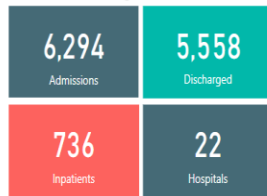


**\*\*Completed and Signed Screening Templates are public documents posted on the Trust's website\*\***

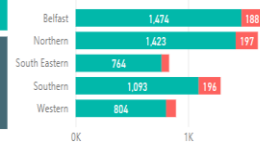
- All policies / proposals require an equality screening
- Policy / Proposal authors / decision makers are responsible for Equality Screenings

Section 1: Information about the Policy / Proposal							
(1.1) Name of the policy/proposal	Covid Surge 3 Plan: January 2021						
(1.2) Status of policy/proposal (please underline)	New		Existing			Revised	
(1.3) Department/Service Group: (please underline)	Corporate Services Group (Please specify)	Nursing and User Experience	Un-scheduled and Acute Care	Surgery & Specialist Services	Specialist Hospitals & Women's Health	Children's Community Services	Adult Social & Primary Care
(1.4) Description of the policy/proposal? State the aims and objectives/key elements of the policy/proposal. Detail the changes the policy/proposal will introduce. How will the policy/proposal be communicated to staff /service users? Describe how the policy/proposal will be rolled out/put into practice e.g. will there be changes in working patterns / changes to how services will be delivered etc.	<p><b>Context : Covid 19 Pandemic</b></p> <p>On 11th March 2020, the World Health Organisation (WHO) officially declared Covid-19 a pandemic due to the speed, scale and severity of transmission. Covid 19 is a new disease, distinct from other diseases caused by coronaviruses, such as Severe Acute Respiratory Syndrome (SARS). Covid 19 spreads rapidly and outbreaks can grow at an exponential rate. As we have learnt the COVID-19 pandemic affects all of our services across both community and acute sites. We know that as with previous surges of COVID-19 during 2020, the availability of our most valuable resources needed to counter COVID-19 - beds, our staff and equipment - all come under increasing pressure with this 3<sup>rd</sup> surge. As such, this is the 3<sup>rd</sup> surge plan that the Trust has needed to formulate over the last 10 months.</p> <p><b>Key Driver: Covid 19 : Surge 3</b></p> <p>The DOH dashboard on 11th January shows the increasing pressures on our HSC systems as a whole as the volume of Covid admissions rises exponentially.</p>						



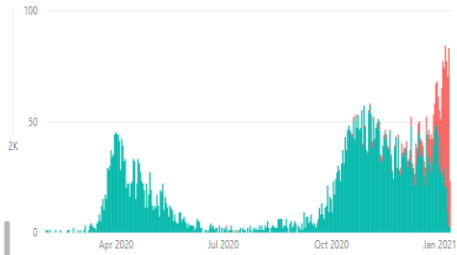
COVID-19 Admissions by Trust & Patient Status

Admission Status ● discharge ● inpatient



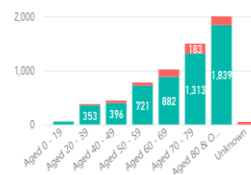
COVID-19 Admissions by Admission Date & Patient Status

Admission Status ● discharge ● inpatient



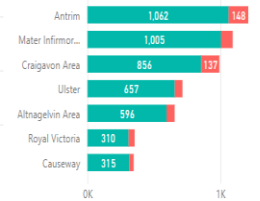
COVID-19 Admissions by Age Group & Patient Status

Admission St... ● discharge ● inpatient



COVID-19 Admissions by Hospital & Patient Status

Admission Status ● discharge ● inpatient



COVID-19 Admissions, Discharges & Inpatients at Midnight for the Last 8 Days

Date	Admissions	Discharged	Inpatients
03 January 2021	5,806	5,084	722
04 January 2021	5,883	5,157	726
05 January 2021	5,957	5,235	722
06 January 2021	6,041	5,317	724
07 January 2021	6,118	5,388	730
08 January 2021	6,188	5,459	729
09 January 2021	6,271	5,515	756
10 January 2021	6,294	5,558	736

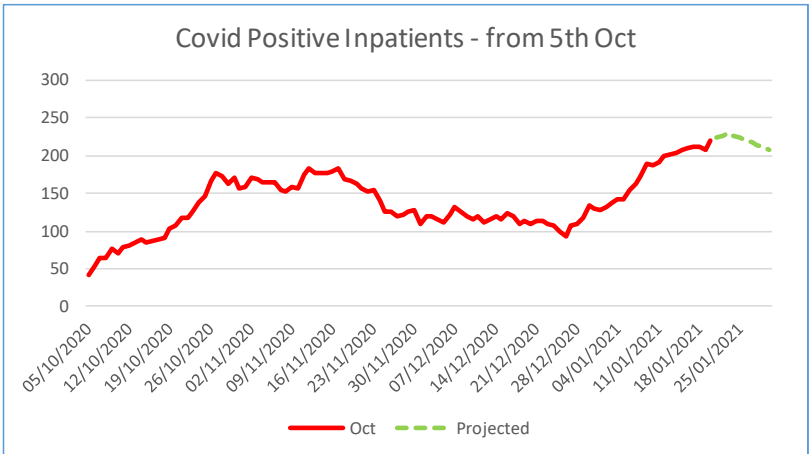
Change in Admissions & Discharges by HSC Trust

HSC Trust	Admissions in Last 7 Days	Discharges in Last 7 Days	Admissions in Last 14 Days	Discharges in Last 14 Days
Belfast	135	97	210	144
Northern	96	133	236	231
South Eastern	45	51	89	88
Southern	154	130	271	214
Western	58	63	107	106
<b>Total</b>	<b>488</b>	<b>474</b>	<b>913</b>	<b>783</b>

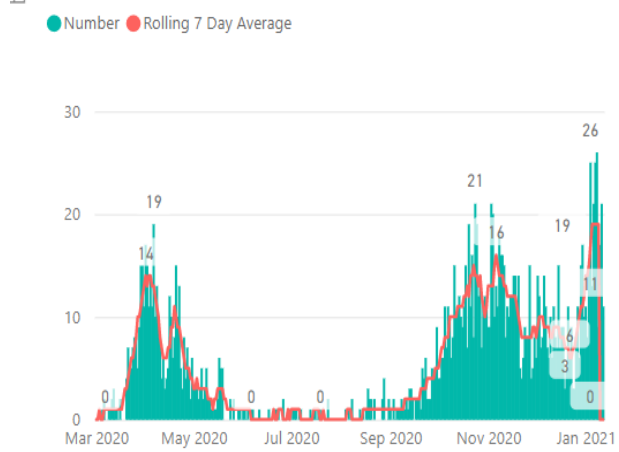
Note 1: Discharges include: discharge under medical grounds, self-discharge or death.  
 Note 2: Admissions data is sourced from a live administrative system which is continually being amended and updated, as such previous days' admission data may be revised.  
 Note 3: Figures include patients admitted for other reasons but who subsequently test positive for COVID-19.

The graph below shows the volume of Covid positive inpatients in Belfast Trust between October 2020 and January 2021 and depicts the significant pressure faced by the availability on our bedbase. .

19/12/2020	114	05/01/2021	143	21/01/2021	0
20/12/2020	109	06/01/2021	155	22/01/2021	0
21/12/2020	114	07/01/2021	163	23/01/2021	0
22/12/2020	114	08/01/2021	172	24/01/2021	0
24/12/2020	107	09/01/2021	189	25/01/2021	0
25/12/2020	100	10/01/2021	188	26/01/2021	0
26/12/2020	93	11/01/2021	191	27/01/2021	0
27/12/2020	108	12/01/2021	199	28/01/2021	0
28/12/2020	110	13/01/2021	202	29/01/2021	0
29/12/2020	118	14/01/2021	204	30/01/2021	0
30/12/2020	134	15/01/2021	208	31/01/2021	0
31/12/2020	129	16/01/2021	210	01/02/2021	0
01/01/2021	128	17/01/2021	212	02/02/2021	0
02/01/2021	131	18/01/2021	212	03/02/2021	0
03/01/2021	138	19/01/2021	208	04/02/2021	0
04/01/2021	142	20/01/2021	220	05/02/2021	0



Confirmed COVID-19 daily admissions (Belfast Trust)



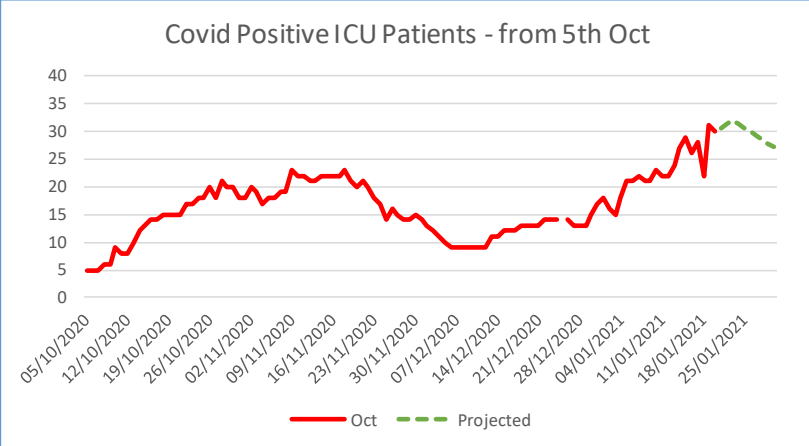
### Coronavirus in Northern Ireland

Total deaths (daily change)	<b>1,476</b> (▲16)	Total positive cases	<b>89,459</b>
Inpatients	<b>736</b> (▲33)	New cases	<b>▲759</b>
Intensive Care	<b>52</b> (▼1)	People tested	<b>2,705</b>
Ventilated	<b>37</b> (▲3)	Seven day cases (Previous seven days)	<b>9,591</b> (12,629)

Source: Department of Health, 11 January 2021 BBC NEWS NI

The graph below depicts the demand for ICU beds in Belfast Trust between October 2020 and January 2021.

19/12/2020	13	05/01/2021	21	21/01/2021	0
20/12/2020	13	06/01/2021	21	22/01/2021	0
21/12/2020	13	07/01/2021	22	23/01/2021	0
22/12/2020	14	08/01/2021	21	24/01/2021	0
23/12/2020	14	09/01/2021	21	25/01/2021	0
24/12/2020	14	10/01/2021	23	26/01/2021	0
26/12/2020	14	11/01/2021	22	27/01/2021	0
27/12/2020	13	12/01/2021	22	28/01/2021	0
28/12/2020	13	13/01/2021	24	29/01/2021	0
29/12/2020	13	14/01/2021	27	30/01/2021	0
30/12/2020	15	15/01/2021	29	31/01/2021	0
31/12/2020	17	16/01/2021	26	01/02/2021	0
01/01/2021	18	17/01/2021	28	02/02/2021	0
02/01/2021	16	18/01/2021	22	03/02/2021	0
03/01/2021	15	19/01/2021	31	04/02/2021	0
04/01/2021	18	20/01/2021	30	05/02/2021	0



Following this significant increase in coronavirus (COVID-19) cases, additional restrictions have been introduced for people in Northern Ireland. These new restrictions are in place to help reduce the spread of coronavirus and to help manage the pressures on our health and social care system – and our Regional Alert Level Position is currently at Alert Level 5 - this is subject to change and will be reviewed frequently. This alert level is invoked when there is a material risk of healthcare services being overwhelmed - extremely strict social distancing is required.

**Covid 19 : BHSCT Oversight Team Structure**

Belfast Trust strategic response to the Covid 19 pandemic is in accordance with DoH 2020 regulations. Belfast Trust has implemented a robust command and control structure through the establishment of a COVID Oversight team to oversee and lead on the COVID plan. This group is supported by a small number of senior managers and administrators and reports through to the Executive Team. The situation is changing constantly and requires an agile response. Executive Team have daily meetings and are apprised of the overall picture with real time data in terms of positive cases, admissions and discharges, volume of people on ventilators, deaths, outbreaks, staffing numbers and availability of PPE. Having access to all this information allows the Executive Team to make timely and informed decisions in regard to how to best respond to the ever changing demands of the pandemic.

**Purpose of the Plan**

In response to the increasing pandemic challenges during this winter period, the BHSCT Covid Surge

3 Plan details service arrangements to meet the need of our local population and in support of the region. Aligned to the Covid modelling, BHSCT has rapidly increased its capacity to be able to meet the demand for Covid Medical care, including patients on CPAP, as well as demand for intensive care and unscheduled care.

This focus, on ensuring sufficient capacity is in place to enable BHSCT to support the regional Covid delivery response, has impacted on the Trust's ability to support regional surgical demand, including urgent cancer surgery. BHSCT is committed to enabling these services to sustain more normal levels of activity as soon as possible and this will require regional support to ensure these patients are not disadvantaged.

This Surge 3 Covid Plan therefore details:

- how Covid Medical beds will exponentially expand, including plans to ensure medically fit patients are not inappropriately delayed in hospital;
- a Covid ICU bed plan to increase Covid intensive care capacity from **14 – 78 beds**;
- the delivery of increasing community capacity for step-down and delirium pathways for discharged patients;
- arrangements for maintaining support for the most vulnerable in our community;
- supported by workforce plans to enable sustainable staffing models, developed with support from Trade Union colleagues and regional colleagues.

#### **What will this mean in practice?**

- We will need to ensure that we have enough staff to care for patients in the additional beds across the Royal Victoria Hospital, the Mater Hospital and the Belfast City Hospital.
- This will mean down-turning all but the most urgent and emergency surgery
- This will also require us to pause all routine face to face appointments and where possible, offer them virtually
- To facilitate timely discharge and improve flow, any patient who is medically fit and no longer needs to be in hospital will be discharged to home or a stepdown facility
- All staff have been asked to postpone any planned annual leave.

#### **Key Components of the Surge 3 Plan**

##### **Covid Medical Bed Plan**

A Covid Medical Beds Plan has been agreed to incrementally increase beds by a further 172,

with the potential to further increase capacity with adherence to the discharge protocol to discharge medically fit patients (as aforementioned). This includes re-designation of beds in the Mater Hospital, Royal Victoria Hospital and Belfast City Hospital on a phased approach over the month of January as required and will be determined by the demand for Covid-19 beds. All Service Groups with hospital bed holding specialties will run two “Delayed Discharges Escalation Meetings” per week (Mondays & Thursdays) to review all inpatient “Delayed Discharges”, this meeting to be chaired by the Service Co-Director supported by the relevant Service Manager, and relevant members of the MD Team. This meeting will be used to identify and then ensure that appropriate interventions are being taken to address any barriers and/or delays to discharge.

#### **Covid Innovations**

Some measures already in place are helping to maintain performance and maintain some of the pressures on an already over-burdened system. These included the Urgent Care Centre alongside the Emergency Department at the RVH, the Phlebotomy Hub and virtual consultations where clinically appropriate. Virtual consultations have been upscaled and are now available in over 70 clinics.

#### **Levels of care (Non ICU patients) predominantly delivered in MIH**

Categorisation of patients outside of the intensive care unit uses the following criteria/groupings:

- Those requiring intensive respiratory support (CPAP ± Non-invasive Ventilation).
- Those who are less acute but still oxygen dependant (Basic Oxygen support – nasal specs / facemask).
- Those who are recovering and rehabilitating - some patients in this category may still require low-level oxygen support - this group may also include patients who are palliative.
- Step down patients, who are medically fit to return to their home base.

Estates have arrangements in place for the daily monitoring of oxygen usage and stock levels for the two main Covid hospitals (BCH and Mater) and for the RGH, reporting weekly to Covid Oversight Group.

In preparation for Surge 1, the Trust considerably increased storage capacity for both Mater and BCH (RGH has sufficient storage) and the distribution network was also reinforced accordingly. The system is being kept under close review and funding is being sought for the installation of flow monitoring to reduce the risk of unexpected supply interruption due to excess demand etc.

**Virtual Covid Hospital**

A 'Virtual Covid Hospital' (VCH) has been established to support hospital-discharged Covid patients, who can be referred into the VCH from inpatient care, or from the Emergency department and can be safely referred to the VCH without admission. The MDT consists of Doctors and nurses, specialist physiotherapists and colleagues in acute care at home and palliative care.

As previously highlighted in our Trust Resilience Plan, the Trust is required to consider thresholds of hospital of Covid 19 care. This increased demand for 32 ICU beds and associated staffing requirements will require all elective surgery at RVH/MPH and BCH to be cancelled.

**Critical Care Beds & Theatre Access**

Increased demand for critical care beds has implications on other areas of our service, particularly theatres with the staffing requirement for every additional critical care bed means a reduction in approximately 7 theatre sessions.

It is our intention to continue to provide emergency theatre access where possible to be able to treat Priority 1a and Priority 1b patients. (life threatening or potentially life threatening emergencies) This will be under constant daily review. It is anticipated that we will be unable to undertake Priority 2 cases for 3 weeks (commencing 11/1/21). Theatre capacity will be re-provided as soon as circumstances allow.

**Independent Sector Capacity**

The Trust continues to use the Independent Sector to help deliver on work that has had to be cancelled or postponed by the Trust. Currently other Trusts are not in a position to provide services ordinarily provided by Belfast Trust.

In addition, the Trust is assessing NHS & IS capacity in UK to source capacity for Priority 2 and 3 time critical patients who would be fit to travel, subject to Trust clinicians being content with arrangements.

**Surgical Prioritisation**

During Surge 3, access and scheduling of patients onto the emergency lists will be managed by

	<p>the Theatre Services Management team who will be supported by the regional Surgical Prioritisation Group as required.</p> <p>This Surgical Prioritisation Group (SPG) was set up in April 2020 to guide the allocation of the scarce theatre resource, due to staffing required for the regional Nightingale Hospital, utilising the joint Royal Colleges guidance. Resources were focused initially on P1 and P2 cases and closely monitored.</p> <p><b>Children’s Hospital</b>  RBHSC continues to deliver existing local and regional services as part of the Regional Child Health Partnership Forum. The upper age limit remains at 16 for patients attending the children’s hospital.</p> <p>Any child admitted can be accompanied by one of two nominated parents / caregivers at any given time for the duration of the stay. (Level 5).</p> <p><b>Use of Step-down Facilities/ Delirium Pathways</b>  The Trust avails of a number of step down facilities and will continue to maximise capacity in these to improve flow and enable discharge for those who no longer medically require to be in hospital. The Trust is also testing and assessing two different community based delirium pathways – for those with and without Covid-19.</p> <p><b>Discharge to Assess Model</b>  The Discharge to Assess model will be further expanded during Surge 3 with a focus on facilitating Allied Health Professional led discharges home.</p> <p><b>Care Homes</b>  Support to nursing and residential homes remains a key part of Surge 3 plans.</p> <p>While residents and staff in Care Homes are being vaccinated, a reduction in outbreak activity across homes cannot be anticipated during Surge 3. Therefore, it is necessary to ensure that all appropriate and ongoing support to Homes can continue, and that the service is able to respond promptly to outbreak situations where Homes require additional staffing.</p> <p><b>Mental Health and CAMHS:</b>  A review of all services within Mental Health has been carried out and essential services that</p>
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	<p>must be maintained have been identified. All other services will be maintained for as long as possible. However, as the effects of the pandemic impact on essential services, other services identified as non-essential will be stood down. Escalation &amp; Contingency arrangements for services exist</p> <p>All services and community teams will review their current caseloads and RAG rate, to identify clients and patients who will require ongoing follow-up and outreach during the COVID 19 surge.</p> <p><b>Learning Disability:</b> Services continue to support service users across hospital and community settings. All sites and services remain open and Learning Disability Day Centres are operating to the maximum capacity possible within the constraints associated with Covid-19. Note that day opportunity services, normally based in Whiterock Community Centre have been relocated to Cityside at Yorkgate due to the unavailability of the building. Team staff remain in regular contact with service users, providing virtual activities where possible and with families and carers. Where additional support is required, provision of self-directed support payments are provided.</p> <p>Vaccination of patients in Muckamore, and service users in residential and supported living facilities will be undertaken by the Trust vaccination programme in January and February 2021.</p> <p>Muckamore Visiting: One person to visit only where it is deemed necessary to support the mental health and wellbeing of the patient. Alternatives to face-to-face visiting for all others.</p> <p><b>Children's Community Services:</b> During a third surge, all services will continue to be provided where it is risk assessed as safe to do so and staffing levels permitting, and will continue to be prioritised according to level of need and risk.</p> <p>The Trust will work to maintain a level of short breaks service for children with a disability (residential and/or non-residential, dependent on the availability of staff) and will continue to provide residential care across its nine children's homes.</p> <p>The Early Years Teams will continue to support childcare providers to operate so that these vital services can ensure that our workforce and other key workers can remain in work.</p>
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In light of the current increased Covid transmission rate and the Governments Stay at Home Order all contact between children in care and their families will be virtual unless the needs of the child and/or the outcome of the risk assessment determines that face to face contact should take place and can be undertaken safely.

Health Visiting will continue to offer new baby visits, pre-school immunisations and targeted visits based on assessed need and level of risk. The school vaccination programme has been suspended for a six week period.

A regional Children's Community Services Surge Plan and Action Card is in place which has been designed to ensure essential Children's Services are maintained in the event of increasing levels of staff absence due to illness or caring responsibilities. This will ensure all Trusts have the necessary flexibility to manage local issues while retaining regional co-ordination and agreed communications.

**Allied Health Professional Services:**

All AHP services continue to review their surge plans and mobilise staff across sites and specialties within their registrant roles to respond to pandemic pressures such as higher acuity and number of respiratory patients in Mater, BCH Nightingale, Discharge Flow on all sites, Step Down Community services and to cover staff shortages in all areas when they arise due to COVID related absences.

**Outpatient Services**

Outpatient consultations will continue via virtual clinics, with face to face appointments only as essential e.g Glaucoma and Macular require face to face by the very nature of the service and this will continue. Red flag and time critical outpatient services will continue to be undertaken with maximum use of telephone and virtual services.

**Regional Fertility services:**

The provision of regional fertility services will be kept under review. Treatment for RFC patients who have already started their injections (IVF or ICSI cycles ) or tablets (Frozen Embryo Transfer cycles) will continue as planned. However all other RFC patient appointments are paused until further notice.

	<p><b>Dental Services:</b> Red flag, urgent and emergency hospital and community dentistry continues.</p>
	<p><b>Psychological Services</b> Outpatient work continues using a mix of virtual and phone therapeutics delivery with face to face determined by risk assessment. Inpatient service continues to be provided as normal with increased focus on supporting wards with Covid patients.</p>
	<p><b>Trust Workforce</b> A key factor in being able to deliver the Surge 3 plan is our Workforce Capacity. To be able to open the anticipated number of beds will require staff to be redeployed from other areas that have been downturned and to take on new roles. This may mean that staff will be caring for patients in a different way in order to provide the minimum care to the maximum number of patients. We need to reassure staff that they are supported to do this during these unprecedented times.</p> <p>The learning from Surge 1 and 2 highlighted the need for proper engagement and early communication with staff and ensuring we have in place the appropriate induction and training. We also recognise that staff are exhausted and that the previous periods of surge have taken their toll in terms of staff physical and mental health and wellbeing.</p>
	<p><b>Visiting:</b> The revised guidance (<i>COVID-19: Regional Principles for Visiting In Care Settings In Northern Ireland</i>) recognises the right of next of kin, partners, children, parents and carers to visit their loved ones while in health and social care facilities and independent care sector facilities in Northern Ireland. Visiting and visitor numbers will be restricted as the defined surge levels permit.</p>
<p><b>(1.5) Who owns the policy/proposal?</b> <b>Where does it originate?</b> For example: DoH / HSCB</p>	<p>Belfast Trust, Department of Health, Health and Social Care Board, Public Health Agency, HSC Trusts</p>
<p><b>(1.6) Who are the main stakeholders affected (Internal and External)?</b> For example: actual or potential service users, carers, staff, other public sector organisations, trade unions, professional bodies, independent, voluntary or</p>	<p>Actual/potential service users, patients, carers, staff, Trade Unions, general public, community and voluntary sector, professional bodies.</p>

community sector or others.	
<p><b>(1.7) Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders when screening this policy/proposal.</b></p>	<p>Belfast Trust management and staff and ongoing engagement with Trade Unions.</p> <p>Cross sectoral consultation with other HSC Trusts, Public Health Agency, the Health and Social Care Board, the Department of Health.</p> <p>We remain committed to Personal and Public Involvement and wholly embraces the principle of Co-Production and that in normal times such changes would have involved stakeholders however a world health pandemic such as Coronavirus presents the need to make timely decisions based on medical evidence, systems modelling, data research in line with regional colleagues and aligned to Government Policy and does not allow for the normal standards of PPI or Co-Production.</p> <p>Due to the pace of change required, many of the changes and innovations in our service delivery models eg virtual consultations and phlebotomy centre have been introduced during the pandemic. However, with the pandemic entering the tenth month we have refined many of the changes and innovations that evolved. Where we have been able, we have captured the views of our key stakeholders to allow the patient experience and staff feedback help improve service delivery even during a pandemic eg AHP staff undertook an extensive survey of patient’s experiences of virtual consultations. We remain committed to our Personal and Public Involvement (PPI) duty and appreciate that it is essential to continue to understand what people’s experiences have been around some of the innovations we have introduced.</p>
<p><b>(1.8) Other policies/strategies with a bearing on this policy/proposal</b> For example: internal or regional policies</p>	<p>Emergency / Pandemic Planning in Preparation for COVID-19 Containment and Surge Business Continuity Framework (2019), Directorate Business Continuity Plans, NHS Staff Council Statement on Covid-19, Organisational Management of Change Framework Coronavirus Act 2020; Health Protection (Coronavirus Restrictions) Regulations 2020 DOH Policy Guidance Circular: Change or Withdrawal of Services – Guidance on Roles and Responsibilities (26 November 2014), COVID-19 operational plan where guidance on the care and management of patients. BHSCT Major incident plan.</p>
<p><b>(1.9) Are there any factors that could contribute to/detract from the intended aim/outcome of the policy/proposal?</b></p>	<ul style="list-style-type: none"> <li>• Capacity in the system to deal with the pandemic</li> <li>• Absenteeism leading to workforce shortages</li> <li>• Maintaining staff physical and mental well being</li> <li>• Staff and patient fear</li> </ul>

<p>For example: Financial, legislative</p>	<ul style="list-style-type: none"> <li>• PPE supplies and FFP3 mask specifications</li> <li>• FIT testing</li> <li>• Social care</li> <li>• Pace of change</li> <li>• Training staff to work in unfamiliar areas</li> <li>• Testing of staff and patients</li> </ul> <p>Our strategic response to Covid 19 is kept constantly under review to ensure any of the above factors that could detract from the aim and outcome of the response will be managed and impact lessened where possible.</p>
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**Section 2: Classification of the Policy / Proposal**

- The purpose of this Section is to consider the policy/proposal in terms of its **relevance** and likely **impact (actual/potential)** on **equality of opportunity, disability duties, good relations and human rights**.
- To **determine the impact (actual and potential)** of a policy/procedure on **equality of opportunity, disability duties, good relations and human rights** please **complete the screening questions at 2.1 – 2.6**.

Screening Questions	Yes	No
(2.1) Is there an <b>impact</b> on <b>Equality of Opportunity</b> for those affected by this policy, for each of the S75* equality categories?	X	
(2.2) Are there better <b>opportunities</b> to promote equality of opportunity for people within the S75 categories?		X
(2.3) Does the policy <b>impact</b> upon <b>Good Relations</b> between people of a different religious belief, political opinion or racial group?		X
(2.4) Are there <b>opportunities</b> to better promote good relations between people of a different religious belief, political opinion or racial group?		X
(2.5) Are there <b>opportunities</b> to encourage <b>Disabled People</b> to <b>participate</b> in public life and promote <b>positive attitudes</b> toward disabled people? (Disability Duties)	X	
(2.6) Does the policy/proposal <b>impact</b> on <b>Human Rights</b> ?		X
*S75 equality categories include : Age, Dependent Status, Disability, Gender, Marital Status Ethnicity, Religion, Political Opinion and Sexual Orientation.		

**Screening Statement**

- If you have answered **Yes** to **any** of the above questions complete **Sections 3 - 9. OR**
- If you have answered **No** to **all** of the above questions the policy may be **screened out** - go to **Screening Statement** at 2.7.

**N.B: All Staff** must complete their **mandatory equality, good relations and human rights training** once every five years. This can be booked via HRPTS or completed online at [www.hsclearning.com](http://www.hsclearning.com). The online programme is called 'Making a Difference'. Belfast Trust Staff can also access a suite of equality and diversity training including: disability awareness, human rights and embracing diversity in HSC – please contact [Lesley.Jamieson@belfasttrust.hscni.net](mailto:Lesley.Jamieson@belfasttrust.hscni.net) for more information.

**(2.7) Screening Statement :**

This policy / proposal is '**screened out**' on the basis that: (please tick)

- It is a purely clinical or technical nature and has **no relevance** or **impact (actual / potential)** in terms of **equality of opportunity, disability duties, good relations and human rights.**

- It aims to standardise practice and / or achieve best practice based on current evidence.
- Reasonable adjustments** will be made for patients/service users as required including any information e.g. leaflets / letters in accessible/alternative formats

NB: Accessible/ Alternative formats can include, for example, information in easy to read formats or audio formats when the patient/service user has a learning disability or is visually impaired. For advice on making information accessible and inclusive for disabled patients/service users, click [Making Communication Accessible guidance](#). In addition, if a patient/service user does not speak English as his/her first language, an interpreter / sign language interpreter should be provided and written information should be translated as appropriate.

Any other reasons: Please detail

Approved Lead Officer: Position: Date:		<i>Countersigned by*</i> : Equality Manager: Date:
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Please sign / date and forward to the Equality and Planning Team for consideration - [Lesley.Jamieson@belfasttrust.hscni.net](mailto:Lesley.Jamieson@belfasttrust.hscni.net).

**\*Equality screenings are completed with information provided by the policy / proposal author subject to advice and assistance provided by the Trust's Equality Managers.**

**Section 3: Consideration of Equality and Good Relations Issues and Evidence Used**

This section records the quantitative and qualitative data you have used to consider equality and good relations issues including:

- The assessment of impact on staff and service users
- The identification of mitigation factors to reduce/remove any adverse impact
- Opportunities to better promote equality of opportunity

Evidence to help inform the screening process may be quantitative and qualitative. For example: previous consultations and equality impact

assessments (eqias), statistics, research, complaints, feedback, referrals, grievances, inspection reports, focus groups, user groups etc.

### (3.1) Quantitative and Qualitative Data: Service Users

#### SERVICE USERS

quality Category	Service Users	Quantitative Data (2011 Census Data unless otherwise stated)		Qualitative Data (Needs, Experiences, Priorities)
		Belfast / Castlereagh population	Service users affected %	
<b>1. Age</b>	0-15 16-24 25-34 35-44 45-54 55-64 65+	22% 11% 12% 14% 14% 12% 15%		<p>It can be assumed that all service users and patients of every age will be impacted by this measures taken and downturn of some services across Belfast Trust to help deal with the demands of Covid-19 Surge 3. However some age groups are likely to have a more adverse differential impact - Older people for example may be more frequent users of health and social care services. Covid-19 has also had a disproportionate impact on older people – <u>Beyond the data</u> by Public Health England underpins this with the following facts in terms of impact by age:</p> <ul style="list-style-type: none"> <li>• Diagnosis rates are higher among females under 60, and higher among males over 60. Despite making up 46% of diagnosed cases, men make up almost 60% of deaths from COVID-19 and 70% of admissions to intensive care units.</li> <li>• The largest number of patients in critical care come from age groups between 50 and 70 for both males and females and only small numbers aged over 80.</li> <li>• When compared to all cause mortality in previous years, deaths from COVID-19 have a slightly older age distribution, particularly for males. Between the ages of 40 to 79, the age specific death rates from COVID-19 among males were around double the rates in females compared with 1.5 times for all cause mortality in previous years.</li> <li>• A survival analysis looked at people with a positive test, and those 80 or older,</li> </ul>

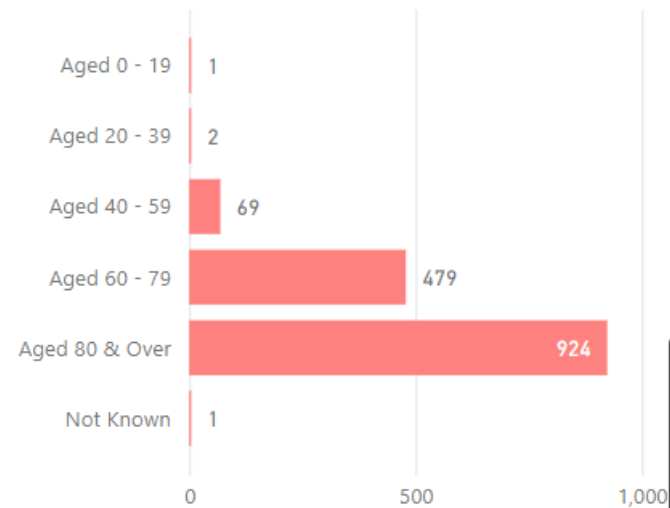


when compared with those under 40, were seventy times more likely to die. These are the largest disparities found in this analysis. Working age males diagnosed with COVID-19 were twice as likely to die as females.

- The majority of excess deaths (75%) occurred in those aged 75 and over. COVID-19 deaths were equivalent to 80% of the excess in every age group, except the oldest age group where this proportion is lower. There have been fewer deaths than expected in children under 15 years of age.

The following figure is featured on the DOH website (11<sup>th</sup> January 2021) of Covid-19 deaths by age group and very clearly indicates:

#### COVID-19 Deaths by Age Group



Provision of services in the Royal Belfast Hospital for sick children will remain and Children's Community Services will ensure that core frontline services will continue to be provided based on priority need and levels of risk. Since the end of the first surge and through the period of resetting services, there have been increasing levels of need identified by the Community and Voluntary sector and in referral numbers to the Family Support Hubs. This increase in the level of need has also been experienced by the Trust through the increasing numbers of referrals into the

			Children's Gateway service; increasing numbers of children placed on the child protection register; an increase in fostering placement breakdowns and an increase in the numbers of children requiring to be looked after by the Trust.
<b>2. Dependent Status</b>	Caring for a child dependant older person/ person with a disability	12% of usually resident population provide unpaid care - 36% of whom are male and 64% are female	<p>We know that the onset of Covid and lockdown restrictions added to the caring responsibilities in terms of the role of carers in the absence of many Trust services.</p> <p>The report Caring behind Closed doors highlighted many stark inequalities for people with caring responsibilities including:</p> <ul style="list-style-type: none"> <li>• 81% of carers are providing more care since the COVID-19 pandemic</li> <li>• 78%- 8/10 carers said the needs of the person they care for have increased since the COVID-19 pandemic</li> <li>• 64% - Two thirds of carers have not been able to take any breaks from their caring role during the COVID-19 pandemic</li> <li>• 64% - Almost two thirds of carers say that their mental health has worsened as a result of the COVID-19 pandemic</li> <li>• Three quarters of carers are feeling exhausted and worn out from caring during the COVID-19 pandemic</li> </ul> <p>Evidence has shown that both the mental health and physical health of carers has suffered as a result of the impact of additional caring and little respite.</p> <p>With the measures proposed for Surge 3 plan, it is clear that some of them may impact adversely on people with caring responsibilities for example, downturn of all but emergency and necessary surgery will impact on individuals and their carers with people having to wait longer for surgical interventions or for other treatment. The fact that day centres will remain open for as long and for as many people as possible will have a positive impact on carers in terms of access to respite. The Trust will work to maintain a level of short breaks service for children with a disability (residential and/or non-residential, dependent on the availability of staff).</p>

<b>3. Disability</b>	Yes No	21% 79%	<p>The Disability Discrimination Act 1995 defines a disabled person as a person with “physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities.” The Disability Discrimination (Northern Ireland) Order 2006 broadened the definition of disability to cover some Cancer, HIV disease and Multiple Sclerosis. It was further amended by the Autism Act (Northern Ireland) 2011 to cover social interactions and forming social relationships.</p> <p>People with an underlying health condition and disabilities will often be more frequent users of health and social care services and may also be disproportionately impacted by the outbreak because of serious disruptions to the services they rely on. Depending on underlying health conditions, people with disability may be at greater risk of developing more severe cases of COVID-19 if they become infected.</p> <p>More frequent use of telephone for appointments and information provision will present challenges for service users or patients who are deaf and use sign language. Delaying or postponing all but the most emergency surgery will impact on people with cancer and long term conditions or those with disabilities. Therefore, the measures taken and services downturned by Belfast Trust to help deal with the pressures of Covid 19 Surge 3 will most likely impact on people with a disability differentially.</p>
<b>4. Gender</b>	Female Male	49% 51%	<p>It is not envisaged that the measures to be taken to help deal with the pressures of Surge 3 of Covid 19 would impact differentially or negatively on the basis of the gender alone. Regional Fertility services will be available for the meantime but given the unpredictability and gravity of the virus, it may be necessary that the service will be stood down for a number of weeks and this will impact differentially on females.</p> <p>Research also shows that the majority of carers are female so the multiple identity implications come into play in terms of the potential impact of a female carer with children, with little access to school, childcare or Trust services would be exacerbated.</p>

<b>5. Marital Status</b>	Married/Civil P'ship Single Other/Not known	34.21% 46.6% 19.19%		It is not envisaged that the measure taken to help deal with the pressures of surge 3 of Covid 19 would impact differentially or negatively on the basis of the marital status of service users.
<b>6. Race Ethnicity</b>	White Black/Minority Ethnic	98% 2%		<p>The disproportionate impact of Covid-19 on people from BAME communities has been well documented since the onset of the pandemic. <u>Unequal impact: Coronavirus and BAME people</u>, a report published by the House of Commons, Women's committee found that "compared to their White counterparts, BAME people experience the virus more severely and with more adverse health outcomes, including death". Furthermore, even between BAME groups there is a disproportionate impact; there are different outcomes for Black Caribbean's and Black Africans, and Bangladeshis have different outcomes compared to Indians and Pakistanis. The Office of National Statistics found that when compared to White groups and after adjusting for region, population density, socio-demographic and household characteristics, the raised risk of death involving coronavirus for people of the Black ethnic groups was 2.0 times greater for males and 1.4 times greater for females compared to those of a White ethnic background.</p> <p>It is not envisaged that the downturn of some services and measures detailed in our Surge 3 plan will impact differentially or adversely in terms of someone's ethnicity.</p>
<b>7. Religion</b>	Roman Catholic	41%		It is not envisaged that the measures taken to help deal with the pressures of Surge 3 will impact adversely on service users or patients as a result of their religious belief.
	Presbyterian Church of Ireland Methodist Other Christian	42%		

<b>8. Political Opinion</b> Based on Council seats on Belfast City Council, October 2017. Excludes Castlereagh	Buddhist Hindu Jewish Muslim Sikh Other None	17%		It is not envisaged that the measures taken to deal with the pressures of Surge 3 and the downturn of some services will impact negatively on anyone as a result of their political opinion.
	DUP SF SDLP UUP APNI Green PBP IND PUP	13 19 4 6 8 1 1 5 3	<i>Based on Council seats on Belfast City Council * Excludes Castlereagh</i>	
<b>9. Sexual Orientation</b>	Opposite sex Same sex Same and Opposite sex Do not wish to answer /Not known	Estimated 6-10% of persons identify as lesbian, gay, bisexual		It is not envisaged that the measures taken to deal with the pressures of Surge 3 and the associated downturn of some services will have any correlation to a person's sexual orientation in regard to impact.

Source:  
2012 report  
by Disability  
Action &  
Rainbow  
Project

### (3.3) Quantitative and Qualitative Data: Staff

This information will be provided together with analysis and advice by the Employment Equality Team in the Human Resources department.

**Quantitative Data:** For staff data please contact Martin McGrath on 028 95 048353 / martin.mcgrath@belfasttrust.hscni.net

**Qualitative Data:** Consideration will be given to the different needs, experiences and priorities of each of the categories in relation to the policy / proposal.

Should any equality / modernisation related issues arise they will be managed through the Organisational Change Framework. [Click here for Framework](#)

When organisational / policy change is necessary, regardless of whether it is a permanent or temporary change, the Trust is committed to treating staff fairly and equitably. Staff can be assured that the change process will be managed. This includes consultation with staff and the opportunity for staff to discuss in one to one meetings, any adverse equality impacts resulting in changes to their employment.

This framework also works alongside other Human Resources policies including for example the Disability and Reasonable Adjustment Framework, the Work Life Balance Policy and Procedure, the Recruitment and Selection Policy and Procedure and Agenda for Change Terms and Conditions Handbook.

Equality Category	Groups	Quantitative Data		Qualitative Data
		Belfast Trust	Staff affected by the Policy/Proposal %	

		workforce (@January 2019)		
1. Age	16-24 25-34 35-44 45-54 55-64 65+	4% 24% 25% 26% 18% 3%	All	Staff of all ages are at risk from infection and spread of the Covid-19 virus. Staff over 70+ years are particularly vulnerable and must follow strict social distancing measures. The Trust has a duty of care to fulfil toward all staff and those who are considered to be in the most vulnerable age band and who are at greater risk of infection. Therefore requiring staff over 70 years of age to adhere to strict social distancing rules/work from home should be seen as the Trust fulfilling its duty of care toward staff in this age group. PHA, PHA & Department of Health have developed guidelines for HSC Staff and these are applied accordingly.
2. Dependant Status	Dependants No Dependants Not known	20% 16% 64%	All	<p>The Trust has a wide range of flexible working provisions to support staff through this challenging time along with special leave arrangements. A designated help line has been set up for staff who are pregnant and who may have particular concerns. The Trust has developed an advice video for staff who are pregnant in terms of key concerns they may have working whilst pregnant. The Royal College of Midwives and the Royal College of Obstetricians and Gynaecologist have issued advice for UK Professionals to share with pregnant women who may have concerns about their safety and the safety of their unborn baby. This is very much an evolving situation and this guidance is a living document that is being updated as new information becomes available. Staff should also refer to theFAQ's developed byPHA, PHA &amp; Department of Health these area further source of advice/information as well as their line manager. To keep pregnant women informed of changes in service provision the Public Health Agency (PHA) has launched a new Northern Ireland Maternity COVID-19 website. Home working is another option, open to managers, to facilitate staff who are pregnant and have concerns.</p> <p>The HSC is working with Child care providers and the Education sector to cater for employees with child care needs (as HSC staff have been identified as key workers). HR &amp; the Trust's Early Years Team have</p>

				continued to identify and address any unmet childcare needs for any employees affected.
3. Disability	Yes No Not known	2% 63% 35%	All	Absences resulting from Covid-19 will not count in the management of sickness in reaching trigger points. This applies to staff with or without a disability. The Trust will be supportive of staff who have particular concerns around Covid-19 and the impact on any pre-existing conditions. Reasonable adjustments will be considered to further safeguard staff and in so doing the Trust will draw on support and advice from its Occupational Health Department in collaboration with the staff member and their line manager. Important information on Covid-19 is available on the Trust's website in Easy Read format.
4. Gender	Female Male	77% 23%	All	All staff are potentially at risk of being infected by Covid-19 both males and females albeit early indications/data have shown that men have been more so affected. Staff have been instructed to follow strict distancing measures to prevent the further spread of Covid-19 and in seeking to protect one and another from infection. Advice and guidelines together with designated help lines have been established to provide managers and their staff with up-to-date information and support. Psychological support together with the Trust's Chaplaincy service are available to staff. Support is also available from the Trust's Health and Wellbeing Team and Occupational Health Departments. The Trust has developed a range of resources using social media and other formats to support staff which to date have been widely accessed.
5. Marital Status	Married/ Civil P'ship Single	52% 32%	All	All staff should adhere to strict social distancing advice/guidance.



	Other/ Not known	16%		
6. Race				
a) Ethnicity	BME White Not Known	4% 72% 25%	All	Covid-19 information has been translated in a range of different languages to ensure staff and staff as service users are kept informed. There is some emerging evidence from other jurisdictions which has shown that individuals from BME communities may be at greater risk of infection and therefore should adhere to strict social distancing advice/guidance. Ref: Exclusive: deaths of NHS staff from covid-19 analysed – HSJ. The Trust has taken proactive steps to reach out to BME, and international staff in order to provide targeted advice, support and comfort packs and necessary information and contact details.
b) Nationality	GB Irish Northern Irish Other Not known	18% 11% 2% 1% 68%	All	N/A
7. Religion				
a) Community Background	Protestant Roman Catholic Neither	40% 49% 11%	All	Both main communities are at risk of infection and spread of the Covid-19 virus. Communities have been asked to co-operate by following strictest social distancing rules to prevent further spread and infection.

b) Religious Belief	Christian Other No religious belief Not known	28% 1% 9% 62%	All	N/A
<b>8. Political Opinion</b>  <i>* 2011 Assembly election</i>	Broadly Nationalist Broadly Unionist Other Do not wish to answer/ Unknown Not known	6% 7% 8% 79%	All	N/A
<b>9. Sexual Orientation</b>	Opposite sex Same sex or both sexes Do not wish to answer	41% 2% 57%	All	All staff should adhere to strict social distancing advice/guidance.

## Section 4: Consideration of Impacts, Mitigation, Alternative Policies / Proposals

Given the **evidence** gathered in Section 3 please identify for each of the **nine equality categories** the level of **impact, mitigation measures** and **alternative policies / proposals** that better **promote equality of opportunity**.

### (4.1) SERVICE USERS

Equality Category	Level of Impact			Mitigation Measures and Alternative Policies or Actions that might lessen the severity of the equality impact  (where Major or Minor Impact identified)
	Major	Minor	None	
Age	X			<p>Belfast Trust fully acknowledges the major impact of some of the measures detailed in the Surge 3 plan on all of our service users and patients but notably on older people, carers and those with a disability. Belfast Trust recognises the public concern about the both wider Covid-19 pandemic and the implications for access to health and social care services, particularly for the most vulnerable in our community. We are working with primary care, other Trusts and all our service providers to ensure a coordinated approach to delivering services during this current surge.</p> <p>In normal circumstances, many of these proposals within the surge plan in their own right would most likely be automatically subject to an equality impact assessment and public consultation. However, these are unprecedented times in an emergency situation, requiring immediate action to build additional capacity to deal with the spread and impact of Covid 19 across Belfast and regionally.</p> <p>The Trust is committed to its legal duties and the fundamental principles under Section 75 of the Northern Ireland Act 1998. In terms of equality assessment of this proposal, it was recognised that there was an immediate need to address the demand placed on the HSC as a result of Covid-19. In accordance with the Trust's approved Equality Scheme (3.2.6), under these exceptional circumstances, we must implement a policy immediately, as it is beyond our authority's control, the Trust will not consult on this planned temporary reconfiguration. This exception is also cited in the Guidance on the Change or Withdrawal of Services which says that consultation timescales may not be feasible in relation to "<i>Changes (either permanent or temporary) which must be implemented</i></p>

			<p><i>immediately to protect public health and/or safety</i>". These temporary measures are clearly in response to protecting public health and safety in response to the Covid19 pandemic. These measures will only be in place for as long as is necessary to handle the acute pressures of Surge 3 of the pandemic.</p> <p>Whilst the plans will not be issued for consultation and equality impact assessment given the extreme circumstances, Belfast Trust is still cognisant of the need to consider and mitigate any potential adverse impact where possible. This Trust will subject the plan an on-going screening to monitor the impact of the temporary measures on an on-going basis to ensure that the impact is not more significant than initially anticipated.</p> <p>It is important to acknowledge that the Trust will continue to review the impact of the temporary measures within Surge 3 Plan and introduce further actions to lessen any unanticipated negative impact.</p> <p><b>Protection of lives</b> Our Surge 3 plan is our response during a world pandemic to fulfilling our primary aims to:</p> <ul style="list-style-type: none"> <li>safeguard lives by reducing the further spread of the Covid-19 virus; and to</li> <li>prevent the HSC system from becoming overwhelmed due to the Covid-19 pandemic and the demands this is placing on the whole HSC system</li> </ul> <p><b>Surge Plan Modelling Requirements</b> Downturning all elective surgery and only providing surgery for Priority 1 cases are extreme but necessary measures to help deal with the exponential rise in cases of positive Covid patients and the need for admission for a significant number of these cases.</p> <p>The Trust needs to more than double its Intensive Care beds to help deal with the unprecedented demand for this acute and high dependency level of care. In order to do this, we need to temporarily redirect resources, beds and staff from other areas for intensive care and other Covid admission beds.</p> <p><b>Surgery Capacity</b> Surgery for Priority 1 patients will continue – surgery for other priority patients will take</p>
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			<p>place as soon as there is capacity in the system to do so. The Surgical Prioritisation Group (SPG) guides allocation of the scarce theatre resource, by utilising the joint Royal Colleges guidance.. The Trust is actively looking at other providers in the Independent Sector and across the NHS to provide surgery in the interim. The Independent Sector is already facilitating a range of surgeries with either local or general anaesthetic.</p> <p><b>Enhanced Discharge facilities</b> Increased stepdown capacity has been sourced to help facilitate effective and timely discharge of patients who no longer medically require to be in an acute hospital bed. Introduction of a Virtual Covid hospital provided by a Multi-Disciplinary Team will help support hospital-discharged Covid patients, who can be referred into the VCH from inpatient care, or from the Emergency department and can be safely referred to the VCH without admission.</p> <p>General Practitioners and Trust staff are working collaboratively to ensure that there is partnership working to address the demands of the pandemic.</p> <p><b>Innovations lead to new way of service delivery : Virtual Consultations &amp; Phlebotomy Centre</b> Learning from previous surges of Covid 19 has allowed the Trust to develop new means of providing services – for example the provision of virtual appointments or the Phlebotomy Centre.</p> <p>Many appointments and consultations will be offered via telephone to maintain the social distancing guidelines and to try to curb the spread of the virus. However it is recognised that people who are deaf and who use sign language interpreting will experience significant challenges in accessing appointments or essential information provision. A remote interpreting service has been commissioned to empower d/Deaf people to access and communicate with HSC Services via telephone due to the current public health guidance on social distancing and minimising risk of infection to sign language interpreters. The service comprises two elements - 1)Video Relay System: It enables Deaf people to telephone any HSC service via a remote BSL or ISL interpreter and 2)Video Remote Interpreting: It enables Deaf people in Northern Ireland to communicate with a HSC professional in person, via an online BSL or ISL video interpreter.</p>
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Duke of Connaught Phlebotomy Centre June – Nov 2020 5,446 attendances across 18 services.



Having the Phlebotomy Centre in situ means that important bloods can be taken to assist and enhance a virtual outpatient appointment especially for those with long term conditions who require review. The drive through element of the Centre means that those older people and people with disabilities who are shielding can get their bloods done safely without accessing an acute site or leaving their car.

#### **Improvements in ED**

Similarly changes to how urgent and emergency care is accessed and delivered have helped to improve patient flow and facilitate social distancing. It is estimated that approximately 2/3 of patients previously accessing Emergency Department could be dealt with more effectively in a different setting. While many of these people require advice or treatment, it is not likely to require hospital admission and may not be immediately time critical. These patients are not served well by long waits in a crowded ED. The introduction of an Urgent Care Centre, provision of direct referral from GPs and scheduled appointments for unscheduled care patients have helped to significantly improve performance and flow within the system.

#### **Community Services : New ways of delivering services :**

In the first surge, the Trust closed day centres and ceased provision of day opportunities. The Trust is committed to maintaining as many of these services for as long as is safe to do so.

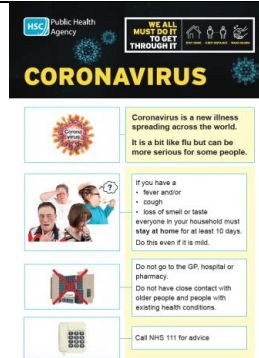
Within Adult Community and Older Peoples Service, 14 day centres remain open and at

			<p>this point in time there are no plans to close given the pressures this puts on service users and carers, the difficulty in recovering serves after closure etc. As such they facilitate a blend of inreach and outreach due to the reduced numbers allowed in our centres and getting very good feedback about this approach. There have been no outbreaks in any of these centres due to adherence to Infection Prevention Control guidance.</p> <p>In terms of <b>Learning Disability</b> there are no current plans to downturn further day centres. There still remains a reduction in capacity in comparison to baseline due to COVID 19 social distance guidelines .As such further outreach are offered to service users at home . Day opportunities have in some cases eg football and choir reverted to a virtual activity in line with regional PHA guidance.</p> <p><b>Mental Health</b> Day Centre staff have increased their contact with Service Users, in an attempt to prevent relapse and staff would call at homes to socially isolated patients .Day centre staff are also working very closely with the Carers' Coordinator to look at innovative and creative ways to support Carers – ideas such as well-being packs, Take 5 advice and plans to provide hampers/afternoon tea packs</p> <p>Children's community services will maintain as many services for those most in need and will continue to offer short breaks both residential and non residential</p> <p>The Trust is also committed to provide continuing support resources into our care homes.</p> <p>A comprehensive vaccination programme has been rolled out in care homes for residents and staff and over 19,000 HSC staff have received their first vaccine. It is envisaged that vaccines will be administered to the rest of our 22,000 staff who come forward for a vaccine this week.</p> <p>The Trust is also offering contractors, interpreters and those community and voluntary organisations with whom it has contracts the vaccination.</p> <p>The Surge Grid outlines the visiting restrictions which apply in line with Regional Surge Level Position – in regard to visiting. Local outbreaks in HSC Trust areas and Care Homes may occur which will require an additional specific local response. The patient</p>
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			<p>liaison hub and ipads helps to maintain communication when it is not safe for visiting.</p> <p>It is also recognised that some individuals may have specific support and assistance requirements to ensure that their communication or other health and social care needs are met due to a pre-existing condition. To meet the needs of the individual this may necessitate the presence of a carer or family member from a small pool of carers/family members to support and assist the patient whilst in hospital. In these circumstances the person in charge will discuss the individual's needs with the patient and their carer/family, and as far as possible facilitate their needs. It may be helpful to include other people who know the person well but this will not always be necessary. The patient needs to be central to decision making in each case. This support from carer/family will be in addition to visitors to the patient and therefore all other guidance around visiting in this document will apply.</p> <p>Visiting and visitor numbers will be restricted as the defined alert levels permit Individuals who require specific support and assistance to ensure that their communication or other health and social care needs are met due to a pre-existing condition will be considered.</p> <p><b>Introduction of Care Partners</b></p> <p>'Care partners are more than visitors. Care partners will have previously played a role in supporting and attending to their relative's physical and mental health, and/or provided specific support and assistance to ensure that communication or other health and social care needs are met due to a pre-existing condition. Without this input a resident is likely to experience significant and/or continued distress.'</p> <p>The care partner visit is not considered the resident's "booked" visitor. Any additionally requested visit should be accommodated in line with this guidance.'</p> <p><b>Effective &amp; Inclusive Communication</b></p> <p>It is important that the Trust communicates all of this information to its service users, staff and general public and all stakeholders. The Trust is using a variety of means in ensuring that the changes are effectively conveyed through use of media broadcasts, social media, the Trust website and through engagement with community and voluntary sector colleagues and other statutory partners. Alternative formats on information about Covid have been uploaded on the Trust website including easyread, translated Black and</p>
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Minority Ethnic languages and Sign Language.



The Trust's aim is to be one of the safest, most effective and compassionate HSC organisations and will continue to take all measures necessary to protect the health and wellbeing of the population that it serves and the workforce that it employs. These measures will be kept under review in line with public health guidance and the lifespan of the pandemic

Clear face masks have been sourced to ensure that there is better potential for people with sensory impairment, autism, learning disability or dementia to have inclusive communication and equity of access to information.

<b>Dependant Status</b>	X			
<b>Disability</b>	X			
<b>Gender</b>				
<b>Marital Status</b>				

<b>Race (Ethnicity)</b>				
<b>Religion</b>				
<b>Political Opinion</b>				
<b>Sexual Orientation</b>				
<b>Multiple Identity</b> <i>e.g. disabled minority ethnic people or young Protestant men.</i>				

**(4.2) STAFF**

Equality Category	Level of Impact			Mitigation Measures and Alternative Policies or Actions that might lessen the severity of the equality impact  (where Major or Minor Impact identified)
	Major	Minor	None	
<b>Age</b>		X		When organisational/policy change is necessary, regardless of whether it is a permanent or temporary change, the Trust is committed to treating staff fairly and equitably. Staff can be assured that the change process will be properly managed. This includes consultation with staff and the opportunity for staff to discuss in one to one meetings any adverse equality impacts resulting in changes to their employment this Framework also
<b>Dependant Status</b>		X		
<b>Disability</b>		X		

<b>Gender</b>			X	<p>works alongside other Human Resources policies including, for example, the Disability and Reasonable Adjustment Framework, the Work Life Balance Policy and Procedure, the Recruitment and Selection Policy and Procedure and Agenda for Change Terms and Conditions Handbook.</p> <p>Should any equality/modernisation related issues arise, they will be managed through the <u>Organisational Change Framework</u></p> <p>Along with this framework and for the purposes of this screening, the Trust will also manage staff through the <u>Guidelines on the Emergency Redeployment /Relocation of Staff during Covid-19 Pandemic</u></p> <p>The Trust will also aim to:</p> <ul style="list-style-type: none"> <li>○ Observe the need to actively consider and employ, as appropriate, a range of mitigating measures in line with its Section 75 equality duties, to reduce any adverse effects on staff</li> <li>○ Observe the need to consider reasonable adjustments for those with disabilities;</li> <li>○ Consider the overall effects of a change in terms of the implications for staff generally and especially for those with caring responsibilities –children and adult dependents.</li> <li>○ As a result of organisational change such as retraining and the provision of flexible working arrangements, payment of travel expenses, pay protection and greater use of technology;</li> <li>○ Where relocation or redeployment is required then every effort will be made to take account of work/life balance considerations. Staff will however be expected to show flexibility;</li> <li>○ Ensure that more subtle forms of discrimination e.g. assumption about the predisposition of older people toward retraining and up skilling opportunities are avoided.</li> <li>○ Give serious consideration to flexible working arrangements both in relation to accommodating existing arrangements as far as is reasonably practical or facilitating new arrangements on a temporary basis;</li> <li>○ COVID19 continues to bring unprecedented challenges to all Belfast Trust services and staff. The pressures of COVID19 demand yet more of the Trust, and in order to help meet the pressures of the pandemic, the Trust acknowledges that staff have continued to be flexible in terms of their leave arrangements. In order</li> </ul>
<b>Marital Status</b>			X	
<b>Race</b>	<b>Ethnicity</b>		X	
	<b>Nationality</b>		X	
<b>Religion</b>	<b>Community Background</b>		X	
	<b>Religious Belief</b>		X	
<b>Political Opinion</b>			X	
<b>Sexual Orientation</b>			X	
<b>Multiple Identity</b> e.g. female staff with caring responsibilities			X	

				<p>to assist in maximising our staff capacity and maintain delivery of services and patient safety. The Trust in partnership with Trade Union colleagues, continue to ask staff to be flexible, particularly where annual leave has already been booked and to discuss the following options with their line managers:</p> <ul style="list-style-type: none"> <li>○ Accrual of Annual Leave into the next leave period</li> <li>○ Payment for Annual Leave Period Worked (up to max 7 days)</li> <li>○ Discuss alternative arrangements with your line manager, including changes to rota, rescheduling annual leave.</li> <li>○ If annual leave is booked as a result of childcare issues, the Trust will seek to provide emergency support through the Trust Childcare links in HR</li> <li>○ <b>Support for Critical Areas:</b> where staff have booked leave that can be facilitated, we ask if they could re-consider and postpone their leave to be redeployed in an effort to support patient and service user</li> </ul> <p><b><u>Workforce</u></b></p> <ul style="list-style-type: none"> <li>○ A workforce group has been established and comprises senior managers/co-directors from each directorate as well as Trade Union representation and is chaired by a Co-Director from HR&amp;OD</li> <li>○ Many staff have transitioned back to former clinical roles between surges or have been redeployed to new roles to respond to the changing needs of our hospitals and community services. The Trust has endeavoured to provide the necessary training &amp; support for affected staff.</li> <li>○ A central redeployment team has also been established to support the redeployment of non-clinical staff.</li> <li>○ Workforce plans continue to be reviewed and further developed, and take into account learning from previous surges. The Trust has developed a plan to help provide support during any period of redeployment and ensured that this is fair and equitable to our staff.</li> <li>○ A workforce plan for staffing for the management of COVID patients has also been developed and will include areas of: hospital admissions, ICU, respiratory wards, theatre lists, step down wards, support to care homes and essential community services. This plan will focus on areas such as: <ul style="list-style-type: none"> <li>○ Baseline staffing numbers (by profession and by name and line manager name) who could potentially work in ICU.</li> <li>○ Identification of the numbers of staff (by profession) that would be needed</li> </ul> </li> </ul>
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				<p>to staff ICU beds (6 ICU beds in MIU and moving to 24 beds in BCH on an incremental basis)</p> <ul style="list-style-type: none"> <li>○ Mapping of current staff to posts required during surge planning.</li> <li>○ Communications with are ongoing between surges to keep staff upskilled and engaged on any changing picture. As trigger points are hit, immediate communication from the 'covid team' will ensue and mobilisation of the correct staffing levels implemented.</li> </ul> <ul style="list-style-type: none"> <li>○ The Trust continues to maintain safe staffing levels with appropriately trained staff to provide safe, effective and compassionate care to patients and clients and this remains a priority for the Trust. The Trust continues to have a focus in this area to ensure that additional risks posed by virtue of the magnitude and pace of change during the COVID-19 pandemic are identified and effectively managed.</li> <li>○ It can be assumed that all staff will in some way be impacted by this temporary reconfiguration and cessation of some services across Belfast Trust required to deal with the demand as a result of Covid-19. The Trust continues to maintain where it is reasonably possible to do so, a person is expected to work from home</li> <li>○ The Trust is cognisant of the fact that our workforce is predominantly female and that in line with societal norms, childcare/caring responsibilities may often be the responsibility of females. We recognise that our staff are our most valuable resource and we are committed to promoting uptake of our Work Life Balance &amp; childcare initiatives to all staff irrespective of gender.</li> </ul> <p><b><u>Recruitment</u></b></p> <ul style="list-style-type: none"> <li>○ HSC Workforce Appeal: 19,814 completed applications across HSC during Surge 1 &amp; 2. <ul style="list-style-type: none"> <li>▪ In Surge 1, this converts to 3,413 applications to BHSCT. 478 applicants were moved to a 'job ready' stage with 204 appointments made. 102 appointments were made to clinical roles and 102 to support roles.</li> <li>▪ In Surge 2, this converts to 897 Applications to BHSCT. 149 were moved to a 'job ready' stage with 71 appointments made. 32 appointment were made to clinical roles and 39 to support roles.</li> <li>▪ Surge 3 - ongoing</li> </ul> </li> <li>○ During Surge 1 we allocated 126 Third and Fourth year medical students to Student Medical Technician roles. These staff also provided assistance</li> </ul>
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				<p>with the vaccine trials in QUB.</p> <ul style="list-style-type: none"> <li>○ In Surge 3, First and Second, and Third and Fourth year medical students (that weren't included in surge 1) have been invited to work in Band 2 and Band 4 roles respectively, in order to bolster the workforce during the COVID-19 pandemic. We have received 156 applications from first and second year students, and 134 from third and fourth year students. Service managers are working to appoint them to the most needed areas.</li> <li>○ During Surge 1 we engaged with Final year nursing/midwifery students : 190 commenced on payroll (QUB/UUJ/OU). We retained 128 of these in Permanent Band 5 positions.</li> <li>○ Final Year Medical Students: 62 FIY1s commenced post 12 weeks earlier planend and have since moved into the respective posts as F1 in August 2020</li> </ul> <p><b><u>Canteen and Car parking</u></b></p> <ul style="list-style-type: none"> <li>○ Prior to the pandemic, Belfast Trust applied car parking charges on the Royal, Belfast City Hospital and Mater Hospital sites. Since the Minister's announcement of free parking from 30th October 2020 until 31st March 2021 for Trust staff, locum and agency workers and students, all parking is free on those sites through the following arrangements: <ul style="list-style-type: none"> <li>▪ Suspension of salary deduction for staff who had access to a staff car park.</li> <li>▪ Provision of free parking passes to an additional 1750 staff at BCH, Mater and RGH. This met all additional requests for parking at BCH and Mater. However the number of requests on the RGH exceeded available spaces so the 650 passes that were allocated were prioritised for staff working regularly at weekends, nights or who had early starts or late finishes.</li> <li>▪ Provision of free Park &amp; Ride Services every 30 minutes from 7:00 to 19:00, Monday to Friday, to the RGH from car parks on the Springfield Road (sites provided by Invest NI and Belfast Met) and Black's Road (Dfl Park &amp; Ride site).Transport is provided by Translink. Use of these services is very low with a maximum of 2 passengers per day in total.</li> </ul> </li> </ul>
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				<ul style="list-style-type: none"> <li>▪ Additional free parking secured in adjacent sites - Park Centre for RGH and Crumlin Rd Gaol for Mater staff.</li> <li>▪ On the RGH site, enforcement for parking in waiting areas for more than 30 minutes have been lifted from 18:00 to 8:00 daily and over 24 hours at weekends.</li> <li>▪ Facility for staff not supported by any of the above arrangements, to reclaim the cost of parking through an expenses claim which is paid on a monthly basis.</li> </ul> <ul style="list-style-type: none"> <li>○ Staff continue to be kept informed of arrangements through corporate notices, emails and news briefings.</li> <li>○ <u>Catering</u></li> <li>○ Due to the 3<sup>rd</sup> surge of COVID-19 as well as the winter pressures, the executive team wanted to ensure that all staff working under extreme pressure were given the opportunity to “grab a snack pack and go” providing them with food and liquid. The Catering Service across the BHSCT has been asked to provide these and they commenced on the 7<sup>th</sup> December 2020. <ul style="list-style-type: none"> <li>▪ The reasoning behind this was Snack packs contain a sandwich, bottle of water and an option between crisps, cholate bar or fruit (24 hour service) catering service are able to facilitate this and ensure there are no breaches in social distancing due to queuing.</li> <li>▪ As of 20/01/2021 some sites moved from sandwiches and are now providing homemade soup with wheaten bread, water and fruit</li> <li>▪ Bottles of water, tea bags, coffee, bread etc. is also provide to ICT and COVID Wards</li> </ul> </li> </ul> <p><b><u>Childcare Support for Staff</u></b></p> <ul style="list-style-type: none"> <li>○ Currently, the Trust has a range of proposed mitigation to support working parents and this will be reviewed on an ongoing basis given the fluidity of the situation.</li> <li>○ Since the first surge in March 2020, the Trust has implemented a range of comprehensive measures in partnership with HR, Early Years Social Work, Finance and Trade Union colleagues to support working parents. This has included regularly surveying working parents to fully understand their concerns regarding childcare during the pandemic and utilising the</li> </ul>
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				<p>resultant data to respond accordingly.</p> <ul style="list-style-type: none"> <li>○ Individual requests for support from staff are addressed on a case by case basis in a holistic manner, enabling working parents to continue to balance their employment and parenting commitments.</li> <li>○ HR and Trade Unions continue to work in partnership with regional colleagues and have developed Frequently Asked Questions for working parents to ensure equity, consistency and a streamlined approach that ensures our workforce capacity issues are addressed whilst meeting the needs of parents.</li> <li>○ HR have issued a series of all user communications throughout 2020 and this continues to date. These ensure staff and managers are fully appraised and kept updated with the protocol in terms of ensuring flexible working practices and arrangement and discretion at local level between staff and management. There are also options for staff to access supervised places in schools, individual support via the Improving Working Lives Team in HR and access to a range of childcare places for children aged 0-12 (using day care places already under contract with Social Services) using a socially responsible pricing model.</li> </ul> <p><b><u>Staff Safety &amp; Wellbeing</u></b></p> <ul style="list-style-type: none"> <li>○ COVID-19 is the biggest challenge ever faced by the HSC and during these difficult times the health and wellbeing of our staff is of paramount importance. Staff across the NHS have expressed apprehension over the safety of current working conditions, with the three greatest concerns being workforce shortages, staff testing and availability of PPE.</li> <li>○ The Trust has taken a number of measures to respond to staff concerns and ensure their safety and wellbeing as follows:</li> </ul> <p><b><u>Social Distancing</u></b></p> <ul style="list-style-type: none"> <li>○ The need for social distancing means that there has been an increase in remote working and in the use of technology such as Microsoft Teams, videoconferencing and online meetings. HR and IT staff have helped directorates provide appropriate training and guidance to support these new ways of working. Social Distancing/Clinically Extremely Vulnerable</li> <li>○ The Trust has continued to follow Regional guidance in terms of self-isolation for those suspected of having COVID-19 or whose family member is suspected of being COVID-19 positive, and for staff who are Clinically</li> </ul>
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				<p>Extremely Vulnerable due to medical conditions, pregnancy or those over the age of 70</p> <ul style="list-style-type: none"> <li>○ The Trust prepares a daily report on staff absence as a result of the above, and uses this to arrange for appropriate testing to help staff return to work as quickly as possible.</li> <li>○ The Trust has also followed regional guidance in facilitating staff to work remotely where they are able to do so. This is limited to some extent by digital capacity. Where staff are required to work on hospital or community premises, social distancing guidelines are strictly followed.</li> </ul> <p><b><u>Personal Protective Equipment</u></b></p> <ul style="list-style-type: none"> <li>○ The Trust is taking all reasonable steps to ensure that staff have access to appropriate PPE. This is a huge challenge given changing guidance and a national shortage of key supplies. The COVID-19 Oversight Group continuously reviews stock levels, usage and planned deliveries to manage the Trust's demands. A key element of their role is feeding into regional discussions around current and future PPE requirements and the allocation of PPE across organisations. The team also manages a receipts and distribution centre specifically established to manage PPE stocks.</li> <li>○ Linked to PPE is the requirement to have staff appropriate fit tested for FFP3 masks. The Trust has trained a number of staff to carry out fit testing. This reflects the number of changes in the type of masks available to the Trust and the need to re-test staff for different masks.</li> </ul> <p><b><u>Staff Testing through Occupational Health Service</u></b></p> <ul style="list-style-type: none"> <li>○ The Belfast Trust, Occupational Health Service continues to provide a testing service to BHSCT staff, relatives and staff from the Independent Sector care home staff at testing PODS, MOT Centre and Knockbracken. As at January 2021 over 30,000 tests have been conducted and result given</li> <li>○ As at 18 January 2021, 25,669 vaccinations have been delivered. The majority of this figure includes Trust staff however, approx. 7,500 are care home residents, Blood Transfusion Staff , NI Hospice and Bank/Agency staff</li> <li>○ Vaccination Centres will now be opened regionally to staff from other Trusts/Services to use only until 28 February 2021 to allow for second vaccination readiness.</li> </ul>
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				<p><b><u>Staff accommodation</u></b></p> <ul style="list-style-type: none"> <li>○ A range of different accommodation options may be sourced for staff who meet one or more of the following criteria: <ul style="list-style-type: none"> <li>▪ Working in COVID-19 environments* who are unable to reside at their home address due to living with a highly vulnerable or High Risk person and are unable to source other suitable accommodation option.</li> <li>▪ Working in COVID-19 environments* and otherwise would be required to self-isolate at home due to family member(s) displaying symptoms and are unable to source other suitable accommodation options.</li> </ul> </li> <li>○ Staff accommodation has been organised by the Trust for staff who, for any reason, cannot live at home or cannot return home between shifts. Where long term accommodation is required, the Trust will review other options such as apartments to ensure value for money.</li> </ul> <p><b><u>Communications</u></b></p> <ul style="list-style-type: none"> <li>○ In such an unfamiliar, challenging and frequently changing time, there is a risk that staff and users become anxious, fearful and confused, and that staff feel unsupported.</li> <li>○ As a result, the Trust has made great endeavours to continue to communicate effectively and regularly with staff. Most notably, effective and innovative communications has been instrumental in influencing public behaviour. The Trust's Covid-19 communication plan is aligned with the system's plan with regular meetings between all HSC communication teams.</li> <li>○ As well as normal management arrangements such as emails and team and leadership briefings, the Trust has used a range of media including podcasts, local television, radio and newspapers and social media to communicate with staff and their Trade Union colleagues. The following provides some of the ways in which effective communication has been and is being achieved: <ul style="list-style-type: none"> <li>▪ Daily staff brief which includes PHA or other regional updates and staff advice and support</li> <li>▪ Weekly newsletter for elected representatives alongside public liaison daily enquiries from MLAs</li> </ul> </li> </ul>
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				<ul style="list-style-type: none"> <li>▪ Daily news update and proactive news agenda</li> <li>▪ HR guide and FAQ shared with staff and 'AskHRCOVID-19' email established</li> <li>▪ Daily COVID updates to Executive Team and regular updates to the Chair and to other non-executive directors through Trust Board briefings.</li> <li>▪ Regularly updated COVID page on Trust website and Hub microsite</li> <li>▪ Central point of contact established for procurement queries/proposals and donations</li> <li>▪ Use of social media including highly successful video produced by the Trust's respiratory team, weekly Chief Executive podcasts to staff, and HR podcast clinics</li> <li>▪ Signposting of staff to help and support, including COVID-19 and confidential psychological helplines:</li> <li>▪ The Trust have also established a pager tiger resource to assist staff in coping with Health <u>Psychological Wellbeing</u> issues</li> <li>▪ A regional wellbeing framework went live in April 2020 to provide support for all HSC staff</li> </ul>
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**Section 5: Good Relations**

Based on the **evidence** collected in Section 3 & 4:

- To what extent is the policy/proposal likely to **impact Good Relations** i.e. between people of different religious belief, political opinion or racial group?
- Are there any **additional measures** that could be suggested to ensure the policy or proposal **promotes Good Relations**?

Good Relations category	Level of impact			Mitigation Measures and Alternative Policies or Actions that might lessen the severity of the equality impact  (where Major or Minor Impact identified)
	Major	Minor	None	
Religious belief			X	<p>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.</p> <p>This is in accordance with the Trust’s Good Relations Strategy: Healthy Relations for a Healthy Future 2.</p> <p>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. As indicated previously it is important that the Trust continues to translate essential information and Trust staff have been advised in the case of suspected or actual Covid-19 patients that they should use telephone interpreting instead of face to face interpreting to facilitate effective and safe communication for patients who are not proficient in English as first or second competent language.</p>
Political opinion			X	
Racial group			X	

## Section 6: Disability Duties

How does the policy / proposal:

- **encourage disabled people to participate in public life** *and*
- **promote positive attitudes towards disabled people?**

Consider what **other measures** you could take to meet these **duties**.

*For example, have staff received disability equality training*

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. All staff have access to Disability Awareness training.

The purpose of the surge plan is to protect and promote the health and wellbeing of all its service users and patients and to divert all necessary resources to address the increasing demand of the pandemic. Therefore it has been essential to downturn some non-essential services temporarily to consolidate the resources and capacity needed to effectively address Covid19.

## Section 7: Human Rights

Belfast Health and Social Care Trust is committed to providing the **highest attainable standard of health** within our resources.

**Does the policy/proposal affect human rights in a positive or negative way?**

Article	Positive impact	Negative impact (Human Right has been interfered with or restricted)	Neutral impact

A2: Right to life	X		
A3: Right to freedom from torture, inhuman or degrading treatment or punishment			X
A4: Right to freedom from slavery, servitude & forced or compulsory labour			X
A5: Right to liberty & security of person			X
A6: Right to a fair & public trial within a reasonable time			X
A7: Right to freedom from retrospective criminal law & no punishment without law			X
A8: Right to respect for private & family life, home and correspondence.		X	
A9: Right to freedom of thought, conscience & religion			X
A10: Right to freedom of expression			X
A11: Right to freedom of assembly & association			X
A12: Right to marry & found a family			X
A14: 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			
1 <sup>st</sup> protocol Article 2 – Right of access to education			
<p>Please outline: any actions you will take to <b>promote awareness of human rights</b> and</p> <ul style="list-style-type: none"> <li><b>evidence</b> that human rights have been taken into consideration in <b>decision making</b> processes.</li> </ul>	<p>The Trust is committed to the principle that everyone has the fundamental right to the highest attainable standard of physical and mental health. Converting other medical beds to Covid beds and ICU beds will doubtlessly save lives of Covid-19 patients.</p> <p>Human rights law recognizes that in the context of serious public health threats and public emergencies threatening the life of the nation, restrictions on some rights can be justified when they have a legal basis, are strictly necessary, based on scientific evidence and neither arbitrary nor discriminatory in application, of limited duration, respectful of human dignity, subject to review, and proportionate to achieve the objective.</p> <p>The Siracusa Principles, adopted by the UN Economic and Social Council in 1984, and UN Human Rights Committee general comments on states of emergency and freedom of movement provide authoritative</p>		

guidance on government responses that restrict human rights for reasons of public health or national emergency. Any measures taken to protect the population that limit people's rights and freedoms must be lawful, necessary, and proportionate. States of emergency need to be limited in duration and any curtailment of rights needs to take into consideration the disproportionate impact on specific populations or marginalized groups.

Human rights guidance say that any restrictions must be

- provided for and carried out in accordance with the law;
- directed toward a legitimate objective of general interest;
- strictly necessary in a democratic society to achieve the objective;
- the least intrusive and restrictive available to reach the objective;
- based on scientific evidence and neither arbitrary nor discriminatory in application; and
- of limited duration, respectful of human dignity, and subject to review.

The Trust is committed to ensuring that accurate and up-to-date information about the virus, access to services, service disruptions, and other aspects of the response to the outbreak is readily available and accessible to all.

<b>Section 8: Screening Decision</b>		<b>Major</b>	<b>Minor</b>	<b>None</b>
<b>(8.1) How would you categorise the impacts of this policy / proposal?</b> (Please underline one category)		(Screened In for an Equality Impact Assessment)	(Screened Out with mitigation)	(Screened Out)
<b>(8.2) If you have identified any impact, what <b>mitigation</b> have you considered to address this?</b>	Mitigation has been provided in this template. The Trust is striving to deal with the pressures of an unprecedented level as a result of Surge 3 of the pandemic within the last 10 months. Actions proposed are necessary, legitimate, timebound, justifiable and proportionate to the demands placed on the HSC system			
<b>(8.3) Do you consider the policy/proposal needs to be subjected to <b>on-going screening</b>?</b>	<b>Yes</b> <b>X</b>	<b>No</b>	Reasons All of the HSC system is working to try to deal with the exponential rate of infection and resultant admission to inpatient services and duly onto ICU. These measures have never had to be implemented before and is not in keeping with strategic direction but are 100% determined by the unpredictable and changing demands of the Covid 19 Pandemic and ensuing mutations. It is imperative that the Trust monitors on an going basis the impact of these measures and the life saving measures taken as a result of Covid-19.	
<b>(8.4) Do you think the policy/proposal should be subject to an <b>Equality Impact Assessment (EQIA)</b>?</b>  NB: A full Equality Impact Assessment (EQIA) is usually confined to those policies or proposals considered to have <u>major</u> implications for equality of opportunity/good relations/human rights.	<b>Yes</b>	<b>No</b>  <b>X</b>	Reasons. In ordinary times, the Trust would conduct a full eqia in accordance with their statutory Section 75 obligations. However these are unprecedented times and much of what is evolving is completely unpredictable and therefore our plans need to be fluid, dynamic and introduced at short notice to deal with surges of the pandemic	



<p><b>Section 9: Monitoring</b></p> <p><b>(9.1)</b> Please detail how you will <b>monitor</b> the effect of the policy/proposal for impact in terms of <b>equality of opportunity, good relations, disability duties</b> and <b>human rights?</b></p>	<p>Never before levels of monitoring are in situ – structures are in place at every level – as already highlighted the Executive Team meet on a daily basis to review the real time data to help formulate meaningful, impactful decision making. There is a COVID-19 group who oversee all the decision making. A regional surgical prioritisation group has been established to help identify the real priority sessions. A Charles Vincent Safety Huddle report is produced on a daily basis to ensure all parties have access to an overview of all the influential factors.</p>
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Please sign /date and forward to the Equality and Planning Team for consideration - [Lesley.Jamieson@belfasttrust.hscni.net](mailto:Lesley.Jamieson@belfasttrust.hscni.net).

**Equality screenings are completed with information provided by the policy / proposal author subject to advice and assistance from the Trust's Equality Managers.**

**Please note that Completed and Signed Screening Templates are public documents and are posted on the Trust's website.**

<b>Approved Lead Officer</b>	Charlene Stoops	<b>Countersigned by:</b>	
<b>Position</b>	Director of Performance, Planning and Informatics	<b>Equality Manager</b>	Orla Barron
<b>Date</b>	20 <sup>th</sup> January 2021	<b>Employment Equality Manager</b>	Martin McGrath