

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	Changes to Eye Casualty Service resulting from the COVID-19 pandemic						
(1.2) Status of policy/proposal <i>(please underline)</i>	<u>New</u>		<u>Existing</u>		<u>Revised</u>		
(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	<u>Surgery & Specialist Services</u>	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>Background:</p> <p>COVID-19 has brought many changes to how health and social care is delivered across Northern Ireland, and beyond.</p> <p>Belfast Trust Eye Casualty needs to change how it delivers services due to the restrictions resulting from the COVID-19 pandemic, in order to protect the health and safety of both staff and patients.</p> <p>The Trust is committed to providing right care at the right time in the right place. The aim is to ensure safe and timely access and care for those patients who need urgent specialist eye care, both currently and through the pandemic recovery period. The proposed changes are temporary in nature at this point and will be monitored and reviewed regularly moving forward. Should the arrangements be extend, all obligations under Section 75 of the Northern Ireland Act will be adhere to.</p> <p>Prior to COVID-19, patients who developed an eye problem from across Northern Ireland came to the Royal Victoria Hospital and waited in a queue to receive treatment. It was a Type 2</p>						

emergency eye care facility. Eye Casualty provided a regional service for patients who required emergency or urgent eye care. Opening hours were:

Monday to Friday: 9.00am – 5.00pm

Weekends and Public Holidays: 8.30am – 1.00pm

Eye Casualty was a walk-in emergency service; patients could also be referred by their GP, Optometrist or could self-refer.

Pre-COVID-19, Approximately 20,000 patients are seen per year in Eye Casualty. Eye Casualty witnessed significant increases in walk-ins over time.

Changes to Eye Casualty resulting from COVID-19:

As a direct result of the COVID-19 pandemic, on **1st June 2020** the Belfast Trust Eye Casualty service **changed from a “walk in” to a “referral only”** emergency eye service, and for clarity and further promotion of service changes, the service has been renamed the ‘Eye Emergency Referral Clinic (‘EERC’).’ This means that members of the public who acquire an eye problem should attend their GP, local Pharmacist or a local Opticians which operates a scheme called ‘NI PEARS’ (Northern Ireland Primary Eye-care Assessment and Referral Service), so that they can be seen locally, at the right time, reducing the number who have to travel to Royal Victoria Hospital in Belfast and thereby avoid waiting in the hospital to be seen. The aim of NI PEARS is to make best use of local optometrist’s, clinical skills and equipment, expanding its primary care role to treat more people closer to home, freeing capacity in general medical practice and in secondary care clinics and Eye Casualty. This is in line with Ministerial Vision outlined in “Health & Well Being 2026 - Delivering Together”. There are over 200 NI PEARS providers across Northern Ireland. A full list of these, including addresses and telephone numbers can be found on the BSO website here - <http://www.hscbusiness.hscni.net/services/nipears.htm> The full list can be downloaded in PDF format [here](#)). Almost all NIPEARS appointments are available free of charge.

It is important that the EERC has the capacity to see complex urgent cases in a timely manner; that it prioritises and treats trauma or serious patients and that less complex cases can be safely treated elsewhere. Audits showed that approximately 60% of patients seen at Eye Casualty could be resolved at an external source, thereby avoiding the need to travel to the

RVH in Belfast. This way, the Service can ensure that it can prevent crowding across the clinic and maintain the necessary social-distancing and measures required by law as a result of COVID-19.

For more serious eye problems, GP or NI PEARS Optician will refer patients directly to Eye Casualty (now EERC), and patients will be given a date and time to attend. Clinic times are as before, and out of hours arrangements have not been affected by the change to the service. These remain as the RVH Emergency Department, local Emergency departments / emergency care facilities. And if required, access to the Ophthalmology on-call team 27-7.

Anticipated outcomes of this service change:

- Agreed appointment slots throughout the day ensure Ophthalmic clinicians review, diagnose and treat patients within KPI of 4 hour target, including weekends.
- Ensure staff are utilised efficiently and effectively during agreed department opening hours (e.g. 08.30-18.00 weekdays, 08.30-14.00 weekends).
- Reduce number of attendances who do not require the Service and ensure timely diagnosis and treatment/management achieving KPI that 95% of patients are discharged within 4 hours.

An improved referral-only system would mean that those who require Eye Casualty receive treatment they need in a timely manner, and those people who do not need to visit Eye Casualty are not spending time doing so when they can instead avail of appropriate treatments elsewhere, in a location closer to home.

Other impacts:

This proposal will impact on service users who will now access emergency eye care differently, and on Trust staff who deliver Eye Casualty service at present.

Belfast Trust Emergency Department and other regional Emergency Departments are likely to be impacted by this service change. There have been ongoing discussions with multiple staff members in RVH Emergency department. Clinical Directors have met and discussed changes. An EERC lead nurse visited the Emergency department on multiple occasions to supply

posters and leaflets to educate and increase awareness of the service change. These leaflets (See Appendix 1) are handed out to relevant patients. Junior Doctors from EERC aim to attend consultant meetings in the Emergency Department moving forward in order to regularly remind staff of the changes. A Doctor from Ophthalmology is leading on 2 QIP programmes, working with an Emergency Nurse Practitioner to increase education and communication to staff in respect of NIPEARS and how to assess and treat eye conditions with the use of a new proforma which will be piloted in RVH Emergency department before being rolled out to other Emergency Departments regionally.

In the planning of the service changes, it became apparent that there is a potential impact on people who are not registered with a GP as patients must be registered with a GP in order to access NI PEARS services. This is covered in sections 3.1 and 4.1 below.

Communication:

Regular and effective communication with Eye Casualty staff has been core to this work. The assistant Service Manager met individually and collectively with all staff members prior to any changes being undertaken. Trade Unions were involved. It was apparent that staff were finishing work much later than they were supposed to and the increasing demand for Eye casualty service was putting pressure on staff. All staff agreed that the system had to change and all were in favour of a referral-type service. A survey was carried out with staff at 3 different time-points, before, during and shortly after go-live, which clearly showed that all staff agreed that the new system is an improvement.

Central to ensuring the success of the new way of working, a widespread communications effort was undertaken by the HSCB, aimed at the general public and targeted campaigns to GP surgeries, Optometrists and Pharmacies informed people that in the event of a serious, unexpected eye incident, a person must visit their GP, Optician (who is registered with the NI PEARS scheme) or Pharmacist. In the event that the GP or NI PEARS Optometrist cannot provide the level or nature of care required, they will directly refer the patient to EERC, using a new dedicated telephone line. E-mail triage is also now available as a result of these changes to the service and has proven to work successfully in facilitating improved communication between referrers and EERC staff.

Significant work has been undertaken with the Health & Social Care Board in their role as commissioners of the NI PEARS service to ensure communication of the new system with all

	<p>stakeholders including Community Optometrists, GPs and Pharmacies.</p> <p>In terms of Trust-led communication to service users:</p> <p>Posters were created to advise patients of the service changes. These are displayed in the RVH. Examples can be seen in Appendix 2.</p> <p>Leaflets and posters created specifically for Emergency Departments – shared with ED for onward distribution (See Appendix 1)</p> <p>A video was created to explain how the new service works. The video can be viewed here and a subtitled version is available.</p> <p>Belfast Trust website was updated to advise of the new arrangements as follows: https://belfasttrust.hscni.net/service/eye-emergency-referral-clinic/</p> <p>Social media – Twitter and Facebook updates</p> <p>Regional News outlets also covered the changes to Eye Casualty including the BBC Northern Ireland Covid live-updates page.</p>
<p>(1.5) Who owns the policy/proposal? Where does it originate? For example: DoH / HSCB</p>	<p>Director, Surgery & Specialist Services, Belfast Health & Social Care Trust</p>
<p>(1.6) Who are the main stakeholders affected (Internal and External)? For example: actual or potential service users, carers, staff, other public sector organisations, trade unions, professional bodies, independent, voluntary or community sector or others.</p>	<p>Eye Casualty Staff & Management Potential Eye Casualty service users, parents, carers, family members NI PEARS providers Local Optometrists GP Surgeries Pharmacies Emergency Departments (to include Minor Injury Units) Trade Unions Social Workers and other Community referrers</p>
<p>(1.7) Provide details of how you involved stakeholders, views of colleagues,</p>	<p>A 'trial' of the new system was undertaken on a small scale to ascertain how a triage and appointments-based system would work in practice.</p>

<p>service users, staff side or other stakeholders when screening this policy/proposal.</p>	<p>Service Users: The Eye Casualty Clinical Lead audited attendances to Eye Casualty on a Monday morning, which is usually one of the busier sessions of the week. He was specifically auditing where the patient was referred from/or if self-referral 'walk-in', what their presenting complaint is, duration of complaint, and what they had done to this point with the presenting complaint etc. The patient was effectively being triaged at reception and if they were not suitable for EERC, they were advised of support services available where they can attend, primarily the NIPEARS optometrists service set up to support EC, or also pharmacy/GP services. Six patients were carefully selected each Monday morning over a period of 6-8 weeks. Their consent to be involved was obtained and they were followed up with by the Clinical Lead to ensure they have been seen at a support service and that they have had their issue accordingly dealt with.</p> <p>Feedback received was very positive. Patients were offered to remain in EERC if they did not wish to leave, however feedback indicated that patients are more than happy to go to support services as this avoids a 3-4 hour wait in the hospital. The main objective in this audit was to ensure patient safety and therefore the Clinical Lead followed up with patients at a 4-week interval to again ensure they have had no recurring issues, and to demonstrate that support services can diagnose, treat and resolve issues for patients without them needing to re-attend EERC. The audit demonstrated the safety of NIPEARs/support services, thus ensuring that the overall service changes would be successful.</p> <p>Staff:</p> <p>Trade Unions have been engaged and were content with the new arrangements given the anticipated positive impact on staff. As referenced above, individual and collective staff meetings were held and staff were kept informed of all changes.</p>
<p>(1.8) Other policies/strategies with a bearing on this policy/proposal For example: internal or regional policies</p>	<p>Emergency / Pandemic Planning in Preparation for COVID-19 Containment and Surge New Directions Health & Well Being 2026 - Delivering Together</p>
<p>(1.9) Are there any factors that could contribute to/detract from the intended aim/outcome of the</p>	<p>Factors regarding the full implementation of the policy include:</p> <p>Lack of awareness/understanding of the service changes -</p>

<p>policy/proposal? For example: Financial, legislative</p>	<ul style="list-style-type: none"> Regular and continuous awareness raising campaign with all stakeholders is crucial to ensure that the new system works efficiently. Regular updates for members of the public to increase awareness <p>Other partners such as NI PEARS optometrists' capacity to treat.</p> <p>The need for a clear pathway for service users who are not registered with a GP and who would previously have relied on Eye Casualty, and who are now not eligible for NI PEARS.</p> <p>Feedback received from service users as the changes are rolled out and monitored</p>
--	--

Section 2: Classification of the Policy / Proposal

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

Screening Questions	Yes	No
(2.1) Is there an impact on Equality of Opportunity for those affected by this policy, for each of the S75* equality categories?	✓	
(2.2) Are there better opportunities to promote equality of opportunity for people within the S75 categories?	✓	
(2.3) Does the policy impact upon Good Relations between people of a different religious belief, political opinion or racial group?		✓
(2.4) Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?		✓

(2.5) Are there opportunities to encourage Disabled People to participate in public life and promote positive attitudes toward disabled people? (Disability Duties)		✓
(2.6) Does the policy/proposal impact on Human Rights ?		✓
*S75 equality categories include : Age, Dependent Status, Disability, Gender, Marital Status Ethnicity, Religion, Political Opinion and Sexual Orientation.		

Screening Statement

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

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

(2.7) Screening Statement :

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

- ☐ It is a purely clinical or technical nature and has **no relevance** or **impact (actual / potential)** in terms of **equality of opportunity, disability duties, good relations and human rights**.
- ☐ It aims to standardise practice and / or achieve best practice based on current evidence.
- ☐ **Reasonable adjustments** will be made for patients/service users as required including any information e.g. leaflets / letters in accessible/alternative formats

NB: Accessible/ Alternative formats can include, for example, information in easy to read formats or audio formats when the patient/service user has a learning disability or is visually impaired. For advice on making information accessible and inclusive for disabled patients/service users, see

the [Making Communication Accessible guidance](#). In addition, if a patient/service user does not speak English as his/her first language, an interpreter / sign language interpreter should be provided and written information should be translated as appropriate.

☐ Any other reasons: Please detail.

Approved Lead Officer:
Position:
Date:

Countersigned by*:
Equality Manager:
Date:

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

***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 %																															
1. Age	0-15	22%		<div>Symphony Data for 2019 indicates the following:</div> <table><tr><th>Age Band</th><th>Attendances from Jan-Aug 2018</th><th>%</th></tr><tr><td>0-12</td><td>479</td><td>4.06</td></tr><tr><td>13-17</td><td>232</td><td>1.96</td></tr><tr><td>18-27</td><td>1140</td><td>9.66</td></tr><tr><td>28-37</td><td>1690</td><td>14.32</td></tr><tr><td>38-47</td><td>1588</td><td>13.45</td></tr><tr><td>48-57</td><td>2092</td><td>17.73</td></tr><tr><td>58-67</td><td>2068</td><td>17.52</td></tr><tr><td>68-77</td><td>1552</td><td>13.15</td></tr><tr><td>78-87</td><td>800</td><td>6.78</td></tr></table>	Age Band	Attendances from Jan-Aug 2018	%	0-12	479	4.06	13-17	232	1.96	18-27	1140	9.66	28-37	1690	14.32	38-47	1588	13.45	48-57	2092	17.73	58-67	2068	17.52	68-77	1552	13.15	78-87	800	6.78
	Age Band	Attendances from Jan-Aug 2018			%																													
	0-12	479			4.06																													
	13-17	232			1.96																													
	18-27	1140			9.66																													
	28-37	1690			14.32																													
	38-47	1588			13.45																													
	48-57	2092			17.73																													
	58-67	2068			17.52																													
	68-77	1552			13.15																													
	78-87	800			6.78																													
	16-24	11%																																
	25-34	12%																																
	35-44	14%																																
45-54	14%																																	
55-64	12%																																	
65+	15%																																	

				<table><tr><td>88-97</td><td>155</td><td>1.31</td></tr><tr><td>98-107</td><td>6</td><td>0.05</td></tr></table> <ul style="list-style-type: none">• This was a total of 11,802 service users in an 8 month period.• Data shows that the greatest percentage of service users were aged 28-77• 56% of service users were aged 48+• 6.02% were children under the age of 18. <p>Most service users fall into the older age categories, with 56% of those being aged 48 or above. Whilst there may be more older patients impacted, there is nothing to suggest such an impact would be adverse. The service will ensure communication and processes are tailored to ensure they are accessible for older service users.</p> <p>EERC is in regular communication with Paediatric Ophthalmology services to ensure that child emergency cases can continue to be seen at EERC staff where appropriate for the foreseeable future. It is common that such patients present to the RBHSC Emergency Department, which then makes contact with EERC or the out of hours team.</p>	88-97	155	1.31	98-107	6	0.05
88-97	155	1.31								
98-107	6	0.05								
2. Dependent Status	Caring for a child dependant older person/ person with a disability	12% of usually resident population provide unpaid care - 36% of whom are male and 64% are female	Assume 12% of attendees have caring responsibilities	Due to the requirement to ensure social distancing in the hospital setting, it is no longer viable for family members to accompany a patient into Eye Casualty. As such, this may have an impact on a person who requires a carer, however exceptions are permitted in certain circumstances (See Section 4.1 below).						

3. Disability	Yes No	21% 79%	Statistically, one in five people has a disability so it can be assumed that this figure would be an accurate representation for Eye Casualty patients.	<p>There is nothing to suggest a differential or adverse impact on the grounds of disability. People attending Eye Casualty generally do so because of a new or unforeseen problem with their eyes, for example, resulting from an accident or trauma (as opposed to a sight impairment) and are usually not known to the service as a result of a long-term eye condition.</p> <p>If a person with a disability attends Eye Casualty, the no-visitor rule will be waived to ensure the patient receives the support required from a carer or family member.</p>
4. Gender	Female Male	49% 51%		<p>Data provided by the Trust's Information Team indicates that from 01/04/2019 to 31/03/2020, the breakdown of attendances to Eye Casualty were as follows:</p> <p>Female – 8689 = 49.5% Male – 8861 = 50.5%</p> <p>Therefore there is not a differential impact in terms of gender.</p>
5. Marital Status	Married/Civil P'ship Single Other/Not known	34.21% 46.6% 19.19%	Assume attendees at Eye Casualty will reflect the overall population	There is nothing to suggest a differential or adverse impact on the grounds of marital status.
6. Race Ethnicity	White Black/Minority Ethnic	98% 2%		<p>Data provided by Belfast Health & Social Care trust indicates that during the Calendar year 2019, the percentage of people attending the RVH Eye Casualty without a health and care number (HCN) recorded on the system was 2.2% (13,661 with a HCN and 307 with no HCN recorded).</p> <p>Whilst it is difficult to obtain specific data on people without a HCN,</p>

				<p>anecdotally it is reasonable to suggest that a percentage of such people may ordinarily reside outside Northern Ireland. Asylum seekers and refugees also do not have access to a health and care number when they first arrive in Northern Ireland and this process can take several weeks.</p> <p>To that end, it can be inferred that this proposal may have a differential impact on people who are not registered with a GP, and who may be from black/minority ethnic communities.</p>
7. Religion	Roman Catholic	41%		There is nothing to suggest a differential or adverse impact on the grounds of religion.
	Presbyterian Church of Ireland Methodist Other Christian	42%		
	Buddhist Hindu Jewish Muslim Sikh Other None	17%		
8. Political Opinion Based on Council seats on Belfast City Council, October 2017. Excludes Castlereagh	DUP SF SDLP UUP APNI Green PBP IND PUP <i>Based on Council seats on Belfast City Council * Excludes</i>	13 19 4 6 8 1 1 5 3		There is nothing to suggest a differential or adverse impact on the grounds of political opinion.

	Castlereagh			
9. Sexual Orientation	Opposite sex Same sex Same and Opposite sex Do not wish to answer /Not known	Estimated 6-10% of persons identify as lesbian, gay, bisexual <i>Source: 2012 report by Disability Action & Rainbow Project</i>		There is nothing to suggest a differential or adverse impact on the grounds of sexual orientation.

(3.3) Quantitative and Qualitative Data: Staff

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

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

Qualitative Data: Consideration will be given to the different needs, experiences and priorities of each of the categories in relation to the policy / proposal. Should any equality / modernisation related issues arise they will be managed through the Organisational Change Framework. [Click here for Framework](#) . 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.

**A total of 97 staff are affected by this screening.
The staff are from within Nursing, Professional and Technical and Medical and Dental personnel areas.**

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%	1% 23% 21% 33% 22% 1%	<p>There is a higher proportion of staff in Eye Casualty over the age of 45 compared to the Trust workforce overall, (+9%) representing 56% of staff in Eye Casualty.</p> <p>The Service should be mindful that staff of all ages are at risk from infection and spread of the COVID-19 virus. Those in the older aged categories 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. PHA, PHA & Department of Health have developed guidelines for HSC Staff and these are applied accordingly.</p>
2. Dependant Status	Dependants No Dependents Not known	20% 16% 64%	32% 15% 53%	<p>There is a higher proportion of staff who state they have a caring responsibility (+12%) compared to that of the Trust Profile 20%.</p> <p>Staff should be aware that the Trust has a wide range of flexible working provisions to support staff through this challenging time along with special leave arrangements.</p> <p>We have implemented a range of bespoke, tailored solutions for pregnant staff including individual risk assessments and identifying alternative ways of working to safeguard their health and wellbeing. All staff over 28 weeks pregnant are either supported to work from home if appropriate and or shield at home to safeguard their health and wellbeing and that of their unborn child.</p> <p>The Trust developed an on-line podcast whereby HR & Maternity services</p>

				<p>co-delivered advice for pregnant staff during COVID-19 in response to a range of queries from managers and staff. This has been widely circulated and was viewed by thousands of users on a range of social media.</p> <p>In terms of the proposed changes to EERC, it is anticipated that staff with caring responsibilities will benefit from this change on the grounds of their caring status, as shift times, which were known to run late under the previous system due to late walk-ins, are anticipated to finish promptly under the new arrangement.</p>
3. Disability	Yes No Not known	2% 63% 35%	5% 72% 23%	<p>There is a higher proportion of staff who state they have a Disability (+3%) compared to that of the Trust Profile 2%.</p> <p>Regional HR Agreement was reached and ensures that staff absences resulting from COVID-19 will not count in the management of sickness in reaching trigger points. This continues to be kept under review. This applies to staff with or without a disability.</p> <p>The Trust is supportive of staff who have particular concerns around COVID -19 and the impact on any pre-existing conditions. Reasonable adjustments are considered and implemented to further safeguard staff and in so doing, the Trust will continue to draw on support and advice from its Occupational Health Department in collaboration with the staff member and their line manager and external disability organisations as appropriate. Information on COVID -19 is available on the Trust's website in Easy Read format.</p>
4. Gender	Female Male	77% 23%	69% 31%	<p>A lower proportion of female staff (-8%) compared to the Trust workforce 77% overall, representing 69% of the workforce in the Eye Casualty Service.</p> <p>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</p>

				<p>up-to-date information and support.</p> <p>Psychological support together with the Trust's Chaplaincy service are available to staff. Support is also available from the Trust's HR, Improving Working Lives Team, Health Promotion Team, Psychology Services, Staff Care, Belfast Recovery College, Bereavement Coordinator, Trade Union colleagues 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%	64% 23% 13%	<p>A higher proportion of staff have confirmed their marital status as married/civil partnership (+12%) compared to that of the overall Trust workforce 52%</p> <p>There is nothing to indicate that the changes to Eye Casualty Service resulting from COVID-19, would impact differentially or negatively on the basis of a member of staff's marital status.</p>
6. Race a) Ethnicity	BAME White Not Known	4% 72% 25%	15% 70% 14%	<p>A higher proportion of staff whereby they have confirmed their Ethnicity as BAME (+11%) compared to that of the overall Trust workforce 4%</p> <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 Black, Asian, Minority Ethnic communities may be at greater risk of infection and therefore should adhere to strict social distancing advice/guidance. Ref: Analysis of deaths of NHS staff from Covid-19 HSJ</p> <p>The Trust has taken proactive steps to reach out to BAME, and international staff in order to provide targeted advice, tailored, bespoke support that is compassionate and reflective of Trust values and comfort packs and necessary information and contact details. In addition, the Trust has established a BAME staff network group.</p>

b) Nationality	GB Irish Northern Irish Other Not known	18% 11% 2% 1% 68%	20% 7% 4% 4% 65%	There is nothing to indicate that the changes to Eye Casualty Service as a result of Covid-19, would impact differentially or negatively on the basis of a member of staff's Nationality
7. Religion				
a) Community Background	Protestant Roman Catholic Neither	40% 49% 11%	28% 46% 26%	<p>A lower proportion of staff (-12%) compared to the Trust workforce 40% have declared their community background as Protestant whilst a higher proportion of staff (+15%) have declared as Neither/Not Known compared to the Trust workforce 11% in the Eye Casualty Service.</p> <p>Both main communities are at risk of infection and spread of the COVID-19. Communities have been asked to co-operate by following strictest social distancing rules to prevent further spread and infection.</p> <p>There is nothing to indicate that changes to Eye Casualty as a result of COVID-19 would impact differentially or negatively on the basis of a member of staff's religion or religious belief.</p>
b) Religious Belief	Christian Other No religious belief Not known	28% 1% 9% 62%	30% 5% 7% 58%	<p>Broadly in Line with overall Trust Profile</p> <p>There is nothing to indicate that changes to Eye Casualty as a result of COVID-19 would impact differentially or negatively on the basis of a member of staff's religion or religious belief.</p>

8. Political Opinion <i>* 2011 Assembly election</i>	Broadly Nationalist Broadly Unionist Other Do not wish to answer/ Unknown Not known	6% 7% 8% 79%	4% 6% 29% 60%	A higher proportion of staff whereby they have confirmed their Political Opinion as Other (+21%) compared to that of the overall Trust workforce 8% There is nothing to indicate that changes to Eye Casualty as a result of COVID-19 would impact differentially or negatively on the basis of a member of staff's political opinion.
9. Sexual Orientation	Opposite sex Same sex or both sexes Do not wish to answer	41% 2% 57%	44% 2% 54%	Broadly in Line with overall Trust Profile There is nothing to indicate that changes to Eye Casualty as a result of COVID-19 would impact differentially or negatively on the basis of a member of staff's sexual orientation.

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

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

(4.1) SERVICE USERS

Equality Category	Level of Impact			Mitigation Measures and Alternative Policies or Actions that might lessen the severity of the equality impact (where Major or Minor Impact identified)
	Major	Minor	None	
Age		✓		The safety of our patients is key. The first point of mitigation is that EERC will not turn away a patient who walks in to the clinic and is a genuine emergency or urgent case. Others who walk-in may be triaged at the entrance, but are referred to NIPEARS for treatment. It has been the case that some patients are unsure of which
Dependant Status			✓	

Disability			✓	<p>NIPEARS provider to attend, and in such instances, EERC front of house staff have contacted providers on their behalf to secure an appointment.</p> <p>Whilst COVID-19 restrictions have resulted in visitors being discouraged from entering EERC, the service will make an exception to permit family members/carers to accompany a patient who requires it in the case of carers, people with disabilities, children under the age of 18 and any other patient who requires a family member or carer for communication or other support.</p>
Gender			✓	
Marital Status			✓	
Race (Ethnicity)		✓		
Religion				<p>The EERC service has created a video with subtitles to ensure optimum communication with service users in relation to this service change.</p> <p>It became apparent that there is a cohort of people who access Eye Casualty and who do not have a Health and Care Number (HCN) i.e. they are not registered with a GP. Whilst there is no specific data on such people, anecdotally it is reasonable to suggest that a portion of these people may ordinarily reside outside Northern Ireland.</p> <p>Asylum seekers and refugees also do not have access to a health and care number when they first arrive in Northern Ireland and this process can take several weeks. Visitors or holiday makers may also not have a HCN. Short-term migration and military personnel are additional factors.</p> <p>NIPEARS services can only be accessed by people who have a health and care number. If a person without a health and care number visits an NI PEARS optometrist, they will be advised to either attend Eye Casualty, and an appointment will be made for them, or they can pay to receive treatment at the Optometrist. Eye Casualty senior staff have committed to receiving any such patient in order to ensure that there is no inequality in accessing suitable emergency eye care services for people not registered with a GP. Specific instructions on this will be communicated to NI PEARS optometrists via the Health & Social Care Board.</p> <p>The service commits to ensuring that interpreters will be provided for service users whose first language is not English, either through the Big Word telephone interpreting service, or the NI HSC regional Interpreting Service, which provides face-to-face interpreters. Sign Language interpreters will also be provided where needed, wither face to face or through the new online HSC sign language interpreting</p>
Political Opinion				
Sexual Orientation				
Multiple Identity e.g. disabled minority ethnic people or young Protestant men.				

					<p>‘Interpreter Now’ service.</p> <p>Written information will be provided in a language and or format that a person can understand.</p>
(4.2) STAFF					
Equality Category		Level of Impact			Mitigation Measures and Alternative Policies or Actions that might lessen the severity of the equality impact (where Major or Minor Impact identified)
		Major	Minor	None	
Age			X		The Trust undertook a survey of Eye Casualty staff on 3 occasions March 2020, May 2020 and July/August 2020. It is clear from the findings of the surveys that this change to service delivery has been received very positively from all staff – 100% of those surveyed felt that the new way of working was an improvement. The earlier stages of the survey pointed towards some staffing issues such as late finishing times.
Dependant Status			X		
Disability			X		
Gender				X	Later surveys indicated an improvement in how the multi-disciplinary team works well together and increased staff satisfaction.
Marital Status			X		
Race	Ethnicity		X		The Trust is committed to ensuring a safe working environment and continuation of the service under the new EERC model during COVID-19 whilst providing assurance to staff that the Trust is taking all reasonable steps to ensure safety and minimise risk for everyone. The Trust has deployed and will continue to develop, the innovative on-line toolkit to support managers and staff to stay safe during COVID-19 that may arise. This will aide with resumption/realignment of services going forward in line with PHA, PHE & Department of Health guidelines. Staying Safe During COVID-19
	Nationality			X	
Religion	Community Background			X	
	Religious Belief			X	
Political Opinion				X	The Trust will continue to maintain effective Covid-19 zoning plans in line with Infection Prevention and Control advice and guidance, to safely manage separate pathways for flow of patients and staff across all sites.
Sexual Orientation				X	Policy Framework

<p>Multiple Identity e.g. female staff with caring responsibilities</p>		X	<p>When organisational/policy change is necessary, i.e. changes to Eye Casualty Service, regardless of whether it is a permanent or temporary change, the Trust is committed to treating staff fairly and equitably. Staff can be assured, that the change process will be properly managed. This includes consultation with staff and the opportunity for staff to discuss in one to one meetings any adverse equality impacts resulting in changes to their employment. This Framework also 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</p> <p>We aim to continue to care and support the health and wellbeing and resilience of staff, including our redeployed staff, with a range of mechanisms available to staff and Managers including psychological support, employee wellbeing programmes and testing. We have recently implemented a Working Safely Framework and arrangements for staff including fast tracked recruitment and additional childcare arrangements to enable the delivery of services are set out within the framework.</p> <p>Along with this framework and for the purposes of this screening to the Eye Casualty Service support and any potential COVID surge, the Trust will also manage staff through the Guidelines on the Emergency Redeployment /Relocation of Staff during Covid-19 Pandemic</p> <p>Consideration of Equality Issues</p> <p>The Trust will also aim to observe the need to actively consider and employ, as appropriate, a range of mitigating measures in line with its Section 75 equality duties, to reduce any adverse effects on staff. In particular the Trust will:</p> <ul style="list-style-type: none"> ✓ Observe the need to consider reasonable adjustments for those with disabilities; ✓ Consider the overall effects of a change in terms of the implications for staff generally and especially for those with caring responsibilities –children and
--	--	---	--

				<p>adult dependents.</p> <ul style="list-style-type: none"> ✓ Retrain staff, provide flexible working arrangements, pay of travel expenses, employ greater use of technology as a result of any organisational change. ✓ Make every effort to take account work/life balance considerations where relocation or redeployment is required. It is recognised that staff flexibility is key in these unprecedented times. ✓ Give serious consideration to flexible working arrangements both in relation to accommodating existing arrangements as far as is reasonably practical and/or facilitating new arrangements on a temporary basis; ✓ Ensure that more subtle forms of discrimination e.g. making stereotypical assumptions about the predisposition of older people toward retraining and up skilling opportunities are avoided. ✓ Undertake proactive steps to reach out to BAME, and international staff in order to provide targeted advice, support and comfort packs and necessary information and contact details. ✓ Work in partnership with Trade Union representatives, Professional Bodies and external organisations such as those that represent and advocate for long-term unemployed and persons with a disability. <p>Workforce Management</p> <ul style="list-style-type: none"> ✓ 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. ✓ 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. ✓ The Trust is cognisant of the fact that our workforce is predominantly female and that in line with societal norms, childcare/caring responsibilities may often be the responsibility of females. We recognise that our staff are our most valuable resource and we are committed to promoting uptake of our Work Life Balance & childcare initiatives to all staff irrespective of gender.
--	--	--	--	---

				<p>✓ The Trust will endeavour to provide the necessary induction, training & support for affected staff within the Eye Casualty Service.</p> <p>Staff Safety & Wellbeing</p> <p>With COVID-19 seen as 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. The Trust has taken a number of measures to respond to staff concerns and ensure their safety and wellbeing as follows:</p> <p>✓ Social Distancing</p> <ul style="list-style-type: none"> ○ 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 ICT staff have helped directorates provide appropriate training and guidance to support these new ways of working. ○ The Trust continues to follow regional guidance in terms of self-isolation for those suspected of having COVID-19 or whose family member is suspected of being COVID-19 positive, ○ The Trust will ensure that all staff are kept up-to-date and protected throughout the COVID pandemic. We will continue to provide daily reports on staff absence as a result of this, and will use this to arrange for appropriate testing to help staff return to work as quickly as possible. ○ The Trust has also co-developed 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. <p>✓ Personal Protective Equipment</p> <ul style="list-style-type: none"> ○ The Trust continues to take all reasonable steps to ensure that staff have access to appropriate PPE. This has been a significant challenge given changing guidance and a national shortage of key supplies. The COVID-19
--	--	--	--	--

				<p>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.</p> <ul style="list-style-type: none"> ○ 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. ○ The Trust has adopted a Risk Assessment approach for Vulnerable Staff - Due to the Disparities in the Risks and Outcomes of COVID19' a report from NHS England which highlighted that the impact of COVID-19 has replicated existing health inequalities and, in some cases, has increased them. This identifies those staff members may be more at risk from, and more vulnerable to, the consequences of COVID19, including staff who: <ul style="list-style-type: none"> ▪ have underlying health conditions; ▪ are a member of the BAME community; ▪ are pregnant; ▪ are over 70 years of age ▪ have a disability ○ To support staff within these vulnerable groups, line managers have been asked to complete (if not already) a risk assessment in line with the HSC Covid-19 Health Risk Assessment Guidelines. Separately, a tailored, bespoke approach has been developed for BAME colleagues. <p>✓ Staff Testing/Labs facilities</p> <ul style="list-style-type: none"> ○ The Belfast Trust Regional Virology Laboratory (RVL) has increased their testing capacity and turnaround times since COVID-19 planning began. This has allowed the Trust to test staff and their household members 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.
--	--	--	--	--

				<ul style="list-style-type: none"> ○ Anti-Body Testing facilities are available for Trust staff <p>✓ Communications</p> <p>The Trust successfully utilised a range of communication media for staff during COVID-19 pandemic and will aim to continue to deliver these to all staff throughout the trust.</p> <ul style="list-style-type: none"> ○ In such an unfamiliar, challenging and frequently changing time, there is a risk that staff and users become anxious, fearful and confused, and that staff feel unsupported. ○ As a result, the Trust has made great endeavours to continue to communicate effectively and regularly with staff. Most notably, effective and innovative communications has been instrumental in influencing public behaviour. ○ 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"> ▪ Daily staff brief which includes PHA or other regional updates and staff advice and support ▪ A Staying Safe during Covid-19 Framework, has been implemented to provide both managers and staff with practical information and support to make sure work is as safe as possible for us all. .Staying Safe During COVID-19 <ul style="list-style-type: none"> • The framework has been designed in partnership with key stakeholders, including HR/OD, Health and Safety, Infection Prevention & Control, Health Improvement, Trade Unions, Occupational Health, Estates and IT. This is a live document and updates continue to be uploaded. Its purpose is to provide guidance on a safe working framework setting out the steps, actions and support in place for Managers and Staff to
--	--	--	--	---

				<p>work safely</p> <ul style="list-style-type: none"> ▪ Weekly newsletter for elected representatives alongside public liaison daily enquiries from MLAs ▪ Daily news update and proactive news agenda ▪ HR guide and FAQ's shared with staff and 'AskHRCOVID-19' email established ▪ Daily COVID updates to Executive Team and regular updates to the Chair and to other non-executive directors through Trust Board briefings. ▪ Regularly updated COVID page on Trust website and Hub microsite ▪ Central point of contact established for procurement queries/proposals and donations ▪ Use of social media including highly successful video produced by the Trust's respiratory team, weekly Chief Executive podcasts to staff, and HR podcast clinics ▪ Signposting of staff to help and support, including COVID-19 and confidential psychological helplines ▪ A regional wellbeing framework went live in April to provide support for all HSC staff ▪ The Chief Executive has ensured that there is Trust Board member visibility on main sites and in the community. <p>Belfast Trust's 'Learning From COVID-19' work is ongoing and analysis of data will inform future service delivery and engagement with staff.</p>
--	--	--	--	---

Section 5: Good Relations

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

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

Good Relations category	Level of impact			Mitigation Measures and Alternative Policies or Actions that might lessen the severity of the equality impact (where Major or Minor Impact identified)
	Major	Minor	None	
Religious belief			✓	<p>The Trust is committed to ensuring that staff, patients, service users and carers have equality of access to services and feel welcome, comfortable and safe accessing all Trust facilities, irrespective of race, religion or political opinion. This is in accordance with the Trust's Good Relations Strategy: Healthy Relations for a Healthy Future 2. On the basis of the information available, there is nothing to indicate that these changes would engender any adverse impact in regard to the promotion of good relations.</p> <p>It is important that the Trust continues to translate essential information. Trust staff have been advised in the case of suspected or actual COVID-19 patients that they should use telephone interpreting instead of face to face interpreting to facilitate effective and safe communication for patients who are not proficient in English as first or second competent language. This is available through the Big Word and the NI HSC interpreting service. Face to face interpreting is also available in exceptional circumstances.</p> <p>The promotion of Good Relations is an integral part of Belfast Trust's commitment to improve the health and wellbeing of all our staff. As the largest health and social care provider in Northern Ireland, (employing one of the largest workforces - where approx. 4% is from a BAME community) and in line with our Good Relations Strategy, we strive to ensure that all staff irrespective of religion, race or political opinion feel safe welcomed and comfortable in work.</p> <p>In light of regional and national statistics which show BAME staff have been disproportionately affected by COVID-19, precautionary guidance has been issued to help protect and support our BAME staff. The guidance is very much a living document especially as research into the trends is currently being undertaken in UK.</p> <p>Key to the guidance is correct infection control practices including social distancing and PPE. In addition, ongoing conversations between staff and managers to identify any concerns and mitigate any risks with advice from the Occupational Health team</p>
Political opinion			✓	
Racial group			✓	

				<p>(based in Human Resources) is also available particularly when a BAME member of staff has an underlying medical condition. The Trust appreciates that this is a stressful time for all staff as we face uncertain times and unfamiliar working practices however higher levels of anxiety may be experienced by BAME staff given the higher rates of COVID-19. Belfast Trust asks BAME staff to talk to their manager, seek peer support and use the staff counselling service to help at this challenging time.</p> <p>In response to feedback from BAME staff a team in Human Resources are developing a BAME Staff Network comprising representatives from across the Trust to address a range of employment related matters to support BAME staff.</p>
--	--	--	--	---

Section 6: Disability Duties

<p>How does the policy / proposal:</p> <ul style="list-style-type: none"> • encourage disabled people to participate in public life and • promote positive attitudes towards disabled people? <p>Consider what other measures you could take to meet these duties.</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>Delivery of services will be made with reasonable adjustments as required. The Trust with regional colleagues proactively access the new sign language service, are reviewing appointment letters, have produced information about COVID-19 in easy read for service users with learning disabilities and continually are looking at innovative ways to make services accessible during the pandemic.</p> <p>All staff must complete mandatory training on equality, human rights and good relations which includes awareness of disability duties. As this is available online staff are being encouraged to complete online if possible at this present time.</p> <p>A key aspect of support for staff has been the extensive range of online support</p>
---	---

	<p>available for staff who may be facing poor mental health during the COVID-19 pandemic. Staff have been made aware of support services via the Trust intranet and in discussions with managers.</p> <p>Staff have access to a booklet entitled “Making Communication Accessible” which is a Regional HSC document that was written with disabled people and which outlines good practice in terms of communicating with people with a range of disabilities. The document can be viewed at: http://www.belfasttrust.hscni.net/about/MakingCommunicationAccessible.htm</p> <p>It is important that any communication is in a format that the patient can best understand and reasonable adjustments will be made to ensure this is the case, such as the provision of sign language interpreters or information in alternative formats such as easy-read.</p>
--	---

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 st protocol Article 2 – Right of access to education			✓
<p>Please outline: any actions you will take to promote awareness of human rights and</p> <ul style="list-style-type: none"> evidence that human rights have been taken into consideration in decision making processes. 	<p>The Human Rights Act 1998 gives effect in UK law to the European Convention on Human Rights 1950 and requires legislation to be integrated so far as possible in a way that is compatible with the Convention rights. It also makes it unlawful for a public body to act incompatibly with the Convention rights. The Human Rights Act applies to everyone.</p> <p>Human rights are central to the delivery of health and social care which is fair, respectful, equitable, and provided with dignity at its core. The Trust is committed to the principle that everyone has the fundamental right to the highest attainable standard of physical and mental health. Human rights considerations are a key part of the Trust's decision-making processes and have been essential to guiding the organisation through this pandemic. We are cognisant of the fact that any changes must be lawful i.e. proportionate, necessary and motivated by legitimate public health goals.</p> <p>The aim of this proposal is to change Eye Casualty services to ensure safety of patients and staff as a result of COVID-19, and provide a prompt and local alternative service to patients who require it, allowing more complex eye cases to be seen appropriately in the new Eye Emergency Referral Centre. It is not anticipated that the proposal will negatively impact on human rights in any way.</p> <p>Human rights training is available throughout the year for any staff member who wishes to attend. Bespoke human rights training sessions can be delivered for staff groups on demand and a large number of resources relating to human rights in health and social care can be made available by the Equality and Planning team. Mandatory Equality training for staff and Managers also covers the area of human rights.</p>		

Section 8: Screening Decision (8.1) How would you categorise the impacts of this policy / proposal? (Please underline one category)		Major (Screened In for an Equality Impact Assessment)	Minor ✓ (Screened Out with mitigation)	None (Screened Out)
(8.2) If you have identified any impact, what mitigation have you considered to address this?	All mitigation measures are covered in detail in Section 4 of this document.			
(8.3) Do you consider the policy/proposal needs to be subjected to on-going screening ?	Yes ✓	No	Reasons This proposal is a new way of delivering this service as a direct result of COVID-19. There is always the potential for unknown equality impacts to arise as a new way of working or new service configuration unfolds. It is incumbent on the Trust to assess any impact from an equality perspective on an ongoing basis. This will be carried out between the Assistant Services Manager and the Equality Manager using the Trust's Monitoring form after a period of 6 months post go-live. Given this service change had to be actioned quickly, and mindful of the Trust's duty to consult, the Service commits to carrying out consultation with service users after a 6-month period.	
(8.4) Do you think the policy/proposal should be subject to an Equality Impact Assessment (EQIA) ? NB: A full Equality Impact Assessment (EQIA) is usually	Yes	No ✓	Reasons As per 8.3	

confined to those policies or proposals considered to have <u>major</u> implications for equality of opportunity/good relations/human rights.				
Section 9: Monitoring (9.1) Please detail how you will monitor the effect of the policy/proposal for impact in terms of equality of opportunity, good relations, disability duties and human rights?		The Trust has created a monitoring template for ongoing screenings, which will be used by the Assistant Services Manager to monitor any equality impact. Any other relevant information, such as complaints, compliments or other feedback from service users, staff and other relevant stakeholders will also be considered as part of this.		
Please sign /date and forward to the Equality and Planning Team for consideration - Lesley.Jamieson@belfasttrust.hscni.net . Equality screenings are completed with information provided by the policy / proposal author subject to advice and assistance from the Trust's Equality Managers. Please note that Completed and Signed Screening Templates are public documents and are posted on the Trust's website.				
Approved Lead Officer	Declan McClements	Countersigned by:		
Position	Interim Ophthalmology Service Manager	Equality Manager	Louise Neeson 4/1/21	
Date	20-11-2020	Employment Equality Manager	Martin McGrath	

Appendix 1 – Leaflets Distributed through Emergency Department



NI Primary Eyecare Assessment & Referral Service NIPEARS

What is NI PEARS?

NI PEARS is a service provided by most **community optometrists** (**opticians**) across Northern Ireland for people who develop a **sudden eye problem**. The service is funded by Health and Social Care.

When to use NI PEARS

New and sudden, or very recent onset, eye problems that may be assessed and often treated by the optometrist under the NIPEARS service include:

- Sudden red eye or eyelids
- Sudden gritty or uncomfortable eyes
- Significant recent sticky discharge from the eye
- Sudden pain or discomfort in the eyes, around the eye area
- Recent, sudden reduction in vision in one or both eyes
- Recent onset or sudden increase of flashes and/or floaters in one or both eyes
- Something in your eye

How to contact an NIPEARS optometrist

A list of all the participating optometry practices in Northern Ireland can be found at <http://www.hscboard.hscni.net/eyes/>

Please telephone the optometrist for advice. The optometrist will assess your eye condition and will provide advice and treatment either on the telephone or arrange to examine you in the practice if they decide that is needed. If your condition is more serious, the optometrist will arrange an urgent referral to the hospital eye service.

Appendix 2 – Posters displayed in RVH



HSC Health and Social Care

NIPEARS
Primary Eye Care Assessment and Referral Service

Sudden eye problem?

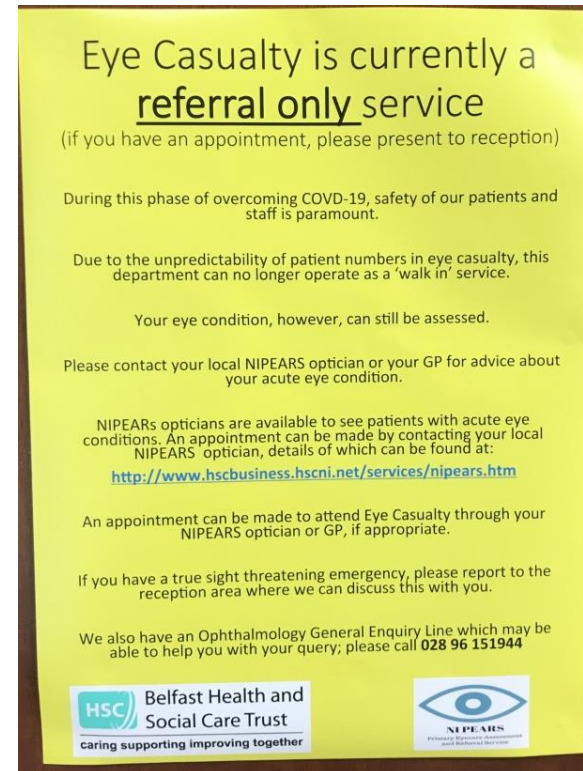


You can be seen within 48 hours by a local optometrist under NIPEARS service

No charge for eligible patients

Ask a member of staff for details

Find out more visit: www.hscboard.hscni.net/eyes



Eye Casualty is currently a referral only service

(if you have an appointment, please present to reception)

During this phase of overcoming COVID-19, safety of our patients and staff is paramount.

Due to the unpredictability of patient numbers in eye casualty, this department can no longer operate as a 'walk in' service.

Your eye condition, however, can still be assessed.

Please contact your local NIPEARS optician or your GP for advice about your acute eye condition.

NIPEARS opticians are available to see patients with acute eye conditions. An appointment can be made by contacting your local NIPEARS optician, details of which can be found at:
<http://www.hscbusiness.hscni.net/services/nipears.htm>

An appointment can be made to attend Eye Casualty through your NIPEARS optician or GP, if appropriate.

If you have a true sight threatening emergency, please report to the reception area where we can discuss this with you.

We also have an Ophthalmology General Enquiry Line which may be able to help you with your query; please call **028 96 151944**

HSC Belfast Health and Social Care Trust
caring supporting improving together

NIPEARS
Primary Eye Care Assessment and Referral Service