Social Care (Reform) Act (Northern Ireland) 2009 (as amended)
- Department of Health Code of Practice on Protecting the Confidentiality of Service User Information
- General Medical Council Guidance on Patient Confidentiality

- Public Health Agency Setting the Standards – Personal and Public Involvement (PPI)
- All relevant Trust policies will need to reflect Digital Working and the new processes as part of the encompass initiative. This list is not intended to be exhaustive.

(2) Available evidence

2.1/2.2 Composition of Southern Trust Workforce – all the workforce will potentially be affected by encompass. Some roles will be affected more than others.

Section 75 Group	Southern Trust Workforce Profile as at 1 January 2025	Percentage
Gender	Female	85.6%
	Male	14.4%
Religion	Protestant	34.1%
	Roman Catholic	55.9%
	Neither	10.0%
Political Opinion	Broadly Unionist	8.9%
	Broadly Nationalist	9.7%
	Other	7.4%
	Do Not Wish To Answer/Not Known	74.0%
Age	16-24	6.7%
	25-34	22.5%
	35-44	27.9%
	45-54	21.2%
	55-64	17.8%
	65+	3.9%
Marital Status	Single	31.7%
	Married	56.8%
	Not Known	11.5%
Dependent Status	Caring for a Child/Children / Dependant Older Person / Person With a Disability	14.7%
	None	31.3%
	Not Known	54.0%
Disability	Yes	2.6%
	No	73.9%
	Not Known	23.5%
Ethnicity	Bangladeshi	0.01%
	Black African	0.45%
	Black Caribbean	0.01%
	Black Other	0.03%
	Chinese	0.09%
	Filipino	0.6%
	Indian	1.2%
	Irish Traveller	0.01%
	Mixed Ethnic	0.2%
	Pakistani	0.15%
	White	74.2%
	Not Known	23.0%
Sexual Orientation towards:	Opposite Sex	57.9%
	Same Sex	1.03%
	Same and Opposite Sex	0.26%
	Do Not Wish To Answer/Not Known	40.81%

2.3/2.4 Southern Trust's Area Population Profile – Census 2021

All service users will potentially be affected by encompass.

Section 75 Group	Trust's Area Population Profile (Population of 358,034)	Percentage
Gender	Female	50.2
	Male	49.8
Religion	Protestant	35.5
	Roman Catholic	57.0
	Other	7.5
Political Opinion	Not collected	
Age	0-15	22.5
	16-24	10.2
	25-44	26.5
	45-64	25.2
	65-84	13.8
	85+	1.8
Marital Status (aged 16+ years)	Single	28.1
	Married/Civil Partnership	37.7
	Other	34.2
Dependent Status	Caring for a dependent Child/Children	25.8% care for a dependent child/children
Disability	Yes	21.8
	No	78.2
Ethnicity	Asian Other	0.4
	Bangladeshi	0
	Black African	0.4
	Black Caribbean	0
	Black Other	0.4
	Chinese	0.3
	Filipino	0.1
	Indian	0.2
	Irish Traveller	0.3
	Mixed Ethnic Group	0.8
	Arab	0.1
	Roma	0.1
	Other	0.2
	Pakistani	0.1
	White	96.5
Sexual Orientation	Heterosexual	69.8
	LGBTQ+	1.1
	Not Stated	29.1

(3) Needs, experiences and priorities

(3.1) Taking into account the information above what are the different needs, experiences and priorities of each of the Section 75 categories and for both service users and staff. **(NB: Use relevant statistical and qualitative data to complete the table below)**

Section 75 Category	Details of Needs, Experiences and Priorities	
	Staff	Service Users
Gender	This is a Trust-wide initiative to implement electronic health and social care records for service users. Therefore, any mitigations required for staff are proposed based on the figures presented in the Trust workforce profile detailed at Section 3 above.	The Trust population, based on 2021 Census data, indicates that 50.2% of potential service users are female and 49.8% are male. The Trust does not anticipate that this proposal will have any adverse or major impact on service users because of their gender. The Trust is committed to ongoing monitoring for any adverse impact.
Age	<p>As above</p> <p>Staff interact with technology prior to the implementation of encompass, i.e. PAS, Paris, labs radiology systems, NIECR, therefore the requirement will be to learn the navigation of a new system</p>	<p>This initiative will relate to all of the current and potential users of the SHSCT, i.e. the total population of Southern Trust area. The age composition of the Trust population, Census 2021 indicates that 22.5% of people are aged 15 and under, 61.9% of people are aged between 16 and 64 and 15.6% of people are aged 65 and over.</p> <p>It can be assumed that all service users and patients of every age will be impacted.</p> <p>It is acknowledged that there may be a greater challenge in accessing the My Care app and using technology in older age groups however My Care app is optional and service users will not be disadvantaged by not having this App readily available.</p> <p>Young people can access My Chart, however eligibility and access method vary by age. Children under 13 cannot have their own account, but parents can get proxy access. Teenagers aged 13-15 can ask for their own account, and those aged 16 and older can create their own, sometimes with a healthcare provider's approval.</p>
Religion	As above	<p>35.5% of Southern Trust population identify as Protestant, 57% identify as Roman Catholic, 7.5% identify as 'other' (Census 2021).</p> <p>All of the Trust's services provide a welcoming environment where people from differing religious backgrounds are cared for together and necessary arrangements are made for client to practice his/her religious beliefs. The Trust is committed to ensuring that staff, patients,</p>

Section 75 Category	Details of Needs, Experiences and Priorities	
	Staff	Service Users
		<p>service users and carers have equality of access to services and feel welcome, comfortable and safe accessing all Trust facilities, irrespective of race, religion or political opinion. This is confirmed by the regionally developed Good Relations statement.</p> <p>There is no evidence to suggest that this proposal will have any adverse impact on people from any religious grouping.</p>
Political Opinion	As above	There is no evidence to suggest that this proposal will have any adverse impact on the grounds of political opinion.
Marital Status	As above	<p>In the Southern Trust area 37.7% people are married, 28.1% are single and 34.2% are recorded as 'other' (Census 2021).</p> <p>There is no evidence to suggest that there would be any adverse effect for current service users on the grounds of marital status.</p>
Dependent Status	As above	<p>25.8% of the Trust population are unpaid carers. According to NISRA, from analysis of the Census (2021), 34.7% of households in Southern Trust have one or more dependent children.</p> <p>There is potential for Carers to be granted proxy access to My Care app.</p> <p>The roll-out of electronic health care records will have a positive differential impact as with joint up record keeping, and reduced need to duplicate data collection, this should reduce the responsibility on carers to know the dependent person's care details.</p>
Disability	There is an overall low percentage of employees in the Southern Trust (2.6%) who have declared a disability. The Trust is mindful that people may be reluctant to declare that they have a disability. For staff who declare themselves as having a disability, reasonable adjustments will be made in line with related employment policies and good practice guidelines. The Trust is committed to monitoring for any future adverse impact, is	<p>For both men and women the rate of disability increases with age. Women on average live longer than men therefore disability tends to be more common among women. It is estimated that between 17-21% of the NI population have a disability, affecting 43.13% households (Census 2021) in the Trust area. The prevalence of disability amongst adults varies significantly with age. For those aged 65 and above, the prevalence of disability increases to over 56.8%.</p> <p><u>Census 2021 Main statistics for Northern Ireland - Statistical bulletin - Health</u></p>

Section 75 Category	Details of Needs, Experiences and Priorities	
	Staff	Service Users
	<p>aware of its responsibilities under the Disability Discrimination Act.</p> <p>The Trust has put in place a process to enable staff to seek additional support or adjustments to assist them in their user experience with encompass.</p>	<p>People with an underlying health condition and disabilities will often be more frequent users of health and social care services and so may be disproportionately impacted. However there is nothing to suggest that this will be adverse in nature.</p> <p>People with disabilities have the same access to the range, quality and standard of health care as other people, and the Trust remains committed to reasonable adjustments to support communication and accessibility.</p> <p>My Care is compatible with screen readers, text enlargement and is written to basic education level. There is also an Easyread guide for service users.</p> <p>Feedback has been received on issues from the NI Regional Disabled Peoples Forum about concern with regard to accessibility for the system. The Trust will continue vital stakeholder engagement as encompass is implemented.</p>
Ethnicity	See above	<p>96.5% of the Southern Trust population identifies as white.</p> <p>At launch of encompass, My Care will only be available in English. After-visit summaries are available in English and Arabic. This is the only available language within Epic that is also one of the top 10 languages requested for translation across the Trust area. However, additional languages may be added at a later date.</p> <p>The Trust is committed to ensuring that its services are accessible to everyone and provides an interpreting service for those whose first language is not English.</p>
Sexual Orientation	See above	<p>From Census 2021 information the resident population of the Trust area is 69.8% heterosexual, 1.1% LGBTQ+ and 29.1% chose not to state their sexual orientation. Nisra census 2021 data shows that 1.1% of people in the Southern Trust area identify as gay, lesbian, bisexual or other sexual orientation. Information in relation to sexual orientation will not be accessible via MyCare.</p> <p>It is not envisaged that the implementation of encompass and the associated My Care access capability will have a differential impact on the basis of sexual orientation.</p>

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

An extensive range of involvement with key stakeholders through a range of forums and methodologies has been undertaken to date.

The Trust is committed to our PPI duties and this engagement will continue as we review and monitor implementation. The Trust has carried out a robust communication process to ensure that all staff are aware of the implementation process and how this may impact on their role.

Engagement has and will continue to take place via the following:

- Discussions with potentially affected staff including clinicians
- Discussions with Trade Unions
- Chat with the Chief sessions
- encompass Team Brief
- Staff training sessions across appropriate sites in the Trust
- encompass intranet site / hub regularly updated with information and contacts
- IT skills training
- Staff newsletters
- Screensavers with key messages / information
- All users email / encompass briefing email with updated information
- Staff videos
- encompass events
- Staff FAQs
- Identification of Super Users
- encompass glossary provided for staff
- Briefings to Trust Board

Cross sectoral communication also takes place with:

- Patient Engagement Group
- encompass engagement council
- encompass Programme Board
- BSO Equality Team
- SRO encompass Siobhan Hanna
- Trusts have received feedback from the Regional Disabled Peoples Forum following an encompass team presentation to the Forum. Please see 7.2 for more information.

Feedback from Regional Disabled Peoples Forum on encompass accessibility including that encompass is not accessible. Examples include, it will not provide a link to a signer and it will not generate an Easyread. Feedback was that it would not have the functionality at the outset but encompass could make improvements in further phases. The message from the group was very clear that disabled people feel left out, excluded and dismissed by the assurance that it will be fixed eventually. Response from encompass team on 30th May 2023 detailed that encompass have designed My Care with accessibility in mind and much of the portal, including the most used features, conform to WCAG 2.1 Level AA guidelines. WCAG 2.1 AA is a globally recognized accessibility standard for web-based content. This does not require any additional build or implementation, so encompass will be going live with the same accessibility support as groups across the UK and elsewhere.

Regional PPI and patient experience group established with representation from Southern Trust PPI team and My Care. The engagement council has service user representatives as part of its core

membership, along with Programme Board. The group has ran for several years and has and continues to support elements including My Care, Public awareness and comms and specialist elements where needed.

Service Users have been involved in encompass right from the procurement with service users supporting the development of the key patient scenarios used by all suppliers to demonstrate functionality as well as forming one of the critical evaluation groups.

(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	None	None	
Age	None	Minor	See 7.2 for mitigations
Religion	None	None	
Political Opinion	None	None	
Marital Status	None	None	
Dependent Status	None	None	
Disability	Minor	Minor	See 7.2 for mitigations
Ethnicity	None	Minor	See 7.2 for mitigations
Sexual Orientation	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	<p>The Trust will continue to monitor and review encompass accessibility features and accessibility considerations in the EPIC software. The Trust will feed back on challenges to accessibility for our service users and staff.</p> <p>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.</p>

(4.2) Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories?	
Section 75 category	Please provide details
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	<p>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.</p> <p>The Trust has an ongoing strategy of staff training and awareness raising. The e-learning module 'Making a Difference' is still available for staff and the Trust has recommenced face to face training where it is appropriate to do so.</p> <p>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.</p>
Political opinion	As Above

Racial group	As above
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(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 will monitor feedback from stakeholders and in partnership with providers aim to address issues in further phases.
- 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 has a number of policies/strategies in place including a Disability Action Plan, aimed at encouraging disabled people to participate in public life and promote positive attitudes towards disabled people.
- Consideration has been given to the profile of staff and/or service users affected by the proposal including those with a disability.
- My Care is compatible with screen readers, text enlargement and is written to basic education level. There is an Easyread guide for service users.
- All staff must complete mandatory training on equality, human rights and good relations, which includes awareness of disability duties
- The Trust is aware of under reporting of disability within our Workforce. When identifying locations for staff training, the Trust took into consideration accessibility of the facility and location in relation to staff base. The Trust has attempted to facilitate staff to attend the best location for their training, wherever possible. Arrangements have also been put in place to provide additional support to staff to access training where required.
- The Trust is aware of its responsibilities regarding 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 Health and Wellbeing Team and the HR Business Partner.
- As detailed above, the Trust has received feedback on issues from the Regional Disabled Peoples Forum about concern regarding accessibility for the system. The Trust will continue vital stakeholder engagement as encompass is implemented. Please see 7.2 for further details.

(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			X

Article	Positive impact	Negative impact = human right interfered with or restricted	Neutral impact
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 on tel: 028 375 64151. It may also be necessary to seek legal advice.

(6.2) Please outline any actions you will take to promote awareness of human rights and evidence that human rights have been taken into consideration in decision making processes.

The Trust is committed to the promotion of human rights in all aspects of its work.

The Human Rights Act gives effect in UK law to the European Convention on Human Rights and requires legislation to be interpreted so far as is possible in a way which is compatible with the Convention Rights. It is unlawful for a public authority to act incompatibly with the Convention Rights. The Trust will make sure that respect for human rights is at the core of its day-to-day work and is reflected in its decision making process and in taking forward any change to services.

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 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.

Article 8: Access to medical records / greater transparency
Data Protection adhered to.

(7) Screening Decision

(7.1) Given the answers in Section 4 of this template, how would you categorise the impacts of this decision or policy/proposal? (Please tick one option below and list your reasons for the decision in 7.2 below)

Major impact		EQIA Required? <i>(Delete as appropriate)</i>	
		Yes	No
Minor impact	X	Mitigation Required	Alternative Policy Required
		Yes/No	Yes/No
No impact		Screened Out	

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

It is anticipated that encompass will simplify processes, allowing health and social care staff to see the right information at the right time, eliminate heavy paper records and reduce duplication of tests. It should make providing care safer for patients providing better quality data driving improvements within our services in the future; and with inbuilt digital safety features, and in particular will deliver safer medicine management. It is a clinical and operational change that will help our resources, our staff, to deliver the best services they can to people in Northern Ireland.

Mitigations include but are not limited to:

Staff knowledge and skills on system: An extensive training programmes for all staff will be available and tailored to their needs. Including to raise awareness of My care app and will cover proxy access. A process has been put in place for Trust staff who require additional support with accessing training. User lab sessions are also available providing additional supplementary training on a range of topics for specific staff groups.

Confidentiality: Access is based on each staff's role so the information available to users will depend on their access level. Safeguards are in place to enable staff to access summary information about a service user when it is relevant to their job and appropriate to do so. Staff are trained in data protection and confidentiality and have a legal duty to keep your information safe and confidential. A record is kept every time a member of staff accesses your information.

Business Continuity Planning: There has been a significant level of business continuity planning to enhance specific encompass business continuity arrangements, with added focus on planned and unplanned downtimes of the system. Identified protocols, procedures and hardware have been distributed to each team. Any planned downtimes to allow for updates and debugging within the

encompass system will be co-ordinated for times of least use- i.e. overnight. Expected time period of planned downtime will be widely communicated, prior to occurrence. Teams will undertake daily checks to make sure all required business continuity arrangements are available. This will mean that any downtime, planned or otherwise will have minimal disruption to service delivery and minimal impact on patient safety.

A HSCNI encompass Downtime Policy and encompass Downtime Procedures have been developed to support staff to continue patient care in the event of the encompass system being unavailable. These events are known as 'downtimes' which can be planned or in exceptional circumstances unplanned. To ensure that encompass users are aware of the steps and processes involved within the contingency arrangements for encompass planned and unplanned downtimes the Trust encourages all staff to undertake this training.

Embed as business as usual: Services will review all policies and standard operating procedures to ensure they are in keeping with the new ways of working.

Communication and Engagement: The Trust has a comprehensive communications plan for information sharing with staff, service users and other relevant stakeholders. The Trust will provide regular updates for staff, on encompass, that can be accessed via the Trust intranet / encompass hub.

Cascading of information through usual Directorate and professional channels is also supported by Divisional Transformational and Professional leads.

There has been regional and local engagement with key stakeholders- e.g., staff, service users including the Trust's Disability Committee, and Carers groups.

The Patient Engagement Council (PEC) meets on monthly basis. This forum provides an opportunity for proactive insight and feedback on patient experience of the My Care app – many members of the group are vocal champions of the app. The PEC provides a strong feedback loop to the My Care Build Team and to My Care Helpdesk for continuous service improvement. Across 2024, the aim is to increase and expand the diversity of voice/intake and organisations involved in Patient Engagement. (e.g. – easy read guide/signed and captioned video)

A Patient Disability and Accessibility Advisory Sub-Group has been established to better address specific matters of accessibility improvement.

The Trust has published on its website, background information and addresses frequently asked questions. This includes information in easy read format. Encompass | [Southern Health & Social Care Trust website \(hscni.net\)](#).

Accessibility: The Trust will continue to monitor and review encompass accessibility features and accessibility considerations in the EPIC software. The Trust will feed back on challenges to accessibility for our service users and staff and will work in partnership with providers to address these issues in further phases.

My Care app will let people access information like medications, appointments and some test results. It is free to use, and **it is optional**. My Care is not a replacement for current processes. You can continue interacting with healthcare services via traditional methods – letters, phone calls, etc. and appointment reminders can still be sent out through the post or via text messages, where requested.

As with any changes, the Trust is committed to monitoring the efficacy of this new system alongside outcomes, and satisfaction of patients, carers and staff. As an open and learning organisation, we remain determined to assess, learn, and change as necessary.

Health and Wellbeing Support for Staff

The Trust plans to deliver a range of health and wellbeing initiatives to support staff at go-live and

post-implementation of encompass.

Management of Change – April 2025 – The Trust has instigated the Management of Change Process for those staff potentially impacted by the implementation. Whilst the Trust is closely monitoring for potential adverse impact, the implementation is in the early stages. The Trust is adjusting to a new way of working, and therefore it is still too early to see what the potential consequences may be. The Trust is currently focusing on potential adverse impact for Administration and Medical Administration Team members. Role clarity is being sought as the implementation continues.

Complaints – The Trust will listen to our service users and monitor complaints received and implement lessons learned as appropriate.

Mitigation of impact on Service Users: There is a potential differential impact on Older and Younger People, Disabled people and the ethnically diverse community. It is envisaged that this will be minor and it will be mitigated primarily that there is still the option to engage with the Trust in the same means that are available now. This includes scheduling appointments, submitting complaints and compliments, contacting their medical team and requesting medical records.

(7.3) Do you consider the policy/proposal needs to be subjected to ongoing screening? NB: for strategies/policies that are to be put in place through a series of stages – screen at various stages during implementation.

Yes	X
No	

(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?

SHSCT has commenced this equality screening of the local implementation of encompass, however, this is very much a live document which will be reviewed, updated and monitored on an on-going basis post-implementation. This will enable the Trust to monitor the impact of the proposals to ensure that the impact is not more significant than initially anticipated. The Trust can escalate equality screening process and potentially undertake a full Equality Impact Assessment if it is deemed necessary.

SHSCT is committed to the effective monitoring of this policy so that it can identify any future adverse impact arising from the policy which may lead to conducting an equality impact assessment and with helping with future planning and policy development.

As with any changes, the Trust is committed to monitoring the efficacy of this new system alongside outcomes, and satisfaction of patients, carers and staff. As an open and learning organisation we remain determined to assess, learn and change as necessary.

Monitoring details

The Trust has worked with regional colleagues to agree a standardised approach to monitoring the impact of using encompass system. 37 potential benefits have been identified that will be subject to ongoing assessment, to ensure any impact will be positive to staff, services users and other relevant stakeholders. These can be sub-divided into several themes which are, patient safety, cost saving, income generation, productivity & efficiency, quality of care and staff health and wellbeing.

The results will be used within normal Trust governance and accountability framework as well as shared with regional encompass team and encompass programme board.

Approved Lead Officer:

Slobhan Hane

Position:

Director

Date:

April 2025

Policy/proposal screened by:

Jacqueline Clarke, Encompass lead

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.