Equality, Good Relations and Human Rights
SCREENING TEMPLATE

Belfast Health and Social Care Trust

****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	OUR APPROACH: Service Delivery Plan for Health and Social Care in Belfast Trust, July – August 2021						
(1.2) Status of policy/proposal *(please underline)*		**New**		Existing		Revised	
(1.3) Department/Service Group: *(please underline)*	**Corporate Services Group**	**Nursing and User Experience**	**Unscheduled and Acute Care**	**Surgery & Specialist Services**	**Specialist Hospitals & Women's Health**	**Children's Community Services**	**Adult Social & Primary Care**

(1.4) D**escription 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.	**Overview** This is an overarching screening of our Service Delivery Plan for the months of July and August 2021 which is designed to assess the cumulative impact of the measures outlined therein. The Trust is committed to monitoring the impact of the service delivery plans on people in and across the 9 groups protected by Section 75 of the Northern Ireland Act 1998. By the very nature of the Plan, it is anticipated that the majority of these actions will have a positive impact on people from the 9 Section 75 groups. Further equality screenings of specific measures within this plan will be undertaken where appropriate. We remain wholly committed to engage, comprehensively impact assess and consult through the usual mechanisms aligned to our Equality Scheme commitments should we wish to make any changes outlined in our Plans permanent. We are committed to recognising and responding to the health and social care priorities and concerns in our local community and across the region, delivering the right care in the right place at the right time, and supporting our staff and carers who have continued to show tremendous resilience and creativity during this pandemic. Our Plans have been developed aligned to the Department of Health's overall priorities to:

- Ensure Equity of Access for the treatment of patients across Northern Ireland
- Minimise the transmission of COVID-19; and
- Protect the most urgent services.

Context

Last year on 11th March 2020, the World Health Organisation officially declared COVID-19 a pandemic due to the speed and scale of transmission. As a result the Health and Social Care sector faced unprecedented pressures in their primary aims to:

(i) safeguard lives by reducing the further spread of the COVID-19 virus; and to

(ii) prevent the HSC system from becoming overwhelmed due to the COVID-19 pandemic and the demands this is placing on the whole HSC system.

The Trust has and continues to work closely with the Department of Health, the Health and Social Care Board, the Public Health Agency, other HSC Trusts and with General Practitioners in Primary Care to deliver a robust and cohesive partnership approach to tackling the pressures of COVID-19 and to consider how to reinstate services on an incremental basis and in a safe, effective and compassionate way.

The following diagram depicts the journey and key milestones that the Trust has undertaken in regard to the surges and declines in the pandemic:

	Measures were taken to try to best deal with the demands and consequences of COVID-19 and were undertaken with the utmost urgency to protect life and address urgent public health matters. Many services across Belfast Trust continued to operate throughout the pandemic, albeit on a reduced scale, while other services had to be stood down because of clinical, patient or staff safety, as well as physical and workforce capacity constraints. All of the measures taken in regard to addressing the unparalleled challenges posed by COVID-19 were, in accordance with our statutory Section 75 responsibilities and ECNI guidance, subject to an equality and human rights screening assessment in May 2020. **Service Delivery Plan** Our priority remains the continued safety of our patients, service users and staff, while supporting our carers and families, during this pandemic. Inherent in this plan (as with previous quarterly plans) is the need to be responsive and flexible given that services may need to be stood down if a future outbreak of the virus occurs. HSC Trusts worked together to ensure available capacity, whether in critical care or elective (planned care) was prioritised for those considered to be in most clinical need on a regional basis, regardless of the Trust area in which they reside.

	The Trust remained committed to providing a carefully considered, balanced and evidence-based response according to the levels of the pandemic and to only re-introducing services when it was safe to do so. We have also learnt from experience and engagement over the last year and developed innovative ways to deliver services and facilitate health and social care. As we emerged from Surge 3, tremendous efforts have been made over the last few months in administering a widespread vaccination programme The Northern Ireland Executive has now published its Pathway Out of Restrictions to illustrate the way forward for the people of Northern Ireland. However, it is important to acknowledge that we will continue to live with Covid-19 for some time, the impact on the population and with it our staff and will need to maintain social distancing and infection prevention control measures. Our Service Delivery Plan from 1st July 2021 continues to focus on the delivery of services to the most vulnerable people in our community, on services for those people who urgently require acute care, planned cancer surgery and time-critical surgery in a safe environment and ensuring equity in our approach. Any remaining theatre staffing capacity is utilised to support the restart of elective surgery where possible. Our commitment to provide safe compassionate care to all those who need it continues, although this will mean delivering services in a different way because of social distancing. All measures are detailed in the Service Delivery Plan.
(1.5) Who owns the policy/proposal? **Wh**ere does it originate? For example: DoH / HSCB	Belfast Trust, Department of Health, Health and Social Care Board, Public Health Agency, HSC Trusts.

	The Trust recognises that there are a number of policy leads/decision makers across HSC who are bound by the S75 Equality Duties, the Human Rights Act and the Disability Duties. Such duties have influenced the development, implementation and review of the Minister for Health's "Strategic Framework for Rebuilding HSC Services in NI" and the development and implementation of HSC Trusts Service Delivery Plan. The Trust therefore commits to collaborate, as necessary, with all relevant HSC organisations in seeking to ensure the fulfilment of these statutory duties. This may involve: • Inputting into regional EQIAs led by other HSC Policy Leads e.g. DoH, HSCB et al • Contributing to equality screenings by other policy leads where there are, for example, regional themes • Undertaking further individual equality screenings on Trust proposals • Conducting EQIAs and associated consultation (where necessary and appropriate) in line with the commitments in our approved Equality Schemes and in the fulfilment of the requirements stated in the DoH Circular Guidance 'Change of Withdrawal of Services – Guidance on Roles and Responsibilities' - November 2014 - especially where temporary changes are being proposed as permanent and such proposals are considered contentious.
(1.6) Who are the main stakeholders affected (Internal and External)? For example: actual or potential service users, carers, staff, other public sector organisations, trade unions, professional bodies, independent, voluntary or community sector or others.	The Trust response to COVID-19 will impact on its local population i.e. service users, patients and clients, relatives and carers, visitors as well as other organisations e.g. the public sector, independent health care providers including nursing and care homes, voluntary and community groups, Section 75 representative groups and advocates. Other stakeholders include Trust staff, Trade Union colleagues and partners, Professional Bodies, Public Health Agency, the Health and Social Care Board, the Department of Health, RQIA, HSC Trusts, LCG, Staff, Trade Unions and Professional Bodies. (This list is not intended to be exhaustive).
(1.7) Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders when screening this policy/proposal.	Despite the unpredictable nature of the unique set of challenges Belfast Trust faces, it remains committed to involving stakeholders in plans to deliver services following the first COVID-19 surge. Specifically:

	• Trust management and staff engage with Trade Unions on an ongoing basis via ad hoc meetings and more formally via TJNCF. In addition, the "Interim Change Management Guidelines due to COVID-19" were drafted in partnership with Trade Unions. • Cross-sectoral consultation also takes place with other HSC Trusts, Public Health Agency, Health and Social Care Board, Department of Health particularly throughout the pandemic. • We have undertaken an extensive programme of engagement to help us learn from the first wave of COVID-19 and to help us be better prepared and informed when rebuilding our services and to gain a holistic view of what happened during the response to COVID-19 and how this impacted on staff and service users. This consisted of over 150 Team Questionnaires, 3,000 staff survey responses over 350 individual staff reflective questionnaires and approximately 500 service user surveys. • The breadth of rich quantitative and qualitative data has enabled us to take the opportunity to continue to deliver services that work well, to adopt different ways of working and to be creative and innovative during our service rebuild phases within the confines of social distancing, Infection Protection Control, patient safety and safe levels of staffing in order to produce safe, effective compassionate care. • Drafts of the Service Delivery Plan were widely circulated for comment and amendments to the Executive Team, Senior Leadership Group, Trade Unions and Primary Care partners prior to the Department of Health and Regional Management Board for approval and subsequent publication.

(1.8) Other policies/strategies with a bearing on this policy/proposal For example: internal or regional policies	Emergency / Pandemic Planning in Preparation for COVID-19 Containment and Surge Belfast Trust Winter Plan 2020 Surge Plan Phase 1 Plan Phase 2 Plan Plan 3 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 BHSCT Major incident plan Equality Scheme PHE COVID-19 stakeholder engagement synthesis Beyond the Data Interim Change Management Guidelines due to COVID-19 Working Safely Framework? Flu Programme 20/21 DoH Mental Health Action Plan Rebuilding HSC Strategic Framework Pathway Out of Restrictions Guidelines on the Emergency Redeployment /Relocation of Staff during Covid-19 Pandemic

(1.9) Are there any factors that could contribute to/detract from the intended aim/outcome of the policy/proposal? For example: Financial, legislative	• Balancing safety and risk • Assessing workforce pressures including the ability to safely and appropriately staff the service delivery plans. We must ensure our staff are supported and feel valued by ensuring that staff who were redeployed to ICU and other areas are given time to recover. • We also need to ensure that we can staff both the **Covid Centres and the vaccination programme** and manage local cluster outbreaks and enable flexible working necessary to support childcare and caring commitments;

	• Public adherence to the restrictions and precautionary measures before coming to a Trust facility or accessing care e.g. pre-surgery COVID testing • Continuing to maintain effective Covid-19 zoning plans • Assessing the ability of our accommodation and transport infrastructure • Sustaining a reliable supply of critical PPE, blood products and medicines • Sustaining models for 'swabbing' and 'testing' of health care workers and patients/clients as part of our ongoing response to Covid-19; • Providing necessary support and resources to the nursing/ care home sector • Any further surge • Providing continued support to those in need within our population including those who were 'shielding', vulnerable people, and people at risk of harm; • Financial constraints with limited recurrent growth funding and significant existing pressures and the potential for any future surge in Covid-19 transmission to result in a further temporary pause of core services to cope with demand.

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 **impact** on **Equality of Opportunity** for those affected by this policy, for each of the S75* equality categories?	✓	
(2.2) Are there better **opportunities** to promote equality of opportunity for people within the S75 categories?	✓	
(2.3) Does the policy **impact** upon **Good Relations** between people of a different religious belief, political opinion or racial group?		✓
(2.4) Are there **opportunities** to better promote good relations between people of a different religious belief, political opinion or racial group?		✓
(2.5) Are there **opportunities** to encourage **Disabled People** to **participate** in public life and promote **positive attitudes** toward disabled people? (Disability Duties)	✓	
(2.6) Does the policy/proposal **impact** on **Human Rights**?	✓	
*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. 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 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:		*Countersigned by*:* Equality Manager: Date:	

Please sign / date and forward to the Equality and Planning Team for consideration - Lesley.Jamieson@belfasttrust.hscni.net.

*S75 Equality Categories: Age * Dependants * Disability * Gender * Marital - Civil Partnership Status * Political Opinion * Race * Religion * Sexual Orientation ***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

Equality Category	**Service Users**	**Qualitative Data** (Needs, Experiences, Priorities)	
		Belfast / Castlereagh population	
1. Age	0-15 16-24 25-34 35-44 45-54	22% 11% 12% 14% 14%	Service users and patients of every age will be impacted by our Service Delivery Plan. We now know that COVID-19 affects older people and equally there is a higher rate of mortality, due to an increased rate of disability or comorbidity and we know that older people tend to be more frequent users of health and social care services. Levels of disability increase with age, as indicated by the following table, generated from the 2011 Census, available on the NISRA website:

	All usual residents			
	Total	Day-to-day activities limited a lot	Day-to-day activities limited a little	Day-to-day activities not limited
All usual residents	**1,810,863**	**215,232**	**159,414**	**1,436,217**
Aged 0 to 4	**124,382**	1,768	1,867	120,747
Aged 5 to 9	**111,287**	2,900	3,690	104,697
Aged 10 to 14	**119,034**	3,389	4,772	110,873
Aged 15	**24,620**	662	976	22,982
Aged 16 to 17	**51,440**	1,348	1,916	48,176
Aged 18 to 19	**50,181**	1,400	1,888	46,893
Aged 20 to 24	**126,013**	3,955	4,830	117,228
Aged 25 to 29	**124,099**	4,658	4,942	114,499
Aged 30 to 34	**119,839**	5,723	5,564	108,552
Aged 35 to 39	**122,260**	8,343	7,207	106,710
Aged 40 to 44	**131,848**	12,190	9,339	110,319
Aged 45 to 49	**131,645**	15,608	11,115	104,922
Aged 50 to 54	**116,933**	17,715	12,078	87,140
Aged 55 to 59	**99,272**	18,913	12,356	68,003
Aged 60 to 64	**94,290**	21,698	14,602	57,990
Aged 65 to 69	**82,121**	21,239	15,668	45,214
Aged 70 to 74	**63,479**	19,242	14,609	29,628
Aged 75 to 79	**50,358**	18,220	13,624	18,514
Aged 80 to 84	**36,366**	16,734	10,642	8,990
Aged 85 to 89	**21,165**	12,192	5,663	3,310
Aged 90 and over	**10,231**	7,335	2,066	830

As we seek to extend the reach of our services month by month, within the context of keeping service users and staff safe, and the need to be flexible if another surge occurs, it is envisaged that the majority of the differential impact on older people will be positive. Some services remain partially stepped-up which means that it is probable that older people will still be differentially impacted adversely, though to a lesser extent than over the last year.

In addition, due to the curtailment of elective and diagnostic services, COVID-19 has negatively impacted waiting lists within BHSCT and across the health and social care system in Northern Ireland. The Trust acknowledges in this Service Delivery Plan, that

				some patients will wait longer for treatment than we would wish due to the challenge of balancing keeping staff and service users and their families safe, infection control and resuming service provision and being able to respond to another surge. We have and will continue to review our service delivery and we have worked to prioritise which services and which aspects of our services that we can safely and effectively reinstate given the constraints the COVID-19 pandemic continues to place upon us. We will continue to provide the necessary care and support to the most vulnerable in our nursing and residential care sector. The fourteen Older People's Day Centres will continue to be open to service users, with daily attendance as per individual centre capacity detailed in the risk assessment of the centre. The service area will continue to review current provision in line with Covid-19 restrictions and the impact of vaccinations. Outreach measures will be maintained for service users and support for families. As detailed in the Service Delivery Plan, the majority of services for children will be increased and face-to-face appointments will be available where it is safe to do so. Children's homes remain open. As staff who had been redeployed to other priority areas return to their substantive post, the Healthy Child, Healthy Future Programme will resume. Similarly as schools reopen, the school vaccination programme will be prioritised. Where deemed necessary, face-to-face visits will be undertaken by Social Work Teams and by Children with Disability Teams.

	2. Dependent Status	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	Belfast Trust recognises the exemplary work undertaken by the 50,000 carers across Belfast of all ages. COVID-19 has highlighted once again the essential role that carers play in our health and social care system. Figures show an estimated 98,000 people in Northern Ireland have become unpaid carers as a result of the COVID-19 pandemic. This is on top of the 212,000 unpaid carers in Northern Ireland who were already caring before the outbreak, bringing the total to 310,000. Approximately 57,000 women (58%) and 41,000 men (42%) have started caring for relatives who are older, disabled or living with a physical or mental illness.[1] Belfast Trust 'Learning from Covid' project indicated that unpaid carers universally felt they had been 'plunged into sole caring overnight' with no help or little support. Carers cited feelings of being 'abandoned' and 'forgotten about' as services suddenly stopped and respite withdrawn with little or no warning as staff who were a vital support network to them were redeployed to other areas to work. The feedback also uncovered the negative impact on the psychological health of the unpaid carers who responded to the survey. They cited feeling severely anxious, alone, stressed, unsupported, with the 'structure of their day gone'. They 'missed the relief' with 'no end in sight' and feeling like 'no one wanted to know'. They spoke of dealing with challenges such as their children lashing out in frustration and having no one check how they are doing. The NI Coalition of Carers Organisations (CoCo) in June 2020 that the challenges facing carers were further compounded by the pandemic, with many coping with additional caring responsibilities and limited or no external support. Carers UK in their 'Caring behind closed doors Forgotten families in the coronavirus outbreak' April 2020 survey noted that •78% carers are providing more care during COVID-19	

[1] Carers UK website - https://www.carersuk.org/news-and-campaigns/52-northern-ireland/news/6458-covid-19-pandemic-98-000-become-unpaid-carers-in-northern-ireland-ina-matter-of-weeks

			•87% carers are worried about their loved one getting ill •77% carers are spending more money (highest expenditure on food) •64% carers re feeling overwhelmed and worried that they are going to burn out in the coming weeks. During the pandemic carers faced challenges and continue to face challenges as a result. It is important that carers feel valued, supported and that they are provided with information and understanding. During the Covid surge and since visiting remains restricted for carers and families as outlined in the guidance from the Department, however they will be eased as the vaccination is rolled out and the 'r' number remains sufficiently low. In addition, virtual contact between patients and carers/families has been facilitated and the patient liaison hub continues. The Trust will continue to promote and support the involvement of service users, carers and the public in the service delivery, rebuild and reform work streams. We will also engage and support carers by identifying new ways of working, facilitating access to resources, advice and information.	

3. Disability	Yes No	21% 79%	Our Service Delivery Plan will impact people who are disabled because by the very nature of our services, the majority of our service users will have one or more health or medical conditions. In addition, people with disabilities have been impacted significantly by the COVID-19 pandemic. As we seek to extend the reach of our services during the 2-month period of July-August 2021, within the context of keeping service users and staff safe and the need to be flexible if another surge occurs, it is envisaged that most of the differential impact on disabled people will be positive. The Trust is mindful that with growing waiting lists, many people who are disabled will have to wait longer than we would like for treatment. Many services in the community will continue to be enhanced and extended though often delivered in new ways. This can cause anxiety especially for service users who require routine. For this next phase, we will maintain and, where possible, further increase both face-to-face (where clinically appropriate to do so) and virtual service capacity, subject to further COVID-19 surge implications.	

4. Gender	Female Male	49% 51%	It is not envisaged that implementation of this phase plan will impact adversely on the basis of gender. The phased increase of certain services ought to have a positive impact in terms of gender such as incremental activity in gynaecology and fertility services	
5. Marital Status	Married/Civil P'ship Single Other/Not known	34.21% 46.6% 19.19%	It is not envisaged that implementation of this Service delivery plan will impact adversely on the basis of marital status.	

6. Race Ethnicity	White Black/Minority Ethnic	98% 2%	Emerging evidence suggests that COVID-19 is having a disproportionate effect on people from ethnic minority backgrounds. People of Bangladeshi ethnicity had around twice the risk of death than people of White British ethnicity. People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10 and 50 per cent higher risk of death when compared to White British. There was a high increase in all cause of deaths among people born outside the UK and Ireland. Some ethnic minority groups are at higher risk of certain diseases and conditions – this may suggest an increased likelihood of developing COVID-19. The Trust is taking cognisance of the Public Health England recently released report: 'Beyond the data: Understanding the impact of COVID-19 on ethnic minority groups' and its Healthy Relations multi-disciplinary steering group will be examining the following recommendations and how to progress them: o Make ethnicity data collection/recording mandatory and comprehensive o Support community participatory research – really a co-production approach to each step of conducting and learning from research in regard to reasons for disproportionate impact of COVID-19 on ethnic minority people o Improve access, experience and outcomes of ethnic minority people e.g. conducting health impact assessments, good representation of ethnic minority staff at all levels, integration of equality into quality systems o Accelerate development of culturally competent COVID-19 education and prevention campaigns	

			• Target culturally competent health promotion and disease prevention programmes • Ensure COVID-19 recovery strategies actively reduce inequalities caused by wider determinants of health. • Fully funded sustainable and meaningful approaches to tackling ethnic inequalities must be prioritised Staff have continued to use the interpreting services of the Regional NI HSC Interpreting Services to ensure communication with service users/patients and carers is inclusive and accessible. In addition, there has been a 40% increase in the use of The Big Word telephone interpreting services. Staff have been working with the Roma community and community representatives to ensure that the guidance on COVID-19 and keeping safe is understood by those who have little understanding of English. Staff have worked in partnership with other statutory agencies e.g. PHA to promote key messages and to support individuals from the Roma community who face particular hardship during the pandemic. Virtual Consultations may prove challenging to patients and service users whose first language is not English. However virtual clinics are not for everyone and a blended approach is required where virtual appointments are offered if appropriate. Ethnic minority service users may require the virtual support of an interpreter via the NI Regional Interpreting service or via The Big Word. During this service delivery plan, the NINES (Northern Ireland New Entrants Service) service NINES service will continue to offer a range of health and social care screening assessments.	
7. Religion	Roman Catholic	41%	It is not envisaged that the actions within the Service Delivery Plan will have a differential impact in terms of religion. Belfast Trust has a second generation Healthy Relations Strategy, which promotes good relations amongst people of different religious belief, racial group and political opinion.	
	Presbyterian Church of Ireland Methodist Other Christian	42%		

	Buddhist Hindu Jewish Muslim Sikh Other None	17%		
8. Political Opinion Based on Council seats on Belfast City Council, October 2017. Excludes Castlereagh	DUP SF SDLP UUP APNI Green PBP IND PUP	1) Belfast (2) Lisburn & C'Reagh 13 4 19 1 4 1 6 2 8 4 1 1 1 0 5 0 3 0	It is not envisaged that the actions outlined in this Service Delivery Plan will have a differential impact in terms of political opinion. As previously referenced, we have in situ a second generation good relations strategy which promotes good relations amongst people of different political opinion as well as different races and religions.	

9. Sexual Orientation	Opposite sex Same sex Same and Opposite sex Do not wish to answer /Not known	Estimated 610% of persons identify as lesbian, gay, bisexual *Source: 2012 report by Disability Action & Rainbow Project*	It is not envisaged that the actions outlined in this service delivery plan will have a differential impact in terms of sexual orientation.

Multiple Identity			The Trust recognises that people - service users or staff - do not neatly fit into one Section 75 category – no individual is the same. Therefore pure statistical information does not capture these multi-faceted complexities and the Trust will work with individuals and their families to ensure that the proposal does not impact adversely on them.

(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	Groups	Quantitative Data	Qualitative Data

Category		Belfast Trust workforce (@January 2021)	Staff affected by the Policy/Proposal %	
1. Age	16-24 25-34 35-44 45-54 55-64 65+	6% 24% 24% 24% 19% 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	18% 20% 62%	All	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 the FAQs developed by the PHA & Department of Health as these are a 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 developed a Northern Ireland Maternity COVID-19 website. Home working is another option, open to managers, to facilitate staff who are pregnant and have concerns. The HSC continues to work 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 & the Trust's Early Years Team have 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 do not currently count in the management of sickness in reaching trigger points within the Management of Attendance Protocol. This applies to staff with or without a disability. The Trust are supportive of staff who have particular concerns around Covid-19 and the impact on any pre-existing conditions. Reasonable adjustments are considered to further safeguard staff and in so doing the Trust will draw on support and advice from its Occupational Health Department in partnership 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	76% 24%	All	All staff are potentially at risk of being impacted by Covid-19 both males and females albeit early indications/data have shown that men have been more so affected. Staff are 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 Occupational Health Department, HR Improving Working Lives Team, Health Improvement Team and Psychology Services. 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 Other/ Not known	48% 31% 4% 17%	All	All staff are reminded of the need to adhere to strict social distancing advice/guidance.

6. Race a) Ethnicity	BME White Not Known	4% 71% 26%	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 a range of NHS and research sources which has shown that individuals from BAME communities may be at greater risk of infection and therefore should adhere to strict social distancing advice/guidance. The Trust has taken proactive steps to reach out to colleagues from ethnically diverse cultures and backgrounds and international staff in order to provide targeted advice, support and necessary information and key contact details.
b) Nationality	GB Irish Northern Irish Other Not known	21% 15% 2% 1% 62%	All	N/A
7. Religion a) Community Background	Protestant Roman Catholic Neither	35% 45% 20%	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 current social distancing rules to prevent further spread and infection.
b) Religious Belief	Christian Other No religious belief Not known	31% 1% 10% 58%	All	People from any religious belief can be impacted by Covid-19 and everyone is at risk of infection regardless of religious belief. It is important to note that 62% of our staff have chosen not to declare their religious belief. All staff are reminded adhere to strict social distancing advice/guidance.

8. Political Opinion ** 2011 Assembly election*	Broadly Nationalist Broadly Unionist Other Do not wish to answer/ Unknown Not known	7% 7% 8% 78%	All	Similar to religious belief, people from any political opinion can contract Covid-19. All staff are reminded to adhere to strict social distancing advice/guidance.
9. Sexual Orientation	Opposite sex Same sex or both sexes Do not wish to answer Not Known	44% 1% 6% 48%		There is no indication that people from different sexual orientations are impacted differentially by Covid-19. All staff are reminded 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				Our Service Delivery Plan is for those services that experienced a significant impact as a result of the pandemic and explains the actions being proposed to further increase capacity and/ or access from July 2021. Moving into this Service Delivery Plan, we will continue to build on new ways of working to continue to provide safe, effective and compassionate care. We are working closely with our partners across Primary Care, Community, Voluntary and Independent Sectors are committed to building on this partnership approach to
Dependant Status				
Disability				
Gender				

Marital Status				improve access and models of delivery across health and social care, engaging fully with the wider community on the way forward. This will have a positive impact on those that use or depend on our services most namely people with disabilities, older people, vulnerable young people and carers. The Trust is mindful that COVID-19 has had a particularly negative impact on those already experiencing health inequalities, and has contributed towards exacerbating inequalities in society. The Trust will continue to work in partnership across health and social care, GP colleagues, government departments and organisations in statutory, community, voluntary and private sectors to address and reduce health inequalities. Some examples to note (not an exhaustive list) include: • For Covid-19+ patients, the Hospital at Home team will continue to work in collaboration with the Care Home Nursing Support Team to assess, treat or provide onward assessment of residents in nursing and residential care settings where necessary.
Race (Ethnicity)				
Religion				
Political Opinion				
Sexual Orientation				

Multiple Identity e*.g. disabled minority ethnic people or young Protestant men.*				• Progress the learning from previous Covid-19 surges with continued engagement with all key stakeholders. • Through the No More Silos Programme, the service will continue to engage with key stakeholders in community, primary and acute care in order to integrate services and to streamline the clinical care pathways in line with the proposed regional wellness pathway. This will ensure the safe, equitable and timely service delivery for care home residents and their lived experience. • Establishment of a Director-led Steering Group with relevant stakeholders to define and scope the vision for the Trust's four statutory dementia residential care homes with a focus on the internal and external environment standards, leadership, staffing and governance arrangements, taking cognisance of best practice and regional care home reform and learning. • Completion of a proposal in partnership with Housing Association colleagues, staff and service users to widen the criteria to access three of the Trust five supported housing schemes currently only for dementia. • Promotion the single point of access to older peoples mental health services to primary care colleagues ensuring knowledge of service and referral pathways • Community Nursing services will continue to deliver 24/7 to support the most vulnerable in our community and by providing end of life care to patients in their own home. This will include working closely with specialist nursing teams such as Hospital at Home, Respiratory and Specialist Oncology and Palliative Care (SOAP) team. • Community Social Work services will resume face-to-face contact as the primary method for undertaking first assessments and statutory reviews. The service will introduce face-to-face monitoring visits to service users living in their own homes and where this is declined by the service user explore virtual options for undertaking monitoring. • An Intermediate Care Project Board will be established with key stakeholders to include, primary care, secondary care and acute care with the aim of undertaking a review of service delivery and to identify key actions required to reform services to meet the growing demands within this

				area. This will include proposing new structures which will ensure safe staffing, safe caseloads and will deliver the best optimum outcomes for service users. • At Muckamore Abbey Hospital, our resettlement programme has restarted with plans for necessary assessments, in- reach and trial leave commenced. A number of patients are currently on trial resettlement. • Overnight care has and will continue to be prioritised to children with complex health care needs. This aspect of care has continued during the pandemic. • 14 Older people's Day Centres will continue to be open to service users, with daily attendance as per individual centre capacity detailed in the risk assessment of the centre. • Service users with a learning disability who live at home with a family member or carer, have been prioritised and are being offered two sessions per week in day centres. • Currently 55% of service users in our Learning Disability Day Centres have accommodated and we expect this reach 60% over the next phase • Enhancement of community day services and hours at the Pod@Cityside and open a new Pod@Connswater. • Continue to deliver prioritised planned surgery for patients with cancer and/or time-critical patients in Belfast City Hospital(BCH), Royal Victoria Hospital(RVH), Musgrave Park Hospital(MPH)l, The Royal Belfast Hospital for Sick Children RBHSC) and with the support of the Independent Sector. • Collaboration with other Trusts regionally to ensure theatre access for those prioritised patients in line with regional plans • Rebuild theatre services to deliver lists in line with pre-Covid levels including the rebuild of theatres on the BCH site to support complex cancer surgery • Rebuild theatre services for Cardiac patients to pre-Covid level • Continued delivery of 23 hour post anaesthetic care units on the RVH and BCH sites to support patients following surgery who do not require admission to ICU. • Close working with Primary Care partners on the delivery and rebuild of services • Radiotherapy services will continue to deliver at normal activity levels to meet patient needs.

				• **Oncology**: Ambulatory assessment and treatments continue as normal. Service continues to maximise virtual assessments where this is clinically appropriate and safe to do so. • **Haematology:** Specialist regional service will continue to provide high dose chemotherapy and stem cell transplantation. Plan to recommence stem cell transplantation for patients with standard risk myeloma. Haematology ambulatory assessments and treatments and the Comprehensive Haemophilia Centre will continue as per normal seasonal activity, and we will continue to develop and adopt clinical technology where possible. The Phlebotomy Service will be maintained for low risk, benign disease. • **Belfast Trust Cancer Support Service:** Face- to-face services have recommenced via a patient booking systems. We will continue virtual consultations/classes as alternative support for service users • **Renal**: The living and deceased donor transplant programmes have resumed, we continue to monitor against our transplant recovery plan. • **Visiting:** Belfast HSC Trust visiting arrangements will continue to follow the Regional Principles of Visiting Guidelines. • **A Pathway to Enhanced Visiting**" has been developed in consultation with colleagues from across the statutory and hospice sector, to set out a new approach to visiting in hospices and hospitals -. It strikes a balance between the desire for more visiting and the need to remain vigilant about the continuing threat from the virus. • Our Patient Liaison service is available between 9am and 8pm to facilitate communication. This service is supported by a registered nurse and is dedicated to supporting people with any enquiry about loved ones. **Communication** Timely clear information is key at a time when there are changes to service delivery and those changes are often rapid and immediate. The Trust has engaged via social media, its website, staff and user forums, Trust and GP Forum, Trade Unions, local voluntary sector colleagues and statutory partners to ensure staff and service users are aware of key changes and where to go if they have queries/feedback etc.

				The Trust is committed to ensuring information is accessible and that inclusive alternative formats on information about COVID-19 and how the Trust is changing service delivery are available. Social media has been significantly used to remind the public about the normal protocols and helplines if they are concerned about the welfare of a child or vulnerable person during the COVID-19 pandemic. **Monitoring and Oversight** Belfast Trust Senior Management will continue to meet on a daily basis to assess the comprehensive range of key data to enable real-time decision-making throughout this Service Delivery plan. We remain committed to providing safe, effective and compassionate care and will continue to operate on this premise with patient safety, and safe levels of staffing and associated risk assessments as key determinants in how we do this.

(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	
Age		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
Dependant Status		X		

Disability			X	
Gender			X	
Marital Status			X	
Race	**Ethnicity**		X	
	Nationality			X
Religion	**Community Background**			X
	Religious Belief			X
Political Opinion				X
Sexual Orientation				X
Multiple Identity e.g. female staff with caring responsibilities			X	

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.
Should any equality/modernisation related issues arise, they will be managed through the Organisational Change Framework

Along with this framework and for the purposes of this screening, the Trust will also manage staff through the Guidelines on the Emergency Redeployment /Relocation of Staff during Covid-19 Pandemic

The Trust will also aim to:

- 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.
- Observe the need to consider reasonable adjustments for those with disabilities.
- 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.
- 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.
- 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.
- Ensure that more subtle forms of discrimination e.g. assumption about the predisposition of older people toward retraining and up skilling opportunities are avoided.
- 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.
- COVID-19 continues to bring unprecedented challenges to all Belfast Trust services and staff. The pressures of COVID-19 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 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: ○ Accrual of Annual Leave into the next leave period ○ Discuss alternative arrangements with line manager, including changes to rota, rescheduling annual leave. ○ 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. • **Support for Critical Areas**: 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. **<u>Workforce</u>** • 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&OD. • 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 provided the necessary training & support for affected staff. • A central redeployment team was established to support the redeployment of non-clinical staff. • 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. • A workforce plan for staffing for the management of COVID patients has also been developed and includes areas of: hospital admissions, ICU, respiratory wards, theatre lists, step down wards, support to care homes and essential community services. This plan focuses on areas such as:

				• Baseline staffing numbers (by profession and by name and line manager name) who could potentially work in ICU. • Identification of the numbers of staff (by profession) that would be needed to staff ICU beds (6 ICU beds in MIU and moving to 24 beds in BCH on an incremental basis). • Mapping of current staff to posts required during surge planning. • Communications 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. • 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. • 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. • 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 & childcare initiatives to all staff irrespective of gender. We have developed a number of resources for working parents including wellbeing support and practical, cost effective, emergency childcare solutions. **<u>Recruitment</u>** • During COVID an urgent Workforce Appeal was setup to provide support on an immediate temporary basis. Various roles across the Trust in both

clinical and support roles were supported by appointees from the Workforce Appeal.

- Some key services retain an additional pool of Bank staff to help in the case of any future surges.
- A further exercise was undertaken to seek engagement from those applicants who were appointed to determine their ongoing availability for any future surges.
- Through engagement with Universities, a range of clinical students at different stages of their studies, were appointed to support service delivery.
- Those students who took up post have also been offered the opportunity to join the Trust on Bank arrangements. An exercise is under consideration to recruit students to Bank contracts on an ongoing basis.

Canteen and Car parking

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:

- Suspension of salary deduction for staff who had access to a staff car park until end of July 2021
- Provision of free parking passes to an additional 1750 staff and Agency Workers 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.
- Provision of free Park & 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 (DfI Park & Ride site).Transport is provided by Translink. Use of these services is very low with a maximum of 2 passengers per day in total.
- Additional free parking secured in adjacent sites - Park Centre for RGH and Crumlin Rd Gaol for Mater staff.

- 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.
- 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.

Staff continue to be kept informed of arrangements through corporate notices, emails and news / team briefings.

Childcare Support for Staff

Currently, the Trust has a range of initiatives that support working parents and this is reviewed on an ongoing basis given the fluidity of the situation.

- 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 resultant data to respond accordingly.
- 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.
- 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.
- HR, Trade Unions and Early Years Social Work Teams also developed a robust, holistic and comprehensive virtual resource for supporting working parents.
- HR have issued a series of all user communications throughout the Trust 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.

				• During our school closures, there were 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. • The Trust's Summer Scheme will commence on 5 July 2021 offering 208 childcare places per day for a 6 week period. The pricing scheme of this childcare has been recognised by Employers for Childcare as socially responsible and well below the market price. In addition, we support staff to spread the cost of this childcare to ensure its accessibility to staff at all bands and incomes. **Staff Safety & Wellbeing** • COVID-19 has been the biggest challenge ever faced by the HSC and during these challenging times to date, 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. • The Trust has taken a number of measures to respond to staff concerns and ensure their safety and wellbeing as follows: **Social Distancing** • 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 enabled directorates provide appropriate training and guidance to support these new ways of working. **Social Distancing/Clinically Extremely Vulnerable** • 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 Extremely Vulnerable due to medical conditions, pregnancy or those over the age of 70

				• 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. • 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. • An innovative Long COVID Rehabilitation clinic has been established within Occ Health ensuring a holistic, multi disciplinary team approach to supporting individuals with Long COVID symptoms to manage symptoms, recover and enjoy a sustained return to work. **Personal Protective Equipment** • The Trust have taken all reasonable steps to ensure that staff have access to appropriate PPE. This has been a huge challenge given changing guidance and a previous 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. • Linked to PPE is the continued 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. **Staff Testing through Occupational Health Service** • 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 and Knockbracken • As at 14th June 2021, OHS have issued 40,984 Covid-19 test results to staff, relatives of staff and Independent sector care home workers. • As at 16 June 2021, 166232 vaccinations have been delivered by the BHSCT Vaccination Team. This figure includes 1st and 2nd doses. Those

				whom have received includes Trust staff as well as care home residents and staff and those eligible to receive as per Department of Health direction. • Vaccination Centres have been opened regionally to staff from other Trusts/Services to use, booking for vaccination can be made using the regional link. **Staff accommodation** Staff Accommodation ended 30 April 2021. However, a range of different accommodation options where sourced since April 2020 for staff who meet one or more of the following criteria: • 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. • 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. **Communications** 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. 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. 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:

				• Daily staff brief which includes PHA or other regional updates and staff advice and support • Weekly newsletter for elected representatives alongside public liaison daily enquiries from MLAs • Daily news update and proactive news agenda • HR guide and FAQ shared with staff and 'AskHRCOVID-19' email established. • Daily COVID updates to Executive Team and regular updates to the Chair and to other non-executive directors through Trust Board briefings. • Regularly updated COVID page on Trust website and Hub microsite • Central point of contact established for procurement queries/proposals and donations • 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 • Signposting of staff to help and support, including COVID-19 and confidential psychological helplines: • The Trust have also established a PageTiger resource to assist staff in coping with Health Psychological Wellbeing issues • A regional recovery from COVID wellbeing framework was developed by BHSCT Psychology Team and launched by Minister Swann to provide support for all HSC Staff https://youtu.be/aJRYnS70Qi8

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 **Political Opinion** **Racial group**				The Trust is committed to ensuring that staff, patients service users and carers have equality of access to services and feel welcome, comfortable and safe accessing all Trust facilities, irrespective of race, religion or political opinion. This is in accordance with the Trust's Good Relations Strategy: Healthy Relations for a Healthy Future 2. 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. 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. This is available through the Big Word and the NI HSC interpreting service. Face to face interpreting is also available in exceptional circumstances. Staff have been working with the Roma community and other Ethnic Minority communities to ensure that the guidance on Covid-19 and keeping safe is understood by those who are not proficient in English. Staff have worked in partnership with other statutory agencies e.g. PHA to promote key messages and to support individuals from certain ethnic minority communities who may have faced particular hardship during the pandemic. The promotion of Good Relations is an integral part of Belfast Trust's commitment to improve the health and wellbeing of all our staff. As the largest health and social care provider in Northern Ireland, (employing one of the largest workforces - where approx. 4% is from an ethnic minority community) and in line with our Good Relations Strategy, we strive to ensure that all staff irrespective of religion, race or political opinion feel safe welcomed and comfortable in work.

				In light of regional and national statistics which show Ethnic minority staff have been disproportionately affected by Covid-19, precautionary guidance has been issued to help protect and support our Ethnic Minority staff. The guidance is very much a living document especially as research into the trends is currently being undertaken in UK. Key to the guidance is correct infection control practices including social distancing and PPE. In addition, ongoing conversations between staff and managers to identify any concerns and mitigate any risks with advice from the Occupational Health team (based in Human Resources) is also available particularly when a minority ethnic member of staff has an underlying medical condition. The Trust appreciates that this is a stressful time for all staff as we face uncertain times and unfamiliar working.

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 this Service Delivery plan is to reintroduce our services whilst also protecting life and protecting and promoting the health and wellbeing of all its service users and patients and staff. Delivery of services will be made with reasonable adjustments as required. The Trust with regional colleagues proactively access the new sign language service, are reviewing appointment letters, have produced information about Covid-19 in easy read for service users with learning disabilities and continually are looking at innovative ways to make services accessible during the pandemic.

	All staff must complete mandatory training on equality, human rights and good relations which includes awareness of disability duties. As this is available online staff are being encouraged to complete online if possible at this present time. A key aspect of support for staff has been the extensive range of online support available for staff who may be facing poor mental health during the Covid-19 pandemic. Staff have been made aware of support services via the Trust intranet and in discussions with managers.

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			
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			
1st protocol Article 2 – Right of access to education			

Please outline: any actions you will take to **promote awareness of human rights** *and* • **evidence** that human rights have been taken into consideration in **decision making** processes.	Human rights are central to the delivery of health and social care which is fair, respectful, equitable, and provided with dignity at its core. As a public authority, Belfast Health & Social Care Trust must ensure its actions are in accordance with human rights law. The Trust is committed to the principle that everyone has the fundamental right to the highest attainable standard of physical and mental health.

	Human rights considerations are a key part of the Trust's decision-making processes and are essential to guiding the organisation through this pandemic The Trust is committed to fulfilling its human rights obligations. The Service Delivery pan aims to balance the need to protect life whilst also stepping up and delivering services which are safe, effective and compassionate. We are cognisant of the fact that our duties under human rights law have not changed and that any changes must be lawful i.e. proportionate, necessary and motivated by legitimate public health goals. Article 2 of the Human Rights Act (HRA) 1998 determines that the Trust has a positive obligation to take appropriate steps to safeguard the lives of its population and workforce. Article 8 of the Human Rights Act protects the right to private and family life, home and correspondence. Article 8 also covers the principles of Respect and Dignity. Article 8 HRA is a 'qualified' right, meaning it that may be interfered with in order to protect the rights of others or the wider public interest. The Trust's response to the very serious and life-threatening risks associated with the pandemic resulted in restrictions on the enjoyment of Article 8 rights in a number of ways – for example, restrictions to visiting, stepping-down of services such as Day Centres for service users with disabilities and reducing the provision of respite care. The Trust deemed such a response to be proportionate and justifiable in an attempt to limit the spread of the virus and decisions were based on guidance from Government which was guided by medical and scientific expertise. Service Delivery Plan represents the next stage of the Trust's incremental re-opening of services. However, the Trust recognises that some services will continue to have reduced capacity because of clinical, patient or staff safety issues, or physical and workforce constraints and that there are still some restrictions in place across directorates to differing extents such as the aforementioned Day Centres, respite care settings etc. It can be concluded, therefore, that whilst the Plan represents a

	progression in rights protections, it is acknowledged that Article 8 is still engaged as access to services, such as those named, is still restricted, compared with pre-COVID-19. These restrictions are legal, necessary, and have a legitimate aim; the Trust believes the restriction on Article 8 therefore to be proportionate and is working to progressively realise the full enjoyment of this right for all in line with public safety requirements. The Service Delivery Plan incorporates the restriction to visiting as outlined in the Visiting Guidelines which were produced regionally. Depending on the surge level at any one time restrictions on visiting exist albeit there are exemptions and local discretion can apply. The Trust recognises that restricting access to visits will significantly restrict the Article 8 rights patients and family members/carers, which upholds the right to family life. The Trust deems that this is a proportionate and justifiable response and has introduced other measures to lessen the impact of the restriction such as the patient hub, visiting outside residential and nursing homes, facilitating online communication etc. These are all detailed thoroughly in the separate screening document. Visiting Guidelines have been produced regionally, which outline a range of restrictions on visiting in hospital and health care settings depending on the surge level at any one time. The Guidelines received a separate Equality Screening (available on the Trust's website), but it is pertinent to mention in this document that the Trust is cognisant that visiting restrictions are ongoing and to note the subsequent human rights implications of this. Whilst visiting restrictions were eased somewhat, the current arrangement does not permit the level and frequency of visitors as was the case pre-COVID-19. The Trust recognises that restricting access to visits will significantly restrict the Article 8 rights patients and family members/carers, which upholds the right to family life. The Trust deems that this is a proportionate and justifiable response and has introduced other measures to lessen the impact of the restriction such as the patient hub, visiting outside residential and nursing homes, facilitating online communication etc. These are all detailed thoroughly in the separate screening document. 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, are of limited duration, respectful of human dignity, subject to review, and proportionate to achieve

	the objective. The emergency powers set out in the Coronavirus Act are unprecedented, far reaching and severely limit freedoms. 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 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. Given the impact of COVID-19 on people who have a disability, the Trust is mindful, in its decision-making and in the stepping-up of its services, of Article 11 of the United Nations Convention of the Rights of Persons with a Disability: 'States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.' Belfast Trust staff work within the ethical guidelines the Department of Health recently published the Covid-19 Ethical Advice and Support Framework. An important underlying principle of the Framework is that of compassion. In every instance, the desire to maximise the benefits to the population must be balanced with the duty to care for each individual and to treat others as we would wish to be treated. The Framework also stipulates that all clinical staff should act in accordance with professional guidance and in accordance with their legal obligations including

	equality and human rights obligations. Key messages for all HSC staff stated in the Framework include: • Everyone matters. • Everyone matters equally – although this does not mean that everyone is treated the same. • The interests of each person are the concern of all of us, and of society. • The harm that might be suffered by every person matters, and so minimising the harm that a pandemic might cause is a central concern. • Where there are high demands on finite resources, individuals should receive the best care possible, while recognising that there may be a competing obligation to the wider population with each individual case being weighed on its merits. The Trust is committed to ensuring that accurate and up-to-date information about the virus, access to services, temporary service disruptions, reintroduction of services and other aspects of the response to the outbreak are all readily available and accessible to all. As Belfast Trust refocuses on how we deliver our services during from April onwards, we recognise that COVID-19 is likely to be with us for some time. Our Plan to reinstate our services must be incremental to ensure flexibility and agility, should we need to respond to a further surge. This Service Delivery Plan aims to deliver services on an incremental basis for those most in need, our absolute priority whilst keeping our patients, service users and staff safe. This calls for a careful balance with safety requirements, including maintenance of social distancing guidelines and the impact this will have on physical space, workforce availability, theatre capacity and PPE availability. Data relating to all these factors will continue to be scrutinised on a regular basis to inform our management decisions. Human rights training is available throughout the year for any staff member who wishes to attend. Bespoke human rights training sessions can be delivered for staff groups on demand and a large number of resources relating to human rights in health and social care can be made available by the Equality and Planning team. Mandatory Equality training for staff and Managers also covers the area of human rights.

Section 8: Screening Decision **(8.1) How would you categorise the impacts of this policy / proposal?** (Please underline one category) Mitigation is outlined in detail in section 4.1 (service users) within the following themes: Mitigation is outlined in detail in section 4.2 (staff) within the following themes: Some of the measures within the plan will be subject to individual screening to fully explore the impact in their own right and to shape appropriate and meaningful mitigation		**Major** (Screened In for an Equality Impact Assessment)	**<u>Minor</u>** **<u>(Screened Out with mitigation)</u>**	**None** (Screened Out)
(8.2) If you have identified any impact, what **mitigation** have you considered to address this?	Mitigation is outlined in detail in section 4.1 (service users) Mitigation is outlined in detail in section 4.2 (staff) Some of the measures within the plan will be subject to individual screening to fully explore the impact in their own right and to shape appropriate and meaningful mitigation			
(8.3) Do you consider the policy/proposal needs to be subjected to **on-going screening?**	**Yes** **X**	**No**	**Reasons** In line with our equality commitments we will however review this screening if any unanticipated adverse impacts are realised during the course of the phase of the plan**.**	
(8.4) Do you think the policy/proposal should be subject to an **Equality Impact Assessment (EQIA)?** 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.	**Yes**	**No** **X**	**Reasons** As per 8.3	
Section 9: Monitoring **(9.1)** Please detail how you will **monitor** the effect of the	In line with our equality commitments we will however review this screening if any unanticipated adverse impacts are realised during the course of the plan.			

policy/proposal for impact in terms of **equality of opportunity**, **good relations, disability duties** and **human rights?**	The Trust will subject this plan to on-going monitoring on a continuous basis to ensure that the impact is not more significant than initially anticipated. The Trust will share this completed screening template on the Trust's website. The Trust is also committed to undertaking individual screenings and impact assessments on certain measures within the plan. Any temporary changes that the Trust intends to make permanent will be subject to the requisite level of equality screening or impact assessment in accordance with our statutory Section 75 duties. As previously indicated, some of the measures contained within this plan will be subject to an individual equality screening when deemed necessary.

Please sign /date and forward to the Equality and Planning Team for consideration - 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.

Approved Lead Officer	Charlene Stoops	**Countersigned by:**	
Position	Director of Performance Planning and Informatics	**Equality Manager**	Louise Neeson
Date	14.06.2021	**Employment Equality Manager**	Martin McGrath