

Equality and Human Rights Screening Template

The BSO is required to address the 4 questions below in relation to all its policies.

What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories? (minor/major/none)

Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?

To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group? (minor/major/none)

Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

SCREENING TEMPLATE

See [Guidance Notes](#) for further information on the 'why' 'what' 'when', and 'who' in relation to screening, for background information on the relevant legislation and for help in answering the questions on this template.

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

HSC Digital Programme

In March 2019, the Permanent Secretary of the Department of Health (DoH), as the Programme Sponsor, requested that the HSC Digital Programme [previously known as Digital Shared Services (DSS)] be established to expand shared services for HSCNI IT delivery. The letter articulating this to the chief executives of HSC Trusts, PHA, HSCB and BSO is attached as Appendix A.

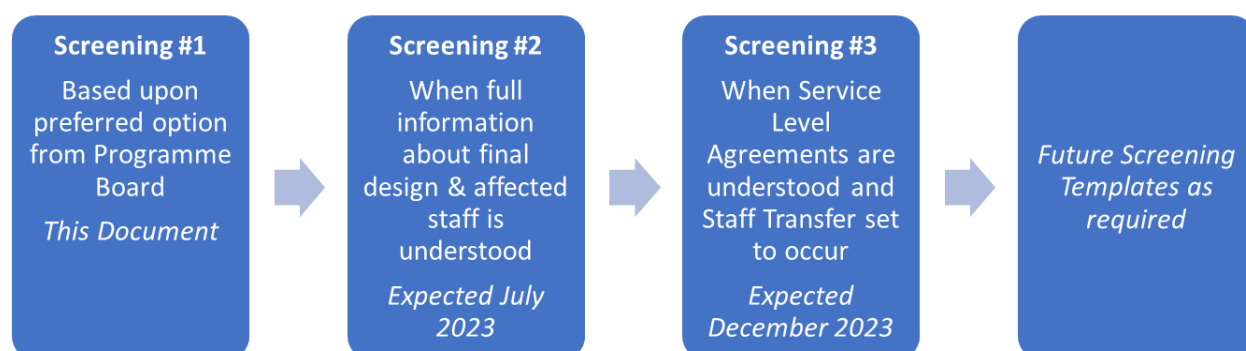
As a result of this mandate, a regional HSC programme was established (HSC Digital) with robust Programme Governance (see Section 1.3) put in place, which has undertaken wide stakeholder engagement to investigate various options available for this delivery.

As a result of this work, the preferred option of the Programme Board was to establish a new HSC Digital Directorate within BSO, expanding the existing IT Shared Service offering. This includes transitioning IT services from across HSCNI (including from within BSO) into a new directorate within BSO. The Business Case for this option is currently being considered for approval by DHCNI.

The preferred option is to move existing IT staff within the six Trusts, BSO ITS and NIBTS to within a new directorate within BSO.

The decision to take this preferred option is covered in this screening document.

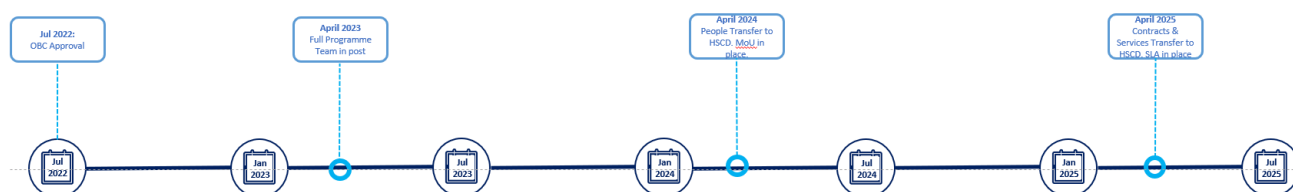
This screening document forms one of a series of several submissions planned throughout the lifecycle of this programme, as indicated below. This will be kept under review, and further screening added as required.



1.2 Description of policy or decision

A number of previous reports and reviews including the Infrastructure and Application Review (I&AR) and the Public Sector Shared Services Programme (PSSSP), had highlighted the fragmentation and underinvestment within Health IT across Northern Ireland. Following the mandate from the Permanent Secretary of the Department of Health, the Programme Board undertook an extensive evaluation of options for delivery of this mandate.

The preferred option (and scope of this screening) of the HSC Digital programme is to deliver IT services through an expanded shared services model, provided by the BSO. This gives an initial timescale of:



Detailed design work, including staff to be transferred, will be determined during the design work from August 2022 – April 2024, and will be subject to further screening (see Section 1.1 for timetable). This design work has wide stakeholder representation, and is described in Section 1.3 below.

It is envisaged that approximately 400 staff will transfer to BSO as part of this arrangement (0.5% of 75,000 staff within HSC). It is also envisioned in the preferred option that during the transition period, the vast majority of services remain “as is”. Finally, it is envisaged that future staff applications will be directly to the HSC Digital directorate within BSO, and will be used to service the whole HSC region. Detailed impacts upon staffing is to be considered through the various workstreams (see Section 1.3)

Direct impact on Service Users is envisaged to be minimal, however benefits outlined from the programme will allow for indirect improvements for provision of care to Service Users.

Potential Constraints:

- **The current landscape:** Assessment of the current HSC landscape is drawn from a combination of the PSSSP and I&AR Reports plus due diligence carried out by the HSC Digital Programme in 2021 and 2022. PSSSP and I&AR Reports were completed in 2017-2018 and it has been agreed by the Programme Board that these sufficiently reflect the current situation to inform decisions on the business case.
- **Affordability:** Establishing shared services is a significant undertaking in the short term but will help address the accumulation of technical debt and the use of scarce

resources in the longer term. However, the implementation of HSC Digital will have to work within the current affordability constraints.

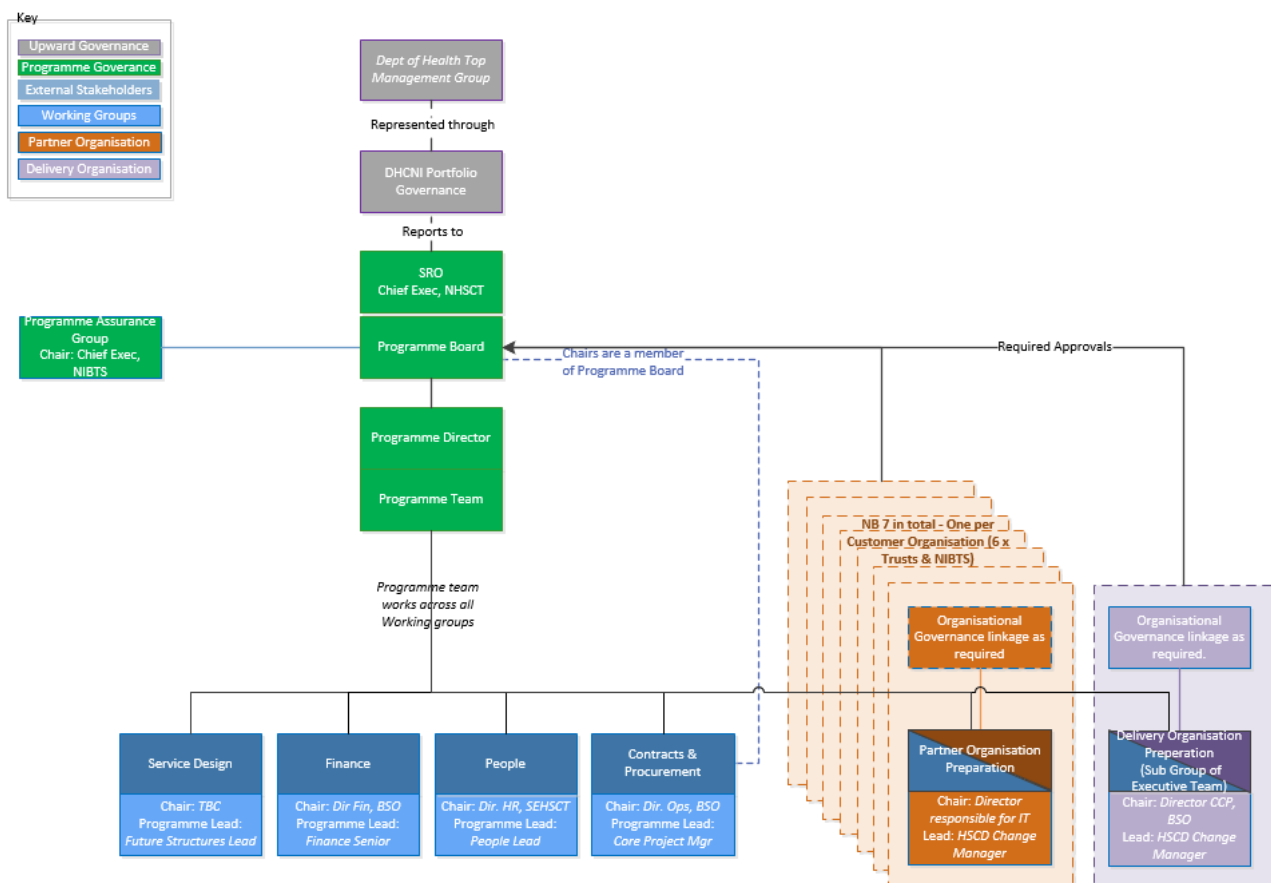
- **HR constraints:** All HR related issues, such as any potential office and staff relocations, retraining, redeployment and TUPE will be handled in line with the agreed HSC HR framework policy between HSC and the Trade Unions. As set out in the Programme's Design Principles, HSC Digital will engage with staff and their representatives throughout the design and beyond, to ensure that they have access to career and skills development opportunities within the future HSC Digital Directorate. It is noted the current eco-system is fragile, increasing the need to ensure that any changes to structures take account of this. Further expansion upon HR approach and wider governance is detailed in Section 1.3, below.
- **'In Flight' programmes:** A range of ongoing large scale regional change programmes are underway. The same HSCNI resources will be required to deliver these key programmes, such as Encompass, NIPIMS, NIPACS+ and Cyber Security programme. Therefore, there will be competition for resources and plans may need to be adaptable to reflect system-wide priorities. In addition, some programmes are already driving towards a HSC delivery model. For example, the Cyber Programme has been a catalyst for early network consolidation across HSC.
- **Business continuity:** The programmes will be constrained by the requirement to provide business continuity across the entire IT suite within HSCNI. Service provision in many functional areas cannot cease during implementation and therefore the programmes will be constrained by this requirement.
- **Third party contractual issues:** Third party contracts within HSCNI will need to be aligned in a standard and consolidated manner, acknowledging that many will come to end-of-life at varying times during the delivery of the HSC Digital programme.
- **Covid-19:** The pandemic has accelerated the pace of change within HSCNI and it has had to pivot its efforts to support pandemic response e.g. focus on remote access. Uncertainty regarding future demands on HSCNI mean that resources may have to be reallocated at short notice.
- **Cyber & Information Security:** the need to adhere to the relevant compliance standards and data sharing legislation (especially given the implications of EU exit). The impact of recent cyber incidents in other health care organisations will continue to be monitored throughout the lifecycle of this Programme.

1.3 Main stakeholders affected (internal and external)

- **Staff to be transferred–** While it is unknown staff and numbers to be transferred (this is designed in the next stage of the programme), approximately 400 staff could be impacted by moving organisations to within BSO. This is in addition to the approximately 450 staff within BSO ITS, who will also be transferred to the new Directorate. See notes below on approach and impact to these staff.
- **Staff supporting IT staff** - staff supporting IT staff (e.g. Payroll, HR, etc.) and staff which utilise HSC Digital across the 8 impacted organisations.
- **Potential Future Applicants** – staff considering future job applications with HSC

- **Trade Unions** – that offer support and services to those impacted staff
- **Service Users** - indirectly through the impact on staff interacting with HSC Digital. A stronger and more robust IT function will positively impact upon end Service Users.
- **BSO, Trusts** (BHSCT, NHSCT, SEHSCT, SHSCT, WHSCT and NIAS), **NIBTS & DHCNI** (including Staff, Directors & Board Members)

Extensive stakeholder engagement has been ongoing throughout the lifetime of the programme, which has impacted upon the design of the programme from an equality viewpoint. This is structured around a formal governance process as shown below, which has representatives from across impacted groups. To note, a dedicated workstream will exist for the People transfer element, which will include dedicated HR and Legal staff, and wide representation (including Trade Unions) will utilise existing change processes. The SRO of this programme is the Chief Executive of NHSCT.



In addition, over 300 individual and group meetings have occurred with staff throughout this programme to date. This has had an extensive impact on the design of the programme, with a significant shift of delivery model proposed due to this engagement. These changes resulted in a preferred business case option, which has agreement from the programme board, which has membership as detailed below. It should be noted Trade Union representation is included at the Programme Board and Workstream level. The need for ongoing equality monitoring is noted in the ToR of the People Workstream.

Programme Representation	Name	Organisation
SRO	Jennifer Welsh	NHSCT
Programme Director	Craig Young	BSO
Service Need Representation		
Trust Chief Executive	Roisin Coulter	SHSCT
ALB Operational Director	Maxine Patterson	NIAS
ALB Chief Executive	Karin Jackson	NIBTS
Divisional Director of Surgical and Clinical Services	Kevin McMahon	NHSCT
Primary Care Commissioner	Dr. Margaret O'Brien	HSCB
Interim Divisional Director of Strategic Development and Business Services, Cyber Security SRO	Neil Martin	NHSCT
Finance Director	Eimear McCauley	WHsCT
Finance Director	Paul Nicholson	NIAS
Consultant Hepatologist, CCIO	Johnny Cash	BHSCT
Existing Provider / Future Host Organisation Representation		
Trust Head of IT	Siobhan Hanna	SEHSCT
Trust Director of Performance and Planning	Charlene Stoops	BHSCT
Trust Director of Performance and Planning	Teresa Molloy	WHsCT
Trust HR Director	Claire Smyth	SEHSCT
BSO Chief Executive	Karen Bailey	BSO
BSO Director of Customer Care & Performance	Mark Bradley	BSO
BSO HR Director	Paula Smyth	BSO
BSO Finance Director	Karen Bryson	BSO
BSO ITS Assistant Director	Ben Doran	BSO
Other Representation		
Chief Digital Information Officer	Dan West	DoH

HSCB Assistant Director HSCB;	Stephen Stewart	HSCB
Trade Union Representation	Terry Thomas	NIPSA
"External Critical Friend"	Barry Lowry	External

The preferred option is co-created with the stakeholders in the HSC Digital programme creating a strong foundation organisation with a significant transition period to ensure Service Level Agreements (SLAs) are met and budget allocated sufficiently. A set of design principles have been agreed through the programme to govern the decisions being made. This is included below.

Design Principles

In the ongoing programme delivery for HSCD, the design principles will be used to: Challenge and test direction, Ensure consistent understanding, Force implications to be considered, Support design governance

Business	Technology
<ol style="list-style-type: none"> 1. HSCD will be customer focussed and set up to meet the needs of patients, the HSC workforce, HSCNI and wider IT priorities 2. HSCD will facilitate and underpin front line delivery and services to patients and clients through effective business partnering 3. Accountability and clear, robust governance will be key elements of the design 	<ol style="list-style-type: none"> 1. HSCD will safeguard NI health by strengthening security practices and minimising the risk of information security breaches and system non-availability. 2. HSCD will consolidate and standardise solutions, applications, providers and processes wherever possible and appropriate, whilst maintaining continuity of services
Operations	Services
<ol style="list-style-type: none"> 1. HSCD will be the primary provider and employer for the delivery of IT services and staff in NI Health, by default, now and in the future 2. HSCD will be provided by BSO which will provide clear governance and accountability for service delivery 3. HSCD will be a regional entity and will include onsite and, or, nearside and remote support to the service 	<ol style="list-style-type: none"> 1. Funding and charging mechanisms will be sustainable, based upon full cost recovery, transparent and equitable for all stakeholders 2. HSCD will drive continuous service improvement. Agility and innovation will be embedded in our ways of working to support both the current and future needs of the service 3. HSCD will provide a responsive and high quality service based on consistent, efficient and effective processes via a common service delivery model.
People	
<ol style="list-style-type: none"> 1. HSCD will engage with staff and their representatives throughout the design, and beyond, to ensure that they have access to career and skills development opportunities 2. HSCD will prioritise and recognise talent; it will provide attractive opportunities for ICT professionals and other staff from across the public and private sector 3. HSCD will improve services and the experience for frontline staff and patients through delivery of a simplified and responsive IT function 	

HSC Digital

The Programme team are holding update meetings after every Programme Board (Approximately every 6 weeks from December 2021) open to everyone within HSC and aimed at those staff impacted by this change. Several hundred people log onto each call, where questions asked have been compiled into a Frequent Asked Questions (FAQ) document. This is in addition to local engagement measures underway within each organisation, with views represented within the Programme Board.

Impact on stakeholders, including staff and service users, will be monitored throughout implementation with corrective actions taken as required.

1.4 Other policies or decisions with a bearing on this policy or decision

Appendix A – Letter from Permanent Secretary, Department of Health March 2019

This Letter resulted in the formation of the programme governance outlined in Section 1.3. A number of options have been appraised after extensive stakeholder engagement.

(2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

2.1 Data gathering

What information did you use to inform this equality screening? For example previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints.

Data Sources

- HSC BSO Staff Monitoring Data
- Northern Ireland Census 2011
- Northern Ireland Life and Times Survey
- Northern Ireland Statistics and Research Agency (2017) Northern Ireland Pooled Household Survey (NIPHS) Tables
- HSC Digital Programme Business Case
- Public Sector Shared Services Platform Section 5 IT Sector Work Programme 2018
- Age UK
- HSC Accessible Formats Policy

See Section 1.3 which outlines the programme governance and the steps taken to engage with all impacted stakeholders as a result of this programme, which has also informed this section.

As the staff impacted are to be identified, the analysis in Section 2.2 is based on information for BSO ITS, the largest and most identifiable group of staff affected by this decision. As the remainder of staff are unknown at this stage (and will be identified within the next phase of the programme), this data set will be refined for the next screening update, the schedule of which is in 1.2. As such, this proposal will be subject to on-going equality screening.

2.2 Quantitative Data

Who is affected by the policy or decision? Please provide a statistical profile. Note if policy affects both staff and service users, please provide profile for both. Also give consideration to multiple identities.

At this stage of the Programme specific equality data on affected staff is not available, as the final affected staff are only known through the design stage process which will commence after Business Case approval. The closest approximation available would be the BSO ITS staff breakdown was provided by BSO's Workforce Information & Organisational Management in May 2022, as the entirety of this department is included in the scope of the transfer.

Category	<i>What is the makeup of the affected group? (%) Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</i>	
Gender	Male	71.3%
	Female	28.3%
Age	0-15	<10%
	16-24	<10%
	25-34	18.2%
	35-44	28.6%
	45-54	27.5%
	55-64	17.5%
	65+	<10%
Religion	Protestant	31.3%
	Roman Catholic	35.1%
	Other	~10%

	Not Known	23.4%
Political Opinion	Unionist	<10%
	Nationalist	<10%
	Other	15.6%
	Not Known	75.8%
Marital Status	Married	41.7%
	Single	14.9%
	Other	<10%
	Not Known	39.8%
Dependent Status	Carer	12.6%
	None	11.2%
	Not Known	76.2%
Disability	Not disabled	57.3%
	Disabled	<10%
	Not Known	42.4%
Ethnicity	White	29%
	BME	
	Mixed Ethnic Group	
	Pakistani	
	Chinese	
	Indian	
	Other	
	Not Known	71%
Sexual Orientation	Opposite Sex	19.7%

	Same Sex	<10%
	Both Sexes	<10%
	Not Known	75.5%

2.3 Qualitative Data –What are the different needs, experiences and priorities of each of the categories in relation to this policy or decision and what equality issues emerge from this? Note if policy affects both staff and service users, please discuss issues for both. Also give consideration to multiple identities (such as single parents for example).

Category	Needs and Experiences
Gender	<p>As evidenced in research, women still have the main caring responsibility for children, young people and dependant adults. The Programme recognises that any change in place of employment can have an impact on women with caring responsibilities.</p> <p>Further, part time workers, whom are more likely to be female, may disproportionately be impacted in any change of office location through increased travel time and costs – further analysis of quantitative data when the final impacted staff are affected will be required.</p> <p>As a result, design principals have been agreed to minimise office location changes and job role changes. Staff will only be transferring between HSC organisations, which all have in place a range of flexible working arrangements. Further screening of this will be required when final design and staffing is completed, with consideration of the equality impact ongoing throughout the development of the design (see section 1.1)</p>
Age	<p>Changes in job activity or location may impact on staff at different ages in various ways. For example, younger staff may be disadvantaged if specific experience is required or have a greater impact as a result of travel costs increase. Older staff may be impacted through management preconceptions or lack of management support.</p> <p>As a result, design principals have been agreed to minimise office location changes and job offices. Staff will only be transferring between HSC</p>

	<p>organisations, which all have in place a range of supportive policies. Further screening of this will be required when final design and staffing is completed, with consideration of the equality impact ongoing throughout the development of the design (see Section 1.1)</p>
Religion	<p>Moves in job locations or work activity may impact upon either support networks available or ability to carry out certain activities.</p> <p>Design principals have been agreed to minimise office location changes and job offices. Staff will only be transferring between HSC organisations, which all have in place a range of supportive policies. Further screening of this will be required when final design and staffing is completed, with consideration of the equality impact ongoing throughout the development of the design (see Section 1.1)</p>
Political Opinion	<p>Moves in job locations or work activity may create concerns if moving to a non-neutral area or less diverse office location.</p> <p>Design principals have been agreed to minimise office location changes and job offices. Staff will only be transferring between HSC organisations, which all have in place a range of supportive policies. Further screening of this will be required when final design and staffing is completed, with consideration of the equality impact ongoing throughout the development of the design (see Section 1.1)</p>
Disability	<p>Change in work activity may create negative impacts upon the nature of task being carried out by staff with a disability. Location changes may impact upon transport utilised, and in accessibility of new location.</p> <p>Design principals have been agreed to minimise office location changes and job offices. Staff will only be transferring between HSC organisations, which all have in place a range of supportive policies. Further screening of this will be required when final design and staffing is completed, with consideration of the equality impact ongoing throughout the development of the design (see Section 1.1)</p>
Marital Status	<p>No impact is currently noted, however further screening of this element will be required when final design and staffing is completed, with consideration of the equality impact ongoing throughout the development of the design (see Section 1.1)</p>
Sexual Orientation	<p>Change in work activity may create increased anxiety through change in colleagues and line management and support available. Location changes may result in increased issues if moving to a less diverse office location.</p> <p>Design principals have been agreed to minimise office location changes and job offices. Staff will only be transferring between HSC organisations, which all have in place a range of supportive policies. Further screening of</p>

	this will be required when final design and staffing is completed, with consideration of the equality impact ongoing throughout the development of the design (see Section 1.1)
Ethnicity	<p>Moves in job locations or work activity may impact upon either support networks available, or increased potential for exposure to discrimination if moved to a less diverse office / location.</p> <p>Design principals have been agreed to minimise office location changes and job offices. Staff will only be transferring between HSC organisations, which all have in place a range of supportive policies. Further screening of this will be required when final design and staffing is completed, with consideration of the equality impact ongoing throughout the development of the design (see Section 1.1)</p>
Dependent Status	<p>Moves in job locations or work activity may impact upon:</p> <ul style="list-style-type: none"> • support networks available / less facilities available (e.g. childcare); • negative impact in work pattern changes required • negative impact in location to dependent in case of emergency • negative impact on balancing life / work <p>Design principals have been agreed to minimise office location changes and job role changes. Staff will only be transferring between HSC organisations. Further screening of this will be required when final design and staffing is completed, with consideration of the equality impact ongoing throughout the development of the design (see section 1.1)</p>

2.4 Making Changes

Based on the equality issues you identified in 2.2 and 2.3, what changes did you make, or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
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Gender	Design principals have been agreed to minimise office location changes and job role changes. Staff will only be transferring between HSC organisations. Further screening of this will be required when final design and staffing is completed, with consideration of the equality impact ongoing throughout the development of the design (see section 1.1)
Age	Design principals have been agreed to minimise office location changes and job role changes. Staff will only be transferring between HSC organisations. Further screening of this will be required when final design and staffing is completed, with consideration of the equality impact ongoing throughout the development of the design (see section 1.1)
Religion	Design principals have been agreed to minimise office location changes and job role changes. Staff will only be transferring between HSC organisations. Further screening of this will be required when final design and staffing is completed, with consideration of the equality impact ongoing throughout the development of the design (see section 1.1)
Political Opinion	Design principals have been agreed to minimise office location changes and job role changes. Staff will only be transferring between HSC organisations. Further screening of this will be required when final design and staffing is completed, with consideration of the equality impact ongoing throughout the development of the design (see section 1.1)
Marital Status	No impact is currently noted, however further screening of this element will be required when final design and staffing is completed, with consideration of the equality impact ongoing throughout the development of the design (see Section 1.1)
Dependent Status	Design principals have been agreed to minimise office location changes and job role changes. Staff will only be transferring between HSC organisations. Further screening of this will be required when final design and staffing is completed, with consideration of the equality impact ongoing

	throughout the development of the design (see section 1.1)
Disability	Design principals have been agreed to minimise office location changes and job role changes. Staff will only be transferring between HSC organisations. Further screening of this will be required when final design and staffing is completed, with consideration of the equality impact ongoing throughout the development of the design (see section 1.1)
Ethnicity	Design principals have been agreed to minimise office location changes and job role changes. Staff will only be transferring between HSC organisations. Further screening of this will be required when final design and staffing is completed, with consideration of the equality impact ongoing throughout the development of the design (see section 1.1)
Sexual Orientation	Design principals have been agreed to minimise office location changes and job role changes. Staff will only be transferring between HSC organisations. Further screening of this will be required when final design and staffing is completed, with consideration of the equality impact ongoing throughout the development of the design (see section 1.1)
Evaluations	Design principals have been agreed to minimise office location changes and job role changes. Staff will only be transferring between HSC organisations. Further screening of this will be required when final design and staffing is completed, with consideration of the equality impact ongoing throughout the development of the design (see section 1.1)

2.5 Good Relations

What changes to the policy or decision – if any – or what additional measures would you suggest ensuring that it promotes good relations? (refer to guidance notes for guidance on impact)

Group	Impact	Suggestions
Religion	There is no evidence to suggest that this proposal will have an impact on the grounds of religious belief. On the basis of the information currently available, there is nothing to indicate that these service changes would engender any adverse impact in regard to the promotion of good relations.	
Political Opinion	There is no evidence to suggest that this proposal will have an impact on the grounds of political opinion.	
Ethnicity	HSC will ensure that all relevant information is available in alternative formats and interpreters are provided when required.	

(3) SHOULD THE POLICY OR DECISION BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

A full equality impact assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity

**How would you categorise the impacts of this decision or policy?
(refer to guidance notes for guidance on impact)**

Please tick:

Major impact	<input type="checkbox"/>
Minor impact	<input checked="" type="checkbox"/>
No further impact	<input type="checkbox"/>

Do you consider that this policy or decision needs to be subjected to a full equality impact assessment?

Please tick:

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

This screening focused on the first aspect of the decision made by the Programme Board to utilise expansion of the shared service, as noted in the mandate by the Permanent Secretary of DoH. Staff to be transferred are requiring identification and design of the service is to occur at the next phase of the programme. These steps will continue to be undertaken with wide stakeholder engagement.

For this area under consideration, combined with minimal change for most staff and/or service users in the first instance due to design principles agreed; it is not felt that the screening process has identified significant impacts requiring a full EQIA at this stage. However, this opinion may change when information about staff and design becomes known. A further screening will occur when this information becomes known.

The principles of the relevant Human Resource Management of Change Framework will be applied in the management of people undergoing the change process. Steps will be taken to ensure that the implementation process in no way conflicts with the requirements of existing equality and anti-discrimination legislation. The Trust will work through this process with staff and TUs and welcome their input to the process to ensure it is fair and reasonable.

(4) CONSIDERATION OF DISABILITY DUTIES

4.1 In what ways does the policy or decision encourage disabled people to participate in public life and what else could you do to do so?

<i>How does the policy or decision currently encourage disabled people to participate in public life?</i>	<i>What else could you do to encourage disabled people to participate in public life?</i>
N/A	<p>This programme of work utilise staff and policies within HSC, which includes staff with disabilities. Engagement with disability networks will occur across HSC to work with these groups to create positive participation stories.</p> <p>HSC is committed to ensuring equality of opportunity for all 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.</p> <p>Reasonable adjustments will be considered for any staff in keeping with DDA obligations.</p> <p>Overarching data will continue to be monitored and corrective and positive action taken where required.</p>

4.2 In what ways does the policy or decision promote positive attitudes towards disabled people and what else could you do to do so?

<i>How does the policy or decision currently promote positive attitudes towards disabled people?</i>	<i>What else could you do to promote positive attitudes towards disabled people?</i>
N/A	<p>Use of positive participation stories and case studies in creation of materials relating to HSC Digital.</p> <p>HSC 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.</p>

(5) CONSIDERATION OF HUMAN RIGHTS

5.1 Does the policy or decision affect anyone's Human Rights? Complete for each of the articles

ARTICLE	Yes/No
Article 2 – Right to life	No
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	No
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour	No
Article 5 – Right to liberty & security of person	No
Article 6 – Right to a fair & public trial within a reasonable time	No
Article 7 – Right to freedom from retrospective criminal law & no punishment without law	No
Article 8 – Right to respect for private & family life, home and correspondence.	No
Article 9 – Right to freedom of thought, conscience & religion	No
Article 10 – Right to freedom of expression	No
Article 11 – Right to freedom of assembly & association	No
Article 12 – Right to marry & found a family	No
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights	No

*If you have answered no to all of the above please move on to **Question 6** on monitoring*

5.2 If you have answered yes to any of the Articles in 5.1, does the policy or decision interfere with any of these rights? If so, what is the interference and who does it impact upon?

List the Article Number	Interfered with? Yes/No	What is the interference and who does it impact upon?	Does this raise legal issues? Yes/No*
N/A			

** It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this*

5.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy or decision.

N/A

(6) MONITORING

6.1 What data will you collect in the future to monitor the effect of the policy or decision on any of the categories (for equality of opportunity and good relations, disability duties and human rights)?

Specific data will be collected on the staffing group impacted by this proposal and evaluated as part of on-going screening

Equality & Good Relations	Disability Duties	Human Rights
Section 75 groups – collecting information on gender, age etc. This will be monitored and used for future screening decisions related to the programme.	Collect and review data from people impacted by the transfer of staff. This will be monitored and used for future screening decisions related to the programme.	N/A

Jennifer Welsh

Approved Lead Officer:

Position:

Contact Details

Date:

Policy/Decision Screened by:

SRO
Jennifer.Welsh@northerntrust.hscni.net

21/06/2022

Please note that having completed the screening you are required by statute to publish the completed screening template, as per your organisation's equality scheme. If a consultee, including the Equality Commission, raises a concern about a screening decision based on supporting evidence, you will need to review the screening decision.

**Please forward completed template to:
Equality.Unit@hscni.net**

Any request for the document in another format or language will be considered. Please contact the Equality Unit: Email: Equality.Unit@hscni.net

Appendix A

Letter from Permanent Secretary, Department of Health March 2019

**From the Permanent Secretary
and HSC Chief Executive**

Castle Buildings

Upper Newtownards Road

BELFAST, BT4 3SQ

Tel: 02890520559

Fax: 02890520573

Email: richard.pengelly@health-ni.gov.uk

Our ref: RP3637

SCORR-1134-2019

Date: 4 March 2019

HSC Trust Chief Executives
PHA & HSCB Chief Executive
BSO Chief Executive

Dear colleagues,

Re: Public Sector Shared Services Programme (PSSSP)

You will be aware of the work undertaken by the Department of Finance in assessing the benefits of moving to a shared services model across the public sector. The Department agreed in principle to this work some time ago, and the programme is now focussed on developing 'in-sector' approaches to shared services. This means that the programme will advance the development of shared service models in each of the major sectors, rather than a single shared service for the whole of the public sector. I have therefore recently agreed a sector work programme to further develop our approach to shared services within Health and Social Care. In particular, I am committed to moving to a shared services model for IT. However, the sector work programme provides scope for us to determine the best model to be used and timescales for implementation, in order to ensure this aligns with and supports existing projects, is affordable, and makes sure that we retain the valuable skills and local support provided to each Trust.

In advance of this work beginning I wanted to write to all HSC staff, through yourselves, to outline what has been agreed to date and some next steps for progressing this work. I would be grateful if you could share this letter with relevant staff across your organisation.

The requirement to take a more joined up approach in the realm of ICT has been made clear through a number of recent reviews – the Infrastructure and Applications Review, the review of Cyber Security and the recent ehealth Blueprint work which has been undertaken by external advisers. Progress has been made on building regional approaches in a number of areas in recent years and major programmes such as Encompass, which is expected to consolidate over 160 applications, will deliver further progress.

Whilst I am committed to introducing a regional shared services model for ICT, including a

consolidated technical infrastructure, this model must be appropriate for the Northern Ireland Health and Social Care system and must support service delivery, at a local level. The next stage of the project will be to assess the shared service model options, and explore with staff and other stakeholders what the service should look like, in order that it remains responsive to all of our needs and realises the benefits anticipated.

I have asked Shane Devlin, Chief Executive of the Southern HSCT to act as SRO for this work and chair a Programme Board to oversee the work. The first task will be to develop a business case, to more fully understand the benefits, costs and impacts of the introduction of a shared services model for ICT. A target date for submitting the OBC has been set for June 2019, with further milestones to follow from that work.

There has been a huge amount achieved by ICT teams across the HSC who have supported and enabled better and more efficient delivery of care. As we look to drive further reform and find new ways to meet the challenges we face, making the best use of technology will continue to be critical. I fully expect that ICT services will continue to require a significant local presence in each Trust area and that the programme will properly consider the views of staff and Trade Union colleagues on how ICT services of the future should look.

I believe that shared services will enhance career development and progression opportunities and provide greater scope for increased specialisation. Most importantly, it should enable an improved service to ICT users and support better care provision to patients. As the programme progresses I expect there to be regular updates to staff and opportunities to consult and feed in views.

I would like to take this opportunity to thank all colleagues for their hard work, support for service delivery and continued commitment to driving improvements to benefit patients and clients within the Northern Ireland health and social care system.

Yours sincerely



RICHARD PENGELLY