

Equality, Good Relations and Human Rights SCREENING TEMPLATE

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

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

Section 1: Information about the Policy / Proposal								
(1.1) Name of the policy/proposal		BHSCT Covid-19 Response : Rebuilding Plan: Stage 1 - 1 st - 30 th June 2020						
(1.2) Status of policy/proposal <i>(please underline)</i>		New			Existing		Revised	
(1.3) Department/Service Group: <i>(please underline)</i>		Corporate Services Group <i>(Please specify)</i>	Nursing and User Experience	Un-scheduled and Acute Care	Surgery & Specialist Services	Specialist Hospitals & Women's Health	Children's Community Services	Adult Social & Primary Care
(1.4) Description of the policy/ proposal? State the aims and objectives/key elements of the policy/proposal. Detail the changes the policy/proposal will introduce. How will the policy/proposal be communicated to staff /service users? Describe how the policy/proposal will be rolled out/put into practice e.g. will there be changes in working patterns / changes to how services will be delivered etc.		<p>Context On 11th March 2020, the World Health Organisation officially declared Covid-19 a pandemic due to the speed and scale of transmission. As a result the Health and Social Care sector faced unprecedented pressures in their primary aims to:</p> <ul style="list-style-type: none"> (i) safeguard lives by reducing the further spread of the Covid-19 virus; and to (ii) prevent the HSC system from becoming overwhelmed due to the Covid-19 pandemic and the demands this is placing on the whole HSC system. <p>The Trust has and continues to work closely with the Department of Health, the Health and Social Care Board, the Public Health Agency and with General Practitioners in Primary Care to deliver a robust and cohesive partnership approach to tackling the pressures of Covid 19 and to consider how to reinstate services on an incremental basis and safe way.</p> <p>Measures were taken to try to best deal with the demands and consequences of Covid 19 and were undertaken with the utmost urgency to protect life and address urgent public health matters.</p> <p>Urgent changes to services and modified ways of working were essential across the healthcare system at both an acute and community level to ensure that there was sufficient</p>						

capacity and resilience to meet the expected increase in demand from patients contracting COVID-19 during this period.

Key determinants of our response to the Covid-19 pandemic was: the need to create separate facilities for COVID and non-COVID services, a need to bring services together to make the best use of available clinical capacity, the goal of providing and maintaining safe and compassionate care for patients and service users - all within a framework of anticipated higher than usual staff absence and our ethos of delivering Right Care, in Right Place and at the Right Time.

The Covid-19 Emergency resulted in our having to adopt new ways of working to balance the challenges of securing the health and wellbeing of the most vulnerable people in our community, with ensuring that we continue to deliver high quality and safe patient/client services. To facilitate this, Belfast Trust service areas, similar to other Trusts across the region, focused on essential work only, in order to maximize the number of staff available to deal with the emergency situation itself.

All of the measures taken in regard to addressing the unparalleled challenges posed by Covid-19 were, in accordance with our statutory Section 75 responsibilities and ECNI guidance, subject to an equality and human rights screening [assessment](#) in May 2020. In the interests of openness and transparency, this screening was shared with over 600 Trust consultees and published on the Trust website.

Whilst acknowledging that Covid-19 is still infecting people in our community, there is a clear downwards trend in the rolling average number of cases and deaths that are being reported which suggests that Northern Ireland has currently passed the first peak of the Covid-19 outbreak. Accordingly, the Department of Health has asked Trusts to publish plans on 1st June 2020 to implement the first stage of the recovery for non-Covid-19 HSC Services (for the period 1st – 30th June 2020).

Plan Objectives

Planning to deliver services over this short time period is in recognition that Covid-19 is likely to be with us for some time and that a second wave of the virus is also widely expected in the months ahead.

Our plans therefore have adopted an incremental staged approach to ensure flexibility should we need to respond to a further surge in Covid-19 *and* to ensure learning given that the plans

incorporate new ways of working and of delivering services.

Stage 1 of our rebuilding plans for the month of June have been developed mindful of the objectives stated by the Department of Health (DoH) and mindful of 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

Our stage 1 rebuilding plans for the month of June 2020 have been developed for the month of June 2020 and will help us 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

As we work to deliver services for those most in need, the Trust's absolute *priority* remains to keep our patients, service users and staff safe. This calls for a careful balance with safety requirements, including maintenance of social distancing guidelines and the impact this will have on physical space, workforce availability, theatre capacity and PPE availability.

Service delivery proposal : June 2020

The way services will be delivered may look and feel different because of social distancing and PPE requirements, for example,

- ✓ people may be given specific times to access services because waiting spaces can only be available for a small number of people at any one time.
- ✓ Staff may wear masks and other protective covering to keep the public and themselves safe. It is likely that

- ✓ there will continue to be restrictions on visitors to care facilities to keep everyone safe.

Staff who have moved into different roles during the last few months to meet changing service demands, are now returning to their previous role in most but not all instances. Some services may step-up later than other services, depending on the assessed needs of the community.

Details of Services (By Service Area)

Hospital Services

Urgent & Emergency Care

Plans include:

- ✓ Belfast City Hospital will switch to support the regional Nightingale role as required.
- ✓ Mater Hospital continues as BHSC Covid-19 Hospital, with plans in development should there be a further surge.
- ✓ Royal Victoria Hospital continues as the non-Covid-19 Emergency and Trauma Hospital. We are actively exploring measures to redesign services and patient pathways to comply with the latest Government guidance on social distancing.
- ✓ Musgrave Park Hospital continues as the base for ambulatory fracture surgery (polytrauma and fragility fractures continued in RVH).
- ✓ Royal Belfast Hospital for Sick Children Emergency Department will continue to lift the age of children seen up to the age of 16 and will increase surgery for time-critical patients, supported by private hospitals. A designated area for potential Covid-19 patients will remain.

Cancer & specialist medicine Services

Plans include:

- ✓ Ongoing individual-patient discussions for individual decision-making.
- ✓ In line with the regional plan for sustaining cancer services, focus on delivering planned cancer surgery for patients (prioritised in line with national guidance) and increasing treatment capacity e.g. radiotherapy for prostate patients.
- ✓ We will support public communications to seek GP referral to specialist teams as appropriate.
- ✓ Increase virtual delivery of counselling and classes.
- ✓ Regional specialist medicine e.g. renal, transplant, oncology and haematology care

from BCH and all other specialist services continue, albeit on alternative sites.

Planned Surgery

Subject to review, Belfast City Hospital, Royal Victoria Hospital, Musgrave Park Hospital and Royal Belfast Hospital for Sick Children will undertake some additional prioritised planned surgery for patients with cancer and/or patients who require time-critical surgery during June, supported by private hospitals. It is not planned to restart routine Elective Orthopaedic surgery in June.

Diagnostics

(X-Ray, MRI, CT, cardiac investigations, Endoscopy)

We will continue to actively review and increase bookable diagnostic lists for patients on red flag, urgent, planned and, where possible, routine pathways. We will ensure maximum utilisation of all our diagnostic resources.

Maternity & Neonatal Care

Maternity & Neonatal services will continue via the Royal Jubilee Maternity Service (inc Mater Midwifery-led Unit) with ante-natal & post-natal care being delivered virtually. Home births will continue. In addition, a help-line for women is now in place to resolve any service issues arising during this time.

Neuro-rehabilitation Services

During the pandemic surge our neuro-rehabilitation service at Musgrave Park Hospital was unable to admit patients for respite care in neurology MPH or to provide rehabilitation in amputee services. In June, the neuro-rehabilitation service will begin planned admissions for prioritised patients to neurology and the amputee service.

Regional Disablement Service

For prioritised patients, we will continue to offer virtual appointments while establishing measures for more face-to-face appointments across all services in line with Government guidance.

Outpatients

We continued to virtually deliver Outpatient services through telephone and video calls while establishing measures for more face-to-face appointments across all services in line with

Government guidance. We saw over 58,000 patients since 14th March 2020, including over 31,000 through tele-calls and virtual contacts. We now have 65 services using virtual clinics. We will continue with innovative arrangements established during the pandemic surge to enable ongoing monitoring of patients, including a Glaucoma drive-through facility at the Shankill Wellbeing & Treatment Centre and a Rheumatology drive-through Phlebotomy service at Musgrave Park Hospital. We will continue to innovate to meet the needs of patient and service users.

GP OOH Service

Belfast Trust GP Out-of-Hours service will continue with reduced face-to-face contact where possible.

Screening

Regional screening programme will recommence in line with Public Health Agency recommendations. New Born Hearing Screening will continue to be delivered.

Dental

Emergency dental provision will be continue to be made available for conservative management of patients, within community dental services guidelines. The urgent dental clinic in Carlisle health and Treatment centre will continue to be available for all patients who cannot be managed by their local dentist.

Adult Community and Disability Services

Adult Safeguarding service

Telephone screening was undertaken for all service referrals, with face-to-face contact in an emergency or where required. Plans are being developed to resume Care Home reviews involving residents and families. Urgent Carer assessments will also resume.

Acute Care at Home & Care Homes

We will work with the regional task and finish group to develop a common approach to the expansion, redirection and repurposing of acute care at home models to provide the necessary care and support into Care Homes and the community.

Primary Care Assessment Centre

The Primary Care Assessment Centre at Beech Hall Wellbeing & Treatment Centre will continue until no longer required. A total of 1700 patient assessments have been completed. Patients may self-referred, be referred by their GP or GP Out-of-Hours service.

Connected Communities Hub(s)

During the pandemic surge the Hubs coordinated support to the most vulnerable people in the community, working with partners across the City. Going forward, the Connected Community Team will resume primary responsibility for this work. The learning from the enhanced multiagency working will be captured and, where appropriate, will be maintained.

Day Centres

Day Centres were temporarily closed to service users during the pandemic, surge except in exceptional circumstances. In line with regional guidance, we will plan the reopening of some Day Centres for the most vulnerable service users, including Learning Disability and Dementia.

Community Teams

Throughout the pandemic surge Community Teams continued to provide home visits to those people most at risk and support arrangements were in place for the most vulnerable people. Tele calls were held with those referred into services to assess their needs and provide initial support. Our Community Teams will continue to assess, prioritise and support the most vulnerable in our community.

In addition:

- ✓ Psychiatry of Old Age services will plan safe restart of face-to-face assessment where essential.
- ✓ Urgent respite services will be provided.
- ✓ Planning for the restart of Domiciliary Care packages, suspended during the pandemic, will be completed. The waiting list for domiciliary care will be reviewed as well as the preparedness of domiciliary care services to meet service user needs post Covid-19.

Residential & Supported Housing

Our Nursing Team and Behavioural Support Team will continue to provide regular advice to the residents of our Learning Disability Residential and Supported Housing to maintain their safety and security in relation to anxiety as a result of change in routine.

Muckamore Abbey Hospital

Muckamore Abbey Hospital continued to provide care for its existing inpatients. However in reach and outreach activities associated with resettlement ceased and day-care services on site were reduced in line with infection prevention and control advice. We now plan to restart in reach activities for resettlement, in line with infection prevention and control advice. We will also phase the re-introduction of visiting, starting initially with outdoor visits only.

Community Learning Disability Outpatient Clinics

We will continue to offer virtual appointments while establishing measures for more face-to-face appointments across all services in line with Government guidance.

Mental Health / Child and Adolescent Mental Health Services

Inpatient services

Inpatient services for Adults and Children will remain operational (similar to during the pandemic surge), with the Adult Acute Mental Health Unit and Beechcroft Regional Unit open.

Community Mental Health Teams

We will continue to offer virtual appointments while establishing measures for more face-to-face appointments across all services in line with Government guidance.

Psychological Services

Inpatient & Outpatient services.

Inpatient services will continue to be provided across all acute hospital sites. We will continue to deliver outpatients using phone contact and virtually and are exploring the delivery of psychoeducational groups and training, using webinars and facilitated sessions.

Allied Health Professional community services and clinics

(Physiotherapy, Occupational Therapy, Speech & Language Therapy, Dietetics and Podiatry)
Allied Health Professional services have continued to deliver urgent face-to-face clinics or domiciliary visits and have introduced virtual clinics and consultations wherever possible. There were 11,000 consultations with service users undertaken during the 6 weeks up to the end of April – 51% of these were undertaken virtually. This will continue based on priority and risk.

Children's Community Services

Early Years teams

No inspections will be undertaken. Telephone support will be given to providers where required.

Child Health

Health visiting and school nursing services was scaled back during the pandemic surge. The service will prepare for a phased re-introduction of some services in line with the regional plan, including school immunisation programme. Children's community nurses will continue to visit highly complex children based on risk assessment. Overnight care for a small number of highly complex children will continue.

Children's Community Social Work Teams

Gateway Services will remain opened to receive new referrals which will be screened to determine if there is a need for immediate initial assessment. Initial home visits to all new referrals will now be determined by priority. All children on the child protection register will receive a minimum of one visit every 4 weeks. Priority Looked After Children (LAC) visits will continue to take place and a review of all other looked after children's cases to assess where face to face contact can take place safely will be undertaken as all face to face contact between parents and children had been paused with contact taking place virtually or by telephone. The Trust's 10 children's homes will remain open. Support will be continued to be provided to foster carers virtually where possible.

Children with Disabilities Team

Children with Disabilities Teams will remain operational with visits determined by priority need. Support from Speech & Language Therapy, Occupational Therapy and Physiotherapy for children who attend Special Schools within Belfast will continue. Services will continue to provide resources and online support for families, with home visits arranged wherever necessary. In addition, Children with Disabilities service is developing new forms of outreach including new options for short breaks for their most vulnerable families. Willow Lodge short breaks unit will offer non-residential short breaks 7 days a week for a small number of children with a learning disability.

Child Care Centre / Family Centres

The Child Care Centre was closed with staff maintaining contact with children and families via virtual platforms. However, a small number of face to face contacts may take place based on risk assessment.. Both Family Centres will remain closed.

	<p>Regional Emergency Social Work service Service will continue to be operational for out-of-hours social work emergencies.</p> <p>Public Health Services New Entrants / Homeless Inclusion Service All New Entrant Screening has been stood down for 3 months but TB cases will be immediately actioned. Screening of the homeless population for Covid-19 continues and telephone contact has been maintained with hostels</p> <p>Health Improvement/Community Development We will continue with:</p> <hr/> <ul style="list-style-type: none"> ✓ Coordination and delivery of local support (Food / Fuel / Pharmacy / Wellbeing) through Regional Advice NI Helpline, Trust Community Coordination Centre and Belfast City Council Helpline will continue. ✓ Management of Trust Donations mailbox and distribution process across community and acute sites. ✓ Supporting Staff Health and Wellbeing through the development of literature and promotional material. <p>We will also restart work with Community Planning partners to develop Population Health approach across Belfast.</p> <hr/> <p>Visitors In line with all HSC services and until it is safe to do otherwise, there will continue to be a temporary restriction on the number of visitors across hospitals and health care settings. For all general hospital visiting will remain closed. There are some exceptions to these restrictions, for example Critical Care areas and Palliative (end of life) care. Some local arrangements have been developed to ensure patients and residents can remain in contact with loved ones.</p>
<p>(1.5) Who owns and who implements the policy/proposal - where does it originate, for example DHSSPS, HSCB, the Trust.</p>	<p>Belfast Trust, Department of Health, Health and Social Care Board, Public Health Agency, HSC Trusts</p>

<p>(1.6) Who are the main stakeholders affected (Internal and External)? For example: actual or potential service users, carers, staff, other public sector organisations, trade unions, professional bodies, independent, voluntary or community sector or others.</p>	<p>Trust staff, Trade Union colleagues and partners, Professional Bodies, Public Health Agency, the Health and Social Care Board, the Department of Health, RQIA, HSC Trusts, LCG, Staff, Trade Unions and Professional Bodies.</p> <p>The Trust response to COVID-19 and re-introduction of the aforementioned services will impact on its local population i.e. service users, patients and clients, relatives, as well as other organisations e.g. the public sector, independent health care providers including nursing and care homes, independent sector, voluntary and community groups, Section 75 representative groups and advocates. (This list is not intended to be exhaustive).</p>
<p>(1.7) Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders when screening this policy/proposal.</p>	<p>Belfast Trust management and staff engaged with Trade Unions. Cross sectoral consultation with other HSC Trusts, Public Health Agency, the Health and Social Care Board, the Department of Health</p>
<p>(1.8) Other policies/strategies with a bearing on this policy/proposal For example: internal or regional policies</p>	<ul style="list-style-type: none"> • Emergency / Pandemic Planning in Preparation for COVID-19 Containment and Surge • Surge Plan • Business Continuity Framework (2019), Directorate Business Continuity Plans, • NHS Staff Council Statement on Covid-19, Organisational Management of Change Framework • Coronavirus Act 2020; Health Protection (Coronavirus Restrictions) Regulations 2020 • DOH Policy Guidance Circular: Change or Withdrawal of Services – Guidance on Roles and Responsibilities (26 November 2014) • COVID-19 operational plan • BHSCT Major incident plan • Equality Scheme
<p>(1.9) Are there any factors that could contribute to/detract from the intended aim/outcome of the policy/proposal? For example: Financial, legislative</p>	<p>Potential factors include (not an exhaustive list):</p> <ul style="list-style-type: none"> • Covid Surge re-emerging (R number) • Capacity in the system to deal with the pandemic

- Absenteeism leading to workforce shortages
- Maintaining staff physical and mental well being
- Staff and patient fear
- PPE supplies and FFP3 mask specifications
- FIT testing
- Social care
- Pace of change
- Training staff to work in unfamiliar areas
- Testing of staff and patients

Committed to the delivery of safe, effective and compassionate care, the Trust will endeavour to minimise these issues where possible through ongoing and robust review.

Section 2: Classification of the Policy / Proposal

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

Screening Questions	Yes	No
(2.1) Is there an impact on Equality of Opportunity for those affected by this policy, for each of the S75* equality categories?	√	
(2.2) Are there better opportunities to promote equality of opportunity for people within the S75 categories?	√	
(2.3) Does the policy impact upon Good Relations between people of a different religious belief, political opinion or racial group?		√
(2.4) Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?		√
(2.5) Are there opportunities to encourage Disabled People to participate in public life and promote positive attitudes toward disabled people? (Disability Duties)	√	
(2.6) Does the policy/proposal impact on Human Rights ?	√	
*S75 equality categories include : Age, Dependent Status, Disability, Gender, Marital Status Ethnicity, Religion, Political Opinion and Sexual Orientation.		
Screening Statement <ul style="list-style-type: none"> If you have answered Yes to any of the above questions complete Sections 3 - 9. <u>OR</u> If you have answered No to all of the above questions the policy may be screened out - go to Screening Statement at 2.7. <p>N.B: All Staff must complete their mandatory equality, good relations and human rights training once every five years. This can be booked via HRPTS or completed online at www.hsclearning.com. The online programme is called 'Making a Difference'. Belfast Trust Staff can also access a suite of equality and diversity training including: disability awareness, human rights and embracing diversity in HSC – please contact Lesley.Jamieson@belfasttrust.hscni.net for more information.</p>		
(2.7) Screening Statement :		

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

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

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

Approved Lead Officer:
Position:
Date:

Countersigned by*:
Equality Manager:
Date:

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

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

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

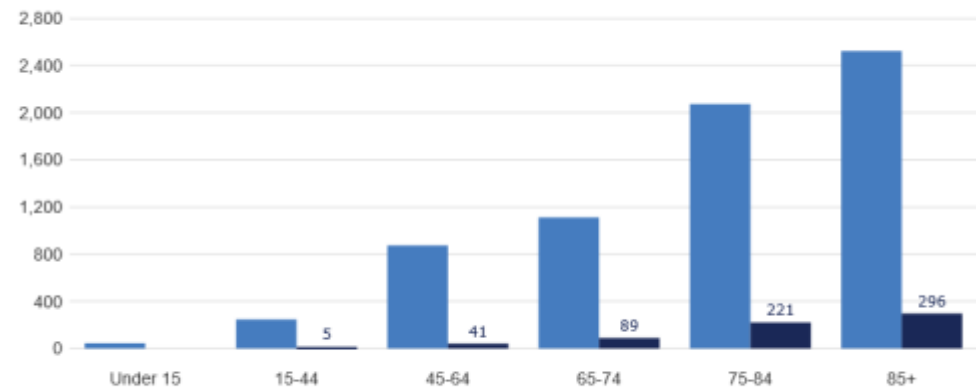
This section records the quantitative and qualitative data you have used to consider equality and good relations issues including:

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

Evidence to help inform the screening process may be quantitative and qualitative. For example: previous consultations and equality impact assessments (eqias), statistics, research, complaints, feedback, referrals, grievances, inspection reports, focus groups, user groups etc.

(3.1) Quantitative and Qualitative Data: Service Users

SERVICE USERS				
Equality Category	Service Users	Quantitative Data (2011 Census Data unless otherwise stated)		Qualitative Data (Needs, Experiences, Priorities)
1. Age	0-15 16-24 25-34 35-44 45-54 55-64 65+	22% 11% 12% 14% 14% 12% 15%		<p>It can be assumed that the majority of service users and patients of every age will be impacted by this stage 1 plan.</p> <p>However, Covid 19 affects older people and equally there is a higher rate of mortality, due to an increased rate of disability or co-morbidity and we know that older people tend to be more frequent users of health and social care services.</p> <p>Deaths registered year to date (provisional) NISRA Deaths Registered by age group 2020 to 15 May</p>



In addition, NISRA in its weekly bulletins (Week ending 22nd & 29th May 2020) noted that:

- ✓ Deaths of care home residents accounted for 53.1% of all COVID-19 related deaths.
- ✓ Persons aged 75 and over accounted for two-thirds (66.7%) of all deaths and 79.4% of COVID-19 related deaths

It is probable that older people may be differentially and adversely impacted by the continued downturn of some Trust services. However, we are responding to a pandemic which requires services to be delivered in a safe way for both staff and service users/patients. We will continually review our service delivery and as our plans demonstrate we will work to prioritise which services and which aspects of our services that we can safely and effectively reinstate given the additional constraints the covid-19 pandemic places on us.

There are over 60 Care Homes across the Trust area, caring for 2,300 residents. A key focus will be on providing support to keep residents and staff in these homes safe. We will continue to focus on providing support, PPE, training and Covid-19 testing for both residents and staff in line with

			<p>departmental advice and guidance.</p> <p>We will retain our the Mater Hospital as BHSC Covid-19 hospital with Belfast City Hospital ready to deliver support as the regional Nightingale role as required. We will also continue to provide a Primary Care Assessment Centre at Beech Hall Wellbeing & Treatment Centre.</p> <p>Many aspects of our Phase 1 plan will positively impact older people. Examples include:</p> <ul style="list-style-type: none"> ✓ Visiting: Restrictions exist however there are exceptions e.g. Critical Care areas and Palliative (end of life) care and we have made local arrangements to ensure our patients and residents can remain in contact with loved ones, through virtual contact. ✓ Psychiatry of Old Age service: Staff plan to safely restart of face-to-face assessment where essential. ✓ Domiciliary Care: Packages will be restarted (suspended during the pandemic surge). In addition, the waiting list for domiciliary care will be reviewed as well as the preparedness of domiciliary care services to meet service user needs post Covid-19. <p>In addition, there are specific elements of our plan that will positively impact younger people: including:</p> <ul style="list-style-type: none"> ✓ Health visiting and school nursing services were scaled back during the pandemic surge. The service will prepare for a phased re-introduction of some services in line with the regional plan, including school immunisation programme. ✓ All children on the child protection register will receive a minimum of one visit every 4 weeks. Priority Looked After Children (LAC) visits will continue to take place and a review of all other looked after children's cases to assess where face to face contact can take place safely will be undertaken as all face to face contact between parents and children had been paused with contact taking place virtually or by telephone. ✓ The Trust's 10 children's homes will remain open. ✓ Children with Disabilities service is developing new forms of outreach including new options for short breaks for their most vulnerable families.
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2. Dependent Status			Willow Lodge short breaks unit will offer non-residential short breaks 7 days a week for a small number of children with a learning disability.
	Caring for a child dependant older person/ person with a disability	12% of usually resident population provide unpaid care - 36% of whom are male and 64% are female	<p>The Trust is mindful of the extra pressures and reliance on carers since the onset of Covid 19, when many non-essential services were stood down and notably a no visiting policy was introduced to acute wards and residential and nursing homes.</p> <p>The Trust has worked to continue provision of support and to promote the health and wellbeing of carers through our carers' co-ordinators.</p> <p>Many aspects of our Phase 1 plan will positively impact carers. Examples include;</p> <ul style="list-style-type: none"> ✓ Visiting : Restrictions exist however there are exceptions and we are working tirelessly and creatively to ensure our patients and residents can remain in contact with loved ones, through virtual contact, via email so that families can email in photos, letters etc. to their relatives in hospital during the visiting restrictions. (familyconnect@belfasttrust.hscni.net) We have enlisted the help of volunteers and staff who have established a 'keeping in touch role' with families and friends of patients. ✓ Use of technology e.g. Ipads in ICU to facilitate contact with carers and families ✓ Patient liaison hub (averaging 150 calls per day currently) ✓ Partial opening of day centres will have a positive impact on carers and will enable them to have access to respite ✓ We have also established a Family & Carer Support Hub to support families who have relatives in Care Homes ✓ Support will be continued to be provided to foster carers virtually where possible. ✓ Maternity & Neonatal services will continue via the Royal Jubilee Maternity Service (inc Mater Midwifery-led Unit) with ante-natal & post-natal care being delivered virtually. Home births will continue. In

			addition, a help-line for women is now in place to resolve any service issues arising during this time.
3. Disability	Yes No	21% 79%	<p>The Disability Discrimination Act 1995 defines a disabled person as a person with “physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities.” The Disability Discrimination (Northern Ireland) Order 2006 broadened the definition of disability to cover some Cancer, HIV disease and Multiple Sclerosis. It was further amended by the Autism Act (Northern Ireland) 2011 to cover social interactions and forming social relationships.</p> <p>Given the nature of the services delivered by BHSCT it is reasonable to expect that disabled people are impacted by our Covid-19 plans. People with an underlying health condition and disabilities will often be more frequent users of health and social care services and may also be disproportionately impacted by the outbreak because of serious disruptions to the services they rely on. Any disruption to the delivery of safe and compassionate care has been due to the need to deliver a service that protects lives in a safe and compassionate manner. However Phase 1 of the rebuild plans means some changes to our capacity and in line with government and scientific guidance we are cautiously starting to review the decisions that were made in terms of service delivery in response to the covid-19 surge.</p> <p>Our plans include some actions that will have positive impacts on disabled people. Examples include: specifically including the partial opening of some day centres, plans to restart in reach activities for resettlement for patients in Muckamore Abbey Hospital and the neuro-rehabilitation service plans to begin planned admissions for prioritised patients to neurology and the amputee service.</p> <p>Some services will continue to be available under our plans including the</p>

			<p>Belfast Trust GP Out-of-Hours service and the Regional Emergency Social Work service for out-of-hours social work emergencies.</p> <p>There have been a range of innovations aimed at retaining services eg drive through glaucoma and rheumatology phlebotomy services. Staff are also exploring the delivery of psychoeducational groups and training, using webinars and facilitated sessions. Belfast Recovery College recently delivered a session to over 40 participants. All of these are aimed at lessening the impact on disabled service users.</p> <p>The increased use of virtual appointments by the outpatient clinics has presented challenges for service users or patients who are deaf and use sign language. Staff are mindful of this and technological solutions are continuously being embraced regionally to overcome these difficulties.</p> <p>Due to the nature of the services provided by Belfast Trust, and the fact that people who have a disability are more likely to engage with or use their local health and social care provider, it is fair to say that this stage plan will most likely impact on people with a disability differentially. The Trust is committed to promoting their health and safety and their physical and mental health.</p>
4. Gender	Female Male	49% 51%	<p>It has been noted that men are far more prevalent in being affected by COVID-19. There is a higher mortality rate in males. More men are dying from COVID-19 worldwide than women with potential reasons for this being biology, habits and testosterone levels found in men. The male sex hormone, testosterone, has a dampening effect on the immune system which makes men more susceptible to the virus. Scientific evidence has suggested that oestrogen helps to improve the immune system and increase immune inflammation as opposed to testosterone which reduces or dampens the response. The results indicate that women often have less severe infections than men and have significantly stronger immune responses to vaccinations. (ref: https://www.frontiersin.org/articles/10.3389/fpubh.2020.00152/full).</p> <p>It is not envisaged that implementation of this stage plan will impact adversely</p>

			on the basis of gender.
5. Marital Status	Married/Civil P'ship Single Other/Not known	34.21% 46.6% 19.19%	The Trust does not envisage that the implementation of the stage 1 plan will impact differentially or negatively on the basis of the marital status of service users.
6. Race Ethnicity	White Black/Minority Ethnic	98% 2%	Emerging evidence suggests that COVID-19 is having a disproportionate effect on people from BME backgrounds. Some BME groups are at higher risk of certain diseases and conditions – this may suggest an increased likelihood of developing COVID-19.
7. Religion	Roman Catholic	41%	There is nothing to indicate that the temporary reconfiguration across many of Belfast HSC Trust services, which is required to cater for the unprecedented demand as a result of Covid-19, would impact differentially or negatively on the basis of the religious belief of a service user.
	Presbyterian Church of Ireland Methodist Other Christian	42%	
	Buddhist Hindu Jewish Muslim Sikh Other None	17%	

8. Political Opinion Based on Council seats October 2017			
		(1) Belfast (2) Lisburn & C'Reagh	There is nothing to indicate that the temporary reconfiguration and cessation of some Belfast HSC Trust services, which is required to cater for the unprecedented demand as a result of Covid-19, would impact differentially or negatively on the basis of a service user's political opinion.
	DUP	13	4
	SF	19	1
	SDLP	4	1
	UUP	6	2
	APNI	8	4
	Green	1	1
	PBP	1	0
	IND	5	0
	PUP	3	0
9. Sexual Orientation	Opposite sex Same sex Same and Opposite sex Do not wish to answer /Not known	Estimated 6-10% of persons identify as lesbian, gay, bisexual <i>Source: 2012 report by Disability Action & Rainbow Project</i>	There is nothing to indicate that the temporary reconfiguration and cessation of some Belfast HSC Trust services, which is required to cater for the unprecedented demand as a result of Covid-19, would impact differentially or negatively on the basis of a service user's sexual orientation.

(3.3) Quantitative and Qualitative Data: Staff

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

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

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

/ proposal.

Should any equality/modernisation related issues arise, they will be managed through the [Organisational Change Framework](#). Along with this framework and for the purposes of this screening, the Trust will also manage staff through the [Guidelines on the Emergency Redeployment /Relocation of Staff during Covid-19 Pandemic](#)

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

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

Equality Category	Groups	Quantitative Data		Qualitative Data
		Belfast Trust workforce (@January 2019)	Staff affected by the Policy/Proposal %	
1. Age	16-24 25-34 35-44 45-54 55-64 65+	4% 24% 25% 26% 18% 3%	All	Staff of all ages are at risk from infection and spread of the Covid-19 virus. Staff over 70+ years are particularly vulnerable and must follow strict social distancing measures. The Trust has a duty of care to fulfil toward all staff and those who are considered to be in the most vulnerable age band and who are at greater risk of infection. Therefore requiring staff over 70 years of age to adhere to strict social distancing rules/work from home should be seen as the Trust fulfilling its duty of care toward staff in this age group. PHA, PHA & Department of Health have developed guidelines for HSC Staff and these are applied accordingly.

2.			All	<p>The Trust has a wide range of flexible working provisions to support staff through this challenging time along with special leave arrangements. A designated help line has been set up for staff who are pregnant and who may have particular concerns. The Trust has developed an advice video and co-developed regional HSC guidance for pregnant workers to safeguard their health and wellbeing and that of their unborn child in terms of key concerns they may have working whilst pregnant.</p> <p>We have implemented a range of bespoke, tailored solutions for pregnant staff including individual risk assessments and identifying alternative ways of working to safeguard their health and wellbeing.</p> <p>The Royal College of Midwives and the Royal College of Obstetricians and Gynaecologist have issued advice for UK Professionals to share with pregnant women who may have concerns about their safety and the safety of their unborn baby. This is very much an evolving situation and this guidance is a living document that is being updated as new information becomes available. Staff should also refer to the FAQ's developed by PHA, PHA & Department of Health these area further source of advice/information as well as their line manager. To keep pregnant women informed of changes in service provision the Public Health Agency (PHA) has launched a new Northern Ireland Maternity COVID-19 website. Home working is another option, open to managers, to facilitate staff who are pregnant and have concerns.</p> <p>The HSC is working with Childcare providers and the Education sector to cater for employees with childcare needs (as HSC staff have been identified as key workers). HR & the Trust's Early Years Team have conducted a survey to identify and address any unmet child care needs for any employees affected. We have provided over 1600 childcare sessions to key workers. This figure is set to increase as we open our Summer Childcare Scheme from 9th June until 11 August for the children of our staff and allocation of these places have been reviewed in partnership with Social Services colleagues to ensure they are individually allocated on the basis of need, supporting our front line workers during the</p>
Dependant Status	Dependants No Dependents Not known	20% 16% 64%		

				pandemic.
3. Disability	Yes No Not known	2% 63% 35%	All	Regional HR Agreement has been reached that ensures that staff absences resulting from Covid-19 will not count in the management of sickness in reaching trigger points. This applies to staff with or without a disability. The Trust will be supportive of staff who have particular concerns around Covid-19 and the impact on any pre-existing conditions. Reasonable adjustments will be considered to further safeguard staff and in so doing the Trust will draw on support and advice from its Occupational Health Department in collaboration with the staff member and their line manager. Important information on Covid-19 is available on the Trust's website in Easy Read format.
4. Gender	Female Male	77% 23%	All	All staff are potentially at risk of being infected by Covid-19 both males and females albeit early indications/data have shown that men have been more so affected. Staff have been instructed to follow strict distancing measures to prevent the further spread of Covid-19 and in seeking to protect one and another from infection. Advice and guidelines together with designated help lines have been established to provide managers and their staff with up-to-date information and support. Psychological support together with the Trust's Chaplaincy service are available to staff. Support is also available from the Trust's Health and Wellbeing Team and Occupational Health Departments. The Trust has developed a range of resources using social media and other formats to support staff which to date have been widely accessed.
5. Marital Status	Married/ Civil P'ship Single Other/	52% 32%	All	There is nothing to indicate that the temporary reconfiguration and cessation of some Belfast HSC Trust services, which is required to cater for the unprecedented demand as a result of Covid-19, would impact

	Not known	16%		differentially or negatively on the basis of a member of staff's marital status.
6. Race				
a) Ethnicity	BME White Known	Not 4% 72% 25%	All	<p>Covid-19 information has been translated in a range of different languages to ensure staff and staff as service users are kept informed. There is some emerging evidence from other jurisdictions which has shown that individuals from BME communities may be at greater risk of infection and therefore should adhere to strict social distancing advice/guidance. Ref: Analysis of deaths of NHS staff from Covid-19 HSJ</p> <p>The Trust has taken proactive steps to reach out to BME, and international staff in order to provide targeted advice, support and comfort packs and necessary information and contact details.</p>
b) Nationality	GB Northern Irish Other Not known	Irish 18% 11% 2% 1% 68%	All	
7. Religion				
a) Community Background	Protestant Roman Catholic Neither	40% 49% 11%	All	<p>Both main communities are at risk of infection and spread of the Covid-19 virus. Communities have been asked to co-operate by following strictest social distancing rules to prevent further spread and infection.</p> <p>There is nothing to indicate that the temporary reconfiguration and cessation of some Belfast HSC Trust services, which is required to cater for the unprecedented demand as a result of Covid-19, would impact differentially or negatively on the basis of a member of staff's religion or religious belief.</p>

b) Religious Belief	Christian Other No religious belief Not known	28% 9% 62%	1%	All	
8. Political Opinion <i>* 2011 Assembly election</i>	Broadly Nationalist Broadly Unionist Other Do not wish to answer/ Unknown Not known	6% 8% 79%	7%	All	There is nothing to indicate that the temporary reconfiguration and cessation of some Belfast HSC Trust services, which is required to cater for the unprecedented demand as a result of Covid-19, would impact differentially or negatively on the basis of a member of staff's political opinion.
9. Sexual Orientation	Opposite sex Same sex or both sexes Do not wish to answer	41% 2% 57%		All	There is nothing to indicate that the temporary reconfiguration and cessation of some Belfast HSC Trust services, which is required to cater for the unprecedented demand as a result of Covid-19, would impact differentially or negatively on the basis of a member of staff's sexual orientation.

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

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

(4.1) SERVICE USERS

Equality Category	Level of Impact			Mitigation Measures and Alternative Policies or Actions that might lessen the severity of the equality impact (where Major or Minor Impact identified)
	Major	Minor	None	

Age	√			<p>Pandemic Response</p> <p>We are now past the first peak of the Covid-19 outbreak in Northern Ireland. As we refocus on how we deliver our services during June 2020, we recognise that Covid-19 is likely to be with us for some time. Our Plan to rebuild our services must be incremental to ensure flexibility should we need to respond to a further surge. Stage 1 of our Plan aims to deliver services for those most in need, our absolute priority whilst keeping our patients, service users and staff safe. This calls for a careful balance with safety requirements, including maintenance of social distancing guidelines and the impact this will have on physical space, workforce availability, theatre capacity and PPE availability. Data relating to all these factors will continue to be scrutinised on a daily basis to inform our management decisions.</p> <p>Belfast Trust recognises the impact resulting from this short phase of our plan particularly for older people, carers and those with a disability. In normal circumstances, some aspects of the plan, particularly related to continued closure or reduction of a service in their own right would most likely be automatically subject to an equality impact assessment and public consultation. However, these are unprecedented times in an emergency situation. Many aspects of the plan aim to carefully rebuild some services given that we are now past the peak which will in fact positively impact older people, carers and disabled people.</p> <p>Notwithstanding, the Trust remains committed to its legal duties and the fundamental principles under Section 75 of the Northern Ireland Act 1998. During June 2020, as we prepare for our Stage 2 plan for July, August and September, we will be using the opportunity to build on new ways of working to continue to provide safe, effective compassionate care. This will involve enhanced local system working, strong clinical leadership, flexible and remote working where appropriate and rapid scaling of technology-enabled service delivery options. We are engaging with our frontline staff and users of our service to reflect on the many 'lessons learned' and further work on this will be crucial to inform our plans. We will consider feedback, complaints and intend to optimise our user and staff forums to seek views on how the rebuild should look, feel and be experienced. This learning and sharing of best practice will inform our longer term operational and strategic planning as well as the wider regional priorities.</p> <p>This further draft plan will be developed across the region and will be published by the</p>
Dependant Status	√			
Disability	√			
Gender		√		
Marital Status		√		
Race (Ethnicity)		√		
Religion		√		
Political Opinion		√		
Sexual Orientation		√		
Multiple Identity e.g. disabled minority ethnic people or young Protestant men.	√			

				<p>Department of Health at the end of June 2020 and will be subject to an equality screening in accordance with the Trust's approved Equality Scheme (3.2.6).</p> <p>Belfast Trust is cognisant of the need to consider and mitigate any potential adverse impact where possible.</p> <p>Urgent and Emergency Services It is probable that older people, disabled people and carers may be differentially and adversely impacted by the continued downturn of some Trust services. However, we are responding to a pandemic which requires services to be delivered in a safe way for both staff and service users/patients. Everyone will continue to be able to access emergency care and urgent services at all times including the Belfast Trust GP Out-of-Hours service and the Regional Emergency Social Work service for out-of-hours social work emergencies. We will continually review our service delivery and as our plans demonstrate we will work to prioritise which services and which aspects of our services that we can safely and effectively reinstate given the additional constraints the covid-19 pandemic places on us.</p> <p>There are over 60 Care Homes across the Trust area, caring for 2,300 residents. A key focus will be on providing support to keep residents and staff in these homes safe. We will continue to focus on providing support, PPE, training and Covid-19 testing for both residents and staff in line with departmental advice and guidance.</p> <p>We will retain our the Mater Hospital as BHSCT Covid-19 hospital with Belfast City Hospital ready to deliver support as the regional Nightingale role as required. We will also continue to provide a Primary Care Assessment Centre at Beech Hall Wellbeing & Treatment Centre.</p> <p>Limited Increase in Service Capacity Many aspects of our Phase 1 plan will positively impact older people, carers and disabled people. Details are noted in section 1.4 of this document however <i>some</i> examples include;</p> <ul style="list-style-type: none"> ✓ Visiting: Restrictions exist however there are exceptions and we are working tirelessly and creatively to ensure our patients and residents can remain in contact with loved ones, through virtual contact, via email so that families can email in photos, letters etc. to their relatives in hospital during the visiting
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				<p>restrictions. (familyconnect@belfasttrust.hscni.net) We have enlisted the help of volunteers and staff who have established a 'keeping in touch role' with families and friends of patients.</p> <ul style="list-style-type: none"> ✓ Partial opening of day centres will have a positive impact on carers and will enable them to have access to respite ✓ We have also established a Family & Carer Support Hub to support families who have relatives in Care Homes ✓ Psychiatry of Old Age service: Staff plan to safely restart of face-to-face assessment where essential. ✓ Domiciliary Care: Packages will be restarted (suspended during the pandemic surge). In addition, the waiting list for domiciliary care will be reviewed as well as the preparedness of domiciliary care services to meet service user needs post Covid-19. ✓ Partial opening of some day centres, ✓ plans to restart in reach activities for resettlement for patients in Muckamore Abbey Hospital ✓ the neuro-rehabilitation service plans to begin planned admissions for prioritised patients to neurology and the amputee service. <p>In addition and subject to review, Belfast City Hospital, Royal Victoria Hospital, Musgrave Park Hospital and Royal Belfast Hospital for Sick Children will undertake <i>some</i> additional prioritised planned surgery for patients with cancer and/or patients who require time-critical surgery during June, supported by private hospitals.</p> <p>Innovations</p> <p>There have been a range of innovations aimed at retaining services e.g. drive through glaucoma and rheumatology phlebotomy services. Staff are also exploring the delivery of psychoeducational groups and training, using webinars and facilitated sessions. Belfast Recovery College recently delivered a session to over 40 participants.</p> <p>Virtual Appointments</p> <p>The increased use of virtual appointments by outpatient clinics traditionally based on acute hospital sites (during the first 55 days of the pandemic 12,000 appointments were delivered by 65 clinics virtually) has meant that service users have had their medical conditions reviewed whilst also been kept safe as they no longer need to</p>
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			<p>attend an acute site / hospital. However, the use of virtual clinics has presented challenges for service users or patients who are deaf and use sign language and for staff from the BME community. Staff are mindful of this and technological solutions are continuously being embraced locally with our IT staff and regionally to overcome these challenges. The NI HSC Interpreting Service and The Big Word provide a virtual service/telephone service for services users whose first language is not English for long conversations such as autism assessments and short review appointments. Interpreter Now have been engaged by the HSCB to deliver a virtual service for non-covid appointments for service users who are British or Irish Sign Language users. Appointment letters have been reviewed to ensure that virtual clinics are more accessible for patients and service users.</p> <p>Governance A robust governance and assurance framework will continue through this phase of the Covid response. Arrangements are being carefully coordinated across all levels of the Trust to exercise appropriate and effective governance through robust planning at Trust and system level, strong leadership and effective communication.</p> <p>Co-ordination Regular communication with the Permanent Secretary, the Department of Health, the Health and Social Care Board, the Public Health Agency and other HSC Trusts is imperative to ensure that all parties are working together as a system and all have sight of key issues.</p> <p>Ethical considerations The Trust Clinical Ethics Committee (CEC) will continue to work to provide advice and support in issues arising due this exceptional time.</p> <p>Communication Timely clear information is key at a time when there are changes to service delivery and those changes are often rapid and immediate. The Trust has made full use of social media, its website, staff and user forums, local voluntary sector colleagues and statutory partners to ensure staff and service users are aware of key changes</p>
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				<p>and where to go if they have queries/feedback etc.</p> <p>Committed to ensuring information is accessible and inclusive alternative formats on information about Covid and how the Trust is changing service delivery are available. Social media has been significantly used to remind the public about the normal protocols and helplines if they are concerned about the welfare of a child or vulnerable person during the Covid 19 pandemic.</p> <p>Dedicated facilities such as the patient enquiry hub remain to provide information, allay fears and explain any changes (over 150 calls per day received)</p> <p>Daily information to staff is available via the Covid-19 Briefing. This contains information about latest initiatives, support for staff and service changes.</p> <p>The Trust's aim is to be one of the safest, most effective and compassionate HSC organisations and will continue to take all measures necessary to protect the health and wellbeing of the population that it serves and the workforce that it employs. These measures will be kept under review in line with public health guidance and the lifespan of the pandemic.</p> <p>The Trust will subject the plan to an on-going screening to monitor the impact of the temporary measures on a continuous basis to ensure that the impact is not more significant than initially anticipated and the frequency and urgency with which changes are required to address the demands of the pandemic. The Trust will proactively share this completed screening template with its consultees and it will also be a publicly available document, available to view on the Trust's website</p> <p>Plan Objectives</p> <p>Stage 1 of our rebuilding plans for the month of June have been developed mindful of the objectives stated by the Department of Health (DoH) and mindful of the checklist provided by the DoH to support service planning and preparation – with the first referring to communication with the public.</p> <p>BHSCT must therefore ensure that any rebuilding plans:</p> <ul style="list-style-type: none"> ✓ Ensures <u>Equity of Access</u> for the treatment of patients across Northern Ireland and
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				<ul style="list-style-type: none"> ✓ Minimises the transmission of Covid-19; <i>and</i> ✓ Protects the most urgent services <p>Our stage 1 rebuilding plans for the month of June 2020 have been developed for the month of June 2020 and will help us to:</p> <ul style="list-style-type: none"> ✓ deliver services to the <u>most vulnerable people</u> in our community, ✓ to <u>ensure patients who urgently require acute care and planned cancer surgery are treated in a safe environment</u>, ✓ <u>continue to provide safe compassionate care to all those who need it</u>, even if this means delivering services in a different way because of social distancing
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(4.2) STAFF

Equality Category		Level of Impact			Mitigation Measures and Alternative Policies or Actions that might lessen the severity of the equality impact
		Major	Minor	None	
Age			X		<p>Policy Framework</p> <p>When organisational/policy change is necessary, regardless of whether it is a permanent or temporary change, the Trust is committed to treating staff fairly and equitably. Staff can be assured that the change process will be properly managed. This includes consultation with staff and the opportunity for staff to discuss in one to one meetings any adverse equality impacts resulting in changes to their employment. This Framework also works alongside other Human Resources policies including, for example, the Disability and Reasonable Adjustment Framework, the Work Life Balance Policy and Procedure, the Recruitment and Selection Policy and Procedure and Agenda for Change Terms and Conditions Handbook.</p> <p>Should any equality/modernisation related issues arise, they will be managed through the Organisational Change Framework</p> <p>Along with this framework and for the purposes of this screening, the Trust will also</p>
Dependant Status			X		
Disability			X		
Gender			X		
Marital Status			X		
Race	Ethnicity			X	
	Nationality			X	
Religion	Community Background			X	

	Religious Belief			X	<p>manage staff through the Guidelines on the Emergency Redeployment /Relocation of Staff during Covid-19 Pandemic</p> <p>Consideration of Equality Issues</p> <p>The Trust will also aim to observe the need to actively consider and employ, as appropriate, a range of mitigating measures in line with its Section 75 equality duties, to reduce any adverse effects on staff. In particular the Trust will:</p> <ul style="list-style-type: none"> ✓ Observe the need to consider reasonable adjustments for those with disabilities; ✓ Consider the overall effects of a change in terms of the implications for staff generally and especially for those with caring responsibilities –children and adult dependents. ✓ Retrain staff, provide flexible working arrangements, pay of travel expenses, employ greater use of technology as a result of any organisational change. ✓ Make every effort to take account work/life balance considerations where relocation or redeployment is required. It is recognised that staff flexibility is key in these unprecedented times. ✓ Give serious consideration to flexible working arrangements both in relation to accommodating existing arrangements as far as is reasonably practical and/or facilitating new arrangements on a temporary basis; ✓ Ensure that more subtle forms of discrimination e.g. making stereotypical assumptions about the predisposition of older people toward retraining and up skilling opportunities are avoided. ✓ Undertake proactive steps to reach out to BME, and international staff in order to provide targeted advice, support and comfort packs and necessary information and contact details. <p>Workforce Management</p> <ul style="list-style-type: none"> ✓ Maintaining safe staffing levels with appropriately trained staff to provide safe, effective and compassionate care to patients and clients remains a priority for the Trust. The Trust continues to have a focus in this area to ensure that additional risks posed by virtue of the magnitude and pace of change during the COVID-19 pandemic are identified and effectively managed.
Political Opinion				X	
Sexual Orientation				X	
Multiple Identity e.g. female staff with caring responsibilities		X			

				<ul style="list-style-type: none"> ✓ A workforce group has been established and comprises senior managers/co-directors from each directorate as well as Trade Union representation and is chaired by a co-director from Human Resources ✓ It can be assumed that all staff will in some way be impacted by this temporary reconfiguration and cessation of some services across Belfast Trust required to deal with the demand as a result of Covid-19. Where it is reasonably possible to do so, a person is expected to work from home ✓ The Trust is cognisant of the fact that our workforce is predominantly female and that in line with societal norms, childcare/caring responsibilities may often be the responsibility of females. We recognise that our staff are our most valuable resource and we are committed to promoting uptake of our Work Life Balance & childcare initiatives to all staff irrespective of gender. ✓ Many staff have transitioned back to former clinical roles or have been redeployed to new roles to respond to the changing needs of our hospitals and community services. The Trust has endeavoured to provide the necessary training & support for affected staff. A central redeployment team has also been established to support the redeployment of non-clinical staff. <p>Recruitment Initiatives</p> <ul style="list-style-type: none"> ✓ Final year medical and nursing students have started their careers earlier than usual this year in order to bolster the workforce during the COVID-19 pandemic. Final year social work students have also completed their course early and will be taking up their posts in early May 2020. ✓ A very successful workforce campaign has been carried out by HR to enhance overall workforce capacity across all professional groups including a regional workforce appeal, significant engagement with universities and call out to retirees. This has generated the following results: ✓ HSC Workforce Appeal: 11,104 completed applications across HSC. This converts to 3,170 applications to BHSC (750 clinical and 2420 support roles). HR have processed 108 applicants for clinical roles and 91 applicants for support roles: the service has commenced 14 medical staff and 10 qualified nurses as at 17 April 2020. ✓ Retirees and Returners: 45 recently retired staff have expressed an interest in
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				<p>returning to assist the Trust on a short term basis, including 10 consultant staff. Start dates are being agreed.</p> <ul style="list-style-type: none"> ✓ Final year nursing/midwifery students : 190 commenced on payroll (QUB/UUUJ/OU) ✓ Final Year Medical Students: FY1s are due to start their medical careers 12 weeks earlier than planned: we are anticipating approximately 100 newly qualified doctors to commence post early May. ✓ Final Year Social Work Students - to start from 5 May 2020 ✓ Medical Student Technicians (3rd and 4th year QUB medical students): 95 allocated (151 applied via expression of interest) <p>Canteen and Travel (Car Parking & Cycling) Initiatives</p> <ul style="list-style-type: none"> ✓ On 24 March 2020, the Trust's Executive team took the decision to allow free parking across our sites to staff and visitors, mainly as a goodwill gesture to staff in response to their efforts. This was followed by a Ministerial announcement that monthly payments for parking made by staff through their payroll would be waived between April and June. ✓ In line with other UK Trusts, in order to avoid money handling and potential spread of the virus, to ensure adequate food and hydration for staff who are generally working longer shifts in exceptionally difficult circumstances, and to reduce crowding in ward coffee rooms and rest rooms, the Trust's Executive Team took the decision at the end of March 2020 to provide free food to staff in our canteens. The practice has now been adapted by other Trusts across Northern Ireland. ✓ An out of hours service is provided for staff working at night and at the weekend. Canteens have a less varied selection, a grab and go service is available to assist with social distancing, and the Trust is utilising donations from supermarkets to give to staff. Services are being kept under review to ensure adequate social distancing is maintained, guidance is displayed for staff as an aide memoire. ✓ In partnership with Belfast Bikes, we have ensured that our staff have free access to bicycles to support both their commute to work and also, their physical, emotional and mental health and wellbeing.
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				<p>Childcare Support for Staff</p> <p>Extensive support has been provided to support our staff who are working parents. This will reviewed on an ongoing basis given the fluidity of the situation.</p> <ul style="list-style-type: none"> ✓ On 24 March 2020, the Trust issued an on-line survey to staff with regards the childcare needs of our frontline workers. Additionally, contact was made with line managers and Trade Union colleagues to contact those staff off work, without access to Trust e-mail, to get in touch with the Improving Working Lives Team in HR if they had any childcare issues. This has resulted in 850 requests for support with childcare to date. ✓ HR, in partnership with Early Years Intervention Team have made contact with 820 of the 850 families who registered their details and discussed their childcare needs on an individual basis. At 27 April 2020, this resulted in 1,165 sessions of care being established within those day-care providers already under contract with BHSCT Social Services. ✓ Further sessions will be operational in the coming weeks with other providers of up to 250 more places. We are actively progressing our plans for opening our annual childcare scheme which will provide 208 full time places each day. We plan to open this on 9 June 2020. <p>Staff Safety & Wellbeing</p> <p>COVID-19 is the biggest challenge ever faced by the HSC and during these difficult times the health and wellbeing of our staff is of paramount importance. Staff across the NHS have expressed apprehension over the safety of current working conditions, with the three greatest concerns being workforce shortages, staff testing and availability of PPE. The Trust has taken a number of measures to respond to staff concerns and ensure their safety and wellbeing as follows:</p> <ul style="list-style-type: none"> ✓ Social Distancing <ul style="list-style-type: none"> ○ The need for social distancing means that there has been an increase in remote working and in the use of technology such as Microsoft Teams, videoconferencing and online meetings. HR and IT staff have helped directorates provide appropriate training and guidance to support these
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				<p>new ways of working.</p> <ul style="list-style-type: none"> ○ The Trust has followed regional guidance in terms of self-isolation for those suspected of having COVID-19 or whose family member is suspected of being COVID-19 positive, and for staff who require 'shielding' due to medical conditions, pregnancy or those over the age of 70 ○ The Trust prepares a daily report on staff absenteeism as a result of the above, and uses this to arrange for appropriate testing to help staff return to work as quickly as possible. ○ The Trust has also followed regional guidance in facilitating staff to work remotely where they are able to do so. This is limited to some extent by digital capacity. Where staff are required to work on hospital or community premises, social distancing guidelines are strictly followed. <p>✓ Personal Protective Equipment</p> <ul style="list-style-type: none"> ○ The Trust is taking all reasonable steps to ensure that staff have access to appropriate PPE. This is a huge challenge given changing guidance and a national shortage of key supplies. The COVID-19 Oversight Group continuously reviews stock levels, usage and planned deliveries to manage the Trust's demands. A key element of their role is feeding into regional discussions around current and future PPE requirements and the allocation of PPE across organisations. The team also manages a receipts and distribution centre specifically established to manage PPE stocks. ○ Linked to PPE is the requirement to have staff appropriate fit tested for FFP3 masks. The Trust has trained a number of staff to carry out fit testing. However, this has been complicated by the fact that there have been a number of changes in the type of masks available to the Trust and the need to re-test staff for different masks. <p>✓ Staff Testing/Labs facilities</p> <ul style="list-style-type: none"> ○ The Belfast Trust Regional Virology Laboratory (RVL) has increased their testing capacity and turnaround times since COVID-19 planning began. They developed a testing platform in February and capacity has been increased from 360 tests per week then to 8,516 tests per week as at 18
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				<p>April. This has allowed the Trust to test staff as well as patients in line with regional testing guidance. At present, there is sufficient capacity to test all staff (or family members) suspected of having COVID-19 and deemed appropriate for testing. This position may be subject to change due to rationing of testing kits by Public Health England.</p> <ul style="list-style-type: none"> ✓ Staff accommodation <ul style="list-style-type: none"> ○ Staff accommodation has been organised by the Trust for staff who, for any reason, cannot live at home or cannot return home between shifts. Accommodation and meals are funded by the Trust with competitive rates negotiated with a local hotel. Where long term accommodation is required, the Trust will review other options such as apartments to ensure value for money. ✓ Communications <ul style="list-style-type: none"> ○ In such an unfamiliar, challenging and frequently changing time, there is a risk that staff and users become anxious, fearful and confused, and that staff feel unsupported. ○ As a result, the Trust has made great endeavours to continue to communicate effectively and regularly with staff. Most notably, effective and innovative communications has been instrumental in influencing public behaviour. The Trust's Covid-19 communication plan is aligned with the system's plan with regular meetings between all HSC communication teams. ○ As well as normal management arrangements such as emails and team and leadership briefings, the Trust has used a range of media including podcasts, local television, radio and newspapers and social media to communicate with staff and their Trade Union colleagues. The following provides some of the ways in which effective communication has been and is being achieved: <ul style="list-style-type: none"> ▪ Daily staff brief which includes PHA or other regional updates and staff advice and support ▪ Weekly newsletter for elected representatives alongside public
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				<p>liaison daily enquiries from MLAs</p> <ul style="list-style-type: none"> ▪ Daily news update and proactive news agenda ▪ HR guide and FAQ shared with staff and 'AskHRCOVID-19' email established ▪ Daily COVID updates to Executive Team and regular updates to the Chair and to other non-executive directors through Trust Board briefings. ▪ Regularly updated COVID page on Trust website and Hub microsite ▪ Central point of contact established for procurement queries/proposals and donations ▪ Use of social media including highly successful video produced by the Trust's respiratory team, weekly Chief Executive podcasts to staff, and HR podcast clinics ▪ Signposting of staff to help and support, including COVID-19 and confidential psychological helplines ▪ A regional wellbeing framework went live in April to provide support for all HSC staff ▪ The Chief Executive has ensured that there is Trust Board member visibility on main sites and in the community.
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Section 5: Good Relations

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

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

Good Relations category	Level of impact			Mitigation Measures and Alternative Policies or Actions that might lessen the severity of the equality impact
	Major	Minor	None	
Religious belief			√	<p>(where Major or Minor Impact identified)</p> <p>The Trust is committed to ensuring that staff, patients service users and carers have equality of access to services and feel welcome, comfortable and safe accessing all</p>

				Trust facilities, irrespective of race, religion or political opinion.
Political opinion			√	<p>This is in accordance with the Trust's Good Relations Strategy: Healthy Relations for a Healthy Future 2. On the basis of the information available, there is nothing to indicate that these changes would engender any adverse impact in regard to the promotion of good relations.</p> <p>As indicated previously, it is important that the Trust continues to translate essential information. Trust staff have been advised in the case of suspected or actual Covid-19 patients that they should use telephone interpreting instead of face to face interpreting to facilitate effective and safe communication for patients who are not proficient in English as first or second competent language. This is available through the Big Word and the NI HSC interpreting service. Face to face interpreting is also available in exceptional circumstances.</p> <p>The promotion of Good Relations is an integral part of Belfast Trust's commitment to improve the health and wellbeing of all our staff. As the largest health and social care provider in Northern Ireland, (employing one of the largest workforces - where approx. 4% is from a BME community) and in line with our Good Relations Strategy, we strive to ensure that all staff irrespective of religion, race or political opinion feel safe welcomed and comfortable in work.</p> <p>In light of regional and national statistics which show BME staff have been disproportionately affected by Covid-19, precautionary guidance has been issued to help protect and support our BME staff. The guidance is very much a living document especially as research into the trends is currently being undertaken in UK.</p> <p>Key to the guidance is correct infection control practices including social distancing and PPE. In addition, ongoing conversations between staff and managers to identify any concerns and mitigate any risks with advice from the Occupational Health team (based in Human Resources) is also available particularly when a BME member of staff has an underlying medical condition. The Trust appreciates that this is a stressful time for all staff as we face uncertain times and unfamiliar working practices however higher levels of anxiety may be experienced by BME staff given the higher rates of Covid-19. Belfast Trust asks BME staff to talk to their manager, seek peer</p>
Racial group		√		

				support and use the staff counselling service to help at this challenging time.
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Section 6: Disability Duties				
<p>How does the policy / proposal:</p> <ul style="list-style-type: none"> • encourage disabled people to participate in public life <i>and</i> • promote positive attitudes towards disabled people? <p>Consider what other measures you could take to meet these duties.</p> <p><i>For example, have staff received disability equality training.</i></p>		<p>The Trust is committed to ensuring equality of opportunity for all service users and staff in terms of disability and complies with all relevant Disability legislation, including the Disability Discrimination Act 1995 and the United Nations Convention on the Rights of people with disabilities.</p> <p>The Trust has a number of policies/strategies in place including a Disability Action Plan, aimed at encouraging disabled people to participate in public life and promote positive attitudes towards disabled people. All staff have access to Disability Awareness training.</p> <p>The purpose of this phase of the response to Covid-19 is to rebuild our services whilst also protecting life and protecting and promoting the health and wellbeing of all its service users and patients and staff. It still remains necessary to divert some necessary resources to address the impact of the pandemic and the potential threat of another surge.</p> <p>Delivery of services will be made with reasonable adjustments as required. The Trust with regional colleagues proactively access the new sign language service, are reviewing appointment letters, have produced information about covid-19 in easy read for service users with learning disabilities and continually are looking at innovative ways to make services accessible during the pandemic.</p> <p>All staff must complete mandatory training on equality, human rights and good relations which includes awareness of disability duties. As this is available online staff are being encouraged to complete if possible.</p> <p>A key aspect of support for staff has been the extensive range of online support</p>		

	available for staff who may be facing poor mental health during the covid-19 pandemic. Staff have been made aware of support services via the Trust intranet and in discussions with managers.
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Section 7: Human Rights

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

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

Article	Positive impact	Negative impact (Human Right has been interfered with or restricted)	Neutral impact
A2: Right to life	√		
A3: Right to freedom from torture, inhuman or degrading treatment or punishment			√
A4: Right to freedom from slavery, servitude & forced or compulsory labour			√
A5: Right to liberty & security of person		√	
A6: Right to a fair & public trial within a reasonable time			√
A7: Right to freedom from retrospective criminal law & no punishment without law			√
A8: Right to respect for private & family life, home and correspondence.		√	
A9: Right to freedom of thought, conscience & religion			
A10: Right to freedom of expression			
A11: Right to freedom of assembly & association		√	
A12: Right to marry & found a family			
A14: Prohibition of discrimination in the enjoyment of the convention rights			
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			
1 st protocol Article 2 – Right of access to education			
Please outline: any actions you will take to promote awareness of human rights and <ul style="list-style-type: none"> evidence that human rights have been taken into consideration in decision making 	The Trust is committed to fulfilling its human rights obligations and takes decisions mindful of these obligations. The Trust is committed to the principle that everyone has the fundamental right to the highest attainable standard of physical and mental health. The Trust Covid-19 Rebuild Stage 1 plan aims to balance the need to protect life following the Covid19 surge whilst also delivering services which are safe and		

<p>processes.</p>	<p>compassionate. We are cognisant of the fact that our duties under human rights law have not changed and that any changes must be lawful ie proportionate, necessary and motivated by legitimate public health goals.</p> <p>Under Article 2 of the Human Rights Act (HRA) 1998, Public authorities not only have to refrain from intentional and unlawful deprivation of life, but must also take appropriate steps to safeguard the lives of those within their jurisdiction.</p> <p>The Trust recognise that everyone has the right to liberty and security of person under Article 5 (HRA) and that this right is restricted due to current circumstances. It is considered that the measures taken are proportionate and appropriate to address the demands of the pandemic.</p> <p>The Trust recognises that significantly restricting and in some cases, stopping access to visits will significantly restrict Article 8 (HRA), which upholds the right to family life. The Trust deems that this is a proportionate and justifiable response to try to limit the spread of the virus.</p> <p>Human rights law recognizes that in the context of serious public health threats and public emergencies threatening the life of the nation, restrictions on some rights can be justified when they have a legal basis, are strictly necessary, based on scientific evidence and neither arbitrary nor discriminatory in application, of limited duration, respectful of human dignity, subject to review, and proportionate to achieve the objective. The emergency powers set out in the Coronavirus Act are unprecedented, far reaching and severely limit freedoms.</p> <p>The Siracusa Principles, adopted by the UN Economic and Social Council in 1984, and UN Human Rights Committee general comments on states of emergency and freedom of movement provide authoritative guidance on government responses that restrict human rights for reasons of public health or national emergency. Any measures taken to protect the population that limit people's rights and freedoms must be lawful, necessary, and proportionate. States of emergency need to be limited in duration and any curtailment of rights needs to take into consideration the disproportionate impact on specific populations or marginalized groups.</p> <p>Human rights guidance say that any restrictions must be</p>
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- provided for and carried out in accordance with the law;
- directed toward a legitimate objective of general interest;
- strictly necessary in a democratic society to achieve the objective;
- the least intrusive and restrictive available to reach the objective;
- based on scientific evidence and neither arbitrary nor discriminatory in application; and
- of limited duration, respectful of human dignity, and subject to review.

The World Health Organisation has confirmed the prevention of the spread of Covid 19 and preserving the life and health of those affected or under threat of infection, particularly the most vulnerable are legitimate aims. The Trust is committed to ensuring that accurate and up-to-date information about the virus, access to services, service disruptions, and other aspects of the response to the outbreak is readily available and accessible to all.

As Belfast Trust refocuses on how we deliver our services during June 2020, we recognise that Covid-19 is likely to be with us for some time. Our Plan to rebuild our services must be incremental to ensure flexibility should we need to respond to a further surge. Phase 1 of our Plan aims to deliver services for those most in need, our absolute priority whilst keeping our patients, service users and staff safe. This calls for a careful balance with safety requirements, including maintenance of social distancing guidelines and the impact this will have on physical space, workforce availability, theatre capacity and PPE availability. Data relating to all these factors will continue to be scrutinised on a daily basis to inform our management decisions.

Belfast Trust recognises the ongoing impact resulting from Plans. During June 2020, as we prepare for our Stage 2 plan for July, August and September, we will be using the opportunity to build on new ways of working to continue to provide safe, effective and compassionate care. This will involve enhanced local system working, strong clinical leadership, flexible and remote working where appropriate and rapid scaling of technology-enabled service delivery options. We are engaging with our frontline staff and users of our service to reflect on the many 'lessons learned' and further work on this will be crucial to inform our plans. We will consider feedback, complaints and intend to optimise our user and staff forums to seek views on how the rebuild

	should look, feel and be experienced. This learning and sharing of best practice will inform our longer term operational and strategic planning as well as the wider regional priorities. We intend to do all of this cognisant of our human rights obligations.
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Section 8: Screening Decision		Major	Minor	None
(8.1) How would you categorise the impacts of this policy / proposal? (Please underline one category)		(Screened In for an Equality Impact Assessment)	X (Screened Out with mitigation)	(Screened Out)
(8.2) If you have identified any impact, what mitigation have you considered to address this?		<p>Mitigation is outlined in detail in section 4.1 (service users) within the following themes:</p> <ul style="list-style-type: none"> • Pandemic Response • Urgent and Emergency Services • Limited Increase in Service Capacity • Innovations • Virtual Appointments • Governance • Co-ordination • Ethical considerations • Communication • Plan Objectives 		


	<p>Mitigation is outlined in detail in section 4.2 (staff) within the following themes:</p> <ul style="list-style-type: none"> • Policy Framework • Consideration of Equality Issues • Workforce Management • Recruitment Initiatives • Canteen and Travel Initiatives • Childcare support for staff • Staff Safety and Well Being 		
<p>(8.3) Do you consider the policy/proposal needs to be subjected to on-going screening?</p>	<p>Yes</p>	<p>No X</p>	<p>Reasons</p> <p>Extensive mitigation including duration of this phase of the plan and robust governance.</p> <p>In line with our equality commitments we will however review this screening if any unanticipated adverse impacts are realised during the course of the phase of the plan.</p>
<p>(8.4) Do you think the policy/proposal should be subject to an Equality Impact Assessment (EQIA)?</p> <p>NB: A full Equality Impact Assessment (EQIA) is usually confined to those policies or proposals considered to have <u>major</u> implications for equality of opportunity/good relations/human rights.</p>	<p>Yes</p>	<p>No X</p>	<p>Reasons</p> <p>As per 8.3</p>
<p>Section 9: Monitoring</p> <p>(9.1) Please detail how you will monitor the effect of the policy/proposal for impact in terms of equality of opportunity, good relations, disability duties and human rights?</p>	<p>Robust monitoring arrangements are key in overseeing and reviewing the impact of the measures. A COVID-19 team has been established and operates in a similar fashion to an incident management team, coordinating information and updates from each directorate on a daily basis to inform decision making at Trust level and to inform a report to Silver Command (HSCB & PHA) every day for onward submission to Gold Command (DOH).</p> <p>In addition, the Trust Executive Team has a daily meeting to review:</p>		

	<ul style="list-style-type: none"> ➤ Daily activity ➤ Assess capacity to deliver ongoing services, ➤ Staff availability and safety ➤ Provision of PPE stocks and usage <ul style="list-style-type: none"> > Receive a report from COVID-19 Oversight team ➤ Decision making and identify issues for further escalation <p>A key outworking of the COVID-19 team include:</p> <ul style="list-style-type: none"> ➤ A Daily Sitrep report which includes information from each directorate on key issues across hospital and community settings, including the number of COVID-19 patients, numbers ventilated, number of deaths, available beds, staff absence, staff numbers tested, PPE fit testing, stocks and usage. The sitrep report is used to inform daily Silver and Gold discussions. ➤ Input into a daily call with Silver Command (HSCB) to highlight key risks or concerns which are then fed into the Gold Command call. ➤ Operational leadership of Trust hospital and community operations to manage the developing COVID-19 situation, including changes to infrastructure, engagement of external accommodation or facilities, expansion and retraction of services, workforce planning and communications. <p>The production of daily sitreps enables pandemic plan measures to be kept under review and where necessary and feasible, further mitigation will be introduced to lessen any unanticipated adverse impact, The Trust remains committed to delivering safe, effective and compassionate services to its population and recognises the importance and need to effectively monitor any anticipated or actual equality impacts of policies and to give due regard to the need to promote equality of opportunity.</p>
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Please sign /date and forward to the Equality and Planning Team for consideration - Lesley.Jamieson@belfasttrust.hscni.net.

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

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

Approved Lead Officer	 Charlene Stoops	Countersigned by:	
Position	Director of Performance, Planning & Informatics	Equality Manager	Estella Dorrian 2/6/20
Date		Employment Equality Manager	