

# Equality, Good Relations and Human Rights SCREENING TEMPLATE

**\*\*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	Trust's Strategic response to outbreak of Covid 19 Pandemic						
(1.2) Status of policy/proposal <i>(please underline)</i>	New		Existing		Revised		
(1.3) Department/Service Group: <i>(please underline)</i>	Corporate Services Group <i>(Please specify)</i>	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</b></p> <p>On 11<sup>th</sup> 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. Currently, there are no therapeutics or vaccines proven to treat or prevent COVID-19. Data from across the world indicates that for people who have Covid19, 40% will experience mild disease, 40% will experience moderate disease including pneumonia, 15% of people will experience severe disease, and 5% will have critical disease. Currently 213 countries have been affected by Covid 19 with approximately 217, 769 deaths to date due to the virus.</p> <p>As a result the Health and Social Care sector is facing unprecedented pressures in their primary aims to:</p> <p>(i) safeguard lives by reducing the further spread of the Covid-19 virus; and to</p> <p>(ii) prevent the HSC system from becoming overwhelmed due to the Covid-19 pandemic and the</p>						

demands this is placing on the whole HSC system.

**Regional Response**

The Health and Social Care sector, Belfast Trust and the wider HSC sector continues to examine all options as we adapt to the challenges posed by the outbreak of Covid-19. Reflection, evaluation and learning are key components of Belfast Trust's strategic response to the outbreak and will help inform the response to further waves of the pandemic

The Health Protection (Coronavirus Restrictions) Regulations 2020 were made in response to the serious and imminent threat to public health posed by the incidence and spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in Northern Ireland. The Department of Health considers that the restrictions and requirements imposed by these Regulations are proportionate to the legitimate aim of saving lives, reducing mortality rates and controlling the transmission rates in NI.

**Belfast Trust Response**

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 (comprising the Medical Director, Interim Operations Director, Co-Director Older People's Services and Deputy Director of Nursing) 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.

What we know is that COVID19 has and will severely challenge all of our services especially given an already stretched workforce, particularly in areas such as respiratory services and ICU where the most seriously ill COVID-19 patients require hospital treatment etc. In addition, community services delivered to particularly vulnerable groups such as people with poor mental health and/or a learning disability and/or those older people who rely on staff are difficult to maintain/provide given the clear guidance from government around social distancing etc (not an exhaustive impact list).The Covid-19 Emergency has already resulted in our having to adopt new ways of working to balance the challenges of securing the health and wellbeing of the most vulnerable people in our community, with ensuring that we continue to deliver high quality and safe patient/client services. During an emergency situation, such as a pandemic, Trust service areas will focus on essential work only, in order to maximize the number of staff available to deal with the emergency situation itself, to deliver safe effective and compassionate clinical care.

To ensure we can effectively protect the safety of our patients and staff and cater to the ever-increasing pressures this virus is placing on health and social care, the Trust has prepared a surge plan to reconfigure our services and have already made arrangements to postpone all non-urgent elective appointments in order to free staff up for additional training. In parallel the regional workforce appeal and other associated workforce measures (e.g. volunteering, deployment of final year nursing and

medical students, call for retired employees to return to service etc) will increase capacity within the Trust and across the wider HSC.

The Trust has and is continuing to work closely with the Department of Health, the Health and Social Care Board, the Public Health Agency and with General Practitioners in Primary Care to deliver a robust and cohesive, integrated partnership approach to tackling the pressures of Covid 19.

Covid 19 pandemic affects all of our services across both community and acute sectors. However, regardless, Belfast Trust is mindful of our HSC values of working together, delivering excellence, being open and honest and at all times delivering compassionate safe and effective care which respects differences and values everyone.

The following measures have been taken to try to best deal with the demands and consequences of Covid 19 and have had to be undertaken with the utmost urgency to protect life and address urgent public health matters. Urgent changes and modified ways of working have been essential across the system at both an acute and community level to ensure that there is sufficient capacity within the system to meet the expected increase in demand from patients contracting COVID-19 during this period. The drivers for change include creating separate facilities for COVID and non-COVID services, bringing together services to make the best use of available clinical capacity, higher than usual staff absence, and ultimately to provide and maintain a high standard of clinical care for patients.

**BHSCT response to Covid 19 : Acute Services Covid 19 planning and preparedness across Acute services include:**

1. At an early stage the Trust took the decision to stand down **outpatient and routine elective** work to release staff to meet the increasing clinical needs of COVID-19 patients and to prevent patients coming to hospital sites for appointments. Where possible, clinicians have used telephone appointments to reduce the impact for patients.
2. Establishing specialist COVID-19 areas was identified as a priority by the Trust before the first patient presented. Initially, a **dedicated ward in the RVH** was reconfigured and staffed to treat the first few COVID-19 patients in Northern Ireland. The RVH site, including the regional ICU, has largely been protected for non-COVID-19 patients up to this point. The RVH Emergency Department has been redesigned to segregate patients, and patients with COVID-19 are transferred to the Mater or BCH sites
3. **Designation of Mater Hospital as the Trust acute Covid 19 hospital**  
The Trust in the first instance designated the **Mater Hospital** as the acute Covid-19 hospital. From Tuesday March 24 at 12pm, all respiratory ambulance admissions within the Belfast Trust

area were diverted to the Mater Hospital and the Emergency Department closed to walk in admissions from 8am on Tuesday. Additional resources, including experienced medical staff were redeployed from other areas in the Trust to support the anticipated higher level of activity on the Mater site

#### **4. Designation of Belfast City Hospital Tower Block as Regional Nightingale Hospital**

The Department of Health subsequently designated Belfast City Hospital's tower block as Northern Ireland's first Nightingale Hospital - for the anticipated surge of Covid 19 patients requiring intensive care in the weeks ahead. This is a 230 bed regional facility staffed by a team drawn from across Northern Ireland and will mean that a proportion of current non-Covid patients in the Tower Block receive their care in an alternative location within Belfast Trust area.

Establishing the Nightingale facility required "significant temporary reconfiguration of existing critical care provision" across the hospital network. Access to BCH direct has been temporarily stood down to help deliver the necessary capacity for the Nightingale Hospital.

#### **5. Changes to Cancer Services**

Safe and effective care remains the Trust's top priority and as such there has been *little impact* in terms of emergency work. The following is noted:

- A reduced chemotherapy and radiotherapy service continues to be provided in the Cancer Centre based on individual patient presentation and risk/benefit balance of treatment at this time. This approach involves identifying those interventions within each cancer sub-speciality (tumour site) which have the highest impact on reducing mortality/morbidity, and conversely those interventions that could reasonably be delayed with an acceptable level of risk.
- The Northern Ireland Cancer Centre has been reconfigured to accommodate regional haematology inpatient and outpatient services on Level 3; Oncology inpatient & supporting services on Level 2.

HSC has secured the use of three Independent Sector hospitals across NI and, from 6 April, this capacity has been used to support the continued delivery of urgent cancer diagnostics, surgery and treatment.

- The Oncology Bridgewater Suite services has been relocated to the Ulster Independent Clinic and the comprehensive Haemophilia Centre and the VTE(Venous thromboembolism) and Warfarin Services have been relocated to Bradbury Health and Wellbeing Centre.

6. **Dialysis** treatment continues, however, in keeping with other programmes nationally, the renal transplant service is paused at present.

7. The **ENT and Dental services** have moved to emergency services only and teaching in the dental school is suspended

**8. Relocation of Rheumatology and Dermatology Services**

Our Dermatology Services at BCH have been temporarily relocated to RVH site and our Rheumatology services have been temporarily relocated to MPH site from BCH. Nephrology and Transplant services continue on BCH site.

9. Other **temporary service relocations** include:

Relocation of Fracture surgery to Musgrave Park Hospital from the Royal Victoria Hospital. All elective orthopaedic service is suspended, the trauma service is ongoing but significantly reduced.

Relocation of Hepato-Pancreato-Biliary HPB surgery from the Mater site to the Royal

10. **Increase in age limit of children attending Royal Belfast Hospital for Sick Children** The Royal Belfast Hospital for Sick Children has increased the age of the children that are seen and treated – this has gone from 14 – 16. Virtual and Rapid Response Clinics for outpatient children’s appointments have been introduced.

**11. Royal Jubilee Maternity Services**

In terms of the Royal Jubilee Maternity Services, planned births continue to be delivered here and the neonatal cots are operational as normal. Women who require surgery during early pregnancy are being prioritised. All antenatal education is being virtually facilitated to ensure that women are equipped with the necessary skills and knowledge to prepare them for childbirth whilst keeping them away from an acute hospital setting and minimising risk of spreading the virus. Community midwifery continues as normal. Regional fertility services are suspended. GUM has moved to a telephone and postal service.

**BHSCT response to Covid 19 : Community Service**

## **Covid 19 planning and preparedness across Community Services include:**

### **1. Additional capacity in the community**

2. The Trust has worked to secure additional beds in the community or other premises to fulfil anticipated demand. To date, some 150 beds for Covid patients, who require interim care have been secured in the Ramada Hotel and a further 145 non-Covid beds in Care Homes have been secured and there are an additional 15 Covid beds secured in Nursing Homes. This facility will primarily be utilised for patients discharging from hospital who have a COVID-19 positive diagnosis and are in the recovery phase of the illness. However, it may also be utilised for community clients who may require step up care.

### **Temporary closure of Trust Day Centres**

Following government social distancing guidance, all eighteen Trust Day Centres were closed over a period of days after risk assessments were completed and keeping in touch plans were put in place. Service users were kept informed of what was happening in terms of the Day Centre and about Coronavirus generally by staff using accessible and inclusive methods of communication eg easy read. Staff were especially sensitive when dealing with service users with emotional difficulties and behaviour that challenges. Some service users opted to self isolate and not attend centres in the lead up to temporary closures.

3. **Covid 19 Community Assessment Centre** As of Monday 30th March, Beech Hall Health and Wellbeing Centre was re-designated as a Primary and Community Care COVID-19 Centre. It is envisaged that the Trust and GPs will work to establish more of these centres as required across the city. All other services provided at Beech Hall will be temporarily stood down. The centre will provide services for:

- patients who have symptoms of COVID-19 and who are at higher risk of complications
- those described as having moderate or severe symptoms and who require clinical assessment

It is for those who do not meet the criteria for Emergency Department assessment or inpatient admission. The centre is open from 8am to 10pm, Monday to Sunday and is run by senior community nurses and facilitates a team of GPs to see or consult on average 40 to 50 patients a day with COVID-19 symptoms referred by GP practices and decide on appropriate treatment and pathways including hospital.

### **4. Community Co-Ordination Centre**

A Community Co-ordination Centre has been developed to ensure that there is ongoing, accessible and responsive social care & welfare support to vulnerable people in partnership with local Community & Voluntary sector.

Social work staff, in partnership with the GP Federation Support Unit and the Community Development Team, established this Centre, which is open every day from 8am to 10pm. Staff are working with British Red Cross, local community and voluntary groups, the independent sector and Belfast City Council to ensure that service users receive the support they require, including food, fuel and medications. They also provide a listening ear to many people living in isolation. A community development and health team has been assigned to support these crucial services. Six staff are supporting the community coordination unit and eight staff are supporting the joint co-ordination centre with the Council, PHA and community and voluntary sector. Dedicated staff are working with Roma and BME to offer support and advice.

#### **5. Mental Health Services**

Mental health inpatient services continue as normal, however outpatient services are mainly being delivered by teleconference and video, with face to face being minimised. Accelerated plans for a step down unit for community rehabilitation have been implemented. Mental health professionals predict that there will be a significant surge in demand for their service post lockdown given the impact isolation will have on individuals and families.

#### **6. Adult Community Services**

A number of rapid service changes and development have been required in adult community services to ensure that the almost 7,000 vulnerable service users in older people and learning disability divisions, as well as those not known to the Trust, who become symptomatic or ill with COVID-19 receive safe, compassionate and effective care.

#### **7. Children's Community Services**

Belfast Trust Children's Community Services has developed a surge plan in conjunction with the other four Trusts' Children's Services and the HSCB. Alongside this surge plan, a regional action card has been developed and kept under review to ensure a consistent approach across the region in relation to the provision of children's services and how these would be prioritised during COVID-19. This has supported a reduction of face to face visits, based on robust risk assessments, and an increased use of alternative methods of keeping in contact with children and young people and their carers e.g. by telephone, Skype, Microsoft teams and Facetime etc. Direct visits are still being undertaken for some child protection visits where there are concerns of breakdown either at home or within foster placements. Initial child protection case conferences are taking place via Microsoft teams and the timing of review case conferences

and looked after children (LAC) reviews is based on robust risk assessment.

### **Additional Planning and Preparedness Initiatives**

#### **1. Testing Centres**

Boucher Road COVID testing centre sample testing is expanding in line with PHA/DoH requirements and Regional Virology Laboratory currently receive work from: Health Care Workers, Civil Servants, Independent Sector Workers and Nursing Home Residents..

#### **2. Nurse led acute care at home service**

The Acute Care at Home service is now delivered by nurses to allow medics to focus on treatment and care of Covid patients. A testing pod has been established at Old See House.

#### **3. Establishment of Covid 19 Rapid Response Team**

A Covid Rapid Response Team has been established to support hospital flow and to try to prevent avoidable hospital admission. This team has been operationalised to respond to COVID-19 symptomatic patients living in their own homes, consisting of district nursing, AHPs and dedicated COVID-19 home care staff.

#### **4. Community Care**

In terms of Community Care, all non-essential work has been temporarily stopped. Community teams continue home visits to urgent & most at risk and robust monitoring arrangements have been put in place for the most vulnerable.

#### **5. Telephone/Virtual appointments**

There was a direction that outpatient clinics where possible should be telephone or skype and so many appointments and essential information provision has been provided via telephone to try to curb the spread of the infection and to maintain social distancing.

#### **6. Changes to visiting**

Visiting has been significantly restricted to try to minimise the spread of the virus. This is applicable to both acute sites and residential settings and nursing homes.

#### **7. Workforce** - recently retired HSC staff are being encouraged to come back into the workforce. This measure combined with the regional workforce appeal is designed to provide additional capacity at this challenging time. Final year nurses and doctors have also joined the workforce

	<p>to support their colleagues in the fight against the Covid-19 virus.</p> <p>Some Trust staff will need to be redeployed and reskilled to respond to emerging demands and to support e.g. the independent care home sector.</p> <p><b>National / Regional / Local Challenges</b></p> <p>The pace and scale of change required is unparalleled and one of the greatest challenges faced by our HSC System. The overriding priority at this time is protection of life. The surge plan for Belfast Trust will be dynamic and will change to respond to the need. It is envisaged that the first peak of the pandemic will come during April 2020. The precise scale is difficult to exactly predict, and is being determined on the best available intelligence and is constantly under review utilising available medical evidence, data, research and emergent trends/experience from other jurisdictions/countries.</p> <p>It is envisaged that there may be further waves of Covid 19 and this will require responsive and fast pace decisions to be made. The Trust is mindful of the need to have an agile and flexible programme to reinstate some services and then stand them down in response to future outbreaks of the virus. Therefore the aforementioned list of measures is not exhaustive and further measures will be taken on as and when required.</p>
<p><b>(1.5) Who owns the policy/proposal?</b> Where does it originate? 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 community sector or others.</p>	<p>Actual/potential service users, patients, carers, staff, Trade Unions, general public, community and voluntary sector, professional bodies</p>
<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 engaged with Trade Unions. Cross sectoral consultation with other HSC Trusts, Public Health Agency, the Health and Social Care Board, the Department of Health</p> <p>Belfast Trust is 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</p>

	Policy and does not allow for the normal standards of PPI or Co-Production.
<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>  For example: Financial, legislative</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>   <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>
<p><b>Section 2: Classification of the Policy / Proposal</b></p>	

- 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?	√	
(2.2) Are there better <b>opportunities</b> to promote equality of opportunity for people within the S75 categories?	√	√
(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?		√
(2.4) Are there <b>opportunities</b> to better promote good relations between people of a different religious belief, political opinion or racial group?		
(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)	√	
(2.6) Does the policy/proposal <b>impact</b> on <b>Human Rights</b> ?	√	
*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.**

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, [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.

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](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				
Equality 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 temporary reconfiguration and cessation of some services across Belfast Trust required to deal with the demand as a result of Covid-19. 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.</p> <p>As people age the likelihood of having a long-standing illness increases (Melzer et al., 2015) A (limiting) long-standing illness is defined as any long-term illness, health problem or disability for which there is currently no cure (that limits an individual's daily activities). Examples include: diabetes, cardiovascular diseases (e.g. hypertension, angina) and chronic respiratory diseases (e.g. asthma, chronic obstructive pulmonary disease (COPD)) (Wright, Rosato, &amp; O'Reilly, 2017). The proportion of people with multi-morbidities among those aged 65-74 is 46%. This proportion increases to 69% among those aged 85+ (Kingston, Robinson, et al., 2018). Multi-morbidity increases the likelihood of hospital admission, length of stay and likelihood of readmission, raises healthcare costs, reduces quality of life, and increases dependency, polypharmacy and mortality (Kingston, Robinson, et al., 2018).</p> <p>There is evidence to demonstrate that older people are more vulnerable to succumbing to Covid 19 and may become seriously ill, thus the direction for the over 70s to self-isolate in an attempt to protect them and mitigate the spread of severe acute respiratory syndrome coronavirus. It is probable that older people will be differentially and adversely impacted by the temporary reconfiguration and cessation of some Trust services.</p>

<p><b>2. Dependent Status</b></p>	<p>Caring for a child dependant older person/ person with a disability</p>	<p>12% of usually resident population provide unpaid care - 36% of whom are male and 64% are female</p>	<p>The temporary reconfiguration of many services and cessation of some services will impact adversely on those with caring responsibilities – notably the closure of day centres and the significant restrictions and in some cases, complete cessation of visiting to acute hospitals and nursing and residential homes.</p> <p>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.</p> <p>Older carers for people with learning disability are likely to be significantly impacted by the closure of day centres...80% live with family carers with many residing with an older family carer (age 60 year plus) as people with LD in NI are living longer. (Taggart 2016)</p>
<p><b>3. Disability</b></p>	<p>Yes No</p>	<p>21% 79%</p>	<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. 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. 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. Due to the nature of the services provided by Belfast Trust, and the fact that people who have a disability are more likely to engage with or use their local health and social care provider, it is reasonable to say that this temporary reconfiguration and cessation of some services by Belfast Trust will most likely impact on people with a disability differentially. People with underlying health conditions have been directed to shield for 12 weeks given their increased likelihood of experiencing more severe symptoms if they contract Covid 19.</p> <p>Emergency Departments remain available to everyone and so people with disabilities have the same access to the range, quality and standard of health care as other people....</p>
<p><b>4. Gender</b></p>	<p>Female Male</p>	<p>49% 51%</p>	<p>Research shows that while men and women contract the virus at similar rates, there is a higher mortality rate in males. According to <b>Global Health 5050</b>, men have accounted for 64 percent of deaths from COVID-19 globally as of March 27. It is not envisaged that the temporary reconfiguration and cessation of some services across Belfast HSC Trust which is required to cater for the unprecedented demand as a result of Covid 19 would impact differentially or negatively on the basis of the gender alone.</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 temporary reconfiguration and cessation of some Belfast HSC Trust services, which is required to cater for the unprecedented demand as a result 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>Recent NHS England statistics shows that Black, Asian and minority ethnic patients face a disproportionately at higher risk of coronavirus and have a disproportionately higher mortality rate.</p> <p>Of the 2,249 critical patients registered in the UK up to April 3, 13.8 percent were recorded as "Asian", 13.6 percent as "Black" and 6.6 percent as "Other", a report by the Intensive Care National Audit &amp; Research Centre (ICNARC) revealed. BME communities, represent about 13 percent of the population in the UK whereas in Northern Ireland, BME communities are officially recorded as 2 per cent of the population</p> <p>The NHS Confederation Member briefing in April 2020 looked at The impact of COVID-19 on BME communities and health and care staff.</p> <p>Key points of the briefing include:</p> <ul style="list-style-type: none"> <li>• Emerging evidence suggests that COVID-19 is having a disproportionate effect on people from BME backgrounds.</li> <li>• Co-morbidities and socio-economic status are being put forward as possible explanations for the high number of people from BME backgrounds affected, but it is important not to assume that correlation equals causation.</li> </ul>
<b>7. Religion</b>	Roman Catholic	41%	There is nothing to indicate that the temporary reconfiguration across many of Belfast HSC Trust services, which is required to cater for the unprecedented demand as a result of Covid-19, would impact differentially or negatively on the basis of the religious belief of a service user.
	Presbyterian Church of Ireland Methodist Other Christian	42%	<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. On the basis of the information available, there is nothing to indicate that these changes would engender any adverse impact in regard to the promotion of good relations.</p>

<p><b>8. Political Opinion</b> Based on Council seats on Belfast City Council, October 2017. Excludes Castlereagh</p>	<p>Buddhist Hindu Jewish Muslim Sikh Other None</p> <p>DUP SF SDLP UUP APNI Green PBP IND PUP</p>	<p>17%</p> <p>13 19 4 6 8 1 1 5 3</p> <p><i>Based on Council seats on Belfast City Council * Excludes Castlereagh</i></p>	<p>There is nothing to indicate that the temporary reconfiguration and cessation of some Belfast HSC Trust services, which is required to cater for the unprecedented demand as a result of Covid-19, would impact differentially or negatively on the basis of a service user's political opinion.</p>
<p><b>9. Sexual Orientation</b></p>	<p>Opposite sex Same sex Same and Opposite sex Do not wish to answer /Not known</p>	<p>Estimated 6-10% of persons identify as lesbian, gay, bisexual</p> <p><i>Source: 2012 report by Disability Action &amp;</i></p>	<p>There is nothing to indicate that the temporary reconfiguration and cessation of some Belfast HSC Trust services, which is required to cater for the unprecedented demand as a result of Covid-19, would impact differentially or negatively on the basis of a service user's sexual orientation.</p>

		<i>Rainbow Project</i>	
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**(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](#) 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](#)

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 workforce (@January 2019)	Staff affected by the Policy/Proposal %	

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 the FAQ's developed by PHA, 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 conducted a survey to identify and address any unmet child care needs for any employees affected. We have provided over 1600 childcare places to key workers.</p>
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

				<p>the staff member and their line manager.</p> <p>Important information on Covid-19 is available on the Trust's website in Easy Read format.</p>
4. Gender	Female Male	77% 23%	All	<p>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.</p>
5. Marital Status	Married/ Civil P'ship Single Other/ Not known	52% 32% 16%	All	<p>All staff should adhere to strict social distancing advice/guidance.</p>
6. Race a) Ethnicity	BME White Known  Not	4% 72% 25%	All	<p>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.</p>

b) Nationality	GB Northern Irish Other Not known	Irish 18% 11% 2% 1% 68%	All	n/a
<b>7. Religion</b>	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 religious belief Not known	No 28% 9% 62%	1%  All	n/a
<b>8. Political Opinion</b>	Broadly Nationalist Broadly Unionist Other not wish to answer/ Unknown Not known	Do 6% 8% 79%	7%  All	n/a
* 2011 Assembly election				

<b>9. Sexual Orientation</b>	Opposite sex	41%	All	All staff should adhere to strict social distancing advice/guidance.
	Same sex or both sexes	2%		
	Do not wish to answer	57%		

#### 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	
<b>Age</b>	√			Belfast Trust recognises the significant impact resulting from these temporary changes for older people, carers and those with a disability. In normal circumstances, any one 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 with the introduction of the Belfast City Tower Block as the Nightingale Hospital and the urgency of the situation will not permit meaningful public consultation.  The Covid-19 Emergency has already resulted in our having to adopt new ways of working to balance the challenges of securing the health and wellbeing of the most vulnerable people in our community, with ensuring that we continue to deliver high quality and safe patient/client services. During an emergency situation, such as a pandemic, Trust service areas will focus on essential work only, in order to maximize the number of staff available to deal with the emergency situation itself, to deliver safe effective and compassionate clinical care
<b>Dependant Status</b>	√			
<b>Disability</b>	√			
<b>Gender</b>		√		
<b>Marital Status</b>		√		

<b>Race (Ethnicity)</b>		√		<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 immediately to protect public health and/or safety</i>”. This temporary reconfiguration and cessation of some services clearly is in response to protecting lives, public health and safety in response to the Covid19 pandemic. Belfast Trust is cognisant of the need to continually consider and mitigate any potential adverse impact where possible. This Trust will subject the plan to an on-going screening to monitor the impact of the temporary measures on a continuous basis to ensure that the impact is not more significant than initially anticipated and the frequency and urgency with which changes are required to address the demands of the pandemic. The Trust will proactively share this completed screening template with its extensive section 75 database of approximately 600 consultees and it will also be a publicly available document, available to view on the Trust’s website.</p> <p>The mitigation provided to date is as follows. It is important to acknowledge that the Trust will continue to review the impact of the temporary reconfiguration and cessation of some services and introduce further measures to lessen any unanticipated negative impact:</p> <p><b>Governance:</b> A robust governance and assurance framework has been implemented with daily reports ‘sitreps’ being produced to ensure that all the changes are being regularly monitored and assessed. The Covid 19 Overview Group liaises directly with Executive Team. These arrangements are being carefully coordinated across all levels of the Trust to exercise appropriate and effective governance through robust planning at Trust and system level, strong leadership and effective communication.</p> <p><b>Chief Executive</b> The Chief Executive participates in call with other Chief Executives and HSCB three times a week and has a twice weekly call with the Permanent Secretary and other policy leads in Gold Command. This ensures that there is robust planning and delivery at system level and that all parties have early sight of key issues so as they can be addressed at an early stage.</p> <p><b>Executive Team</b> There is an Executive Team call every day to review the daily Sitrep, and to receive updates</p>
<b>Religion</b>		√		
<b>Political Opinion</b>		√		
<b>Sexual Orientation</b>		√		
<b>Multiple Identity e.g. disabled minority ethnic people or young Protestant men.</b>	√			

			<p>from the COVID-19 team, the Community subgroup and members of Executive Team. An action plan is maintained and updated at each meeting.</p> <p><b>Workforce group/TU Engagement</b> A workforce group has been established and comprises senior managers/co-directors from each directorate as well as Trade Union representation.</p> <p><b>Community Planning &amp; Preparedness</b> A community COVID-19 group is chaired by the Co-Director of Older People's Services and coordinates information pertaining to community services, including children's services, mental health and community learning disability</p> <p><b>Adult Community Services</b> There are ongoing weekly meetings and daily contact with adult community divisional teams alongside weekly regional directors' meetings focusing on the specific issues in care homes and domiciliary care day services to ensure information sharing, learning and mutual support. Intensive COVID-19 Adult Community preparation commenced in late February, which included:</p> <ul style="list-style-type: none"> <li>➤ Assessment of readiness</li> <li>➤ Preparation of COVID-19 business continuity plan</li> <li>➤ Development of detailed action cards for staff teams covering care homes, supported living facilities, dementia ward, day centres and domiciliary care</li> <li>➤ Communication plan developed targeting service users, carers, staff, trade unions and independent sector partners</li> <li>➤ Twice weekly meetings bringing learning disability and mental health senior staff together to ensure good communication and common approaches</li> <li>➤ Early meetings held with Belfast City Council and community and voluntary sector to begin developing multi agency welfare COVID-19 response</li> <li>➤ Hosting two well attended workshops in early March with the independent sector care home and domiciliary care agencies. These sessions were used to share the COVID-19 actions cards, summarise the emerging guidance from PHA/PHE, reinforce the need for good infection prevention control, offer training which was taken up, establish baseline PPE supplies in the independent sector and agree models of support and communication during the pandemic</li> <li>➤ Establishment of central supply point in Knockbracken Health Care Park to supplement and distribute PPE to the independent sector. All providers were provided with an initial</li> </ul>
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			<p>emergency supply pack. This system has been very effective and has met all requests in a timely way to date.</p> <p><b>Communication:</b> Regular communication with the Permanent Secretary, the Department of Health, the Health and Social Care Board, the Public Health Agency and other HSC Trusts is imperative to ensure that all parties are working together as a system and all have sight of key issues.</p> <p><b>Ethical considerations:</b> The Trust Clinical Ethics Committee (CEC) has been working to provide advice and support in issues arising due this exceptional time including providing support to other Trusts establishing their own CECs as a result of COVID-19 by helping to develop regional guidance/decision-making criteria and participating in Regional Ethics calls and preparing for potential cascade of guidance/frameworks/resources for BHSCT clinicians once agreed</p> <p><b>Information Provision:</b> When downturn activity, timely information is key and so there was notification to all Clients and Services along with a public message issued through Corporate Communications regarding notifications of change of outpatient appointments. 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. The Trust short film on Staying at Home to save lives by the Respiratory Team is now featured on television and has proved to be impactful in getting the message across.</p> <p><a href="https://www.bing.com/videos/search?q=belfast+trust+advert+stay+at+home&amp;&amp;view=detail&amp;mid=0FE1A643AAEB508617CA0FE1A643AAEB508617CA&amp;&amp;FORM=VDRVRV">https://www.bing.com/videos/search?q=belfast+trust+advert+stay+at+home&amp;&amp;view=detail&amp;mid=0FE1A643AAEB508617CA0FE1A643AAEB508617CA&amp;&amp;FORM=VDRVRV</a> Alternative formats on information about Covid have been uploaded on the Trust website including easyread, translated Black and Minority Ethnic languages and Sign Language.</p> <p>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.</p> <p><b>Telephone/Virtual appointments:</b> Where possible, clinicians have used telephone appointments to reduce the impact for patients. Within the first 55 days of the pandemic in Northern Ireland, Belfast Trust conducted some 12,000 outpatient consultations by 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</p>
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			<p>information provision. A temporary 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. The system is being established via HSCB with assistance from British Deaf Association (BDA)</p> <p>The Recovery College has started to run virtual events to help provide support for the mental health of people in the community.</p> <p><b>New Patient Enquiry Hub</b> Given that visiting has been significantly restricted and in the majority of cases stopped, a new patient enquiry hub has been developed and is operational 7 days a week to allow relatives and loved ones to access information about how a patient is doing. Visiting may be granted in exceptional circumstances.</p> <p><b>Expansion of community facilities</b> Over 500 people were seen and treated in our community Covid 19 assessment centre at Beech Hall in the first 55 days thus alleviating the need for them to go to an acute hospital site unless deemed clinically necessary.</p> <p><b>Reconfiguration</b> Services to deal with the Covid 19 virus are being consolidated in the Mater Hospital as the acute Covid hospital for Belfast Trust and more recently the Belfast City Hospital Tower Block has been designated as the Nightingale Hospital for the region. Non Covid services from the acute perspective will remain at the Royal Group of Hospitals. Capacity has been increased for the provision of Intensive care beds at the Belfast City Hospital from 13 to 230 to help deal with Covid 19 patients.</p> <p>Community infrastructure has been further developed to help accommodate people who do not need acute hospital admission or no longer need acute care. This capacity will be further increased as demand necessitates. General Practitioners and Trust staff are working collaboratively to ensure that there is partnership working to address the demands of the pandemic.</p> <p>Social work staff have set up a Community Coordination Centre, open every day 8am-10pm. Staff are working to ensure that service users receive the support they require, including food, fuel &amp; medications. The Health Improvement and Community Development teams are</p>
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			<p>working to support BME and Roma Community.</p> <p>Services have worked hard to identify and support those most in need and ensure that there are robust arrangements in place to support individuals at this time- as previously indicated, this has happened in Adult Community and Older People’s Services and Mental Health Services and Children Community Services. Notably those people who are longer able to go to the day centres and may experience feelings of isolation, regular calls are scheduled to engage with them.</p> <p>VIP’ lanyards for services users with a learning disability/autism have been developed for use by service users &amp; their families while out doing exercise, shopping or attending appointments as the self isolation and social distancing restrictions have been eased.</p> <p>Domiciliary care provision will continue and the Trust is working to develop a community coordination centre, to provide social care and welfare support in partnership with community and voluntary sector.</p> <p><b>Carer Support</b></p> <p>The response to carers has taken the form of key information/ communications with all relevant Trust staff who work with service user carers, and the call for creativity on the use of carer grants/use of IT platforms to contact carers for emotional support. This work has now further benefited from a HSCB/five-Trust approach, led by HSCB. A communication has now gone out to be sent out by respective Trusts to their carer/ community stakeholders across the system with a point of access person in each of the Trusts for carers to contact.</p> <p><b>Communication support and information in alternative formats</b></p> <p>A Communication plan has been developed targeting service users, carers, staff, trade unions and independent sector partners.</p> <p>Effective communication support is provided to people from BME communities who are not proficient in English via the Northern Ireland Health and Social Care Interpreting Service and Big Word Telephone Interpreting service.</p> <p>Information about Covid 19 is translated into many different languages, and is in British Sign language and is transcribed into easyread for people with a learning disability.</p> <p>All reasonable adjustments are facilitated to ensure that people with any communication support needs can access information.</p> <p>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. These actions are under constant review and as required further mitigation will be</p>
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				<p>implemented.</p> <p>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.</p>
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**(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		<p>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 his 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.</p> <p>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</p> <p>The Trust will also aim to:</p> <ul style="list-style-type: none"> <li>o 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> </ul>
<b>Dependant Status</b>			X		
<b>Disability</b>			X		
<b>Gender</b>			X		
<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	<ul style="list-style-type: none"> <li>o Observe the need to consider reasonable adjustments for those with disabilities;</li> </ul>
<b>Multiple Identity</b> e.g. female staff with caring responsibilities		X		<ul style="list-style-type: none"> <li>o 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>o 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>o 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>o 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>o 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>• <b>Workforce</b> <ul style="list-style-type: none"> <li>o Maintaining safe staffing levels with appropriately trained staff to provide safe, effective and compassionate care to patients and clients 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>o 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 Human Resources</li> <li>o 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. Where it is reasonably possible to do so, a person is expected to work from home</li> <li>o 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</li> </ul> </li> </ul>

			<p>promoting uptake of our Work Life Balance &amp; childcare initiatives to all staff irrespective of gender.</p> <ul style="list-style-type: none"> <li>o Many staff have transitioned back to former clinical roles 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. A central redeployment team has also been established to support the redeployment of non-clinical staff. • <b>Recruitment</b></li> <li>o Final year medical and nursing students have started their careers earlier than usual this year in order to bolster the workforce during the COVID-19 pandemic. Final year social work students have also completed their course early and will be taking up their posts in early May 2020.</li> <li>o A very successful workforce campaign has been carried out by HR to enhance overall workforce capacity across all professional groups including a regional workforce appeal, significant engagement with universities and call out to retirees. This has generated the following: <ul style="list-style-type: none"> <li>o HSC Workforce Appeal: 11,104 completed applications across HSC. This converts to 3,170 applications to BHSCT (750 clinical and 2420 support roles). HR have processed 108 applicants for clinical roles and 91 applicants for support roles: the service has commenced 14 medical staff and 10 qualified nurses as at 17 April 2020.</li> <li>o Retirees and Returners: 45 recently retired staff have expressed an interest in returning to assist the Trust on a short term basis, including 10 consultant staff. Start dates are being agreed.</li> <li>o Final year nursing/midwifery students : 190 commenced on payroll (QUB/UUJ/OU)</li> <li>o Final Year Medical Students: FY1s are due to start their medical careers 12 weeks earlier than planned: we are anticipating approximately 100 newly qualified doctors to commence post early May.</li> <li>o Final Year Social Work Students - to start from 5 May 2020</li> <li>o Medical Student Technicians (3rd and 4th year QUB medical students): 95 allocated (151 applied via expression of interest)</li> </ul> </li> </ul>
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			<ul style="list-style-type: none"> <li>• <b>Canteen and Carparking</b> <ul style="list-style-type: none"> <li>o On 24 March 2020, the Trust’s Executive team took the decision to allow free parking across our sites to staff and visitors, mainly as a goodwill gesture to staff in response to their efforts. This was followed by a Ministerial announcement that monthly payments for parking made by staff through their payroll would be waived between April and June.</li> <li>o In line with other UK Trusts, in order to avoid money handling and potential spread of the virus, to ensure adequate food and hydration for staff who are generally working longer shifts in exceptionally difficult circumstances, and to reduce crowding in ward coffee rooms and rest rooms, the Trust’s Executive Team took the decision at the end of March 2020 to provide free food to staff in our canteens. The practice has now been adapted by other Trusts across Northern Ireland.</li> <li>o An out of hours service is provided for staff working at night and at the weekend. Canteens have a less varied selection, a grab and go service is available to assist with social distancing, and the Trust is utilising donations from supermarkets to give to staff. Services are being kept under review to ensure adequate social distancing is maintained, guidance is displayed for staff as an aide memoire. • <b>Childcare Support for Staff</b></li> <li>o Mitigation will propose to support working parents in the screening at this time is and will be reviewed on an ongoing basis given the fluidity of the situation.</li> <li>o On 24 March 2020, the Trust issued an on-line survey to staff with regards the childcare needs of our frontline workers. Additionally contact was made with line managers and Trade Union colleagues to contact those staff off work, without access to Trust e-mail, to get in touch with the Improving Working Lives Team in HR if they had any childcare issues. This has resulted in 850 requests for support with childcare to date.</li> <li>o HR, in partnership with Early Years Intervention Team have made contact with 820 of the 850 families who registered their details and discussed their childcare needs on an individual basis. At 27 April 2020, this resulted in 1,165 sessions of care being established within those daycare providers already under contract with BHSCT Social Services.</li> <li>o Further sessions will be operational in the coming weeks with other providers of up to 250 more places. We are actively progressing our plans for opening our annual childcare scheme which will provide 208 full time places each day. We plan to open this in June 2020. • <b>Staff Safety &amp; Wellbeing</b></li> </ul> </li> </ul>
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			<ul style="list-style-type: none"> <li>o 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>o The Trust has taken a number of measures to respond to staff concerns and ensure their safety and wellbeing as follows: <ul style="list-style-type: none"> <li>• Social Distancing</li> </ul> </li> <li>o 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/Shielding</li> <li>o The Trust has followed 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 require 'shielding' due to medical conditions, pregnancy or those over the age of 70</li> <li>o The Trust prepares a daily report on staff absenteeism 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>o 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. <ul style="list-style-type: none"> <li>• <b>Personal Protective Equipment</b></li> </ul> </li> <li>o 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>o 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. However, this has been complicated by the fact that there have been a number of changes in the type of masks available to the Trust and the need to re-test staff for different masks.</li> </ul>
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			<ul style="list-style-type: none"> <li>• <b>Staff Testing/Labs facilities</b> <ul style="list-style-type: none"> <li>o The Belfast Trust Regional Virology Laboratory (RVL) has increased their testing capacity and turnaround times since COVID-19 planning began. They developed a testing platform in February and capacity has been increased from 360 tests per week then to 8,516 tests per week as at 18 April. This has allowed the Trust to test staff as well as patients in line with regional testing guidance. At present, there is sufficient capacity to test all staff (or family members) suspected of having COVID-19 and deemed appropriate for testing. This position may be subject to change due to rationing of testing kits by Public Health England.</li> </ul> </li> <li>• <b>Staff accommodation</b> <ul style="list-style-type: none"> <li>o Staff accommodation has been organised by the Trust for staff who, for any reason, cannot live at home or cannot return home between shifts. Accommodation and meals are funded by the Trust with competitive rates negotiated with a local hotel. Where long term accommodation is required, the Trust will review other options such as apartments to ensure value for money.</li> </ul> </li> <li>• <b>Communications</b> <ul style="list-style-type: none"> <li>o 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>o 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>o 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><input type="checkbox"/> Daily staff brief which includes PHA or other regional updates and staff advice and support</li> <li><input type="checkbox"/> Weekly newsletter for elected representatives alongside public liaison daily enquiries</li> </ul> </li> </ul> </li> </ul>
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				<p>from MLAs</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Daily news update and proactive news agenda</li> <li><input type="checkbox"/> HR guide and FAQ shared with staff and 'AskHRCOVID-19' email established</li> <li><input type="checkbox"/> Daily COVID updates to Executive Team and regular updates to the Chair and to other non-executive directors through Trust Board briefings.</li> <li><input type="checkbox"/> Regularly updated COVID page on Trust website and Hub microsite</li> <li><input type="checkbox"/> Central point of contact established for procurement queries/proposals and donations</li> <li><input type="checkbox"/> 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><input type="checkbox"/> Signposting of staff to help and support, including COVID-19 and confidential psychological helplines</li> <li><input type="checkbox"/> A regional wellbeing framework went live in April to provide support for all HSC staff</li> <li><input type="checkbox"/> The Chief Executive has ensured that there is Trust Board member visibility on main sites and in the community.</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	

<b>Religious belief</b>			√	<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. 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>
<b>Political opinion</b>			√	
<b>Racial group</b>		√		

<b>Section 6: Disability Duties</b>	
<p>How does the policy / proposal:</p> <ul style="list-style-type: none"> <li>• <b>encourage disabled people to participate in public life</b> <i>and</i></li> <li>• <b>promote positive attitudes towards disabled people?</b></li> </ul> <p>Consider what <b>other measures</b> you could take to meet these <b>duties</b>.</p> <p><i>For example, have staff received disability equality training.</i></p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>The Trust has ensured that both internal and external members of the Disability Steering Group have been regularly communicated with in terms of the changes and the assistance and support that is available. This helps to ensure that their respective networks are also informed and able to access support.</p> <p>The Trust is mindful of the impact of the Covid-19 virus on vulnerable groups including older</p>

	<p>people many of whom have a disability. The Trust is closely following Government advice on social distancing and shielding in seeking to preserve and promote the health and well-being of staff and services users. To provide for the communication needs for persons with sensory loss - a new temporary remote sign language interpreting service was launched on Friday 24 April 2020. This service enables British Sign Language (BSL) and Irish Sign Language (ISL) users to access NHS111 and Health and Social Care (HSC) services during the COVID-19 pandemic, 24 hours a day, 7 days a week. This temporary service has been established to enable the Deaf community to communicate effectively via telephone and secure video link. Important information as also been produced in Easy Read for ease of access.</p>
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**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	√		
A3: Right to freedom from torture, inhuman or degrading treatment or punishment			√
A4: Right to freedom from slavery, servitude & forced or compulsory labour			√
A5: Right to liberty & security of person			√
A6: Right to a fair & public trial within a reasonable time			√
A7: Right to freedom from retrospective criminal law & no punishment without law			√
A8: Right to respect for private & family life, home and correspondence.		√	
A9: Right to freedom of thought, conscience & religion			√
A10: Right to freedom of expression			√
A11: Right to freedom of assembly & association		√	
A12: Right to marry & found a family		√	
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			√
1 <sup>st</sup> protocol Article 2 – Right of access to education			

Please outline: The Trust recognises that our response to this public health emergency cannot be unfettered

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.

and must comply with human rights obligations. ✓

The Trust is committed to the principle that everyone has the fundamental right to the highest attainable standard of physical and mental health. The Trust is taking this course of action to try to protect life in the face of the Covid19 pandemic. In addition to the Human Rights Act 1998 the Trust remains committed to its obligations under UN Convention on the Rights of People with disabilities, UN Convention of the Rights of children, and the Convention of elimination of all forms of discrimination against women and the International Covenant on Economic, Social and Cultural Rights

In terms of the Human rights Act, under Article 2, public authorities not only have to refrain from intentional and unlawful deprivation of life, but must also take appropriate steps to safeguard the lives of those within their jurisdiction.

The Trust recognises that significantly restricting and in some cases, stopping access to visits will significantly restrict Article 8, which upholds the right to family life. The Trust deems that this is a proportionate and justifiable response to try to limit the spread of the virus.

Article 11 is also restricted in that the recommended social distancing means that gatherings or assemblies of people are not permissible at present.

The temporary cessation of access to fertility services restricts Article 12 for those who require additional support to become pregnant however the service will be reinstated when it is clinically safe to do so.

The Trust acknowledges these restrictions and would stress that these are proportionate in achieving a legitimate aim and will be time limited. The restrictions will be kept under constant review and will be lifted as soon as it is clinically safe to do so.

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. 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.

The World Health Organisation has confirmed the prevention of the spread of Covid 19 and preserving the life and health of those affected or under threat of infection, particularly the most vulnerable are legitimate aims. 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.

The Trust is committed to resuming normal service provision as soon as it practicable and safe to do so and that these restrictions will only be applied for as long as is necessary to reach the objective of curbing the spread of the pandemic. Such decisions will be taken in accordance with the DOH, PHA and HSCB. The Trust acknowledges that there may be further waves of Covid 19 outbreak and will need to have an agile plan to upscale service provision and downturn it to focus on any further waves.

***\* The Trust is following strict Government advice on social distancing/isolation/shielding in the greater public health interest.***

***\*\*The general public, during the Covid-19 pandemic, are being encouraged to continue to available of HSC provision as normal e.g. GPs, ED services, Children and Child Protection services, Cardiac services, Mental Health services etc to protect and safeguard their ongoing health and wellbeing.***

<p><b>Section 8: Screening Decision</b></p> <p><b>(8.1) How would you categorise the impacts of this policy / proposal?</b> (Please underline one category)</p>	<p><b>Major</b></p> <p>(Screened In for an Equality Impact Assessment)</p>	<p><b>Minor</b></p> <p>(Screened Out with mitigation)</p>	<p><b>None</b></p> <p>(Screened Out)</p>
<p><b>(8.2)</b> If you have identified any impact, what <b>mitigation</b> have you considered to address this?</p>	<p><b>As outlined in 4.1 and this will continue to be kept under continuous review as the surge plan measures are escalated.</b></p>		
<p><b>(8.3)</b> Do you consider the policy/proposal needs to be subjected to <b>on-going screening?</b></p>	<p><u><b>Yes</b></u></p>	<p><b>No</b></p>	<p><b>Reasons</b></p> <p>In normal circumstances, these proposals would automatically be screened in for an EQIA and full public consultation. Due to the state of clinical emergency, the exceptional context the imminent risk to life and the immediate need to implement these measures to protect public health, it is not possible to publicly consult on the plans and we as a Trust are taking the most pragmatic and prudent approach to our Section 75 duties by publishing and proactively sharing this completed screening template with all of our stakeholders to demonstrate our ongoing focus on the dual statutory responsibilities. . All of the aforementioned measures have been taken to prevent further spread of Covid 19 and to alleviate the consequences and have need to be undertaken to protect life and therefore with the utmost urgency.</p> <p>The surge plan measures to address this urgent public health matter will be kept under review and where necessary and feasible, further mitigation will be introduced to lessen any unanticipated adverse impact, The Trust remains committed to delivering safe, effective and compassionate services to its population and is assured that the measures undertaken are</p>

			necessary, proportionate and justified to address the unprecedented demand arising from the Covid 19 pandemic.
<p><b>(8.4)</b> Do you think the policy/proposal should be subject to an <b>Equality Impact Assessment (EQIA)</b>?</p> <p>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.</p>	<b>Yes</b>	<b>No</b>	<b>Reasons</b>
<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 and human rights</b>?</p>	<p>Robust monitoring arrangements are key in overseeing and reviewing the impact of the measures. The COVID team has been established and operates in a similar fashion to an incident management team, coordinating information and updates from each directorate on a daily basis to inform decision making at Trust level and to inform a report to Silver Command (HSCB &amp; PHA) every day for onward submission to Gold Command (DOH). Executive Team has a daily meeting to review:</p> <ul style="list-style-type: none"> <li>➤ Daily activity</li> <li>➤ Assess capacity to deliver ongoing services,</li> <li>➤ Staff availability and safety</li> <li>➤ Provision of PPE stocks and usage</li> <li>&gt; Receive a report from COVID-19 Oversight team</li> <li>➤ Decision making and identify issues for further escalation</li> </ul> <p>The key outworkings of the COVID-19 team are:</p> <ul style="list-style-type: none"> <li>&gt; Comprehensive surge plans to inform regional surge plans. These are reviewed and updated regularly.</li> <li>➤ Daily Sitrep report which includes information from each directorate on key issues across hospital and community settings, including the number of COVID-19 patients, numbers ventilated, number of deaths, available beds, staff absence, staff numbers tested, PPE fit testing, stocks and usage. The sitrep report is used to inform daily Silver and Gold discussions.</li> <li>➤ Input into a daily call with Silver Command (HSCB) to highlight key risks or concerns which are then fed into the Gold Command call.</li> <li>➤ Operational leadership of Trust hospital and community operations to manage the developing COVID-19 situation, including changes to</li> </ul>		

	<p>infrastructure, engagement of external accommodation or facilities, expansion and retraction of services, workforce planning and communications.</p> <p>The production of daily sitreps enables the surge plan measures to be kept under review and where necessary and feasible, further mitigation will be introduced to lessen any unanticipated adverse impact, The Trust remains committed to delivering safe, effective and compassionate services to its population and recognises the importance and need to effectively monitor any anticipated or actual equality impacts of policies and to give due regard to the need to promote equality of opportunity.</p> <p>Given the nature of the surge plan, all initiatives are temporary in nature and the Trust will endeavour to return all services to normal when it is safe and practical to do so. Such decisions will be guided by scientific and medical advice and evidence. The Trust acknowledges that after this initial peak has passed, future waves of the Covid 19 virus are foreseen and so it will have to develop the agility to initiate certain services and stand them down again on a temporary basis depending on the scale of the pandemic.</p> <p>The Trust is 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 of these arrangements permanent.</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>	Dr Cathy Jack	<b>Countersigned by:</b>	
<b>Position</b>	Chief Executive	<b>Equality Manager</b>	Orla Barron

<b>Date</b>	6 <sup>th</sup> May 2020	<b>Employment Equality Manager</b>	Martin McGrath
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