Our aim is to be one of the safest, most effective and compassionate HSC organisations

HSC Values

Belfast Health and Social Care Trust

Public Authority Statutory Equality and Good Relations Duties

Annual Progress Report 2020-21

Contact:

- Section 75 of the NI Act 1998 and Equality Scheme
- Section 49A of the Disability Discrimination Act 1995 and Disability Action Plan

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http://www.belfasttrust.hscni.net/

Signature:

This report has been prepared using a template circulated by the Equality Commission.

It presents our progress in fulfilling our statutory equality and good relations duties, and implementing Equality Scheme commitments and Disability Action Plans.

This report reflects progress made between April 2020 and March 2021.

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Introduction

This is the 14th Annual Progress Report prepared by Belfast Health and Social Care Trust for submission to the Equality Commission of Northern Ireland. The Trust uses the Commission's prescribed template for consistency purposes. The report illustrates how the Trust has complied with its statutory responsibilities under Section 75 of the Northern Ireland Act 1998 (Part A) and Section 49A of the Disability Discrimination Act 1995 (as amended) (DDA) (Part B).

The report also provides assurance to Trust Board and Executive Team members on how the Trust has fulfilled its legislative duties and exceeded compliance to achieve best practice and improve health and social care outcomes and experience for patients, service users, carers and families and our staff.

Belfast is the largest Trust in the United Kingdom and an employer of more than 20,000 staff, providing integrated health and social care to the population of Belfast, Castlereagh and beyond. The vision for Belfast Trust is to deliver safe, effective and compassionate care through Right Care, Right Time, Right Place. We remain committed to mainstreaming equality, good relations, human rights and disability considerations at the core of all that we do – in all our functions: service provision, employment and procurement.

Section 1 of Part A begins by highlighting **the range of corporate work to promote Equality of Opportunity and Good Relations.** As a Trust aiming to be one of the safest, most effective and compassionate health and social care organisations, equality and human rights are of paramount importance and remain to the fore of our corporate agenda.

Section 2 is based on **progress to date** in regard to our **Equality Action Plan** (2018-2023). A full progress update on our Equality Action Plan for 2020-21 is appended **(Appendix 1)** for ease of reference and details both achievements on both a regional and local level.

It then goes on to illustrate our compliance with the Trust's Equality Scheme including details on Screening and Equality Impact assessments, Consultation, Training, Information Provision, Access, Monitoring and Complaints.

The last section **(Section 3)** in **Part A "Looking Forward"** seeks to lay out what work will be taken forward in regard to compliance with the Equality Scheme in the next reporting period.

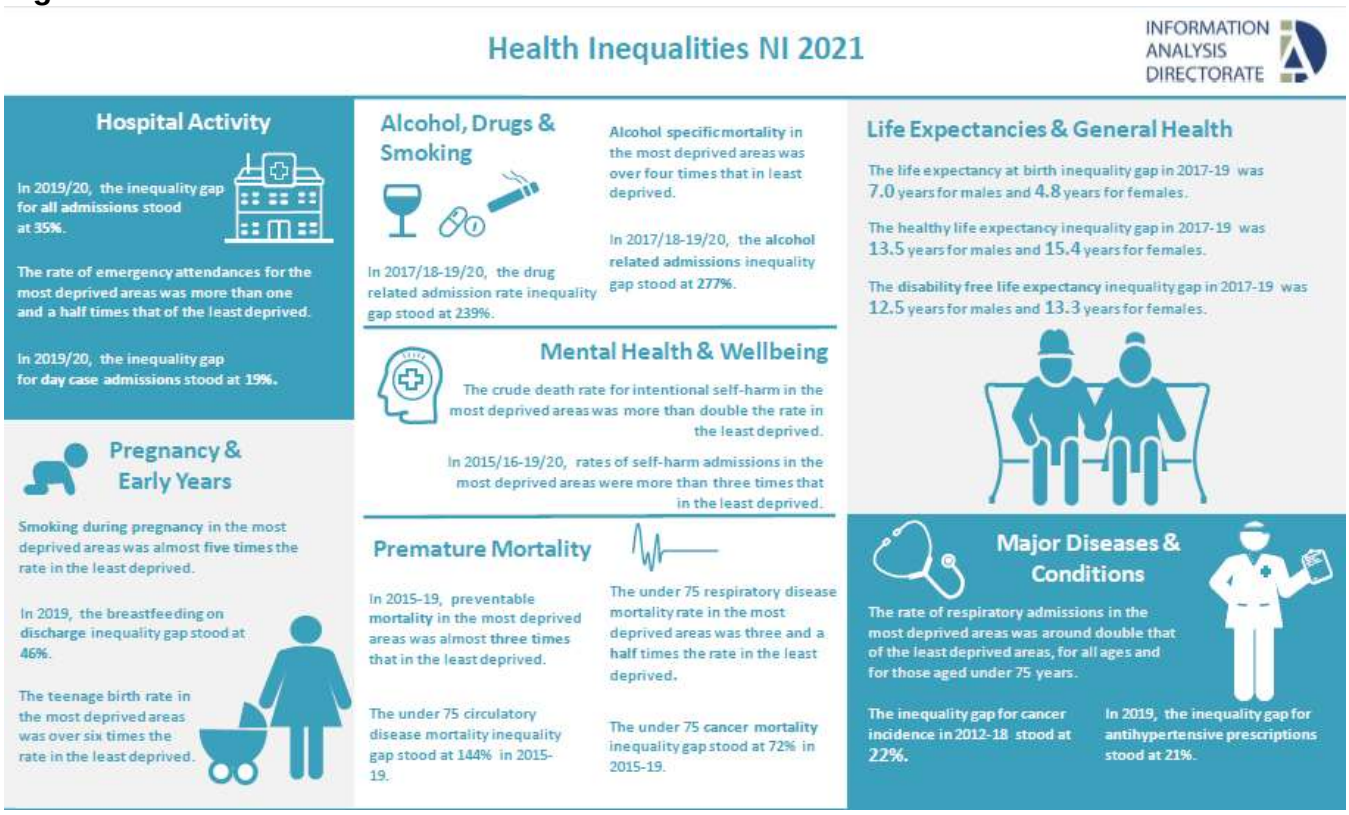
Part B is appended **(Appendix 2**) and relates wholly to **compliance** with our legislative duties under Section 49A of the Disability Discrimination Act 1995 (as amended) (DDA) to promote positive attitudes towards disabled people and to encourage their full participation in public life. This corresponds to our **Disability Action Plan** (2018-2023) and what we have achieved in our third year 2020-2021.

Context: Inequalities in Health and Social Care

This is the fourteenth annual progress report to the Equality Commission on Section 75 of the Northern Ireland Act 1998 and Section 49A of the Disability Discrimination Order (DDO) prepared by the Belfast Health and Social Care Trust (the Trust).
It remains imperative that we, as a public authority, continue to address inequalities in health and social care – both those which persist and those which are evolving.

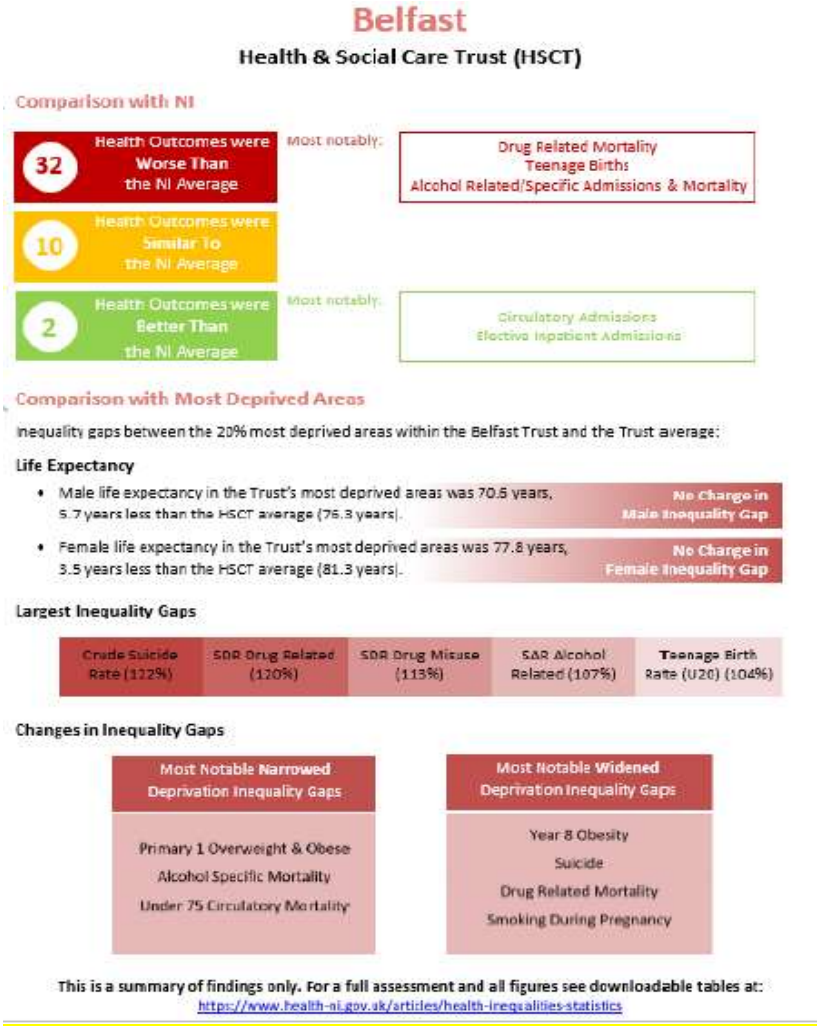
Those inequalities are perhaps best illustrated in the recently published Health Inequalities Annual Report 2021, produced by the Department of Health NI. This publication presents a comprehensive analysis of regional health inequality gaps between the most and least deprived areas of NI, and sub-regional gaps within Health & Social Care (HSC) Trust and Local Government District (LGD) areas across a range of health indicators. The associated factsheet highlights the regional position:

Figure 1:



Comparison is provided within the comprehensive report on health and social inequalities between the region and with Belfast Trust area, highlighting that 32 health outcomes are worse in Belfast than the regional perspective – most notably Drug related mortality, Teenage Births and Alcohol Related/Specific admissions and mortality.

Figure 2:



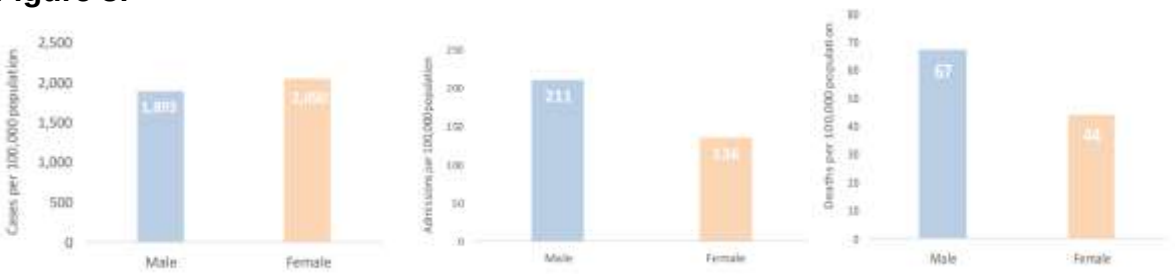
Coronavirus Related Health Inequalities

On 11th March 2020, the World Health Organisation (WHO) officially declared Covid-19 a pandemic due to the speed, scale and severity of transmission. Given the period that this report covers, it would be remiss not to highlight the differential impact of Covid-19 had in terms of inequalities. A comprehensive report entitled Coronavirus Related Health Inequalities December 2020 (health-ni.gov.uk) provides a wealth of data.

Gender and Covid

This chart illustrates the standard infection rate, by sex which finds that the rate among females (2,050 cases per 100,000 population) was 8% higher than the rate among males (1,893 cases per 100,000 population). Conversely more men were admitted to hospital and the death rate was also higher amongst males.

Figure 3:



Deprivation and Covid

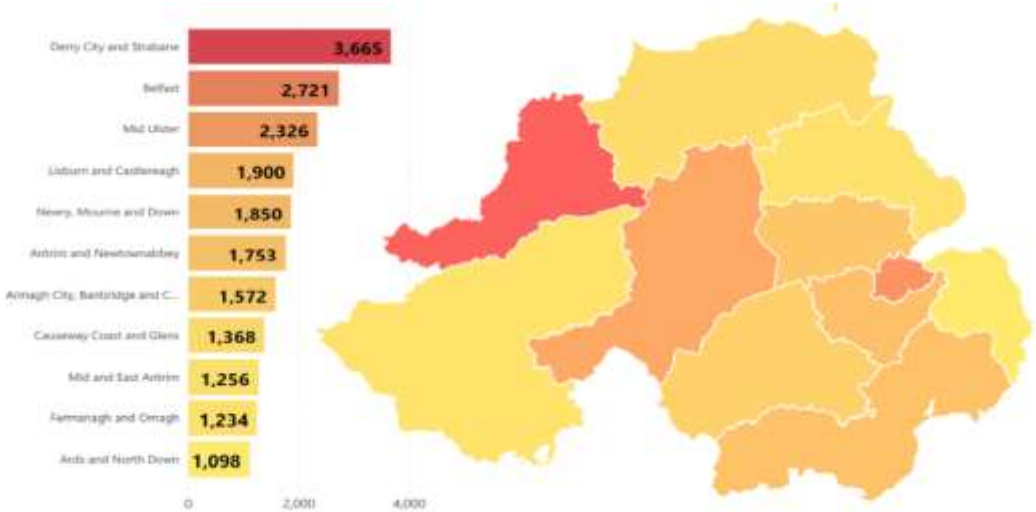
The infection rate was highest in the 10% most deprived areas (3,052 cases per 100,000 population) which was 64% higher than the rate in the 10% least deprived areas (1,859 cases per 100,000 population) and 55% higher than the Northern Ireland average (1,972 cases per 100,000 population). The standardised COVID-19 death rate for the population aged 75 and over (477 deaths per 100,000 population) was 9 times that for all ages (53 deaths per 100,000 population). The over 75 death rate was highest in the 10% most deprived areas (717 deaths per 100,000 population) where it was three-tenths higher than the rate in the 10% least deprived areas (549 deaths per 100,000 population) and one and a half times the NI average (477 deaths per 100,000 population).

The standardised infection rate among those aged over 65 in the 10% most deprived areas (3,187 cases per 100,000 population) was four-fifths higher than the rate in the 10% least deprived (1,773 cases per 100,000 population) and almost double the NI average (1,643 cases per 100,000 population).

The standardised infection rate among those aged 65 and under in the 10% most deprived areas (3,020 cases per 100,000 population) was 61% higher than the rate in the least deprived (1,880 cases per 100,000 population) and 47% higher than the NI average (2,051 cases per 100,000 population).

The report finds that infection rates were highest in Derry and Strabane and Belfast LGDs. The rate in urban areas was 90% higher than the rate seen in rural areas, however the rate was highest in mixed urban/rural areas (398 cases per 100,000 population).

Figure 4:



Ethnicity and Covid

A report by the Public Health Agency confirmed that Covid-19 had a disproportionate impact on people from ethnic minority communities. This compounded the findings from a review by Public Health England into the risk and outcomes associated with COVID-19 which concluded that there was an association between ethnicity and both testing positive from, and risk of death with COVID-19. The review established that the highest rates of COVID-19 diagnosis (adjusting for age) were in people of Black ethnic groups, with the lowest being in people of White ethnic groups.

Disability and Covid

The Office of National Statistics published their findings that between 24 January and 20 November 2020 in England, the risk of death involving the coronavirus (COVID-19) was 3.1 times greater for more-disabled men and 1.9 times greater for less-disabled men, compared with non-disabled men; among women, the risk of death was 3.5 times greater for more-disabled women and 2.0 times greater for less-disabled women, compared with non-disabled women.

The report found that no single factor explains the considerably raised risk of death involving COVID-19 among disabled people, and place of residence, socio-economic and geographical circumstances, and pre-existing health conditions all play a part; an important part of the raised risk is because disabled people are disproportionately exposed to a range of generally disadvantageous circumstances compared with non-disabled people.

Looking at people with a medically diagnosed learning disability, the risk of death involving COVID-19 was 3.7 times greater for both men and women compared with people who did not have a learning disability; after using statistical models to adjust for a range of factors, a raised risk of 1.7 times remained unexplained for both sexes.

All the socio-economic and geographical circumstances and pre-existing health conditions considered made some difference to the risk for people with learning disabilities, but the largest effect was associated with living in a care home or other communal establishment. Patterns in excess COVID-19 mortality risk experienced by disabled people remained largely unchanged between the first and second waves of the pandemic.

Mental Health and Covid-19

It has been well documented of the significant impact that Covid-19 has had on people's mental health initially in terms of anxiety. The World Health Organisation found that the pandemic induced "*a considerable degree of fear, worry and concern in the population at large and among certain groups in particular, such as older adults, care providers and people with underlying health conditions"*
Introduction of various lockdowns and restrictions throughout this period also compounded levels of loneliness, depression, and increased rates of alcohol and drug use, and self-harm or suicidal behaviour. [1]

[1] WHO/Europe | Coronavirus disease (COVID-19) outbreak - Mental health and COVID-19

Impact of Covid on waiting lists

Matching service delivery capacity to the needs of our population was complex and required a large number of risks and issues to be considered in decision-making.

These factors included, the social distancing guidelines and the impact this is having on physical space required to deliver the services, availability of workforce and of Personal Protective Equipment (PPE), supplies of medicines and blood products, supplies of Laboratory Covid-19 tests and the latest public health and infection prevention and control guidance. Given the constraints and the need to stand down services as a result of Covid-19, the Trust focused on the delivery of services to the most vulnerable people in our community and those people who urgently required acute care, planned cancer surgery and time-critical surgery in a safe environment. This consequently led to some people waiting longer to access services.

The Trust is committed to working to restore and rebuild services on an incremental and safe basis and to continue to address residual inequalities and those which have come to the fore during the pandemic.

Impact of COVID on Families and Children

The impact of COVID on families and children was highlighted through the increased numbers of referrals received into the Trusts Children's Community Services. Children's Community Services continued to respond to all families referred into their Gateway service and to maintain both virtual and face to face contact with existing service users. Increased numbers of referrals were also received into the 10 Family Support Hubs due to increasing levels of poverty, increasing levels of anxiety amongst children and the impact of restrictions on their emotional health and well-being. The Trust was able to work collectively with the Belfast City Council and the West Belfast GP Federation to ring-fence some funding to support these increasing levels of need. Through utilising the excellent relationships that had been established through the Locality Planning Groups and Family Support Hubs the Trust was able to support the resource reaching those most in need, as identified at a local level. In total 1,300 families received baby support packs, 336 families received wifi supports who were struggling to support home/blended learning for children and 4,200 sessions of cook it type food support was delivered to families. In addition, a flexible fund was made available to respond to one off requests for essential items. The Belfast Outcomes group is keen to build on this new way of working as we move forward**.**

PART A – Section 75 of the Northern Ireland Act 1998 and Equality Scheme

Section 1: Equality and good relations outcomes, impacts and good practice

1 In 2020-21, please provide **examples** of key policy/service delivery developments made by the public authority in this reporting period to better promote equality of opportunity and good relations; and the outcomes and improvements achieved.

Please relate these to the implementation of your statutory equality and good relations duties and Equality Scheme where appropriate.

1. Impact of Covid-19 on the provision of health & social care services

The impact of Covid-19 on the provision of health and social care services was significant with unprecedented pressures. 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 considered that the restrictions and requirements imposed by these Regulations were proportionate to the legitimate aim of saving lives, reducing mortality rates and controlling the transmission rates in NI. The pandemic dictated a significant downturn in our service provision and changes in our ways of working. The Trust was mindful that Human Rights law recognises 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 were unprecedented, far reaching and severely limited 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 marginalised groups.

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.

From a Trust perspective, COVID-19 severely challenged 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. 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 were difficult to maintain/provide given the clear guidance from government around social distancing. The Covid-19 Emergency resulted in 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 continued to deliver high quality and safe patient/client services. During an emergency situation, such as a pandemic, Trust service areas needed to 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.

2. Planning to deal with a pandemic

These were unprecedented times and the Trust had to work quickly to adapt to the challenges posed by the outbreak. Belfast Trust developed a Surge Plan in March 2020 to plan how it would respond to the challenges and what essential services would be maintained and what health and social care services would have to be stood down.

In normal circumstances, these proposals would have automatically been 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 was not possible to publicly consult on the plans and the Trust took the most pragmatic and prudent approach to our Section 75 duties by publishing and proactively sharing our completed screening template on the measures within our Surge Plan with all of our stakeholders to demonstrate our ongoing focus on the dual statutory responsibilities.

The Trust received useful feedback from the Commission in regard to this screening as detailed below:

The Commission appreciates that these must be very difficult and challenging times for staff working in the Trust and we acknowledge and welcome this screening exercise, signed by the Trust's Chief Executive Dr Cathy Jack, demonstrating the Trust's senior commitment to the Section 75 duties.
The screening attempts to assess the equality implications of a huge programme of changes and we understand, in the context of the emergency, that it needed to be developed urgently.

Having read the screening in more detail, I thought it might be useful to highlight a couple of points of Commission advice in relation to future considerations of the implications of COVID 19, which I trust will be of assistance going forward. These bullet points below have resonance with what you have already highlighted in the screening exercise you have undertaken.

3. Covid vaccinations and equality

The Covid vaccination programme was introduced in December 2020 and followed the prioritisation list recommended by the Joint Committee on Vaccination and Immunisation (JCVI). This combined clinical risk stratification, an age-based approach and prioritisation of health and social care workers to optimise both outcomes and deliverability. The programme of delivery involved firstly vaccinating residents in a care home for older adults and their carers; followed by age-specific groups of older people and health and social care workers, then moved towards those with underlying medical conditions. The JCVI priorities were informed by a range of equality-related factors including the impact of Covid on older people and people with disabilities[2], and specifically referenced the need for the vaccination programme to mitigate health inequalities such as might occur in relation to access to healthcare and ethnicity.[3] Clearly this approach was led by the principles of equality and human rights.

Ensuring care home residents and staff received the vaccine was an important step in safely permitting restrictions to visiting in care homes, thus progressively realising the Article 8 rights of residents i.e. right to private and family life under the Human Rights Act.

Other specific groups have been targeted as part of the vaccination programme including homeless people, with 518 people who are homeless having been vaccinated in this reporting period. Refugees and asylum seekers were also specifically targeted in this reporting period, demonstrating the Trust's commitment to targeting and promoting the health of vulnerable groups in society.

Plans are afoot by the Belfast Inclusion Health Service to run monthly vaccination clinics targeting homeless people in the next reporting period and the NINES service (Northern Ireland New Entrants Service) will also be facilitating vaccine uptake amongst their clients in the incoming reporting period.

The Trust have been working, and continue to work, with PHA and colleagues in other Trust to ensure the availability of translated educational material on COVID-19 and on the vaccination. This has included information on "myth busting". There has been targeted work with both the Romanian and Bulgarian Roma communities, with information made accessible via short videos and audio clips due to the low literacy levels within this community. These were circulated via relevant Facebook and WhatsApp groups.

The Trust continues to participate at the BME COVID-19 response group chaired by PHA to ensure a regionally consistent approach and sharing of best practice.

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[2] https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-30-december-2020/annex-a-covid-19-vaccine-and-health-inequalities-considerations-for-prioritisation-and-implementation

[3] https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-30-december-2020/joint-committee-on-vaccination-and-immunisation-advice-on-priority-groups-for-covid-19-vaccination-30-december-2020

Since the commencement of the Vaccination Programme, the Vaccination Centre has enhanced the service greatly, to ensure every effort is made to ensure accessibility for staff, including mobile clinics attending Care Homes, Community Day Centres, Learning Disability & Supported Living Units, etc. These mobile clinics supported the Vaccination programme delivery not just to patients/service users/public but enabled staff to avail of the COVID-19 vaccine too.

On 7th April 2021, the Trust reached the incredible milestone of having vaccinated 100,000 people.

4. COVID-19 Interagency Community Response

Belfast Trust Public Health – Health Improvement and Community Development teams along with Older Peoples Services Connected Community Care worked with the Department of Communities, Belfast City Council, Advice NI and the local community and voluntary sector to support a wide range of people affected by the COVID-19 pandemic. A tiered approach was establish to initially support those people who were required to shield and this was expanded to include wider needs across the City. Weekly meetings were held with the Department for Communities and other Trusts, Councils along with Advice NI to ensure a coordinated regional approach. Referral pathways were established and the Trust established a local 7 day a week call centre to ensure that those most in need received food, pharmacy, fuel, emotional support or required support from Trust core services.

5. Section 75 Monitoring:

The equality screening is an overarching assessment, for example Section 1.4 of the screening sets out that there are 11 acute service changes, 7 community services changes and 7 additional planning changes. It is recognised that these are all very significant changes in themselves, some with more relevance and impact on Section 75 groups than others. The Trust's equality scheme would ordinarily require assessments (screenings/EQIA) of each individual policy as well as mitigation for each policy area, followed by a consideration of the cumulative impacts of all of the proposed changes.

In these circumstances, there is therefore an even greater need to monitor the impacts that decisions have on the Section 75 groups. The screening document highlights the importance of monitoring and we would simply re-iterate this and note it will also be important to record these considerations, perhaps in updated screening exercises and to ensure transparency in any further decisions taken in regard to the surge plan policies.

- ***Consideration of Screening with other relevant public authorities**: Section 1.4 of the screening indicates that the Trust is working in an 'integrated' way with the Department of Health, HSCB and PHA and other public authorities. It also **appears that the Trust has demonstrated leadership and transparency, in undertaking this screening exercise and trying to assess the equality implications of the surge plan policy, for the Belfast Trust**.*

Point 12 of the Commission's Section 75 and leadership full guidance, highlights that in order to ensure best use of resources, effort and potentially identification of potential impacts, that public authorities should consider working together to equality assess policies, where appropriate. Our guidance indicates that in circumstances where a number of public authorities have responsibility for a policy or one has responsibility for developing the policy proposal and the other has a role in the implementation of that policy, both or (all) organisations may have responsibilities to equality assess that policy under Section 75. Public authorities should share information and work collaboratively with other public authorities to undertake equality assessment, where appropriate.

- ***Temporary or permanent changes**: It is important, moving forward, that any changes made on a temporary basis, in this emergency situation, are fully re-considered if there is the potential that they may remain in place on a more permanent basis i.e. that these policies are robustly equality assessed on an individual policy basis. I appreciate that the Trust's screening exercise recognises this point and it will be important to ensure that appropriate safeguards are in place in this regard.*

In accordance with the Regional Strategic Rebuilding Framework published by the Department of Health for NI, Belfast Trust then began to slowly increment service provision for June 2020 and Phase 1 of our rebuilding plans for the month of June was developed mindful of the objectives stated by the Department of Health (DoH) and the checklist provided by the DoH to support service planning and preparation – with the first referring to communication with the public.

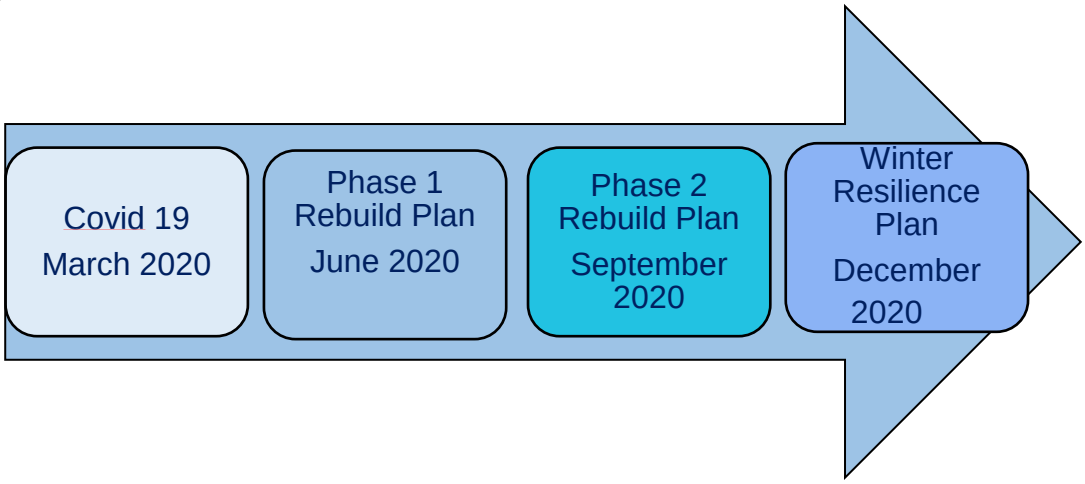
BHSCT must therefore ensure that any rebuilding plans:

- Ensures Equity of Access for the treatment of patients across Northern Ireland
- and minimises the transmission of Covid-19; and
- Protects the most urgent services

The Phase 1 rebuilding plan for the month of June 2020 helped the Trust to:

- ✓ deliver services to the most vulnerable people in our community,
- ✓ to ensure patients who urgently require acute care and planned cancer surgery are treated in a safe environment,
- ✓ continue to provide safe compassionate care to all those who need it, even if this means delivering services in a different way because of social distancing.

Figure 5:



The Phase 1 Rebuild Plan was also subject to a thorough equality screening which was shared with consultees and published alongside the Rebuild Plan on the Trust website. The unpredictable nature of the pandemic meant that the Trust needed to remain agile and respond quickly and flexibly to reinstate or stand down services. This approach of thorough equality assessments of the plans was replicated throughout the consecutive quarterly plans as depicted above to ensure equality considerations were mainstreamed into each and to ensure that when adverse impact was identified that appropriate and responsive mitigation was introduced to lessen the impact. It also facilitated assessment of the cumulative impact of our plans.

Many of the changes introduced as a result of Covid-19 were also subject to individual screenings to assess these in more depth – this included the Visiting policy, Virtual Consultations, Introduction of a Phlebotomy hub and Day Centre Recovery for people with Physical and Sensory Disabilities and for people with Learning Disabilities. Covid-19 also accelerated the need to implement some longer-term changes including the Proposed Phased Implementation of Urgent and Emergency care and implementation of No More Silos, Changes to Eye Casualty and both of these were subject to detailed equality assessments.

The Phase 2 plan outlined the areas where there could be an increase in activity across the Trust for the months of July, August and September 2020. The Trust continued with the incremental, staged approach to the service delivery that had been adopted in June to ensure optimum service availability within the current constraints during July, August and September 2020. This too was subject to a comprehensive equality screening.

The next quarterly plan required was a Winter Resilience Plan to address Winter Pressures and/or any subsequent waves of COVID-19 Pandemic 2020-2021. This was in recognition of Winter pressures have an acute impact on our unscheduled care services and are also keenly felt across our whole hospital system and our community services. In addition, a further surge of COVID-19 has the potential to have a wide-reaching impact on our ability to deliver many of our service. A thorough cumulative equality screening was undertaken to assess the potential for equality impact and where possible to mitigate against it.

It is envisaged that for the next year that the Trust will be required to produce these quarterly plans to illustrate how it will incrementally rebuild or downturn services dependant on future waves of the pandemic.

6. Quality Management System

An innovative approach to performance management, quality improvement, assurance, and accountability processes into one single integrated system was implemented during this reporting period. The Trust considers that this will be most effective in helping to deliver our vision to provide the right care at the right time in the right place.

It sets out the Trust agreed strategic priorities, which include:

- A new model of care for older people
- Urgent and Emergency Care
- Time Critical Surgery
- Outpatient Modernisation
- Vulnerable group in our population
- Seeking real-time feedback from patients and staff

7. Trust Priority: No More Silos and Urgent and Emergency Care

Prior to COVID-19, there was clear evidence that urgent and emergency care services in Northern Ireland were under increasing pressure. The model of unscheduled care has been heavily focused on accidents and emergency despite the fact that the significant majority of patients attending Emergency Departments are not in that category. Every year, more than 800,000 people attend an Emergency Department. Of these, roughly 35% would be defined as an emergency according to the definition above. In the past, the attendances of the remaining 65% can be deemed as 'inappropriate'. This can often be the case when there would appear to be no other practical alternative.
A&E departments face longstanding challenges in recruiting and retaining sufficient staff to cope with rising demand. Traditionally there has been a high attrition rate from doctors in training, high early retirement rates for experienced clinicians, and significant reliance on temporary locum clinical staff.

7.1 ***Human Rights Inquiry into Emergency Healthcare***

The constraints within our Urgent and Emergency Care system are not new and have been well documented. Such were the pressures across Emergency Care in Northern Ireland that the Northern Ireland Human Rights Commission (NIHRC) launched a Human Rights Inquiry into Emergency Health Care on 3 June 2014. It was the first time anywhere in the world that emergency health care had been the subject of a human rights inquiry. The Inquiry's findings did acknowledge that "*Emergency departments do not control who attends for treatment and rely on other parts of the hospital and social care system to allow patients to be discharged from emergency department care or cared for at home obviating their need to attend hospital*." And "*that Staff in emergency departments work in pressured environments, in accommodation and facilities often not designed to deal with the demands placed on them.*"

In regard to end-of-life care, the Inquiry also "*heard about the difficulties posed when EDs are left to deal with end-of-life care issues. … evidence that an ED is not an appropriate place for such care and the distressing impact such situations had on loved ones. …evidence that sometimes people were transferred to EDs when end-of-life care could have been more appropriately provided in a nursing home or at home. This matter gives rise to a number of human rights issues. A strategy is needed to minimize the number of people being transferred to emergency departments in such circumstances including a specific focus on managing end of life care in nursing homes or at home, wherever possible."* Concerns about older people in an Emergency Department setting were a consistent theme throughout the inquiry.

7.2 Needs assessment

A NI Needs Assessment for Urgent and Emergency Care in 2017 comprised a population needs assessment. This assessment indicated that there would be a significant change in the demography of the Northern Ireland population over the next 10 years with up to an additional 75,000 older people in the system and the total population was projected to increase by a further 77,600 between 2016 and 2026, thus rendering the current system of urgent and emergency care unsustainable going forward.

The study found a positive relationship between increasing levels of age and ED attendances. Population levels of socio-economic deprivation and long-term conditions were also to be found to major influencers on ED attendance. This brought about a Review of Urgent and Emergency Care to develop proposals for a new regional model for urgency and emergency care that will be safe, efficient and sustainable in the long term, which was led by Dr John Maxwell, ED Consultant in Belfast Trust. The review team engaged with patients and service users Trust staff, Universities and a purpose-built Unscheduled Care User Forum to learn their views and perspective to be able to access the best healthcare. The key themes of the review were as follows:

Accessibility	Workforce and Training	Standardisation	Inefficient System
Co-Ordination	Capacity and Flow	Silos, Barriers & Communication	Excellent Innovations

The Project Group that Emergency Departments should be kept for emergencies and so Urgent Care Centre, Clinical Assessment Service and Assessment Units should be developed. It also found that there should be further investment and development of Acute Care at Home and Enhanced Nursing Home Care for older people to prevent them having to go into an Emergency Department and experience long waiting times in a busy, acute setting. The team also found that an Emergency Department was not the right place for people experiencing acute episodes of mental ill health and that it was appropriate that children ought to be treated in a paediatric environment. The team recommended the use of scheduled appointments provided from urgent treatment centres so emergencies can be prioritised in an Emergency Department. The use of direct admissions and rapid Access Clinics was also highlighted as exemplar in improving the efficacy of the Urgent and Emergency

Care Service.

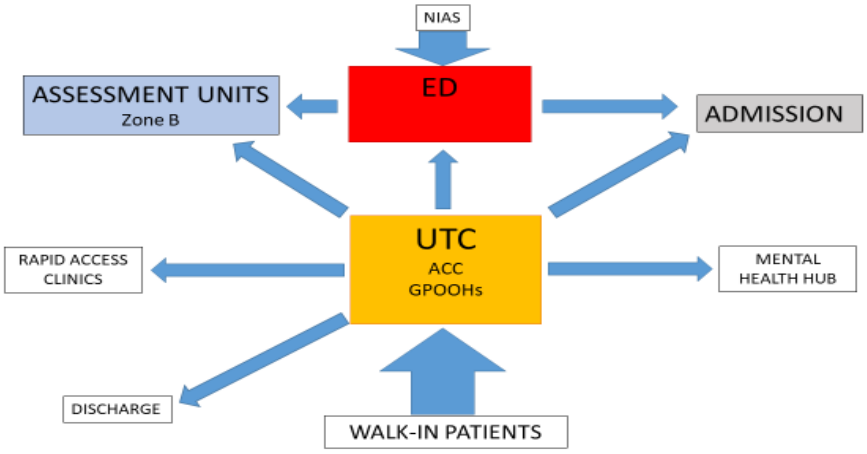
7.3 No More Silos

The Minister of Health approved the establishment of an interim No More Silos Network to produce detailed proposals for the reform of Urgent and Emergency Care.

The No More Silos Action Plan sets out 10 key actions for consideration to ensure that urgent & emergency care services across primary and secondary care can be maintained and improved in an environment that is safe for patients and for staff. Implementation of these 10 actions will be subject to funding availability.

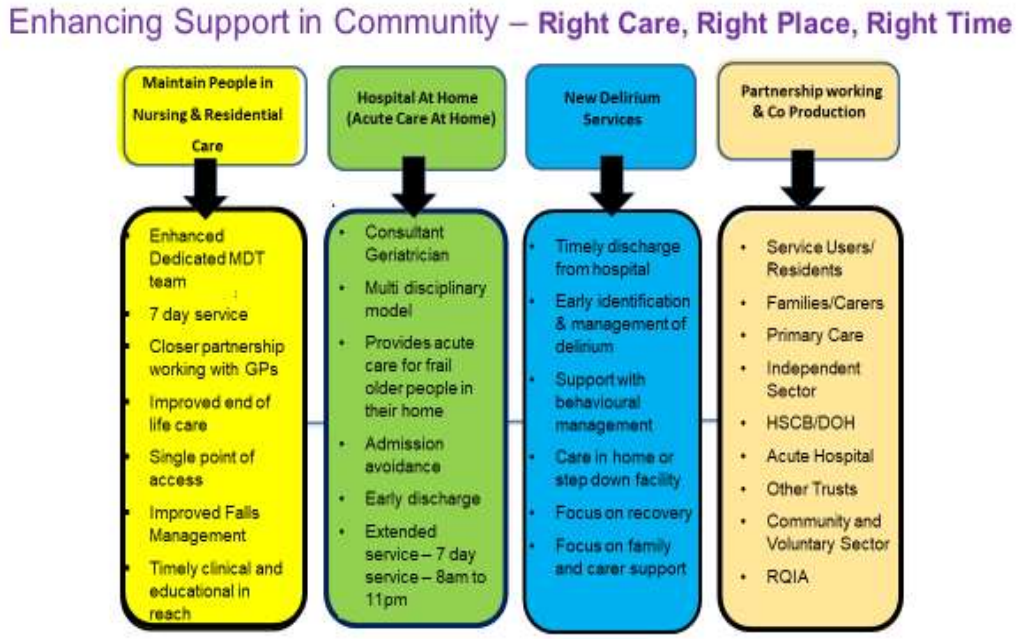
Belfast Trust have worked with primary care colleagues in the Local Implementation Group to develop a new model within the Royal Emergency Department to keep the Emergency Department for emergencies and to collocate an Urgent Treatment Centre, along with an ambulatory care centre and working in a more systemic way with Out of Hours General Practitioners. Part of this new system is the scheduling of appointments for people arriving to access unscheduled care. A Mental Health hub is also available to ensure that people who require unscheduled acute mental health care can access it in a more appropriate environment.

Figure 6: Local Implementation Group New Model for Royal Emergency Department



The reviews and assessments regarding urgent and emergency care have acknowledged that there needs to be system-wide reconfiguration and improvements. A significant programme of work has also been taken forward to ensure appropriate discharge pathways from hospital are in situ so that people do not face unnecessary delays. Similarly, work has been underway in the community to avoid older people having to access urgent and emergency care by having the appropriate support in the community. This is in accordance with the Trust vision on providing the right care in the right place at the right time and the regional work being led by the Chief Nursing Officer.

Figure 7:



This important programme of work will yield with the following benefits:

- Focus on what matters to service users, families, and staff.
- Enhance the partnership working between primary care and community services.
- Focus on admission prevention and early discharge.
- Providing a hospital at home service
- Focus on upholding the wishes of the person regarding their preferred place of death.
- Assist in creating capacity in hospital.
- Facilitate equitable and timely access to Multi-Disciplinary assessment and treatment.
- Enhance the service user and carer experience, by promoting their rights and improving choice.
- The Trust is also working on creating better alternative pathways for older, frail people who may have fractures and be experiencing delirium or living with delirium. This accords with the Trust's commitment to providing the right care at the right time in the right place.

The Teams are working together to support older people to live at home for as long as possible. The District Nursing teams are reviewing how they can best support older people in the community. The Hospital at Home team are providing more acute care at home, working closely with GPs to address the specific need of older people within the comfort of their own environment.

The Trust is working with Care Homes and GP leads to avoid unnecessary hospital admission for residents by reducing falls, addressing infections and swallowing difficulties.

The Trust remains committed to securing maximum independence for people as they come out of hospital with the right range of bed-based and home-based re-ablement and rehabilitation services

8. Outpatients Modernisation

Belfast Trust provides an extensive range of clinics through its Outpatients Department across Acute and Community sites to over 600,000 people each year including the delivery of some regional services. As well as face to face OP appointments, Belfast Trust has moved to delivering OP appointments virtually with many benefits for patients and clinicians.

Figure 8:

From both a service and a user perspective, there needed to be changes to the way the Trust facilitated outpatient appointments. Waiting lists were already too long which was having an adverse impact on patients' health – then the onset of the Covid pandemic only compounded the need for transformation of appointments.

A Virtual Consultation is an appointment that takes place between a patient and a clinician using video or telephone, as opposed to a face-to-face consultation and may be referred to as:

- Remote Consultation
- Video Consultation
- Video Conferencing
- Tele Health
- Tele Care
- Tele Medicine
- Tele Therapy
- Online Portals

A virtual video consultation differs from a traditional video conferencing facility in that it also includes a clinical booking and management portal that facilities clinic management and segregates patients for full confidentiality. During a virtual video consultation two or more people talk and see each other by video on their phone, laptop or computer.

For a virtual consultation that is undertaken by a phone call, a phone only is required and for a virtual clinic by video call there needs to be access to a smartphone or a computer with a camera, microphone and a speaker. Patients

may need to install an application (app) on their computer or smartphone to enable them to take part in the virtual clinic. Using virtual consultations clearly supports the coronavirus response by:

- Preventing the transmission of the disease and keeping patients safe by reducing the need for patients to travel into hospital and reducing the footfall on the main hospital sites.
- Allowing clinicians to speak to patients who are unable to travel to hospital (e.g. patients in at risk groups or who are self-isolating).
- Facilitating clinicians to carry out clinical work from home (e.g. staff in at risk groups or who are self-isolating).

Necessity has driven the huge increase in the use and desire to use more digital technology in the NHS including virtual consultations. Remote options have been able to address many challenges facing the health sector particularly around the risk of it becoming overwhelmed – a situation brought sharply into focus by the Covid-19 pandemic.

Belfast Trust in Learning from Covid realises that part of the ongoing outpatient modernisation process involves the scaling up of digital solutions to maximise and enhance the benefits experienced during the Covid-19 pandemic in terms of virtual consultations. An Outpatients modernisation multi-disciplinary team has been established with a defined programme of work relating to the digital transformation of outpatients. The aim is that virtual consultations particularly video consultations become an integrated aspect of a patient's care pathway through the enhancement of capability and seamless booking systems.

Even before the Covid-19 pandemic reached the UK in 2020, the drive for the NHS to make better use of digital technology had already started to take centre stage. In Belfast Trust the Performance, Planning and Informatics Directorate developed a Digital Strategy to provide direction and to support new ways of working which would ensure greater flexibility and convenience for services, patients/service users and carers. Regionally, across HSC NI, the Encompass programme of work (which involves the digitalisation of health and social care records and the facilitation of Tele Health / Telecare pathways) is being developed and rolled out. Similar trends have occurred within the Primary Care sector with more GPs offering triage via telephone calls prior to any face-to-face appointments if required.

Virtual consultations are deemed to be a necessary part of future service delivery where appropriate because of the range of benefits for both patients, carers and staff. For example, patients are spared the cost and inconvenience of travelling to a face–to–face consultation, and healthcare systems can deliver safe and quality care with greater levels of efficiency. Apart from the reduced risk of infection transmission, virtual consultations are convenient for the patient and his/her family especially if either works and in terms of video consultations to allow clinicians to put eyes on patients without travel and cost implications. Provision of virtual consultations have the following benefits:

- Support Trusts recovery plan and ensure continuity of service.
- Offer clinicians flexibility on clinics (support meeting demand)
- Reduce clinician travel (e.g. for Services delivered in other Trusts)

- Ability for clinician to ‘put eyes’ on patient (advantage over telephone consultation)
- Speak to patients unable/unwilling to travel (at risk groups)
- Increased choice for patient
- Reduced travel
- Associated costs reduced
- Reduced time off work.

Research shows that virtual consultations can also reduce DNAs (Did Not Attend). By engaging service users, the Trust was able to establish that there was a general view that virtual appointments are an appropriate method of communicating with service users and carers particularly in the current circumstances where face to face appointments are not always possible. Some participants were very positive about virtual appointments with one participant describing them as ‘truly life changing’, avoiding travel, car parking and the stress associated with attending several appointments each year.

Clear and consistent guidance is important for the provision of appropriate and responsive appointments as virtual consultations will not always be suitable for every person. Guidance has been produced and been equality screened to help inform the provision of virtual consultations – and which method is most suitable and when it is more appropriate and safer to offer a face-to-face appointment.

9. Development of Phlebotomy Hub and Drive Through

The results of blood tests are used in 80% of diagnosis in modern medicine. In addition, a huge range of medical issues, such as blood disorders, bacterial infections, viruses, even some types of cancer can be detected through blood tests. Notably for patients with Long Term Conditions such as immunosuppressed patients who often attend outpatient clinics for blood testing 2-3 times per year. In addition, blood tests are relied upon by clinicians with patients who struggle to accurately communicate, or have trouble remembering their symptoms e.g. older people, person with a learning disability, someone with MS.

A Phlebotomy Centre was developed at the Duke of Connaught Building on the Musgrave Park Hospital site and comprises both a drive-through and an in-house service and there is an extra phlebotomy clinic provided at the Mater Hospital every Friday to facilitate accessibility for all patients. During this reporting period, 30 service teams across the Trust have received training and there is an ongoing rollout to other services with a pilot being undertaken in Oncology and Phlebotomy. There is a direct referral/communication route for GPs to facilitate a quick referral and response with results turnaround. The range of tests offered has also been extended to include blood pressure and body mass index.

Figure 9: Phlebotomy Centre

10. Trust Priority: Time Critical Surgery

Hospital waiting lists were unduly long prior to Covid and have been negatively impacted by the onset of Covid. The Trust is focusing on ensuring those people waiting for urgent care and time critical surgery can receive this treatment and will also work as part of the wider health and social care system to ensure those most in need are prioritised to receive their surgery. This will involve the use or regional facilities to continue to increase the volume of surgery undertaken, using pathways that are kept free from Covid services to ensure equity of access to surgery. The Trust will participate in regional plans for elective general surgical services and is progressing work on the Cancer Recovery Plan to ensure the delivery of cancer services is resilient to potential future surges of Covid-19 and the projected increase in cases of cancer.

11. Trust Priority: Improving and promoting the health and wellbeing of vulnerable people

The Trust is focusing on addressing the 30% increase in acute mental health inpatient demand with improved discharge arrangements, including additional step-down beds to support people back into the community.
In accordance with the Mental Health Strategy implementation, the Trust will increase the size of the Belfast Community Perinatal team to support mums-to-be and their partners and families.

The Trust will establish a new clinical team to offer more timely access to intervention and support for children and young people awaiting autism assessment.

Significant work is ongoing regarding Muckamore Abbey Hospital to progress the resettlement targets and to address the significant safety concerns relating to their care. This includes working closely with the patients of Muckamore Abbey Hospital and their families and carers.

A review of short breaks services is under way to best meet the needs of service users with a learning disability and their family.

Two new staff members have been appointed to work in the Planning and Equality Team but to work exclusively with Mental Health and Learning Disability Divisions. Part of these important roles involve developing a range of supported housing facilities in the community, offering choice and independence to people with mental health and learning disability.

The Trust continues to balance our existing services to vulnerable children and their families whilst addressing emerging needs post-Covid within the community.

A comprehensive programme of work is underway to consolidate Adult Safeguarding structures and processes to protect the most vulnerable people in our facilities and in the community.

12. Trust Priority: Seeking Real time feedback from patients and staff.

The Trust is continuing to gather Real Time Patient Feedback from in-patients in the Trust to understand how their experience is in our care. This ranges from collecting feedback from service users receiving care in their own home, patients attending an outpatient appointment and patients attending our Emergency Departments. In an organisation whose values include openness and honesty, it is important that we incorporate real time feedback into our performance management systems so that we can learn and ensuring that our services are person-centred.

Some examples of listening, learning and introducing changes are reducing noise levels at night on wards and helping patients get a better night's sleep, offering alternative menu choices at mealtimes and enabling patients to receive more information about their treatments and medications whilst in hospital.

Of equal importance is feedback from staff to that as an organisation. We are actively working to support Happy, Healthy and Productive Teams. Research has shown that "Staff engagement trumps all other measures for predicting the quality of organisational outcomes" (Professor Michael West). The Trust has been working with Northumbria Healthcare NHS Foundation Trust to learn from their experience.

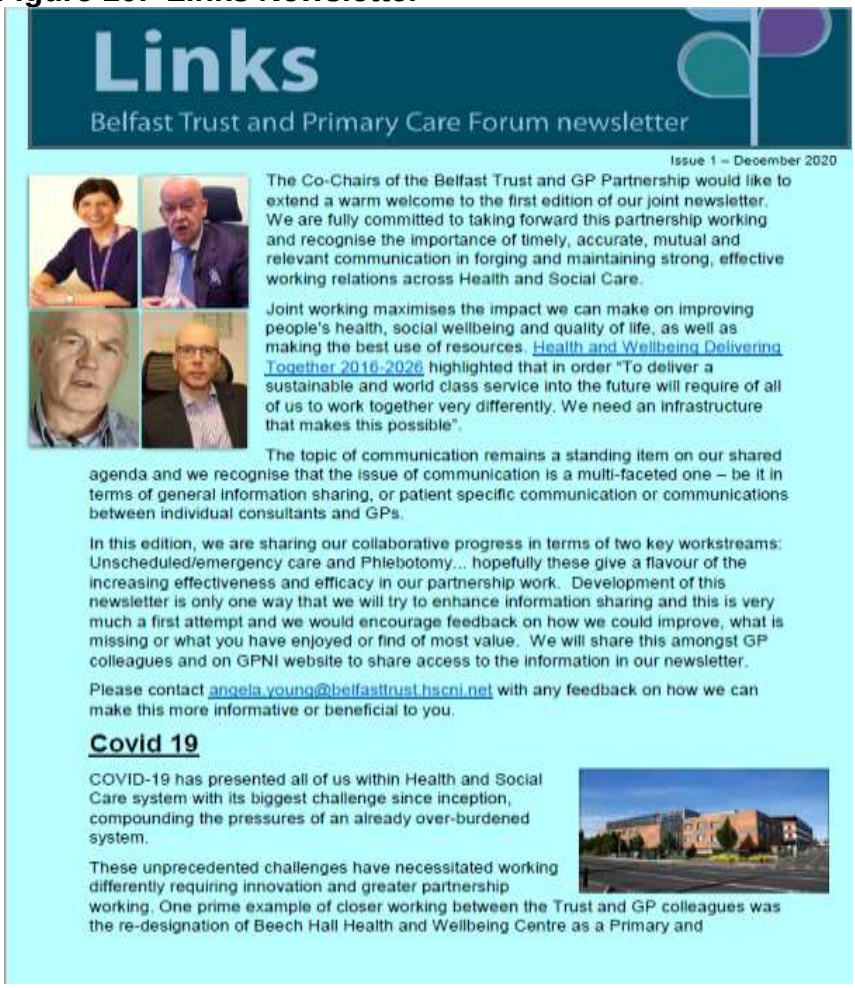
13. Creation of Trust and Primary Care Forum

Belfast Trust has enjoyed good working relations with primary care colleagues over many years via a range of forums – but in June 2020 these were further consolidated by a new Trust and Primary Care Forum being established. The meetings take place on a fortnightly basis and are co-chaired by Director of Performance, Planning and Informatics and Medical Director and by 2 General Practitioners. This facilitates close partnership working so that there is a system-wide approach with GP involvement in all the key workstreams.

The strength of the partnership approach was illustrated at an early stage when the Trust and General Practitioner colleagues developed a Covid Assessment Centre in Beech Hall Health and Wellbeing Centre within 10 days in March 2020 to best respond to the increasing demand placed on the system by COVID-19 and to help to try to ensure there was sufficient capacity in the

system to deal with the anticipated increase in demand for people contracting COVID-19.

Figure 10: Links Newsletter



Links

Belfast Trust and Primary Care Forum newsletter

Issue 1 – December 2020

The Co-Chairs of the Belfast Trust and GP Partnership would like to extend a warm welcome to the first edition of our joint newsletter. We are fully committed to taking forward this partnership working and recognise the importance of timely, accurate, mutual and relevant communication in forging and maintaining strong, effective working relations across Health and Social Care.

Joint working maximises the impact we can make on improving people's health, social wellbeing and quality of life, as well as making the best use of resources. Health and Wellbeing Delivering Together 2016-2026 highlighted that in order "To deliver a sustainable and world class service into the future will require of all of us to work together very differently. We need an infrastructure that makes this possible".

The topic of communication remains a standing item on our shared agenda and we recognise that the issue of communication is a multi-faceted one – be it in terms of general information sharing, or patient specific communication or communications between individual consultants and GPs.

In this edition, we are sharing our collaborative progress in terms of two key workstreams: Unscheduled/emergency care and Phlebotomy... hopefully these give a flavour of the increasing effectiveness and efficacy in our partnership work. Development of this newsletter is only one way that we will try to enhance information sharing and this is very much a first attempt and we would encourage feedback on how we could improve, what is missing or what you have enjoyed or find of most value. We will share this amongst GP colleagues and on GPNI website to share access to the information in our newsletter.

Please contact angela.young@belfasttrust.hscni.net with any feedback on how we can make this more informative or beneficial to you.

Covid 19

COVID-19 has presented all of us within Health and Social Care system with its biggest challenge since inception, compounding the pressures of an already over-burdened system.

These unprecedented challenges have necessitated working differently requiring innovation and greater partnership working. One prime example of closer working between the Trust and GP colleagues was the re-designation of Beech Hall Health and Wellbeing Centre as a Primary and

A recurring agenda item has been the importance of two-way timely communication between the Trust and GPs and this has led to the development of a newsletter entitled Links.

14. Joint HSC Forum

A Joint Health and Social Care Forum with Equality Commission, Northern Ireland Human Rights Commission and Community Relations Council has helped to consolidate relationships and mutual communication.

The forum focuses on domestic equality obligations and wider human rights obligations in relation to Health and Social Care. The aim is to facilitate effective and robust partnership with statutory agencies and foster ongoing relationships between Health and Social Care (HSC) Trusts, the Equality Commission, Human Rights Commission and Community Relations Council colleagues on the mainstreaming of Section 75 (Equality and Good Relations) and Human Rights legislation and principles into health and social care policy and developments.

Its role is to consider and discuss issues arising in regard to equality, good relations and human rights in health and social care and to consolidate existing

cooperative and collaborative working in progressing this agenda. All parties can propose agenda items to maximise mutual benefit and relevance. Parties agree in advance a number of key priorities for the year ahead to ensure that tangible and mutually beneficial outcomes can be achieved. Smaller task and finish groups have been established to work on specific projects such as training and screening. The chair is rotated so that there is joint ownership, accountability and parity of esteem between all organisations. Each host organisation is responsible for inviting a Senior representative from their organisation to attend their local meeting. The forum meets three times a year.

15. Mental Health Action Plan

The Department of Health launched its Mental Health action plan in September 2020 which contain actions that fall into three broad categories; immediate service developments, longer term strategic objectives and preparatory work for future strategic decisions. There are 38 actions along with a commitment to develop a Mental Health Strategy, along with a ten-year funding plan and to create a new role of Mental Health Champion.

Figure 11: DoH Mental Health Action Plan

The action plan outlines actions to improve user experience and user involvement, to increase awareness of the available services and to improve pathways for users. The action plan commits to repealing the Mental Health Order legislation for over 16s and replace it with the Mental Capacity legislation. Other actions include enhancing transitions within MH services and a review of restraint and seclusion and development of a Mental Health passport for service users who wish to avail of one. There will also be a review of the crisis services and the low secure and rehab facilities. There will be investment in perinatal mental health services and pathways. Particularly pertinent to the No More Silos section in this report is a commitment to improve the experience of people with acute mental ill health in Emergency Care. It will act to conduct a workforce review and enhance training opportunities and to improve governance.

These developments will help to enhance services for service users and carers and staff. Belfast Trust Mental Health Services work closely with Primary Care colleagues through their liaison group to ensure that there is regular communication and partnership approach in the promotion of good mental health and addressing the needs of those with mental ill health.

The Royal Victoria Hospital Emergency Department have launched a new website to help support young people with a wide range of issues they might be

experiencing, including mental health, drugs and alcohol, problems at home and bullying. It is hoped that the website will offer young people the options of accessing support services in their home and community before they reach a crisis point. The site launched in March 2021 and is already very successful. Watch the video to find out more about how the website was developed and how it hopes to help. You can access the website at: www.youngpeopleni.org

16. Screening template

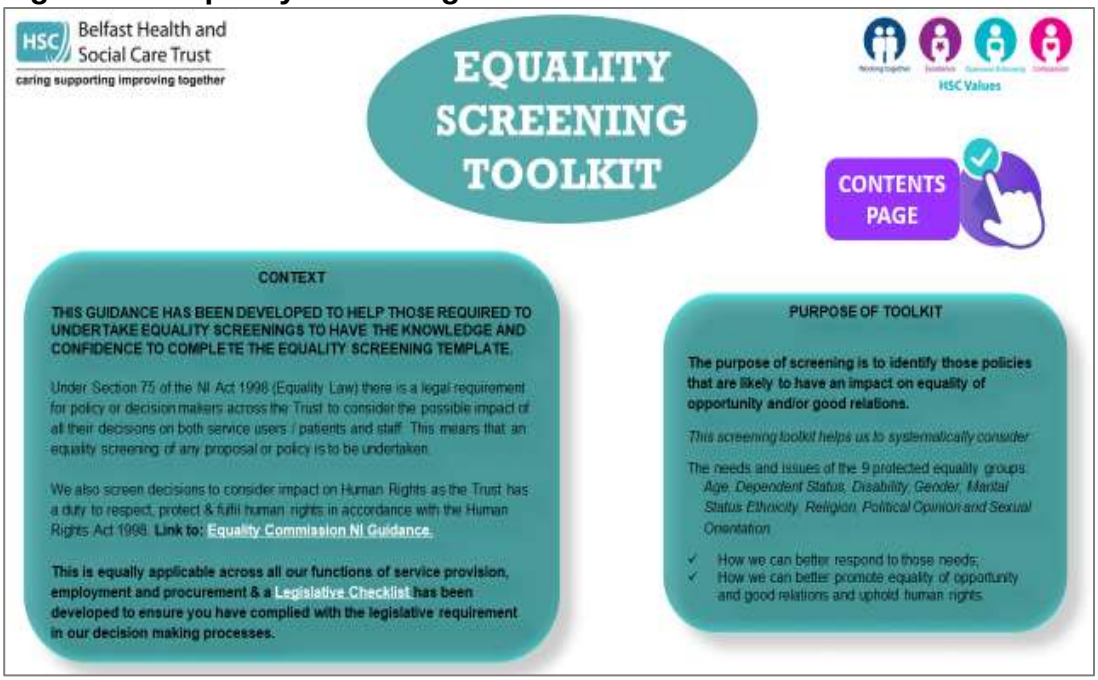
Further engagement has taken place with the Belfast Trust and ECNI colleagues on the 2-part template. The template also incorporates a human rights flowchart and consideration of disability statutory duties. The Trust is now considering the screening template vis a vis the accessibility requirements emanating from the European Union Directive on the Accessibility of Public Sector Websites and Mobile Applications. This requires all Member States to take necessary steps to ensure that public sector bodies' websites and mobile applications meet common accessibility requirements, for people with disabilities.

The Directive requires the UK set up an "adequate and effective enforcement procedure in relation to Articles 4, 5 and 7(i)"

- Article 4 requires that public sector bodies take the necessary steps to make their websites and mobile applications more accessible, making them perceivable, operable and robust.
- Article 5 ensures that the Article 4 requirements are applied only to the extent that those requirements do not represent a disproportionate burden.
- Article 7(1) requires public sector bodies to provide and regularly update accessibility statements, in accordance with the model accessibility statement, which will be published by the European Commission.

Given these requirements, the Trust will review its screening template and then amend the screening toolkit accordingly. This was completed but will be reviewed alongside any changes to the screening template.

Figure 12: Equality Screening Toolkit



17. Focus on Quality Improvement

The Trust continues to deliver and benefit from its range of Quality Improvement training which is designed to:

- Align with the Trust's Organisational Development Framework and Quality and Safety Strategy and deliver on organisation imperatives (i.e. the challenges that need addressed).

- Support achievement of the primary goal, that is, '*continual and never ending improvement of the well-being of patients and other service users*.' (Don Berwick, 2013).

18. SQB Cohort 6

Safety Quality Belfast (SQB) Delivering Improvement Programme that is aligned with level 2 of the Quality 2020 Strategy. Participants attend workshops and, complete online IHI modules and then are required to initiate and progress Quality Improvement projects within the Trust that are all aligned with the Trust's Quality Improvement Plan. During this reporting period, Cohort 6 completed their learning and projects and the winner announced during the virtual celebration event was a project to improve personalised activity in dementia care. In accordance with the QI methodology, the multi-disciplinary group began small with just a number of residents in one of the independent sector homes for people living with dementia. This involved meetings with residents' carers and family members and the staff to discuss what their understanding of activity was. This then informed the interventions – which involved training and development of resources. An All About Me poster was developed and placed on the resident's door so that new or agency staff would be able to quickly familiarise themselves with some fundamental facts about the resident so that their engagement could be more personalised and meaningful for both parties. An activity box was co-produced with residents' loved ones to contain

personal items to help the staff member understand and interact with the resident about things that were important to them. Finally, a double sided lanyard card was produced with suggestions about activities to engage in with the resident if the staff member had either 5 minutes or 15 minutes.

Figure 13: Lanyard Card – suggested activities

Figure 14: Improving the Wellbeing of Carers

Belfast Health and Social Care Trust
caring supporting improving together

Improving the Wellbeing of Carers

Clayre Thompson, Cynthia Chan, Emma Carson & Rachel McLean

Introduction

A 'Learning from Covid-19' exercise was carried out in 2020 which aimed to capture the story of the impact of Covid across Belfast Trust and lessons learned. Using service user involvement, feedback received from Carers strongly suggested a lack of support in the initial surge phase of Covid which has impacted negatively on their psychological health. Creating an informal setting in which Carer's could feedback their experiences, get advice and support from peers and be listened to may help improve the support that they are missing.

Our Aim

To increase the % of unpaid carers of older people (65+) who are satisfied with the support provided by BHSCT by 20% by April 2021.

Methodology

- Survey was distributed to Carer's of Older People via social media, to help us take a deeper dive into understanding the feelings towards the support provided by BHSCT.
- Results from the survey were put into a Pareto Chart (Fig. 1) to show us what the biggest areas of concern were.
- Respondents were invited to take part in fortnightly Focus Groups, where we co-produced practical recommendations that could be passed onto the Trust.
- Carers completed the happy app daily, this information helped us understand if this level of support was making a difference.
- 'Satisfaction with support' question from original survey is completed every two weeks following focus group.

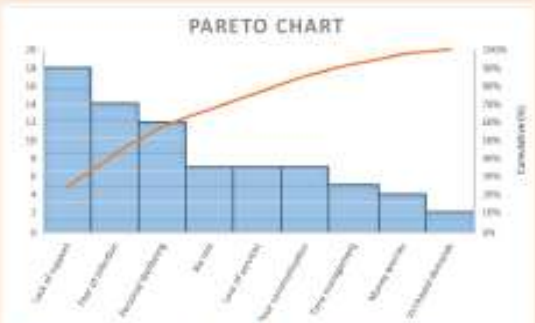
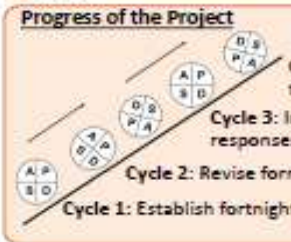


Figure 1. Pareto chart depicting the findings from the original Carer's Questionnaire which shows lack of support as the biggest issue.

Measures

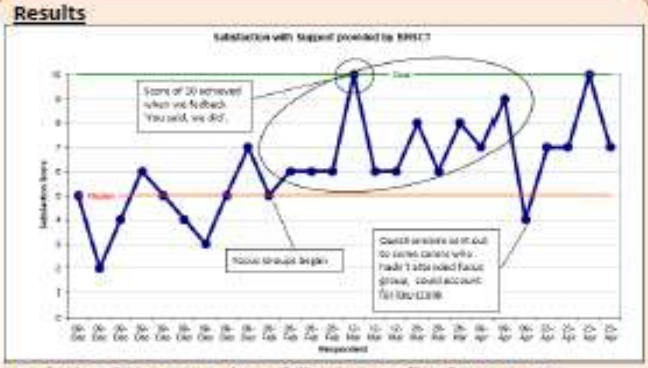
Outcome: Increase % of unpaid carers who score ≥5 on the satisfaction with support scale.
Process: Number of Carers completing the happy app and attending focus group
Balancing: Time taken away from caring responsibilities to join focus group

Progress of the Project



Cycle 4:Change focus to 'What matters to you' and focus on bright spots
Cycle 3: Increase engagement: sharing responses & creating daily text reminders
Cycle 2: Revise format of focus groups
Cycle 1: Establish fortnightly focus groups for Carers

Results



As depicted in our run chart, following our first focus group, satisfaction scores began increasing above 5. Each date here represents a single Carer who completed the satisfaction score on this date. Circled in the chart above, we observed a positive trend in scores after the first focus group, signalling that our change had made a difference.

In addition to the Pareto Chart, qualitative data gave us an insight into the positive impact this project had.

"Realising someone has the same issues or problems can be reassuring"

"It's great we're finally making progress!"

I feel better already!"

"I feel we are being listened to and acknowledged"

"I look forward to the online call to talk to people and just connect"

"I am content with the support from the Trust"

Conclusions & What's Next for the Project?

Our team achieved our aim and even surpassed the goal of a 20% increase in satisfaction with the support provided. **There was an increase from 56% to 94% of Carers scoring 5 or above.**

Although our main aim was to improve wellbeing via support provided, we also improved wellbeing by allowing Carers to be connected, reassured and heard.

Next, we will be presenting our findings to the Senior Leadership team and have had initial conversations with community social work to continue these group sessions for all unpaid Carers Trust wide. We will be catching up with our group during Carers week June 2021.

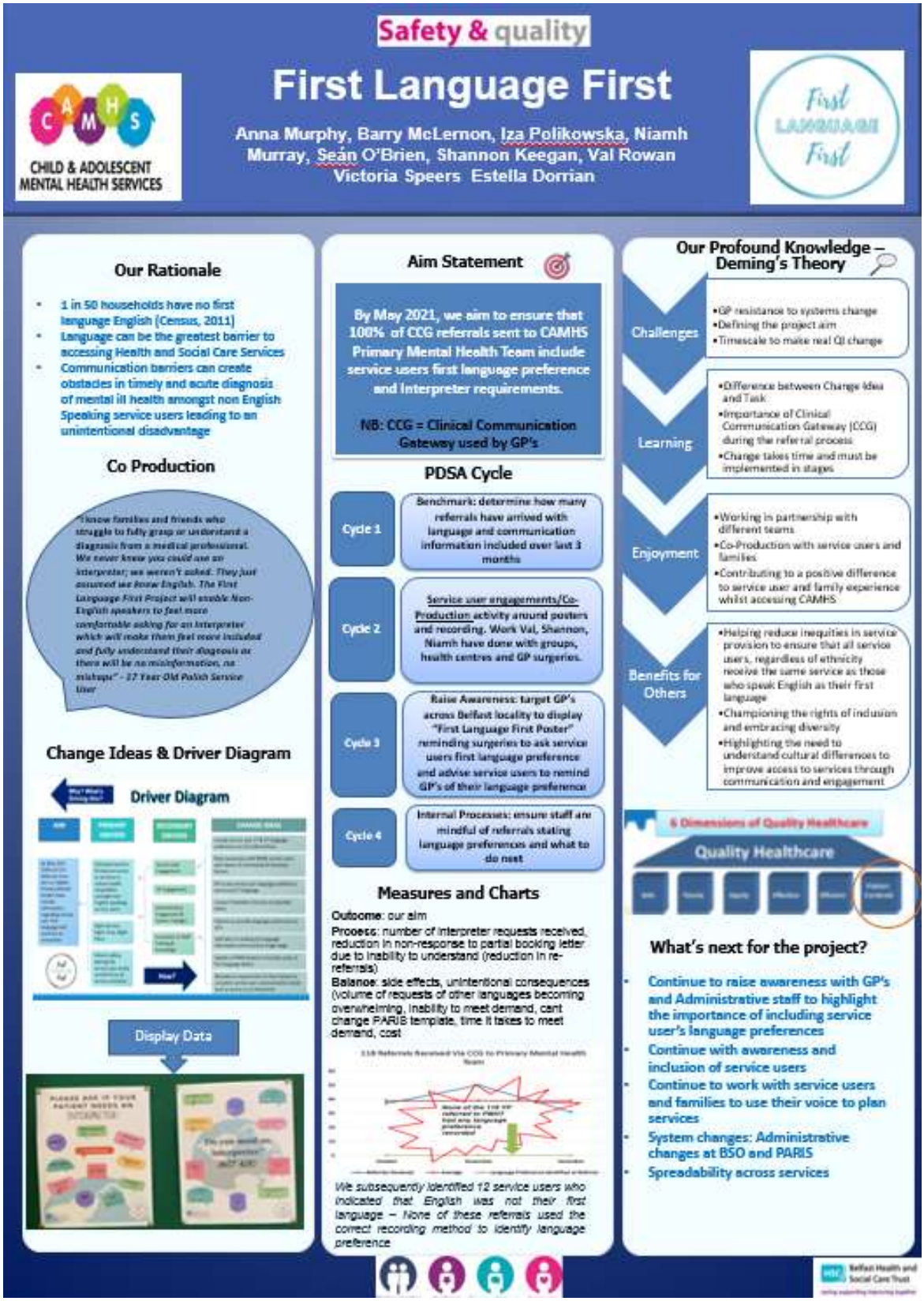
Figure 15: Online sessions:

Fortnightly online sessions were held with carers which:

- created an informal, safe space to *share and raise concerns*.
- *co-produce*d practical suggestions on how to better support carers.
- *shared knowledge* on what support & resources are already available.
- allowed Carers to *feel listened to* & that they have a voice.

There was an increase from 56% to 94% of Carers scoring 5 or above in rating their in satisfaction with support provided. Due to the success of the project, there are plans to scale and spread this across the Trust.

Figure 16: First Language First



QI project within Belfast CAMHS around improving how accessible our written information is and the timeliness of such information in relation to patients (and their families) from the Black, Asian and Minority Ethnic (BAME) communities.

The aim of the project is to ensure that 100% of referrals sent to CAMHS Primary Mental Health Team form GPs include specific references to a service user's first language preference and Interpreter requirements. This means that any further communication will be translated and an interpreter provided in a timely manner, which improves understanding and increases the likelihood of appointments being attended.

19. Assurance and Accountability

Within this reporting period, the Trust has reviewed its terms of reference regarding a steering group called **Involvement Group (formerly known as the** The EPE Steering Group). Their role is to provide assurance to the Trust Board around the Trust's activities in relation to engagement, partnership and equality of patients, clients, service users, carers and communities.

In terms of equality, it has been agreed that the key objectives to be reported on are as follows:

- To complete the Trust's Annual Progress Report for submission to the Equality Commission NI by June 2021
- To ensure that all policies and decisions are screened for equality impact
- To deliver mandatory Equality training to ensure compliance (all managers and staff to complete every 5 years)
- To communicate widely through the 'Equality Bites' newsletter with staff across the Trust, with other statutory bodies and the community and voluntary sector on good work that is happening, to promote awareness and sharing of best practice.

19.1 Healthy Relations Group

The purpose of the Healthy Relations Steering Group is to ensure a coordinated and proactive approach to meeting the health and wellbeing needs of BME and Traveller communities in a culturally-sensitive and accessible way and to provide oversight of the Trusts statutory Good Relations duty.

The group comprises representatives from service directorates and external bodies working with minority ethnic groups. The group meets 4 times per year.

Key Objectives:

- To promote cultural awareness by providing training and resources, increasing the numbers trained each year by 10%

- To develop an action plan by June 2020 to implement the recommendations of the Trust BME Older Peoples Health and Wellbeing report.

- Implementation of the Good Relations Strategy and action plan and deliver Trust wide awareness training, increasing the numbers trained each year by 10%.

19.2 Disability Steering Group

This group comprises internal and external members (including a representative from the Equality Commission) with representative from Disability groups, and individuals

with disabilities and has a long-standing reputation in co-production. The group meets 4 times year.

The purpose of the Disability Steering Group is to provide strategic leadership and direction to ensure that the Trust complies with its statutory and legislative requirements with regard to employment and service provision.

Key Objectives:

1. To ensure commitment at a corporate and strategic level to the business case for a collaborative, partnership approach to promoting best practice for disabled people, with the direct involvement of disabled people.

2. To provide leadership and direction and ensure commitment and accountability in the development, implementation and evaluation of Trust's Disability Action Plan

3. To provide the necessary, support, resources and infrastructure to ensure an integrated and cohesive approach to the development, promotion, implementation, monitoring and evaluation of a range of initiatives as set out in the Disability Action Plan

4. To ensure commitment at a strategic level to equipping staff and managers with the relevant skills and knowledge to identify and address barriers that make it impossible and/or unreasonably difficult for disabled people to gain access to health and social care provision through adopting a human rights based approach to service provision.

The Disability Action Plan represents an ambitious programme of work. We have successfully delivered on our actions within the Disability Action Plan for Year three (as detailed in Part B of this template) and hope to consolidate this work by further involving everyone in the steering group.

19.3 Every Customer Counts Sub-Group

Every Customer Counts is an initiative created and developed by the Equality Commission for Northern Ireland, with the aim of increasing access to services for people with a disability. The Commission provides the tools for organisations to undertaken a self-audit of their premises and service delivery, and an action plan template to outline activities to be undertaken in order to improve access.

Belfast Trust signed up to Every Customer Counts through its Disability Steering Group. A Working Group, comprised of a range of staff and service users, was established and Eye Outpatient Diagnostic Unit (EODU) in the Royal Victoria Hospital was selected as the location for the pilot to be carried out, given that it is

located at a distance from the main entrance and can be difficult to locate for patients.

The access audit took the form of a number of 'mystery shop' type exercises, undertaken by a number of volunteers who have a disability. The participants then answered a series of pre-defined questions regarding how easy or difficult it was to find EODU. This feedback proved invaluable in terms of revealing barriers to access from a patient perspective. A benchmarking survey, carried out among of patients in EODU over a 2-week period, also highlighted issues with way-finding.

A list of actions was then drawn up, including the creation of a walk-through video and a map with printed directions, a dedicated EODU section on the Trust website and the training of volunteers and others as 'Sighted Guides' to assist patients/visitors with a visual impairment. Signage will also be reviewed as part of this project, and work will be undertaken to enhance accessible toilet facilities at EODU.

It is intended that the learning and outcomes form this exciting project will be shared across the organisation so that other service areas may also use the Every Customer Counts model to ensure equality of access for disabled people.

The concept of **Accessible Communication** has been a recurrent theme in terms of tackling inequalities and promoting inclusivity in all forms of our communication. HSC Trusts are working with the Health and Social Care Board and the Department of Healthy along with RNIB and RNID to progress this important piece of work.

20. Carers

The Carer Support Service has appointed a permanent Senior Manager and additional administration positions are being recruited and developed – 2 Information and Support Officer Posts and a Band 6, Involvement Post.

The current Carers Strategy 'Caring Together in Belfast' identifies 4 priorities:

- Reaching Carers of all Ages
- Developing Carer Support Pathways
- Supporting Carer Health and Wellbeing
- Communicating with and Involving Carers.

An Action Plan for 2021/22 is in place to implement the current strategy. Work to renew the Carers Strategy will start late 2021/early 2022.

The Trust continues to provide a variety of support mechanisms for carers and a monthly activity programme is in place. An online booking system is now in place to streamline registration for carer activities.

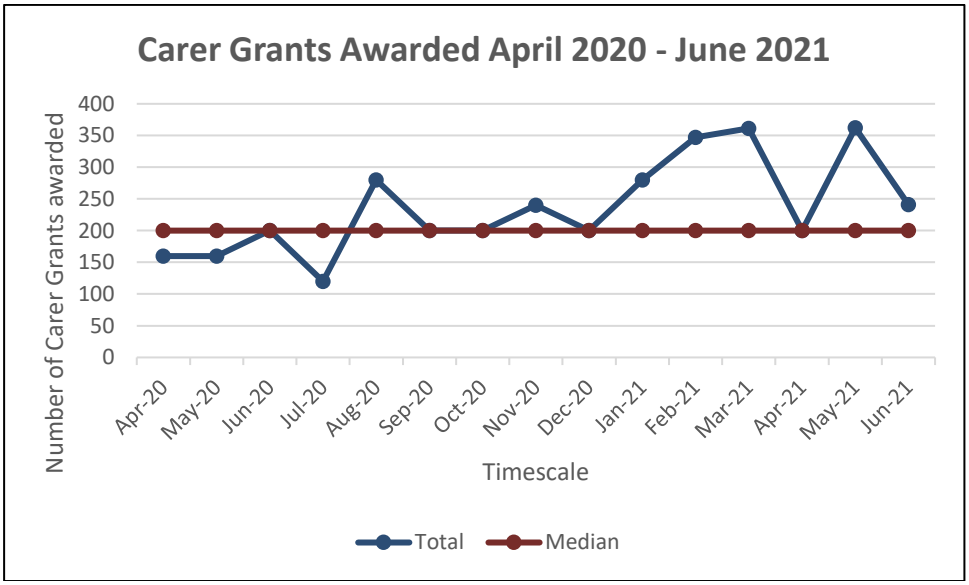
The Trust participated in Carers Week (7-13th June) and hosted 13 events / sessions for carers. In total we had 161 adult carer attendances and a further 30 adult carers who benefitted from Carers Week materials and self-care kits. Working in partnership with other HSC Trusts, four regional events were held and the SEHSCT extended an invitation for a family day, where a further 60 young carers and cared for individuals

also benefitted. Service areas also pro-actively used Carers week to host events to engage with Carers to progress work and celebrate achievements. During the week, communication activity included a podcast, social media activity and video's to share our work.

Carer grants continue to be awarded as a support for carers. The run chart below shows the level of Carers Grants awarded on a monthly basis commencing April 2020. The number of carer grants awarded is increasing. This can be partially attributed to increased awareness of supports available by carers and the continued social distancing guidance in place, which has resulted in limited access to services such as Day Centres, which has severely impacted on carers.

During April – June 2021, a total of **803** grants were awarded, totalling £166,513. **38** of these were for Young Carers. (Comparison April –June 2020, **518** Carers received Carer grants, **23** of these grants were for young carers).

Figure 17: Carer Grants Awarded



The Trust continues to pilot a **Carers Counselling service** in partnership with SEHSCT and Lifeline. During the period Jan – March 2021, 41 carers were referred which resulted in 175 counselling sessions.

The Trust has a Duty to offer carers a Carer Assessment/ Carer Support Plan. This is currently developed using the NISAT. The table below shows activity in this area.

Table 1: Carer Assessment/Carer Support Plan Activity

Period	Assessments offered	Assessments completed
2019-2020	3022	2037
2020-2021	2603	2235

A Carers Assessment Task and Finish Group has been established, which will review the current tools available to undertake a Carer Assessment and identify action required to support Service Areas in undertaking this Duty.

The Carers Mailing List provides a range of information to support carers in their role. At end March 2021, there were 1993 Carers on the mailing list. At end June 2021, this has increased by 14% to 2,278 carers.

21. Positive Action Update

Unfortunately, due to the Covid pandemic, Belfast Met were unable to deliver the Positive Action programme with a wider pool of employers as anticipated in their 2020 – 2021 academic year. In order to keep the momentum in relation to Positive Action, they utilised the OCN accredited template from the Positive Action programme and delivered a “Next Steps” course designed to provide learners with a range of beneficial employability skills that will empower and prepare them for the work-place but without the work placement component of the PA programme. Upon completion of the course, students will be better prepared to make the transition into mainstream college, employment, or into an organisation that offers employment via social enterprises or supported employment opportunities.

Belfast Met plan to deliver the “Next Steps” programme again in Sept’21 but if there is easement with current restrictions will implement the full Positive Action employability programme instead. They will utilise local employers including BHSCT to commit to supporting a number of places on each programme offering both placements and employment opportunities. Current restrictions permitting, it is anticipated that the next programme which will be “pan-disability” will start in September / October 2021 and BHSCT will commit to 3-4 places with other large employers securing the rest. A further meeting has been arranged for the end of April when there is greater clarity in terms of the pandemic and associated restrictions.

22. Trust staff involved in Belfast Men’s Health Group

In recognition that men and boys face a range of challenges to their health and wellbeing Belfast Men’s Health Group was established. It is a group of women and men across Belfast who look at issues affecting Men’s Health and some of the simple and practical things that can be done to improve your personal health experience.

The group is a mix of voluntary, community and statutory practitioners and organisations across Belfast including Belfast Trust who provide expert advice on: smoking cessation; alcohol awareness; mental health and wellbeing; impacts of cancer; and suicide awareness.

Belfast Men's Health Group celebrated Men's Health Week 2021 Monday 14th to Sunday 20th June 2021 (Father's Day) and details of the group can be found at www.belfastmenshealthgroup.org

23. Trust celebrates PRIDE 2020

BHSCT aspires to be known as one of the safest, most effective and compassionate Health and Social Care organisations and is committed to equality, diversity, inclusion and the prevention of discrimination for all our service users and staff. As an Investors in People organisation, it is imperative that our services and workplace are accessible and welcoming to all people regardless of their sexual orientation or gender identity.

The Trust is committed to ensuring our LGBTQ+ service users and staff are fully supported in Health and Social Care. As such it was with great pleasure that the Trust announced formal support and participation in the annual Belfast Pride celebrations for the first time. The 30th Belfast Pride was celebrated from Friday 24th July until Sunday 2nd August as a virtual event.

Supported by the Executive Team and in partnership with Trade Union colleagues the Trust got fully involved and planned a packed programme of activities to mark the virtual week of celebrations.

Music –The Trust Orchestra played 'Somewhere Over the Rainbow'
Staff Survey – A survey was conducted with staff to assess their experience in the workplace and to help the Trust to learn and improve when necessary.
Education – Social Media and the Trust intranet were used to dispel myths and increase awareness of some the inequalities faced by members of the LGBTQ+ community

The Trust Logo was changed to incorporate the rainbow colours and staff were encouraged to append this to their email signatures to further publicise the corporate support of Pride. A specific email address was set up for Pride@belfasttrust.hscni.net and staff were encouraged to

take a selfie and submit it and the range of faces in the photos were made into a rainbow mosaic.

Figure 18: Rainbow Mosaic

A member of staff who is non-binary recorded an informative podcast about their gender and regarding their experience in the workplace. They provided reassurance about being able to be themselves and to be supported in the workplace.

A webinar was recorded with Martin McGrath, Human Resources Manager responsible for Employment Equality along with Gavin Boyd, Policy and Advocacy Manager in Rainbow Project. The webinar also featured a male social worker who is gay and who recounted that when he was at school, he could never have imagined being out and happy in a workplace in Northern Ireland. He also said that he was aware of how many of his friends 'went away to be gay' A recently appointed HR Manager recounted how she felt welcomed in the workplace but how she purposely began in the Trust openly letting people know that she had a wife and a child. They all agreed on the importance of the Trust participating in Pride 2020.

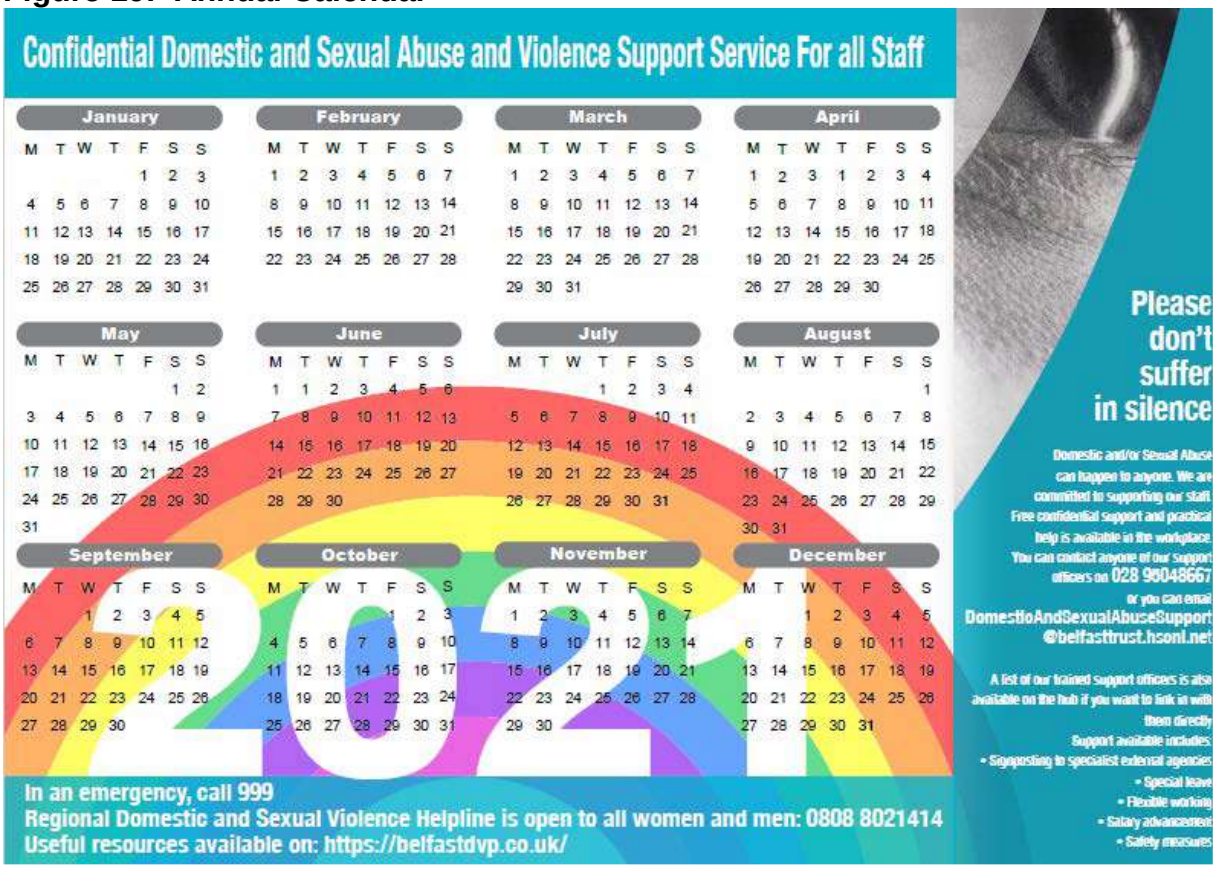
Finally the Trust is working to co-produce guidance for staff with key organisations such as Transgender NI and The Rainbow Project. This will complement our Gender Identity and Expression Policy and Supplementary Guidance. A forthcoming online trans awareness session and lunchtime chat via MS Teams in early May 2021 will help inform the guidance. Representatives from the Trust, Transgender NI and the Regional HSC LGBT network will form part of the panel.

24. Domestic and Sexual Violence Support Service for Staff

The Trust continues to offer the support service for staff and it is notable that the volume and complexity of cases significantly increased during lockdown. It was especially important that this service was offered given staff members experiencing domestic abuse may often have no escape from the domestic situation. Support offered included salary advances, emotional support, safety measures, liaison with security colleagues and PSNI and redeployment. Our support officers have received

training from the specialist organisations including Women's Aid, Nexus, and internally from Trust services including Clinical Psychology and Social Work. They benefit from quarterly meetings to discuss anonymised cases to share learning and to improve. The Trust continues to raise awareness across the Trust along with the annual calendar.

Figure 19: Annual Calendar



As with previous years, the Trust wanted to undertake a Christmas collection for Women's Aid, Welcome Centre and Homeplus. The Trust launched their appeal but given the pandemic asked staff to donate money directly to the charities in lieu of donating gifts, toiletries, toys and money to the Trust for distribution. The feedback was very positive from the organisations:

"I would just like to sincerely thank you and all your team for your very generous donations! It's hard to measure exactly how much came from your team as it was on Local Giving, but we estimated that it was around £2,300. We spent all of this money directly on helping asylum seekers and refugees in crisis and it was a massive help to many people. Some of whom had no money for food, phone top ups, electric, oil and more. Others were asylum seekers who were homeless and outside of the asylum system without any form of financial support. We were able to cover their accommodation from a separate fund, but it was great to be able to give them some financial support to buy the essentials that they needed"

25. Vulnerable Persons Relocation Scheme

The Trust has been a key player in the multi-agency project to relocate Vulnerable People. The Trust assesses and addresses any immediate health and social care needs in the welcome centres and links with colleagues in other Trusts to ensure

appropriate follow up and referral as required. While in the Welcome Centre, Trust staff deliver “An introduction to health services” talk and provide families with an information booklet about health and social care in NI

This was paused as a result of COVID-19 but talks between the Trust and the Public Health Agency to develop a plan of re-starting this safely. Numbers will be significantly reduced and it will be a staggered arrival system with the first family expected in June

26. Traveller Health and Wellbeing

The Trust commissions a range of services from Extern, Community Restorative Justice, Barnardos and HEART Healthy Living Centre to help improve the health and wellbeing of the Traveller community. Services involve work with Travellers who are homeless, family support work, early years work and work to integrate Travellers into mainstream health and wellbeing activities.

27. BME Carers Group

The Trust facilitates a BME Carers group which provides an opportunity for carers from BME communities to come together to access information, support and a break from their caring responsibilities. The group is supported by the Community Development worker for BME communities and the Trust’s Carers Co-ordinator.

28. Interpreting Services to facilitate equality of access for people who are not proficient in English

Since the outbreak and spread of COVID-19, many of our services and essential information services had to switch to telephone contact and virtual consultations with few services being delivered face to face. However, staff were reminded that our services still need to be inclusive and accessible and as such interpreting services do remain available. Interpreting Services continued to be accessible through The Big Word or the NI Health and Social Care Interpreting Service (NIHSCIS) while Written Translations were available via a Register of Contractors.

The NI HSC Interpreting Service offers a limited face-to-face service and some video conferencing on request. The Big Word offers a telephone service either for short conversations face to face or via a three-way telephone option in an extensive range of languages.

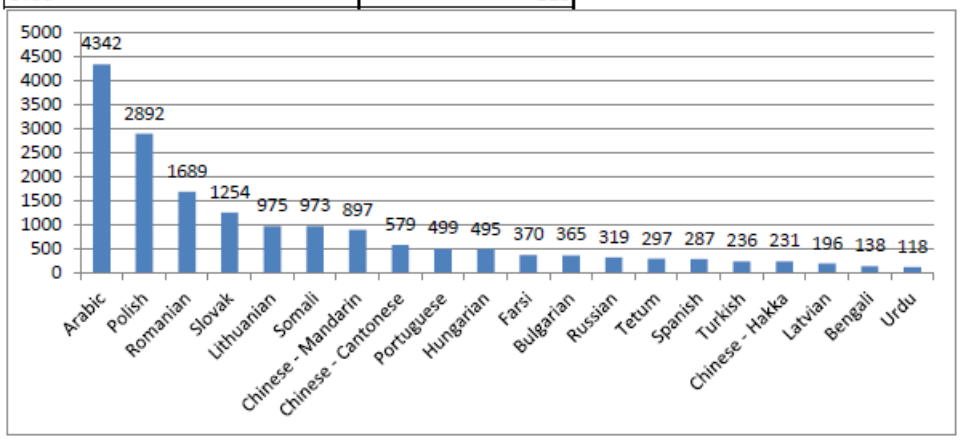
Figure 20: Big Word – range of languages

The figures below indicate the top 20 languages requested by Belfast Trust staff to facilitate communication for people who are not proficient in English. There were 17804 requests during this reporting period, which accounted for 29.45% of all activity for the region. The number of request significantly decreased due to Covid coinciding with a marked increase in demand for telephone interpreting. (With monthly invoices for The Big Word almost tripling.)

Table 2: Top 20 Languages requested by Belfast Trust staff:

Belfast HSC Trust Top 20 Languages 1 April 2020 - 31 March 2021

Arabic	4342
Polish	2892
Romanian	1689
Slovak	1254
Lithuanian	975
Somali	973
Chinese - Mandarin	897
Chinese - Cantonese	579
Portuguese	499
Hungarian	495
Farsi	370
Bulgarian	365
Russian	319
Tetum	297
Spanish	287
Turkish	236
Chinese - Hakka	231
Latvian	196
Bengali	138
Urdu	118



29. Mental Capacity legislation

Implementation of Phase 1 of the Mental Capacity (NI) Act 2016 commenced on 2nd December. The Phase 1 implementation refers to the Deprivation of Liberty Safeguards (DoLS). This is **non-negotiable** and staff run the risk of acting unlawfully if the appropriate **authorisations** are not in place. The Mental Capacity Act applies to **all** people aged 16 and above who **lack capacity** to make decisions for themselves, and who are deprived of their liberty as per the acid test.

Belfast HSC Trust has had a number of developments, all to ensure that the human rights of service users are upheld and Deprivation of Liberty Safeguards (DoLS) are applied where proportionate and necessary. An Acute DoLS Team has been formed and this significant development aims to support staff in acute settings with MCA work and application of DoLS from the point of identification of a patient deprived of their liberty. Referrals are made electronically from Hospital wards to the Acute DoLS Team who apply the safeguards where legal criteria is met. This team will sit under the Mental Capacity Act Service. This is a pilot for 6 months initially with ongoing review and analysis in relation to referral rates, patient experience and quality of DoLS.

A Legacy DoLS Team has been formed to ensure that patients deprived of their liberty in care homes, day centres and their own homes are considered under the legislative framework and safeguards are applied where legal criteria is met. Ten staff members have been recruited to the MCA Service, where the legacy DoLS team is based. Belfast HSC Trust aims to have Trust Panel Authorisations in place for all legacy cases before the end of 2021 and continue to work with key stakeholders in ensuring that the human rights of service users are protected.

Training continues to be delivered both through the statutory training modules designed by the Department of Health and through bespoke training delivered by the Trust Mental Capacity Lead to support staff with their knowledge and understanding of the legislation. This has including workshops, seminars and Project ECHO within Belfast HSC Trust, but also supporting NI Hospice, Marie Curie Hospice, GP Federation and other key partners. MCA simulation events have been facilitated in Belfast HSC Trust. Feedback has been positive and work is underway with the MCA Lead to develop a business case to fund this training as a pilot, for potential roll out across the region. Belfast HSC Trust are currently working with other Trusts to redesign the statutory training modules in MCA, with work ongoing.

30. Good Relations

Belfast Trust celebrated good relations week 2020 albeit virtually given the pandemic and the need to maintain social distancing. We planned a programme of celebrations around the theme of ‘Celebrating our Journey and Embracing our

Future'. 2020 is a significant year for good relations as it marks 30 years of outstanding community relations work.

Belfast Trust celebrated Good Relations Week by organising the following:

- Virtual group discussion with our Ethnic Minority Carer Group
- Young people's artwork competition to look at what good relations means to them
- Ethnic Minority staff stories told online
- Dissemination of our Good Relations factsheet and Norther Ireland New Entrants Service infographic
- BHSCT Staff orchestra performing "Over the Rainbow" online.

30.1 Co-production of a regional HSC Good Relations statement

During Good Relations week 2020, Health and Social Care (HSC) Trusts and organisations hosted and participated in a regional online engagement event with the aim of developing a regionally consistent good relations statement for HSC organisations across Northern Ireland. Our overarching aim is to have a visible, accessible and unequivocal statement to be displayed in health and social care facilities promoting positive relations between persons of different religious belief, political opinion or racial group. We know that our statement needs to be clear that this commitment is equally applicable to our service users, patients, carers, visitors and our staff.

Participants included equality representatives from all HSC Trusts, a Community Relations Council Board member, Local Council representatives, Patient and Client Council, Business Services Organisation, Equality Commission NI, Public Health Agency and interested employees from HSC organisations.

Previous discussions have already taken place amongst the HSC organisations, the Community Relations Council, the Equality Commission for Northern Ireland and the Northern Ireland Human Rights Commission about the content and format of the statement and 5 variations were developed on the basis of these discussions. The engagement took place using ZOOM technology with relevant papers, including the 5 proposed statements on posters.

This virtual event took place on 17th September 2020 and was formally opened by Peter Day, Director of Engagement for the Community Relations Council, who set the context for the event.

The following statement was agreed:

Figure 21: Good Relations Statement

The posters have been printed and disseminated across the 6 HSC Trusts.

Alongside the publication of the good relations statement, HSC Trusts proposed to :

- Co-produce an action plan to support Ethnic Minority staff working in HSC.
- Launch and roll out a Regional HSC Conflict, Bullying and Harassment Policy.
- Promote and communicate our Good Relations commitment – via posters and HSC Good Relations Newsletter.
- Scope the possibility of introducing ethnic monitoring of HSC service users.

These four proposed actions were very positively received by participants. Feedback included the need to be specific about what is being monitored within ethnic monitoring, the under-representation of Ethnic Minority employees and that active involvement of Ethnic Minority representatives in the action plan production will ensure effective implementation.

30.2 Expressing Good Relations through artwork

In keeping with the theme of celebrating our past and embracing our future, the Trust engaged with children to ask them to illustrate what good relations meant to them as part of an arts competition.

Entries could be in art form using any materials, writing or even poetry.

Watch | Facebook

The Trust Director of Performance, Planning and Informatics and the Arts in Health Co-Ordinator had the unenviable task of judging the competition. The winner was Cathy Gavin with the following artwork however, it was decided that all entries should be commended and all received a retail voucher as runners up.

Figure 22: Good Relations - Winning Artwork

30.3 Good relations webinars.

Ethnic Minority Carers in Belfast Trust area were invited to share their experience of living and working here – the majority of these were largely positive and most people felt that Belfast Trust staff and Belfast people in general were welcoming and supportive. The engagement can be viewed here. (2) Facebook

A webinar was organised for some ethnic minority staff to discuss the challenges and positive experiences that they had had in their employment (2) Watch | Facebook. Overall their experience within the Trust had been positive.

30.4 Community Relations Council award to recognise best practice in good relations work

Veronica McEneaney, Former Equality Manager in the Trust was nominated by her line manager Orla Barron for a Community Relations Council regional award to mark her diligence and dedication in developing and consulting on 2 good relations strategies for Belfast Trust. The nomination was successful and Veronica received a highly commended award for her work on behalf of the Trust.

31. Shopmobility

The Trust is committed to the provision of safe, effective and compassionate services and this includes the core principle that our services and facilities should be accessible to everyone. Shopmobility provide a variety of wheelchairs and scooters including bariatric wheelchairs for patients and visitors who are older or have a disability. The service enables patients and visitors with restricted mobility the opportunity to attend their appointment safely and with dignity. They offer service users a range of services which includes:

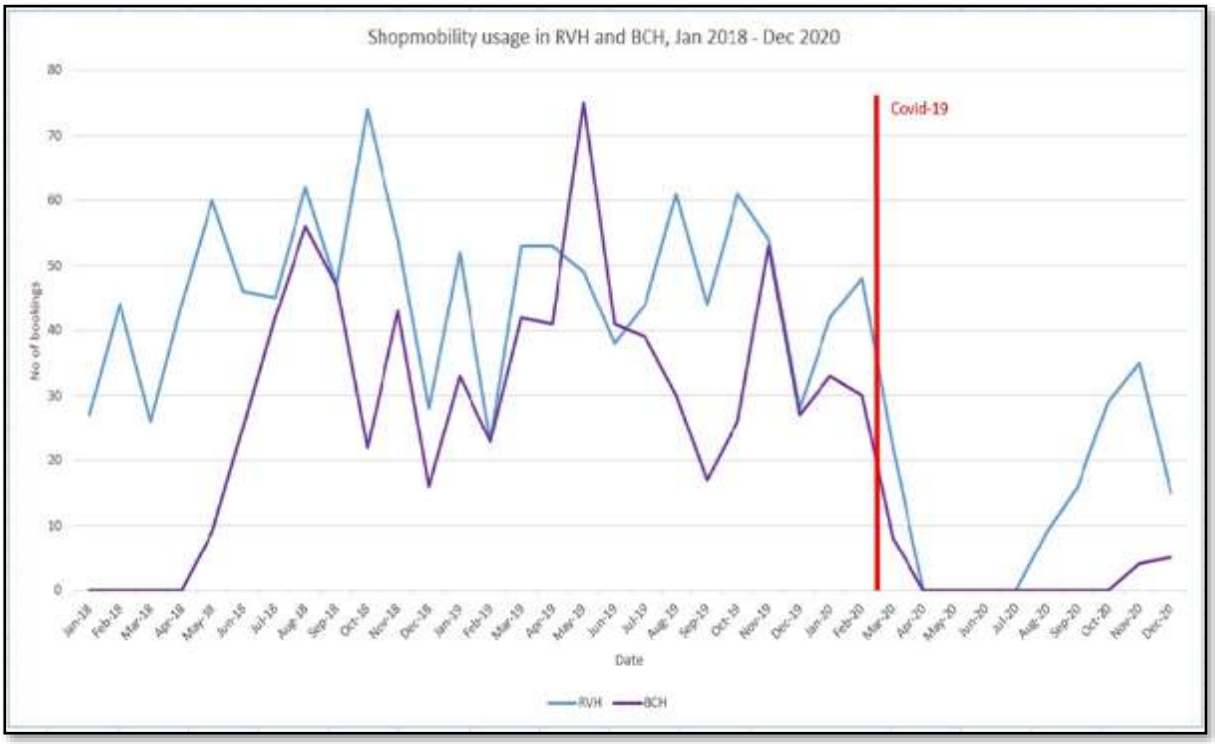
- Open 9am - 5pm Monday to Friday
- Free hire of electric scooters
- Free hire of wheelchairs
- Meet and Greet Service where a vehicle is taken to user at carpark
- Sighted Guide Scheme where users with sight loss are accompanied to appointments by Shopmobility staff/volunteers
- Extended hire of vehicles over weekend at minimal cost.

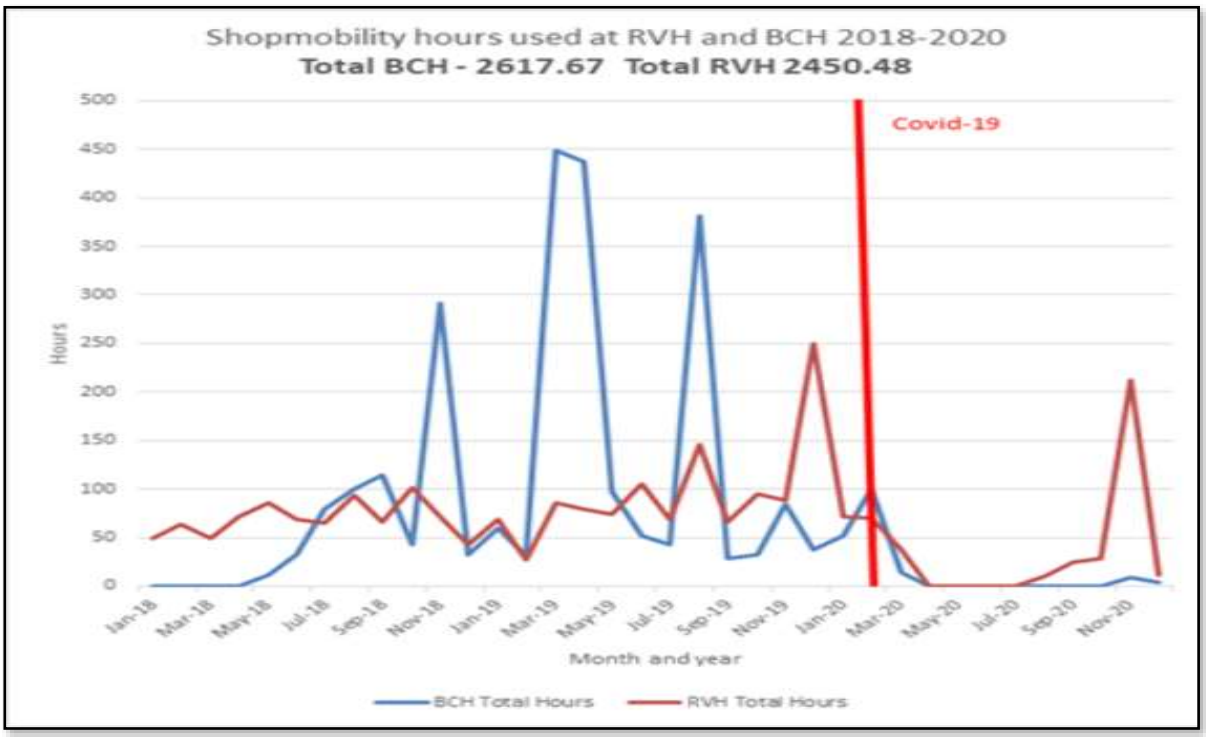
The service is managed by a Shopmobility steering group made up of staff from key departments and key external users. Work is underway to erect a new larger portacabin at the Royal Victoria Hospital.

Non-recurrent funding from Ulster Gardens Village and Trust Charitable Funds for provision of the service at the Belfast City Hospital finished at the end of March and at the time of compiling this report, the Trust has not yet been able to secure

recurrent funding but is committed to working with Shopmobility to look at ways to continue the service at BCH. Given the pandemic and the various periods of lockdown, Shopmobility was temporarily closed – this coupled with the increase in virtual appointments significantly impacted on uptake of the service at both the Royal and Belfast City Hospitals. Usage and the number of hours used at both BCH and RVH between 2018 and 2020 is depicted below with the red line clearly delineating the onset of the COVID-19 pandemic.

Figure 23: Shopmobility usage and hours used at BCH & RVH 2018-2020





32. Supporting our staff

32.1 Continuing to invest in Accessibly Technology to reduce barriers to communication for both staff and service users

Once again, we renewed our investment in the Assistive Technology software - Read and Write and remain still the only HSC Trust in NI to make this investment. The software is easily and freely available to all our staff and has proved invaluable in the timely reduction of barriers to online communication which many staff face either because of a disability or because English is not their first language. With a particular focus on social work and nursing colleagues, staff have reported that they have found the functionality of the software so helpful in their everyday tasks of reading and writing online. In addition, staff have been able to produce alternative formats for service users in a more timely and efficient manner eg easy read and audio formatted letters. We now have over 600 staff using the software and continue to promote the availability of the software via our intranet and at various forums including the monthly corporate induction.

32.2 Updated Welcome Statement

We have updated our Welcome Statement (used in our recruitment process) to specifically incorporate race and ethnic diversity. This was in response to suggestions from our Ethnic Minorities Staff Network members. It now accompanies all job advertisements and highlights the Trust's status as a diverse and inclusive employer.

Belfast Health & Social Care Trust is an equal opportunities employer and committed to diversity, equality, inclusion and appointing the best person for the job irrespective of religious belief (community background), political opinion, gender, marital status, sexual orientation, disability, race, ethnic origin, age and those with or without dependents.

Individuals of Black, Asian & Minority Ethnic (BAME) heritage are currently underrepresented within our organisation, therefore applications from BAME people are particularly welcome. In addition, for posts based in the West Belfast area, the Trust welcomes applications from the Protestant Community who are underrepresented in Pay Band 1–4 posts. All applications will be assessed on merit.

32.3 Employment Equality Monitoring Data

We continue to encourage our staff to ensure their Section 75 Equality Monitoring Information is up-to-date. Throuhout the period of the COVID 19 Pandemic, the need for accurate data has come more to the forefront for example, our colleagues from a range of ethnically diverse backgrounds working in frontline, clinical services. Employees are encouraged to continue to update their Equality information on HRPTS. The Equality Team commenced the design and development of a user friendly guide on why as an employer we need the data, how we use the data and how staff can keep their information up-to-

date. We plan to launch this and share with regional HSC colleagues in Summer 2021.

32.4 Mandatory Equality Training – Digital Learning

In order to ensure the delivery of Equality Training throughout the pandemic, we developed a digital learning package. The new 'Making a Difference' programme has been developed and due for launch. This allows management and staff to continue to receive their mandatory equality training through Microsoft Teams in accordance with on-going social distancing measures.

The digital package with a newly developed Equality PowToon has also been included in the Trust's Corporate Welcome Statutory Mandatory Training and is due for launch Summer 2021.

32.5 Tackling Unconscious Bias

As part of the Trust's new digital learning package, the Employment Equality Team produced an 'Unconscious Bias' PowToon. This informative learning package has been incorporated into the Corporate Welcome for staff and will be included in any ongoing training events.

32.6 Ethnic Minorities Staff Network

The Belfast Trust Ethnic Minorities Staff Network (formerly changed their name from BAME Network at our meeting on 17 December 2020) was formally launched in March 2021 and comprises internal members and 2 Co-Chairs who represent our ethnically diverse workforce across all staffing groups. With forty plus members, this group meets four times per year and has to date, produced three podcasts on a

range of race, diversity and inclusion issues including leadership, working safely during COVID-19, Vaccinations, BHSCT EM Network | Free Listening on SoundCloud
The purpose of the group is support and enabling the Trust to maintain a safe, inclusive and diverse working environment for ethnic minority staff and eliminating race discrimination through the creation of a co-produced action plan. The Network will benchmark the Trust against NHS Trusts across the UK to assess the progress of race equality.

Key Objectives of Network:

- Provide advice for ethnic minority staff and ensure that senior management and the wider regional HSC BAME Staff Network recognise their views and needs.
- Address barriers for all ethnically diverse staff and develop a range of supportive, practical resources for newly recruited, international staff.
- Support the Trust to develop and maintain a representative workforce with inclusive leadership, and to raise the visibility and profile of the contribution that ethnically diverse staff members make.
- Providing guidance for the Trust on a range of ethnicity issues.
- Influence and impact activities which affect ethnically diverse staff members and raise awareness of race issues.
- Contribute to policy development through active involvement in and consultation on the Trust's strategy, policies and guidance on race equality.
- Work closely with other organisations that campaign for race equality, such as Trade Unions, Equality Commission NI and other relevant bodies, and the Trust's Healthy Relations Group.

Figure 24: The Network's Action Plan for 2021:

32.7 Disability Policy & Toolkit

A regionally agreed Disability Policy and Toolkit was co-developed across the HSC Organisations and their respective Trade Union representatives and disability organisations. The Policy is currently going through due process of our Trust Policy Committees and the Toolkit will also be designed into an easy-read, how-to virtual, Page Tiger document that is scheduled for release in Summer 2021.

32.8 LGBT+ Guidance for Staff: Making our workplace and services welcoming and inclusive

We are committed to being a visibly welcoming organisation and to continually learn how to improve experiences and health outcomes of Trust service users and staff who are lesbian, gay, bisexual, transgender+.

In partnership with Rainbow and Transgender NI we organized a series of awareness workshops for staff aimed at providing staff with information, knowledge and skills to ensure that LGBT+ service users do not experience barriers to health and social care and that LGBT+ staff feel safe, comfortable and welcome in an inclusive workplace where they can be themselves..

We are currently co-producing staff guidance in relation to LGBT+ staff and service user issues. Lead by Equality and Planning and HR colleagues partners include Trade Unions, local LGBT+ sector representatives and members of staff. We plan to launch a short online questionnaire to all staff, the sector and Trade Union members during Belfast Pride week 2021 with the goal of launching the completed collaborative piece of work in Autumn 2021.

32.9 Transgender Lunchtime Chat session for staff

Over 150 staff attended a session to talk about Transgender issues. Hosted and supported by Transgender NI/HSC LGBT staff network and involving Trust staff who shared their journey as a Transgender/Non-binary person, the event was lively, informative and attended by staff across the Trust from both clinical, community and administrative areas. Questions posed will help inform the Frequently Asked Questions section of the new staff guidance mentioned previously.

Feedback from the event that was attended by over 150 staff was overwhelmingly positive including:

Figure 25: Feedback from Transgender Lunchtime Chat session

At the event, Belfast Trust Trans staff were reminded they can contact the Planning and Equality Team, the HR Inclusion Team and the HSC LGBT+ forum for support and advice at **www.lgbtstaffnetwork.hscni.net**

32.10 International Transgender Day Of Visibility

International Transgender Day of Visibility (TDOV) is an annual event and took place on 31 March 2021, dedicated to celebrating the achievements and contributions of transgender people across the world and to raising awareness of the discrimination faced by the transgender community.

This globally celebrated event, brings attention to the accomplishments of trans people around the world, and contributing to the ongoing fight against transphobia by spreading knowledge and understanding of the trans community.

The Trust is committed to ensuring that our work spaces, facilities and services are welcoming, supportive and safe for everyone including trans staff, service users and carers. On this date, we encouraged all staff to raise their awareness about how to become a transgender ally particularly around communication and the use of non-binary gender or preferred **pronouns**. The Trust highlighted to our staff and managers the wealth of information available including from **Transgender NI** and **The Rainbow Project**

32.11 Interim Emergency Childcare

Following the closure of schools, nurseries and other childcare providers in March 2020, the Trust's HR & Early Years Social Work Teams worked in partnership to provide interim emergency childcare to support our working parents. This enabled key, front line staff to continue to work and effectively manage their childcare needs. The Trust facilitated 342 children and 214 parents.

Following the re-opening of schools in September 2020, interim childcare guidance was developed for parents and managers with useful guidance that clarified procedures.

We developed a holistic, virtual Page Tiger resource for our staff as working parents https://view.pagetiger.com/supportingparents/throughcovid

In January 2021, the Trust facilitated 28 children and 18 families following the January – April 2021 school closures. Whilst the children of key workers could attend school, a number of nurseries, childminders and usual childcare provision including family and friends plus after and pre-school wrap-around childcare were cancelled or curtailed.

32.12 Summer Childcare Scheme

Belfast Trust Childcare Scheme

Due to the COVID-19 pandemic, the 2020 Summer Scheme operated on a somewhat limited capacity in accordance with the public health message (at that time) being that the safest place for children was to be at home. The limited spaces available were reserved for essential childcare purposes and for those key workers who could not work from home. The Summer Scheme operated from Tuesday 9 June until Tuesday 11 August 2020.

In total 299 children and 176 families were facilitated. The post-scheme evaluation highlighted that:

98% of parents rated the scheme “value for money”;
96% agreed that providing a Summer Scheme enabled them to balance their work and family responsibilities more effectively;
97% of parents felt their child was safe during Summer Scheme in accordance with Covid-19 regulations.

32.13 Here 4 U

Due to the Covid-19 pandemic, the Here 4 U programme was suspended in March 2020. An on-line programme began in September 2020 with 335 staff participating in on-line activities including Pilates. These numbers increased significantly in January 2021 to 801 staff participating in 21 different on-line activities. Currently we have a timetable of virtual HERE4U events and this resource will enhance and co-exist alongside our HERE4U calendar.

32.14 Fit for the Fight

This NHS Employers, free initiative for staff was launched as part of our B Well Strategy in March 2021 in partnership with our Trade Union colleagues in response to the social distancing measures in place that curtailed many of our clubs, events and classes for staff health and wellbeing. This free, on-line fitness platform, exclusively available to Trust staff comprises a range of on-line fitness and wellbeing initiatives including; Pilates, HIIT, Yoga, Meditation etc. with registered Personal Trainers.

32.15 Donations

Following the initial phase of “lockdown” at the beginning of March, 2020 the Trust was overwhelmed by the generosity of numerous local businesses who donated toiletries and food. All donations were greatly received by our front line staff working long hours, in redeployed, COVID facing clinical areas at a very uncertain, unprecedented time.

To enable childcare providers to open in March 2020 owing to national shortages, it was necessary to acquire donations of PPE for these providers within private, community settings. The HR Improving Working Lives Team co-ordinated this and we remain grateful to our community supporters including PRONI, local schools and supermarkets.

32.16 Staying Safe During COVID-19

In June 2020, in readiness for the Trust planning for a safe, staged return to the restoration and recovery of services across the Trust, it was recognised as business critical the need to continue to keep staff safe and well. To that end, the Trust established a Safe Working Environment During Covid Steering Group to ensure a safe restart of services and to assure patients, clients and staff the Trust took all reasonable steps to ensure safety whilst minimising risk of infection, in line with guidance from the NI Executive, Public Health Agency and Health and Safety Executive.

Figure 26: Staying safe during Covid-19: A Guide for Managers and Staff

This Staying Safe during Covid-19 Guide, was part of this work and was developed to provide both managers and staff with practical information and support to make sure work remains as safe as possible for us all. The guide was designed in partnership with key stakeholders, including HR/OD, Health and Safety, Infection Prevention and Control, Trade Unions, Occupational Health, Estates and IT. Its purpose is to continue to provide guidance on a safe working framework setting out the steps, actions and support in place for Managers and Staff to work safely and it will be updated according to any new guidance from the Public Health Agency, the Health & Safety Executive, and the Northern Ireland Executive.

32.17 Guidance on Working From Home During COVID-19

Cognisant of the unprecedented numbers of staff working from home, HR developed guidance for home working during COVID-19. This reflected the Trust's commitment as an employer to making every effort to support staff's physical and mental wellbeing, enabling staff to stay healthy and protect themselves, colleagues, patients and families as we continued to deliver services during the pandemic.

The home working document aims to provide interim guidance to both managers and staff as we continue to work hard to keep our staff safe and minimise the risk of the spread of COVID-19 and is reviewed at regular intervals and as government and Public Health Advice is updated.

32.18 Staff accommodation during COVID

A range of different accommodation options where sourced for staff who meet one or more of the following criteria:

- Working in COVID-19 environments* who were unable to reside at their home address due to living with a highly vulnerable or High Risk person and were unable to source other suitable accommodation option.
- Working in COVID-19 environments* and otherwise would be required to self-isolate at home due to family member(s) displaying symptoms and were unable to source other suitable accommodation options.
- Staff accommodation had been organised by the Trust for staff who, for any reason, could not live at home or return home between shifts. Where long term accommodation was required, the Trust reviewed alternative options such as apartments to ensure value for money. This Service was available up till the end of April 2021.

32.19 Canteen and Car parking

Prior to the pandemic, Belfast Trust applied car parking charges on the Royal, Belfast City Hospital and Mater Hospital sites. Since the Minister's announcement of free parking from 30th October 2020 until 31st March 2021 for Trust staff, locum and agency workers and students, all parking is free on those sites through the following arrangements:

- Suspension of salary deduction for staff who had access to a staff car park
- Provision of free parking passes to an additional 1750 staff Provision of free Park & Ride Services
- Additional free parking secured in adjacent sites - Park Centre for RGH and Crumlin Rd Gaol for Mater staff.

32.20 Catering

Due to the 3rd surge of COVID-19 as well as the winter pressures, the executive team wanted to ensure that all staff working under extreme pressure were given the opportunity to "grab a snack pack and go" providing them with food and liquid. The Catering Service across the BHSCT had been asked to provide these and they commenced on the 7th December 2020 until 7th April 2021 Refreshments such as bottled, water, tea bags, coffee, bread etc. were also provide to ICT and COVID Wards.

32.21 International Nurses Recruitment

Due to the nursing vacancies in Northern Ireland, a regional project is underway to recruit nurses from overseas. In the year 2020-2021, the Trust successfully recruited 123 nurses.

Figure 27: International Nurse Recruits

As a result of the COVID pandemic international recruitment was paused between April and September 2020. The Team worked exceptionally hard to facilitate the safe arrival of nurses in the following months, when it resumed in Sept 2020. The Trust has invested significant resource in supporting our new colleagues in their orientation to the Trust and the City of Belfast and supporting their application to assist their families in joining them in Northern Ireland.

Section 2: Progress on Equality Scheme commitments and action plans/measures:

2. Please provide examples of outcomes and/or the impact of equality action plans/ measures in 2020-2021 (or append the plan with progress/examples identified).

Full detail in regard to progress on the Trust Equality Action Plan is appended for ease of reference.

Section 3

3 Has the application of the Equality Scheme commitments resulted in any changes to policy, practice, procedures and/or service delivery areas during the 2020-2021 reporting period? *(tick one box only)*

☐ Yes ☐ No (go to Q.4) ☐ Not applicable (go to Q.4)

Please provide any details and examples:
The table below details how application of the Equality Scheme commitments resulted in any changes to policy, practice, procedures and/or service delivery areas during 2020-21.

Equality Scheme Commitment	Action	Difference made for individuals
Arrangements for assessing our compliance with S75 duties		
Have in place appropriate structures and reporting mechanisms	The Trust has prioritised Section 75 in all aspects of its business agenda and has established a range of governance, management and reporting mechanisms that reflect this. The Trust's Involvement Group reports directly to the Trust's Assurance and Improvement Group, which reports through the Executive Team to Trust Board.	Section 75 duties integral to Trust's Assurance Framework. Trust senior teams aware of and comply with statutory requirements during decision-making.
Ensure S75 duties are mainstreamed within the Trust.	The Trust's Planning and Equality Team provides staff with the information, training and resources to support staff to have the appropriate level of knowledge, expertise and skill to mainstream S75 duties. The regional Equality, Good Relations and Human Rights; Making a	All Trust staff are made aware of the Trust's commitment to equality duties and attend mandatory equality training. Trust staff aware of equality duties and Trust commitment to not only avoiding discrimination but also to pursuing good practice, embracing

	Difference eLearning programme is mandatory and compliance is monitored twice each year.	diversity and promoting good relations.
Equality Scheme Commitment	**Action**	**Difference made for individuals**
Arrangements for assessing our compliance with S75 duties		
Have in place appropriate structures and reporting mechanisms	The Trust has prioritised Section 75 in all aspects of its business agenda and has established a range of governance, management and reporting mechanisms that reflect this. The Trust's Involvement Group reports directly to the Trust's Assurance Group, which reports through the Executive Team to Trust Board. .	Section 75 duties integral to Trust's Assurance Framework. Trust senior teams aware of and comply with statutory requirements during decision making.
Ensure S75 duties are mainstreamed within the Trust.	Membership of the Involvement Group includes Trust staff who are responsible for the mainstreaming of equality duties across their Divisions. The Trust's Planning and Equality Team provides staff with the information, training and resources to support staff to have the appropriate level of knowledge, expertise and skill to mainstream S75 duties. The regional Equality, Good Relations and Human Rights; Making a Difference eLearning programme is	Individuals aware of the Trust's commitment to equality duties. Trust staff aware of equality duties and Trust commitment to not only avoiding discrimination but also to pursuing good practice, embracing diversity and promoting good relations.

	mandatory and compliance is monitored twice each year.	
Prepare Section 75 Annual Progress Report (APR) and include section in Trust's own Annual Report.	Annual Progress Report supported by "Equality Bites" to ensure updates available in a more accessible format. Equality Bites features some of the highlights from the Trust's Annual Report.	All consultees sent copy of newsletter and informed of availability of progress report - improving awareness of Trust's S75 duties and outcomes of work programme.
Action Plan		
Development of Action Based Plan to include performance indicators and timescales. Aligned to corporate and business planning cycle	Five year S75 Equality Action Plan developed in partnership with representative organisations. See Appendix 1 for actions progressed in year 3 and progress on actions carried forward from year 2.	Its implementation is intended to have a positive impact on S75 groups.
Arrangements for consulting		
Consultation list reviewed and updated	Consultation list continues to be reviewed.	New consultees added to the consultation list on an on-going basis.
Training re: Consultation	Co-production webinars promoted throughout Divisions to develop capacity in partnership working.	Support transformation and service change by involving service users, carers and the community and voluntary sector.
In making any decision with respect to a policy adopted or proposed to be adopted, take into account any assessment and consultation carried out in relation to the policy	Policy Development Process ensures engagement and consultation.	Views of representation groups and individuals considered during decision making process.

Provide feedback report to consultees in timely manner in formats suited to consultees	All service users and carers involved in Trust projects received detailed feedback reports. Reports available on Trust website	Representative groups and individuals informed of how their feedback influenced the decision made.
Screening		
Revise screening template and accompanying guidance notes.	Trust policy development process ensures all Trust policies are screened. All policies approved during the reporting period were subject to S75 screening and appropriate consultation. During the reporting period the Trust screened 133 policies and proposals.	Transparent decision making process for consultees and impact on S75 groups identified during policy development process.
Publish reports quarterly and in accessible formats on request.	All quarterly reports for the reporting period were made available on the Trust's website.	Screening outcomes available to the public for consideration.
Publishing of EQIA reports.	No EQIAs completed during reporting period. Comprehensive Section 75 equality screenings have been completed and published on all plans implemented by BHSCT up to the end of this reporting period, March 2021 in response to Covid-19 pandemic.	
Monitoring		
Review of monitoring information	The Trust continues to monitor staff by Section 75 categories and this has been enhanced by HRPTS Self-Service functions. During the reporting period	Increased understanding of the make-up of the workforce to ensure promotion of equality of opportunity

	this monitoring information was assessed for S75 screenings.	and better information to identify any potential impact.
Staff Training		
Draw up a detailed training plan	The regional Equality, Good Relations and Human Rights: Making a Difference Programme has been rolled out across the Trust and compliance is monitored.	Improved access to equality, good relations and human rights training and diversity training through availability of more condensed training package for staff and managers as well as the availability of a training manual for those who do not have access to computers.
Focused training	During the reporting period the Trust stood down all face to face training. Planning and Equality Team continued to provide advice and support to Trust staff/project leads. Facilitated online training has been developed for mandatory equality human rights and good relations and for disability awareness sessions to help ensure that staff can access responsive training in addition to the online alternative	Enhanced skills of Trust policy makers. Targeted training delivered by specialist facilitator enhanced the skills of Trust staff.
Arrangements for ensuring and assessing public access to information and services we provide		
Ensure information we disseminate and services we provide are fully accessible to all parts of the community in Northern Ireland	Information is provided in alternative formats on request and Trust's website has been designed to ensure accessibility.	Improved access to information and services for equality groups – specifically those whose first

	During reporting period a total of 17804 requests for face to face interpreting made to NIHSCIS, which was a significant decrease due to COVID19.	language is not English and people with a disability.
Provide information in alternative formats on request	Library of translated documents available to trust staff. Covid19 information was translated into various languages, put into easy read and provided in alternative formats. This information was available on the Trust website and shared regionally. Videos in a variety of the most frequent minority ethnic languages were recorded and shared to provide advice and support regarding Covid.	Information provided in alternative formats to increase understanding, ensure effective communication and improved access to services.
Provide interpreters and sign language interpreters	On-going provision of communication support. During this period there was a shift to more virtual and telephone consultations. This was facilitated through our contracts with Northern Ireland HSC Interpreting Service, The Big Word and Royal National Institute for the Deaf and a new Interpreter Now app.	Service users and staff supported to ensure good governance in information provision and safe, effective and responsive communication.
Complaints Procedure		
How complaints are raised, timetable for responding etc	No S75 complaints received Equality Lead has sight of any equality related complaints.	

Any other measures proposed in equality scheme		
Work closely with other public authorities to exchange learning and best practice	During reporting period the Trust participated in Regional Equality and Human Rights Steering Group and Regional Equality Leads meetings. A Joint Equality, Good Relations and Human Rights Forum established in partnership with ECNI, HRC and CRC met during the reporting period.	More effective use of resources and consistent approach across health and social care
Liaise closely with the ECNI to ensure that progress on the implementation of our Equality Scheme is maintained	During reporting period the Trust met virtually with ECNI on S75 implementation.	Ensures effective use of resources and S75 implementation.

a **With regard to the change(s) made to policies, practices or procedures and/or service delivery areas, what difference was made, or will be made, for individuals, i.e. the impact on those according to Section 75 category?**

- Increased consideration of, and provision of, information in alternative formats, such as in easy read format for service users, carers or visitors who have a learning disability.

- Increased involvement of service users/patients in policy-setting through engagement including patient surveys, thus ensuring that those who are 'experts by experience' are instrumental in service planning.

3b **What aspect of the Equality Scheme prompted or led to the change(s)? *(tick all that apply)***

☐ *As a result of the organisation's screening of a policy (please give details):*

Disposal of Cryopreserved Cellular Therapy Products and Alternative Storage Arrangements:
The service lead worked with the Planning and Equality team, through the equality screening process, to ensure that information would be provided to people in a format or language service users can understand, in order to ensure informed consent. As a result of the screenings process, a consultation process was carried out with patients to assess how they felt about the proposals, and to ensure service user feedback was considered in formulating the policy.

COVID-19: Regional principles for visiting in care settings in Northern Ireland:
This policy underwent equality screening during the COVID-19 pandemic. As a result of the equality screening process, the policy was translated into the most commonly used languages in Northern Ireland, and into easy read format for service users, visitors or family members who have a learning disability, to ensure increased awareness of the important changes to visiting as a result of COVID-19.

Patient Property:
As a result of undergoing equality screening, the service area created a poster to promote key messages from the policy to service users/patients. An easy-read version of the poster was also created for service users who have a learning disability.

Phlebotomy Centre:
The Equality Screening process provided a platform to highlight that it was necessary for the new Phlebotomy Centre to have a drive through and in house component based on the individual needs of patients referred to the centre by clinicians. This meant that those who could not drive for example due to a disability would be seen in house. In addition, considerations were given to older service users and those whose first language is not English and may require an interpreter.

Guiding Principles : Virtual Consultations:
Timely involvement through the equality screening process meant that equality, good relations and human rights considerations particularly around the need to make reasonable adjustments were embedded in the strategic guiding principles with a focused emphasis on a hybrid model of delivery in each service area according to individual need.

As a result of what was identified through the EQIA and consultation exercise (please give details):

N/A no formal consultation or EQIA during this reporting period.

As a result of analysis from monitoring the impact (please give details):

As a result of changes to access to information and services (please specify and give details):

☐ *Other (please specify and give details):*

Section 2: Progress on Equality Scheme commitments and action plans/measures

Arrangements for assessing compliance (Model Equality Scheme Chapter 2)

4 Were the Section 75 statutory duties integrated within job descriptions during the 2020-21 reporting period? *(tick one box only)*

- √ **Yes, organisation wide**
- ☐ Yes, some departments/jobs
- ☐ No, this is not an Equality Scheme commitment
- ☐ No, this is scheduled for later in the Equality Scheme, or has already been done
- ☐ Not applicable

Please provide any details and examples:

In addition to the Section 75 statutory duties being integrated within job descriptions on an organisation-wide basis, in this reporting year, the Trust recognised the particularly important role that Board members have in ensuring the work of the organisation has equality, good relations and human rights at its core.

Committed to our Section 75 Equality and Good Relations duties and Human Rights obligations, and recognising that leadership at the highest levels is critical to the successful implementation and achievement of the intended outcomes of these duties, the regional HSC guidance for Non-Executive Directors was shared with all Trust Board members.

Belfast Trust Chair responded: "*I have read the guidance document for Board members and would like to congratulate you and your fellow equality leads for producing such a clear and helpful document".*

.

5 **Were the Section 75 statutory duties integrated within performance plans during the 2020-2021 reporting period? *(tick one box only)***

☑ **Yes, organisation wide**

☐ Yes, some departments/jobs

☐ No, this is not an Equality Scheme commitment

☐ No, this is scheduled for later in the Equality Scheme, or has already been done

☐ Not applicable

Please provide any details and examples:

One example of this in Belfast Trust is in the individual Staff Performance Plans, as part of Staff Development Reviews, which are clearly aligned with the Section 75 duties and principles of equality and human rights. Staff Development Reviews are set within the context of the Trust's overall values and objectives and make explicit reference to ensuring 'staff are supported to deliver safe, compassionate patient-centred care.' The 6th core KSF dimension in staff reviews is called 'Equality and Diversity', which offers a dedicated space for staff to provide examples of how they can demonstrate their knowledge and skills in this area, and identify areas for development in the forthcoming year.

6 In the 2020-2021 reporting period were objectives/ targets/ performance measures relating to the Section 75 statutory duties integrated into corporate plans, strategic planning and/or operational business plans? *(tick all that apply)*

☐ Yes, through the work to develop the Quality Management System

As highlighted earlier in the report, the Trust has adopted a new Quality Management System – and one of the 6 parameters is equity. This helps to ensure that all Divisions and Directorates are focused on the need to routinely provide assurance to the Executive Team and Trust Board on their compliance and considerations in regard to equity and equality

The Planning and Equality team sit within the Performance, Planning and Informatics Directorate whose management plan explicitly refers to progress within Good Relations strategy, DAP and EAP.

Equality action plans/measures

7 Within the 2020-2021 reporting period, please indicate the number of:

Total Regional Actions in Year 3	19	**Total Regional Actions Completed in Year 3**	14	**Regional Actions ongoing into Year 4**	5

Total Local Actions in Year 3	14	**Total Local Actions Completed in Year 3**	11	**Local Actions ongoing into Year 4**	3

8 **Please give details of changes or amendments made to the equality action plan/measures during the 2020-2021 reporting period *(points not identified in an appended plan)*:**

Any amendments are detailed in the appended equality action plan update.

9 **In reviewing progress on the equality action plan/action measures during the 2020-2021 reporting period, the following have been identified: *(tick all that apply)***

- ☐ Continuing action(s), to progress the next stage addressing the known inequality
- ☐ Action(s) to address the known inequality in a different way
- ☐ Action(s) to address newly identified inequalities/recently prioritised inequalities
- ☐ Measures to address a prioritised inequality have been completed

Arrangements for consulting (Model Equality Scheme Chapter 3)

10 **Following the initial notification of consultations, a targeted approach was taken – and consultation with those for whom the issue was of particular relevance: *(tick one box only)***

☐ All the time ☐X **Sometimes** ☐ Never

11 **Please provide any details and examples of good practice in consultation during the 2020-2021 reporting period, on matters relevant (e.g. the development of a policy that has been screened in) to the need to promote equality of opportunity and/or the desirability of promoting good relations:**

- Online engagement re development of a regional HSC Good Relations statement
- No More Silos online engagement re proposed changes to Urgent and Emergency Care and Implementation of the measures outlined in the interim No More Silos action plan
- Trade Unions received draft screenings on the Rebuild plans and the Surge Plan and Winter Resilience Plan for comment in advance of their publication
- The Community Rehabilitation Service are a team in the BHSCT who work with older people in their own home and specialist care facilities following a period in hospital. This is to help them return to independent living. The service provides information about CRS to service users, family/carers before discharge from hospital. To better understand what information was needed, in 2019 the team held focus groups. The team met with people who had experienced the service and other members of the public who had expressed an interest in helping the Trust improve service delivery. Their input has helped the CRS create new leaflets in line with what service users felt was most beneficial and in a more accessible format.
- Trust staff are working with some older people groups to help implement some of the recommendations from the Age Friendly Belfast Plan 2018 – 2021. The focus of the project is Health and Wellbeing.
- The Trust is also engaging with older people to review the content and format of the Trust website to ensure it provides optimal accessibility to them
- The Belfast Trust Podiatry Forum (a group that meet regularly with the Podiatry service to make service improvements) have been busy over the past few months. In August the forum members co-designed new information letters, going out from the department. These letters were to current patients outlining the changes that had been made to podiatry services due to Covid restrictions. Their input ensured the information was clear, concise and jargon free. The forum is an excellent way to help the podiatry service make sure they are providing a quality service. In February three forum members met with people from other involvement groups/PPI Groups in the Trust over Zoom to discuss diabetes management for podiatry patients.
- The Podiatry service has also recorded two patient stories as part of the Patient and Client Experience. This will help podiatry to improve the quality of their service and help provide useful information to other patients who could benefit from support in managing their own foot care.

12 **In the 2020-2021 reporting period, given the consultation methods offered, which consultation methods were most frequently used by consultees:** *(tick all that apply)*

Given the pandemic and associated lockdowns and need for social distancing, the majority of engagement and consultations were conducted online via MS Teams or Zoom.

Face to face meetings

Focus groups

☐ Written documents with the opportunity to comment in writing

☐ Questionnaires

☐ Information/notification by email with an opportunity to opt in/out of the consultation

☐ Internet discussions

☐ Telephone consultations

Other *(please specify)*:

Please provide any details or examples of the uptake of these methods of consultation in relation to the consultees' membership of particular Section 75 categories:

As aforementioned, the vast majority of engagement and consultation had to move online.

13 **Were any awareness-raising activities for consultees undertaken, on the commitments in the Equality Scheme, during the 2020-2021 reporting period?** *(tick one box only)*

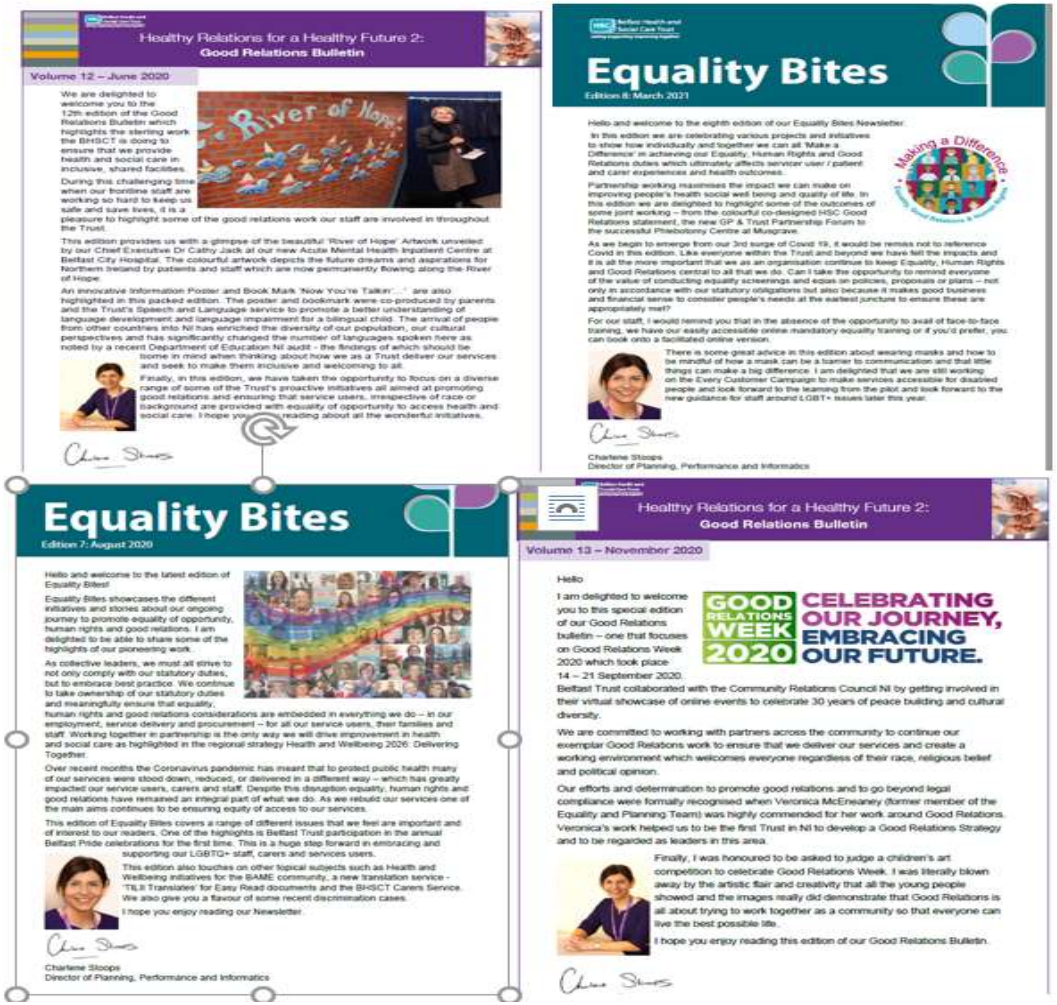
☐ Yes ☐ No ☐ Not applicable

Please provide any details and examples:

The Trust's Equality & Planning team produces 2 important publications on a regular basis – **Equality Bites,** which is a bi-

annual round-up of progress made and initiatives undertaken in the areas of equality, good relations and human rights; and the **Good Relations Bulletin**, which outlines updates in the area of Good Relations across the Trust.

Figure 28: BHSCT Newsletters



The newsletters are shared widely amongst staff, other statutory organisations and the community and voluntary sector. The team emails a copy of each newsletter to more than 600 recipients in total and they are also available on the Trust website and alternative formats are provided on request.

Caring Together in Belfast

Across BHSCT, there are over 43,000 people of all ages who provide care to a family member or a friend who is ill, disabled or frail. The Carer Support Teamwork with carers to provide support and information to help them undertake their caring role. This includes raising awareness of the right to ask for a carers assessment, alongside providing information and access to support and activities.

The current Carers Strategy, 'Caring Together in Belfast', was co-developed with carers and this sets the direction for the Carer Support Team. The Team will be expanding to provide increased support and information to carers both on an individual basis and through the Carers Groups in place across the Trust.

In 2020, the Trust's 'Quality Improvement' initiative, 'safety Quality Belfast' moved online, due to the pandemic. Two cohorts of Trust staff undertook the training model 'eSQB', as it is referred to, encompassed 15 Quality Improvement projects in the reporting period. Approaching service reform through a quality improvement lens helps the Trust in fulfilling its overall purpose and vision, and ultimately improves the quality of services we can provide.

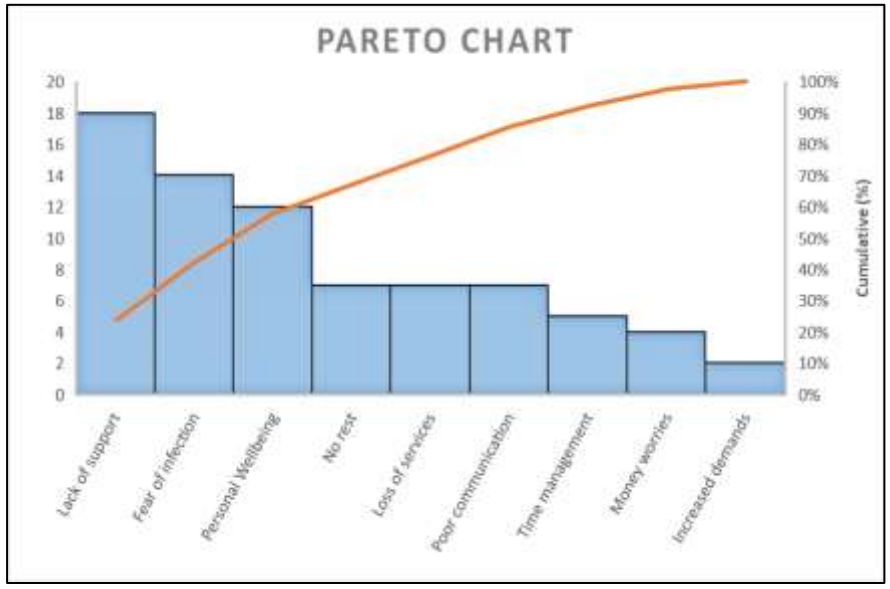
Below are some examples from eSQB 2020 that resulted in positive outcomes for patients and service users:

Improving the Welling of Carers of Older People

A ‘Learning from Covid-19’ exercise was carried out in 2020 which aimed to capture the story of the impact of Covid across Belfast Trust and lessons learned. Using service user involvement, feedback received from Carers strongly suggested a lack of support in the initial surge phase of Covid which has impacted negatively on their psychological health. Creating an informal setting in which Carer’s could feedback their experiences, get advice and support from peers and be listened to may help improve the support that they are missing.

A Quality Improvement Project Group was established with the aim of increasing the percentage of unpaid carers of older people (65+) who are satisfied with the support provided by BHSCT by 20% by April 2021.
A survey was distributed to Carers of Older People via social media, to help take a deeper dive into understanding the feelings towards the support provided by BHSCT. Results from the survey were put into a Pareto Chart to indicate concerns. Respondents were then invited to take part in fortnightly Focus Groups, where they with the project group co-produced practical recommendations that could be passed onto the Trust. Carers completed the happy app daily and this information helped the project group understand if this level of support was making a difference. The ‘Satisfaction with support’ question from original survey was completed every two weeks following the focus group.

Figure 29: Pareto Chart



In addition to the Pareto Chart, qualitative data was gathered during the final focus group which gave an insight into the positive impact this project had on the group of carers.

Figure 30: Qualitative data from project and impact on carers:

The aim of the project group was to improve satisfaction levels of carers with the support provided by the Trust and as a result of the Quality Improvement initiative, the average score increased from 4.5 to 7 overall.

Although the main aim was to improve wellbeing via support provided, carers reported that they experienced improved wellbeing by ensuring they felt connected, reassured and heard.

The team have had initial conversations to continue these group sessions for all unpaid Carers across the Trust and have been working on a plan for scaling and spreading.

14 **Was the consultation list reviewed during the 2020-2021 reporting period?** *(tick one box only)*

☐ **Yes** ☐ No ☐ Not applicable – no commitment to review

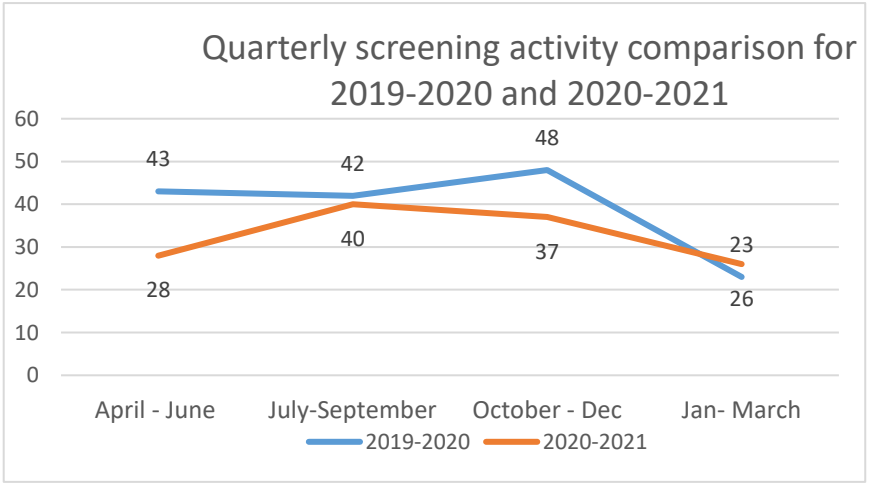
This was done on both a regional and local level in collaboration with other HSC Trusts to facilitate effective regional consultation.

Arrangements for assessing and consulting on the likely impact of policies (Model Equality Scheme Chapter 4)

15 **Please provide the number of policies screened during the year (*as recorded in screening reports*): 131 screenings**

The figure below shows the quarterly screening activity over the last 2 reporting periods. Whilst there are marginally less screenings during this reporting period, it is relevant to note that a proportion of these were comprehensive cumulative screenings covering all Trust activity.

Figure 31: Quarterly screening activity comparison for 2019-2020 and 2020-2021



As previously noted, particularly in regard to the surge plan which was outlining many services being turned down or paused, these plans would ordinarily constitute the need for an equality impact assessment and a 12 week public consultation. The Trust however had to take these emergency measures to protect human life in a very short turnaround time.

The Trust has been successfully utilizing the two part template comprising Section A, which asks the 4 stipulated question as per the ECNI's model scheme, and having ruled out the policy or proposal has any bearing on equality of opportunity or good relations, moves to screen the policy out. This is the case with a significant percentage of clinical or technical policies across the Trust. The majority of policies are subject to assessment in Section A and Section B which contains the quantitative data and qualitative information and considers them in terms of equality of opportunity, good relations, the disability equality duties and human rights considerations. The Trust has appropriate safeguard mechanisms in place to ensure that the template is not misused – all screenings come through the Planning and Equality team with team members reviewing the policy screening along with Employment Equality colleagues before they countersign. Similarly, no policy can go through the Standards and Guidelines or the Policy Committees without having a quality assured and countersigned screening attached. This commenced as a pilot a number of years ago and has proved to be effective in allowing resources to be focused on those policies which do have a bearing on equality of opportunity or good relations.

16 **Please provide the number of assessments that were consulted upon during 2020-2021:**

131	Policy consultations conducted with **screening** assessment presented
0	Consultations for an **EQIA** alone.
0	Policy consultations conducted **with an equality impact assessment** (EQIA) presented.

17 **Please provide details of the main consultations conducted on an assessment (as described above) or other matters the Section 75 duties:**

Not applicable.

18 **Were any screening decisions (or equivalent initial assessments of relevance) reviewed following concerns raised by consultees?** *(tick one box only)*

☐ Yes ☐ **No concerns were raised** No Not applicable

Please provide any details and examples:

Arrangements for publishing the results of assessments (Model Equality Scheme Chapter 4)

19 **Following decisions on a policy, were the results of any EQIAs published during the 2020-2021 reporting period?** *(tick one box only)*

☐ Yes ☐ No ☐ **Not applicable**

Arrangements for monitoring and publishing the results of monitoring (Model Equality Scheme Chapter 4)

20 **From the Equality Scheme monitoring arrangements, was there an audit of existing information systems during the 2020-2021 reporting period?** *(tick one box only)*

☐ Yes ☐ No, already taken place

☐ No, scheduled to take place at a later date ☐ Not applicable

Encompass The encompass Programme will introduce a digital, integrated health and care record to Northern Ireland. It will mean a patients' health and care information will be available to those who need it in one digital record, and as individuals we will be able to securely access our information and interact with the system. This will ensure all health and social care information about a patient will be available to them and each HSC provider in Northern Ireland. This will facilitate more effective communication of need such as language interpreter required or reasonable adjustment to be introduced. It will provide a more holistic approach to health and social care. This will support the Health and Social Care NI vision to transform health and social care in order to improve patient safety and health outcomes. By working more effectively and efficiently through regional standardisation and best practice it will help create better experiences for those receiving, using and delivering services.

HSCNI currently uses lots of different systems which cannot easily, or just can't, communicate with each other. Many of them are old and need to be replaced. This gives Health and Social Care in Northern Ireland an opportunity, rather than continuing to rely on paper records and replacing outdated technology system by system, to better use the investment needed in ICT to transform the way we care for people in Northern Ireland. It is envisaged that this will also allow for more comprehensive monitoring across the majority of the Section 75 categories. Rollout of the information system was due to commence in South Eastern Trust with other Trusts following after – however the pandemic has delayed rollout.

21 **In analysing monitoring information gathered, was any action taken to change/review any policies?**
(tick one box only)

☐ Yes ☐ No ☐ Not applicable

Changes would ordinarily take place during the screening process. Managers who are responsible for monitoring the impact of their proposal would contact their Equality Manager in the case of identifying a more adverse impact than initially identified to seek advice as to how best to mitigate. Policies will not be approved by the Standards and Guidance Committee or by the Policy Committee unless an equality screening has been undertaken.

As referenced in last year's Annual Progress Report, the Trust has devised a monitoring template to help service managers and policy makers to assess the impact of their change or policy on the Section 75 groups.
In the reporting period, regular monitoring was undertaken on equality screenings which were deemed to require ongoing consideration to ensure that the actual impact was not any greater than initially anticipated. If it was, this would require consideration of an alternative policy or mitigation to less the impact for any of the Section 75 categories.

Some of the relevant equality screenings pertained to Trust policies (such as the Food, Fluids and Nutrition policy), and others pertained to projects that underwent equality screening (e.g. screening of the reconfiguration of Eye Casualty from a walk-in to an appointment-based service).

On each occasion, an Equality Manager made contact with the policy or service lead and discussed the original equality screening and any issues that may have arisen in the intervening period. The Trust uses a specific Section 75 Screening Monitoring form to guide these discussions in order to ensure a thorough assessment of the policy is undertaken, and that all areas are covered.

In this reporting period, no unforeseen equality issued had arisen in the intervening period, therefore each of the policies/service changes proceeded.

22 **Please provide any details or examples of where the monitoring of policies, during the 2020-2021 reporting period, has shown changes to differential/adverse impacts previously assessed:**

Not applicable.

23 **Please provide any details or examples of monitoring that has contributed to the availability of equality and good relations information/data for service delivery planning or policy development:**

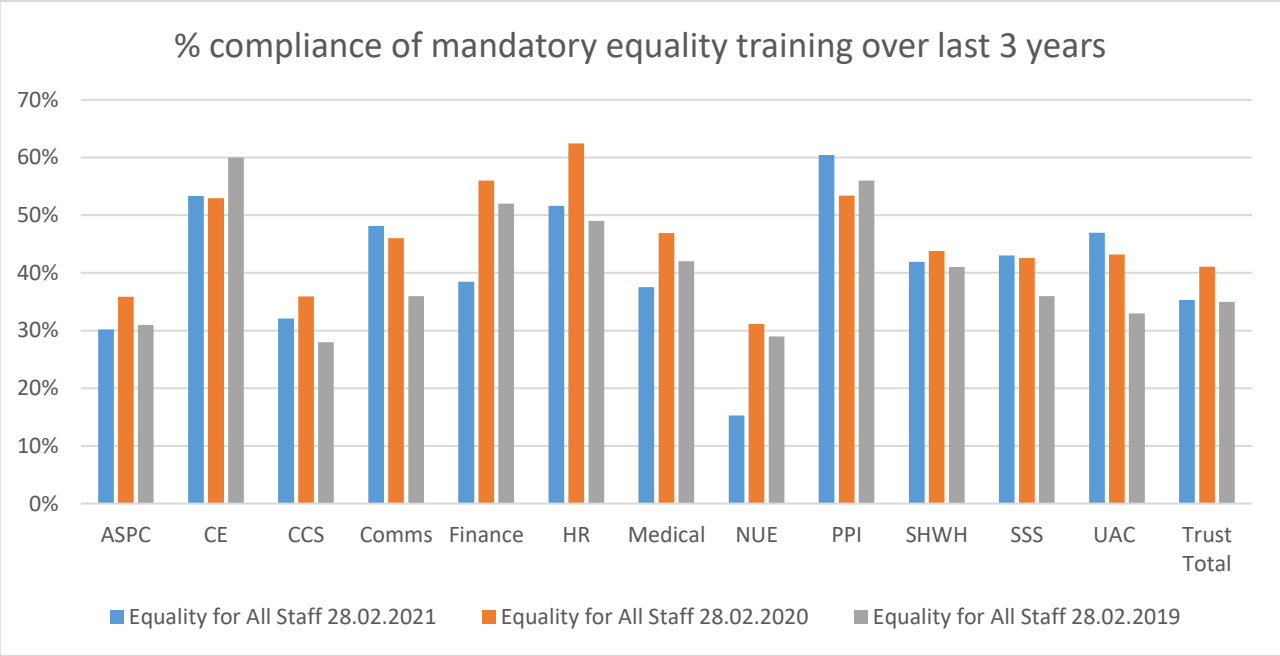
. The Every Customer Counts initiative in the Eye Outpatient Diagnostic Unit was in direct response to patient and staff feedback in terms of how difficult it was to find. This has resulted in the new accessible signage, wayfinding video, the photomap and extra seating on the way to the clinic.

Staff Training (Model Equality Scheme Chapter 5)

Please report on the activities from the training plan/programme (section 5.4 of the Model Equality Scheme) undertaken during 2020-2021, and the extent to which they met the training objectives in the Equality Scheme.

Belfast Health and Social Care Trust (BHSCT) recognises that statutory and mandatory training is of vital importance in the provision of high-quality services to our patients and clients and is essential for effective risk management and the maintenance of required standards.

Figure 32: Percentage compliance of mandatory equality training over last three years



Face to face mandatory equality training has not yet resumed but is available online and since February 2021 the Planning and Equality team developed and delivered facilitated MS Teams mandatory equality training to 83 staff. The team have also developed a delivered facilitated online disability awareness training to 104 staff between February and April 2021.

To try to offer an opportunity for all new staff and managers to benefit from the mandatory training, each session of every training course is evaluated and feedback analysed to see how the learning and development has impacted on attendees and if it needs to be amended to better meet the needs of participants.

In addition to the mandatory training, the Equality and Planning team provide bespoke training sessions on request.

HSC Trusts have engaged with the Northern Ireland Human Rights Commission to request that they deliver HSC specific

training in regard to provision of residential care for vulnerable adults. They will deliver two sessions in the next reporting period and these will be based on case studies provided by the Trusts to ensure that they are relevant and meaningful. NIHRC lawyers will analyse each case study and draw out the human rights implications and demonstrate how a human rights based approach will facilitate safe, effective and compassionate care.

25

Please provide any examples of relevant training shown to have worked well, in that participants have achieved the necessary skills and knowledge to achieve the stated objectives:

Cultural awareness and ethnic monitoring training: a pilot session was undertaken with the Community Mental Health Team for Older People and Psychiatry of Old Age Team to look at increasing accessibility of their service to people from ethnic minority communities by looking at barriers, beliefs, cultural norms and ways to try to overcome these and be a wholly welcoming and inclusive services. The session went on to highlight the benefits of monitoring ethnicity of service users. This session was well received, and the service manager responded to say that the teams would now routinely ask their service users their country of birth and their ethnicity. It was also agreed that they would produce easy read materials and translated materials to explain the reasons for and benefits of monitoring ethnicity. She added "*Thank you both for your input and support for the team this morning. I don't remember a training when we received so many people coming forward wanting to be involved and support the work going forward."*

Multi Faith Belief Training

Staff Multi Faith and Belief training takes place throughout the year. This training is organised by the Trust's Chaplaincy in partnership with other representatives. The training covers:

- Chaplaincy
- Humanist/non-religious
- Jewish
- Islam

It aims to:

- Raise staff awareness of multi-faith/belief/cultural issues relating to healthcare of the living and dying.

- Help equip staff to provide appropriate support to those from a variety of faiths/ Beliefs/cultures.
- Increase staff confidence when addressing multi-faith/belief/cultural issues

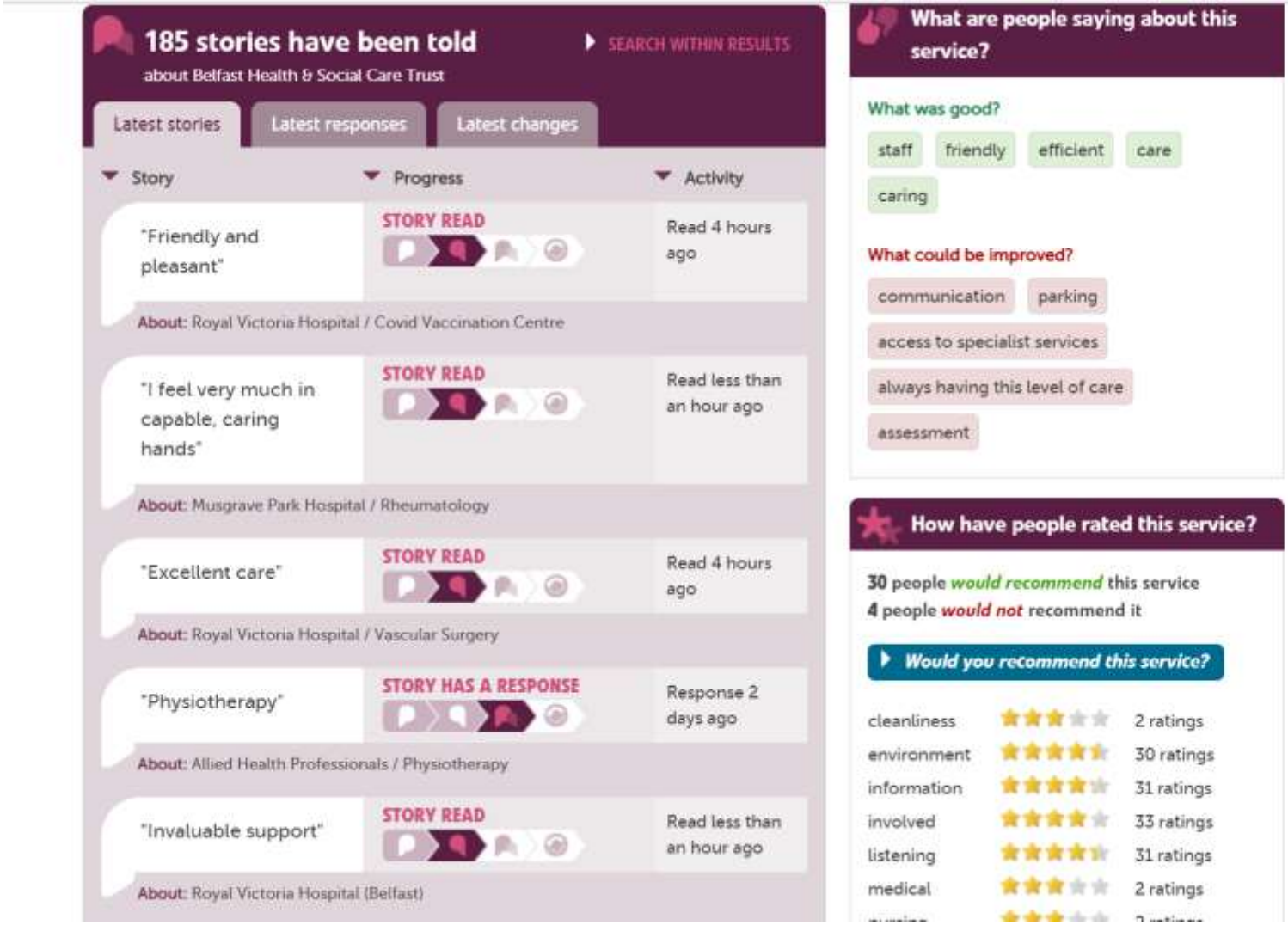
Elearning package on multi- faith/belief

A new multi-faith/beliefs e-learning package has been developed and is available for HSC staff. The training is facilitated by the Trust chaplains and recognises that spiritual care is an integral part of health and social care. The training has been approved by a range of faith and belief leaders.

26 Please list any examples of where monitoring during 2020-2021, across all functions, has resulted in action and improvement in relation to access to information and services:

The Trust uses Care Opinion to allow patients, carers and visitors to provide real time feedback on their experience. This is then passed to the relevant service manager to allow them to respond and to welcome positive feedback or learn from negative feedback and make necessary changes. Care Opinion is a place where you can share your experience of health or care services and help make them better for everyone. Opinion is the UK's leading independent feedback website, enabling patients to share their experiences of healthcare services. It helps to facilitate dialogue between patient and health services. Care Opinion gives busy staff access to relevant real-time feedback. From a patient and service user perspective, they are able to see how the relevant Trust staff listen and act on feedback. It also allows the stories on Care Opinion to be used by anyone who can help make care better.

Figure 33: Care Opinion feedback



Complaints (Model Equality Scheme Chapter 8)

27 How many complaints in relation to the Equality Scheme have been received during 2020-2021?

Insert number here: 0

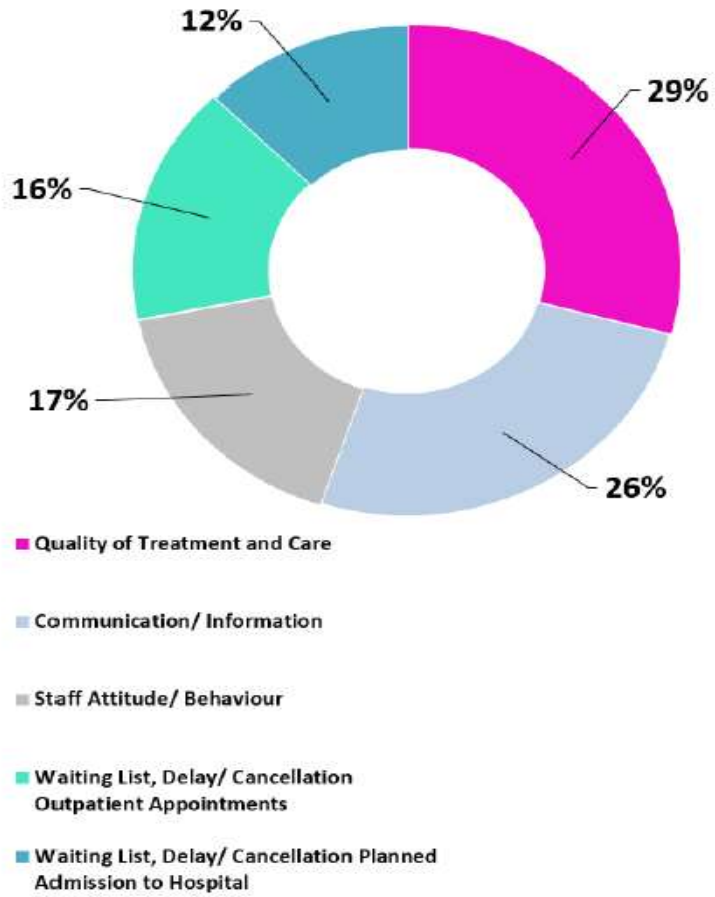
Please provide any details of each complaint raised and outcome:

No complaints were raised in regard to the Equality Scheme.

The annual Trust Complaints Report shows that the Trust received a total of 1,646 formal complaints during 2019-2020 and 7,012 formally reported compliments.

The figure below shows the breakdown of complaints received by the Trust. The current regional monitoring categories for complaints does not allow the Trust to analyse if any of these had a bearing in terms of equality or good relations.

Figure 34: Breakdown of complaints received by the Trust



However, a protocol has been developed such that the Complaints and Compliments Team monitor complaints for any that would appear to have an equality, good relations or discrimination bearing. The Planning and Equality team are then contacted for advice and input as required.

Section 3: Looking Forward

28 Please indicate when the Equality Scheme is due for review:

As and when required.

29 Are there areas of the Equality Scheme arrangements (screening/consultation/training) your organisation anticipates will be focused upon in the next reporting period? *(Please provide details)*

Screening and training will remain part of core business for the Trust - formal consultation will be undertaken in accordance with statutory responsibilities and best practice as and when services are reconfigured or are of strategic importance or involve significant finance. Further potential waves of the pandemic will also determine activity levels and subsequent plans to downturn it or increase it.

The Trust is also mindful of the regional transformation programme which has emanated from the Delivering Together: Health and Wellbeing strategy and understands that there will be regional consultations forthcoming around June 2021 and the Trust will take forward any associated EQIAs and screenings as required.

The Trust is clear that any short-term changes as a result of COVID-19 that may become permanent will also require consultation and further equality assessment. The Trust will also continue to rebuild and reduce services in accordance with fluctuating levels of Covid-19.

The Trust hopes to maintain momentum with the success of its training programme – both online and facilitated online training sessions in regard to the mandatory equality, human rights and good relations modules and the disability awareness sessions.

30 In relation to the advice and services that the Commission offers, what equality and good relations priorities are anticipated over the next (2020-2021) reporting period? *(please tick any that apply)*

The nature of the Trust Service Delivery will be determined by the outworkings of the pandemic and further surges whereby services will continue to be rebuilt or stood down as required.

X Employment

X **Goods, facilities and services**

X **Legislative changes**

☐ Organisational changes/ new functions

☐ Nothing specific, more of the same

☐ Other (please state):