

Equality, Good Relations and Human Rights Screening Template

(1) Information about the Policy/Proposal

(1.1) Name of the policy/proposal

Northern Health and Social Care Trust (NHSCT) response to outbreak of COVID-19

(1.2) Is this a new, existing or revised policy/proposal?

New – plans have been developed to support and respond to COVID-19

(1.3) What is it trying to achieve (intended aims/outcomes)?

On 11th March 2020, the World Health Organisation officially declared COVID-19 a pandemic due to the speed and scale of transmission of the virus. As a result the Health and Social Care (HSC) sector is facing unprecedented pressure to:

- safeguard lives by reducing the further spread of the COVID-19 virus; and to
- prevent the HSC system from becoming overwhelmed due to the COVID-19 pandemic and the demands this is placing on the whole HSC system.

The COVID-19 Emergency has prompted the need to adopt new ways of working to balance the challenges of protecting the health of the population and safeguarding the health and wellbeing of the most vulnerable people in the community, whilst continuing to delivery high quality, safe patient/client services and a safe working environment for staff and all those who come into contact with our services. The Trust, as will the wider HSC sector, continue to examine all options as they face and adapt to the challenges posed by this pandemic. During this emergency situation, Trust service areas will focus on essential work in order to maximize the number of staff and resources available, safeguard lives and prevent the HSC system from becoming overwhelmed. The Trust has prepared a surge plan which details the reconfiguration of some services, as temporary measures. This together with steps taken to postpone some services such as non-urgent elective appointments is aimed at creating capacity within the system by freeing up staff and resources to respond to emerging needs/demands.

In parallel the regional workforce appeal and other associated workforce measures such as deployment of final year nursing and medical students and the call for retired employees to return to service will increase capacity within the Trust and across the wider HSC.

The Trust has and is continuing to work closely with the Department of Health, the Health and Social Care Board, the Public Health Agency and with General Practitioners in Primary Care

to deliver a robust and cohesive partnership approach to tackling the pressures of COVID-19. The pace and scale of change required is unparalleled and one of the greatest challenges faced by the HSC System. The following urgent measures and modified ways of working have been essential across the system at both an acute and community level to mitigate the impact of the virus and ensure that there is sufficient capacity within the system to meet the expected increase in demand. It is important to note that the list of measures is not exhaustive and further measures may be taken as and when required. There may be further waves of COVID-19 when decisions will have to be made quickly. Services may be reinstated but may then have to be stood down again in response to future outbreaks. Given the uncertainty of the current situation the surge plan will be reviewed on an ongoing basis in order to respond to the need of the HSC system.

Changes to Acute Hospital Services

All routine elective hospital activity, including outpatient, day case and inpatient procedures have ceased with the exception of a managed level of Red Flag surgery, which will be carried out in Causeway Hospital only. An element of Red Flag surgery may also be undertaken in the independent sector, under a collaborative arrangement, overseen by the Health and Social Care Board. This will continue in June while the capacity in the independent sector has been commissioned by the Department of Health (DoH). The remainder of the breast surgery and some colorectal and gynaecological surgery has transferred to Causeway Hospital. Virtual clinics have been introduced to replace the majority of face to face clinics. Antenatal, biological therapies and triaged haematology clinics continue. Dedicated phlebotomy clinics have been established to support remote clinical decision making. The use of self-check in facilities has also been stood down.

There has been a reduction in other routine outpatient activity such as physiotherapy to allow staff to be realigned to support acute and community teams.

There have been some changes in the profile of diagnostic services i.e. radiology, clinical physiology and endoscopy to create capacity to support new clinical pathways.

A virology team has been established in Antrim lab. This service provides the Trust with in-house testing for COVID-19, reducing turnaround times for results. Daily collections from primary care have been downturned to allow lab vans to transport samples from Causeway to Antrim more frequently throughout the day.

There has been completion of some response related estates work e.g. relocation of critical care to A1 on the Antrim Site, additional shower facilities, building works in Causeway ICU and establishment of alternative patient triage and streaming in Causeway ED.

Changes have been made to how chaplaincy services are delivered to patients. Contingency arrangements have been put in place whereby only fit-tested chaplains are able to respond to emergencies. In order to support patients and staff we have introduced a direct dial number (02894 481709) which has been distributed among patients who require support. A written resource has also been produced which can be used with patients who require intervention. On site access to chaplains will be available for staff at set times during the week.

Stringent restrictions on patient visiting have been implemented – contact with family is now facilitated with the support of telephone calls and ICT.

Inpatient rehabilitation beds in Whiteabbey Hospital have been temporarily reduced due to vulnerability of medical cover.

Community hospital beds have been ring-fenced to prevent unnecessary secondary care admissions. These will be used for patients requiring isolation, prior to returning to their place of residence.

There has been a reconfiguration of adult wards and other clinical spaces, within both Antrim Area and Causeway Hospital, to accommodate COVID-19 wards.

Changes to Services for Women, Children & Families

All inpatient paediatric and maternity services have been temporarily consolidated in Antrim Area Hospital from Thursday the 9th of April 2020. From this date women who are in labour, including those who are having planned Caesarean Sections, will all birth in Antrim Area Hospital only. Women with pregnancy related concerns can attend Causeway Maternity Unit, Mon to Fri 9am- 5 pm or Antrim Area Hospital from this date. The ambulatory paediatric service has continued in Causeway Hospital Mon to Fri, 9am – 9pm and Sat to Sun, 12pm – 5pm. Outside these hours, Causeway patients with paediatric concerns are advised to contact GP Out of Hours or go directly to Antrim Area Hospital Emergency Department. Families who have children with complex health needs have all been directly written to so that they know they can access to the inpatient Paediatric Ward in Antrim directly. Children with high level needs will continue to be supported by nursing teams at home.

Consultant led maternity outpatient clinics continue in both Antrim Area and Causeway Hospitals with Consultant led clinics that had previously been offered in Ballymena Health & Care Centre, Moyle and Mid Ulster Hospitals being centralised in Antrim Hospital. Early discharge from Antrim maternity unit is being supported through enhanced post-natal support by the Community Midwifery Team.

A direct referral Gynae ambulatory pathway has been established in Antrim Hospital to provide women who require a gynae assessment with direct access within the gynae ward. All routine Gynae outpatient clinics have been cancelled but red flag outpatient clinics and procedures have been retained in Causeway and Antrim Hospitals. The weekly red flag clinic has also been retained. A number of virtual clinic sessions have been put in place.

Registered Midwives have established a dedicated Pregnancy Helpline to support any women who are booked to NHSCT or any pregnant member of staff. The Helpline will deal with any queries and signpost women as required.

The Rowan is the regional sexual assault referral centre (SARC) in NI. It continues to be operational for all regional referrals 24/7. A contingency plan has been put in place to mitigate Covid-19 risks to service users, and staff. All cases, where there is a clinical necessity, will continue to have face to face examination and a self-swabbing protocol has been developed in line with National Guidance.

All routine Family Planning Clinics have been suspended with telephone advice and support available along with postal service for any medications required. Facilities have been retained through a weekly clinic for emergency appointments. The Trust extended the online sexual health pilot service to ensure screening and testing continued to be offered to at risk groups.

Telephone contact will be maintained as clinically indicated.

Social Work advice and support will be available from Social Work offices, staffed on a rota basis where a Duty System will continue to operate.

Social Work visits to looked after children have been ceased with exception of priority cases. Statutory visits are undertaken through Zoom or Facetime as an alternative. Technology is also being used for contact between children, parents and siblings.

Respite arrangements for foster carers have been downturned and petty cash has been increased for families known to the Trust who may require support under Article 18 and Article 35.

Residential care placements for children and young people have been reviewed and where appropriate children have been discharged home.

Reviews for young people in receipt of the 16+ and aftercare services will be prioritised with ongoing reviews happening through Zoom. Contact is being maintained with the most vulnerable cases. Petty cash has also been increased for this service.

All family support meetings have been postponed and all existing plans and child protection plans remain in place. Child protection cases are prioritised for initial and review case conferences.

Cases will be allocated from the Gateway Teams on a priority basis and contact will be maintained with families and children using ICT. Only referrals meeting child protection threshold will be allocated for investigation and assessment and unallocated referrals will be subject to ongoing review.

All routine registration and inspection activity in the early years' service have been stood down however a duty system will be maintained to respond to early years' service providers and all vetting of relief staff will be continued.

Helplines will be set up out of hours for family support and children with disabilities.

Tier 2 services for children's mental health and emotional wellbeing have continued to be delivered through virtual working and group work has been stood down with alternative interventions being offered. The Crisis Response Team and Eating Disorder Services have continued. Step 3 Child and Adult Mental Health Services (CAMHS) remains in place with interventions offered through telephone and video calls, with priority face to face clinics where clinically indicated.

All referrals for children's emotional health and wellbeing services are being managed through the single point of contact where they will be triaged and there is daily oversight of referral and priority cases. A Safe & Well Helpline has been established.

An emergency helpline has been established for the ASD service and paediatric occupational therapy services continue to support complex children.

The speech and language therapy (SLT) acute service has been maintained for both adults

and children and support continues from the SLT children's community service via ICT. The Regional Intervention Service in Education (RISE) has been stood down, as have the low priority cases in the Child Development Centre.

Core Health visiting service has been maintained and a Helpline has been established and support for vulnerable mothers has been maintained. The immunisations programme has continued.

Changes to Community Care Services

Prior to the surge the number of community beds available has been increased by reviewing, and discharging where possible, all residents from Mid Ulster, Robinson, Dalriada, Inver and residential care homes.

A new 19 bedded ward (Ward 3) has been developed in the Mid Ulster Hospital to extend community capacity and the MacMillan Unit at Antrim Area Hospital site was relocated to a vacant ward space on the Mid Ulster Hospital site allowing inpatient expansion on the Antrim Hospital site.

Admissions to care homes in many areas have been stopped and existing bed capacity has been maintained in statutory residential homes. Rosedale Unit was emptied in anticipation of the surge.

In order to maintain effective domiciliary care service provision a review has been carried out of all service users who receive domiciliary care to explore care options - seeking family assistance where possible. Rapid response capacity has been increased to deal with surge and critical service users have been identified.

Community capacity has been freed up to support critical service areas and **some** non-critical work in some service areas has been stood down or reduced. Areas that have been affected include day care, Treatment Rooms and some non-critical areas in AHP and Social Work. Staff have been redeployed from those areas into other critical areas including Community Hospitals, Residential Care, Domiciliary Care, District Nursing and Care Home Support.

Mental Health, Learning Disability and Community Wellbeing

A ward has been established for COVID-19 positive patients who require admission in Holywell. The Addictions Ward is temporarily downturned – this was only adequate available space for COVID-19 positive patients as it has single rooms. It is important to note that admissions to the Addictions Ward are always planned and community addition services are still running.

The three Tobernaven mental health inpatient wards on the Holywell site admitted patients from different geographical areas based on a locality model. This meant that when a patient was admitted to one of the three wards, they were then transferred to the appropriate ward, depending on locality. This arrangement has now been stood down to avoid cross contamination between wards. Patients now remain in the ward to which they are first admitted.

Visiting restrictions have been implemented across the wards, including routine visits from the

advocacy service. Alternative technological solutions are in place to facilitate continued family/carer contact.

The Mental Health Review Tribunal process continues via video link.

Occupational therapy (OT) activities continue on wards but groups now meet in smaller numbers to comply with social distancing regulations. OT activities are dependent on individual care plans. Patients also continue to avail of daily walks around the Holywell site (also dependent on care plan).

The Crisis Response Home Treatment Team now triage referrals received to consider appropriateness of face to face or telephone contact. Telephone and video link is now operational where appropriate. Face to face contact is still facilitated and home treatment is provided if required.

The 24 hour supported living service to adults with learning disability has been maintained and additional workforce requirements have been provided by day care staff. Tenants in supported living have agreed not to attend day care and to follow social distancing guidelines. They also agreed to engage with their families via social media/zoom. A number of activities have been developed online to help feel less isolated. User friendly information was developed and provided to them to explain the virus, social distancing and visiting.

Learning Disability Services continue to support the most vulnerable clients in the community. This includes maintenance of the Intensive Support Service, management of learning disability crisis beds and support to private sector providers to maintain placements. Adult Centres have closed but telephone contact has been maintained with attendees to avoid family breakdown.

Condition Management Programme has been stood down – this was a regional decision. The Recovery College is working on the development of on-line courses to ensure the ongoing support for the many people who avail of the courses available.

Supporting our staff

A number of measures have been put in place to provide additional capacity during this challenging time. A regional workforce appeal is encouraging all HSC staff who have recently retired to come back into the workforce. Many final year doctors, nurses, midwives, allied health professionals and social workers have also joined the workforce.

With COVID-19 reaching pandemic level our overriding priority is to protect the health and well-being of our staff which has led to many staff being supported to work from home to protect themselves and others from becoming ill and to manage child care now that schools are closed.

With the rapidly changing picture of COVID-19, it is important that the Trust is able move staff across the organisation or to support the independent care home sector. All redeployments will be of a temporary nature given the current changing working environment.

All face to face training has been stood down but all training required for new staff and redeployed staff continues. Training is provided in that way that allows for appropriate social distancing.

The Trust has established a Clinical Ethics Committee which provides a forum to examine and

debate ethical and legal issues arising in the care of patients and to advise on ethical standards of clinical management within the Trust. The Committee will examine aspects of clinical practice, either prospectively as part of a planned periodic analysis, or in response to immediate compelling issues. It will provide education and training as required and will advise on strategy, policies and practices of the Trust with regard to ethical considerations.

(1.4) Are there any Section 75 categories which might be expected to benefit from the intended policy/proposal?

Government advice and available evidence indicates that there are a range of S75 groups who are particularly vulnerable if exposed to the COVID-19 virus. While the virus does affect all age groups older people do appear to be more adversely affected. People with a disability and those with pre-existing health conditions and co-morbidities also appear to be more adversely affected. There is also emerging intelligence which indicates that there is a disproportionately high rate of BAME individuals among those who have died. The Trust's response recognises the needs and rights of people who are disproportionately and negatively affected.

(1.5) Who owns and who implements the policy/proposal - where does it originate, for example DHSSPS, HSCB, the Trust.

The NHSCT Surge Plans are being implemented in close collaboration with the Department of Health, Health and Social Care Board, Public Health Agency, professional bodies, Trade Union colleagues, other public sector organisations such Education and the independent health care sector.

(1.6) Are there any factors that could contribute to/detract from the intended aim/outcome of the policy/proposal/decision? (Financial, legislative or other constraints)

- Capacity in the overall system to deal with the demands of the COVID-19 pandemic
- Collaboration from other key stakeholders and other jurisdictions – learning and sharing of experiences in the management of COVID-19 including exit strategies
- Availability of the right staff with right skills at the right time
- Increase in staff absence due to COVID-19
- Availability of financial and all other resources
- Ongoing wellbeing of staff
- Availability of a vaccine and other drug treatments
- Availability and willingness of staff to be redeployed
- Capacity within the independent sector

The above list is not exhaustive.

(1.7) Who are the internal and external stakeholders (actual or potential) that the policy/proposal/decision could impact upon? (staff, service users,

other public sector organisations, trade unions, professional bodies, independent sector, voluntary and community groups etc)

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.

The Trust response to COVID-19 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).

(1.8) Other policies with a bearing on this policy/proposal (for example regional policies) - what are they and who owns them?

National and regional policies

- Coronavirus Act 2020 (chapter 7)
- The Health Protection (Coronavirus Restrictions) (Amendment) Regulations (N.I.) 24/04/20
- COVID-19: Guidance to accompany the Children's Social Care (Coronavirus) (Temporary Modification of Children's Social Care) Regulations (Northern Ireland) 2020
- COVID-19 Dashboard
- COVID-19 - Daily Dashboard Updates
- COVID-19 Guidance for HSC Staff - Terms and Conditions
- The Health Protection (Coronavirus, Restrictions) (Amendment) Regulations (Northern Ireland) 2020
- Supporting people with learning disabilities and/or autism
- Advice for Informal (Unpaid) Carers and Young Carers during COVID-19 Pandemic
- COVID-19 - Healthcare Chaplaincy Service Provision - 9 April 2020
- COVID-19 - Guidance for 16-21+ Jointly Commissioned Supported Accommodation Settings
- COVID-19 - Guidance for Residential Children's Homes in Northern Ireland
- COVID-19 - Guidance for Foster Care and Supported Lodgings Settings
- Guidance for Health Care Workers with Underlying Health Conditions
- The Health Protection (Coronavirus, Restrictions) (Northern Ireland) Regulations 2020
- COVID-19 Surge Plans - Letter from Permanent Secretary - 26 March 2020
- Health and Social Care (NI) Summary COVID-19 Plan for the Period Mid-March to Mid-April 2020
- Guidance from Public Health England
- Novel Coronavirus (2019-nCoV) situation reports from the World Health Organisation (WHO)
- Relevant Government Policy and associated public health guidelines
- Human Rights Act
- Deprivation of Liberty (DoL)
- UNCRPD
- Mental Capacity Act

- Disability Discrimination Act
- UN Convention of the Rights of Children
- The Convention on the Elimination of all Forms of Discrimination Against Women
- UN Convention Elimination of Race Discrimination
- UN Principles for Older People
- Section 75 of the Northern Ireland Act
- Assembly advice and guidance on the management of COVID-19,
- Change or Withdrawal of Services : Revised Guidance on Roles and Responsibilities – DHSSPSNI – September 2019
- Health and Safety Legislation (Duty of Care),
- Emergency / Pandemic Planning in Preparation for COVID-19 Containment and Surge Business Continuity Framework,
- NHS Staff Council Statement on COVID-19,
- PPE Guidelines

Trust policies

- Trust's Equality Scheme
- Trust Surge Plans in response to COVID-19
- HR Management of Change Framework
- COVID-19: Guidance to accompany the Children's Social Care (Coronavirus) (Temporary Modification of Children's Social Care) Regulations (Northern Ireland) 2020
- COVID-19 Dashboard
- COVID-19 - Daily Dashboard Updates
- COVID-19 Guidance for HSC Staff - Terms and Conditions
- The Health Protection (Coronavirus, Restrictions) (Amendment) Regulations (Northern Ireland) 2020
- Supporting people with learning disabilities and/or autism
- Advice for Informal (Unpaid) Carers and Young Carers during COVID-19 Pandemic
- COVID-19 - Healthcare Chaplaincy Service Provision - 9 April 2020
- COVID-19 - Guidance for 16-21+ Jointly Commissioned Supported Accommodation Settings
- COVID-19 - Guidance for Residential Children's Homes in Northern Ireland
- COVID-19 - Guidance for Foster Care and Supported Lodgings Settings
- Guidance for Health Care Workers with Underlying Health Conditions
- The Health Protection (Coronavirus, Restrictions) (Northern Ireland) Regulations 2020
- COVID-19 Surge Plans - Letter from Permanent Secretary - 26 March 2020
- Health and Social Care (NI) Summary COVID-19 Plan for the Period Mid-March to Mid-April 2020
- Guidance from Public Health England
- Novel Coronavirus (2019-nCoV) situation reports from the World Health Organisation (WHO)

The following clinical policies have been develop or reviewed and approved by Bronze in response to COVID-19 and have been screened individually.

- Diabetic Ketoacidosis (DKA) and Diabetic Hyperosmolar Hyperglycaemic State (HHS) Treatment Protocols in Adults (≥18 years) i.e. after 18th birthday
- Fasting Policy (Medical) for Patients with Diabetes aged over 18 years (i.e. from their

18th birthday)

- Death Verification Policy
- Hypercalcaemia – assessment and management guidelines for adults from 18th birthday
- Hypercalcaemia Acute – assessment and management guidelines for adults from 18th birthday
- Potassium Guidelines: Treatment guidelines for potassium replacement in hypokalaemia in adults (from their 18th birthday)
- Allergy Status Documentation Policy
- Parenteral Nutrition Guideline for use in Adults (from 18th birthday)
- Hyperkalaemia treatment in adults (emergency management) from their 18th birthday
- Bedrails – Safe use in in-patient facilities
- Controlled Drugs: Policy and Procedures for In-Patient Areas
- Mealtime Matters Policy
- Medical Certificate of Cause of Death (MCCD)
- Nutrition Action Plan for hospital in-patients during COVID-19 pandemic. Patients aged from their 18th Birthday
- Missing Children/Families – Notification (adopted HSC Board guidance)
- Multiple Births, Discharge of - Best Practice Guidelines
- Children on the Child Protection register
- Fibre Optic Endoscopic Examination of Swallowing (FEES)
- Hospital at Night Team Operational Policy
- Keeping Green Homes Green Discharge Protocol
- Remifentanil Patient Controlled Analgesia on Labour Ward

The following Human Resource (HR) guidance has been developed for staff in response to COVID-19 and have been screened individually.

- Redeployment Guidance
- Home Working Guidelines
- Caring for Staff members with suspected or confirmed COVID – Guidance for Managers

The above list is not intended to be exhaustive.

(2) Available evidence

Details of evidence/information

- Trust population data
- Trust Surge Plans
- DoH Statistics and Research
- Census 2011 information
- Staff Information HRPTS

- Health Inequalities Annual Report
- NI Multiple Deprivation Measures
- Health and Wellbeing 2026 : Delivery Together
- HSC Work Force Strategy 2026

Workforce Profile as at January 2020

Section 75 Group	Total Trust Workforce Profile as at 1 January 2020	Percentage
Gender	Female	85.24
	Male	14.76
Community Background	Protestant	51.43
	Roman Catholic	38.82
	Neither	9.75
Religious Belief	Buddhist	0.06
	Christian	34.51
	Hindu	0.19
	Jewish	0.01
	Muslim	0.11
	None	7.45
	Not Known	56.87
	Other	0.77
Political Opinion	Broadly Unionist	11.81
	Broadly Nationalist	6.04
	Other	8.96
	Do Not Wish To Answer/Not Known	73.19
Age	16-24	4.22
	25-34	21.25
	35-44	24.04
	45-54	26.97
	55-64	20.32
	65+	3.19
Marital Status	Single	27.26
	Married	65.33
	Not Known	7.41
Dependent Status	Caring for a Child/Children/Dependant Older Person / Person with a Disability	27.29
	None	20.68
	Not Known	52.03
Disability	Yes	2.36
	No	69.70
	Not Known	27.94

Ethnicity	Black and Minority Ethnic	1.67
	Irish Traveller	0.01
	Other	0.24
	White	70.82
	Not Known	27.26
Sexual Orientation towards:	Opposite Sex	48.17
	Same Sex	1.26
	Same and Opposite Sex	0.17
	Do not wish to answer/not known	50.40

Northern Trust Population Profile

Section 75 Group	Trust's Area Population Profile	Total Trust Percentage
Gender (NINIS Area Profile)	Female	51.00
	Male	49.00
Religion (NINIS Area Profile)	Protestant	59.58
	Roman Catholic	33.61
	Other	6.81
Political Opinion	Not collected	
Age (June 2013) NINIS – Table KS102NI	0-15	20.60
	16-24	11.72
	25-44	26.13
	45-64	25.49
	65-84	14.19
	85+	1.87
Marital Status NINIS – Table KS103NI	Single	33.28
	Married	50.94
	Other	15.78
Dependent Status NINIS – Table KS105NI	Households with dependent children.	33.97 (based on 177,914 households)
Disability (NINIS Area Profile)	Persons with a limiting long term illness	19.65
Ethnicity NINIS – Table KS201NI	Black African	0.08
	Bangladeshi	0.01
	Black Caribbean	0.01
	Chinese	0.31
	Indian	0.28
	Irish Traveller	0.04
	Pakistani	0.06
	Mixed Ethnic Group	0.28
	Black Other	0.02
	Asian Other	0.17
	White	98.66
	Other	0.08
Sexual Orientation	Estimated 10% of population is LGB equates to estimated 181,086 of	

	the NI population and 46,672 of the Northern Trust area population.
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(3) Needs, experiences and priorities

(3.1) Taking into account the information above what are the different needs, experiences and priorities of each of the Section 75 categories and for both service users and staff.

Category	Needs, experiences and priorities	
	<i>Service users</i>	<i>Staff</i>
Gender	<p>The profile of service users is 51% female and 49% male</p> <p>Early indications have shown that men have been more affected by the virus. Research shows that while men and women contract the virus at similar rates, there is a higher mortality rate in males. According to Global Health 5050, men have accounted for 64 percent of deaths from COVID-19 globally as of March 27.</p> <p>The Trust recognises that moving some gynaecological and maternity services to Antrim may result in a differential impact on women. This move was necessary to prepare for a surge of COVID-19 and is a temporary arrangement. Early discharge from the maternity unit is being supported through enhanced post-natal support.</p> <p>The temporary reconfiguration and cessation of other services has the potential to impact on both males and females however there is no evidence to suggest that the impact will be differential or negative on the</p>	<p>While all staff are potentially at risk of being infected by COVID-19, early indications/data have shown that men have been more adversely affected. Advice and guidelines have been provided for staff to ensure they follow strict distancing measures.</p> <p>A regional risk assessment and guidance has been developed and issued to Managers across the Trust to assist with assessing and recording arrangements for staff with increased risk of severe illness due to COVID-19. Advice can be sought from Occupational Health in relation to any workplace adjustments required. Guidance is also available through the Trust's Staffnet and the PHA website which includes specific guidance on taking Vitamin D supplements to help with general health.</p> <p>The Trust is aware that women may have dependency and caring responsibilities. Staff's individual and specific circumstances will be considered and where adverse impact is identified, the Trust will take steps to mitigate its effects. The Trust has in place a number of supports for staff who are carers.</p>

	basis of the gender alone.	
Age	<p>The over 65 population is projected to increase from 63,688 to 80,521, indicating a growth of 26.4% over a 10 year period.</p> <p>While people of every age are at risk of infection with the COVID-19 virus, there is evidence that older people are more vulnerable to becoming seriously ill. Government has advised the over 70s to self-isolate is an attempt to protect this vulnerable age group. The most vulnerable people in society are being issued with a shielding letter from their GP with clear advice to follow.</p> <p>We know that older people tend to be more frequent users of health and social care services. The Trust acknowledges that the temporary reconfiguration and cessation of some Trust services will have a differential and possible adverse impact on older people</p>	<p>Staff of all ages are at risk from infection and spread of the COVID-19 virus however there is evidence that staff over 70+ years are particularly vulnerable and must follow strict social distancing measures. The Trust has a duty of care to all staff and to those who are in the most vulnerable age band and at greater risk of infection. Staff over 70 years of age are required to adhere to strict social distancing rules and to work from home.</p>
Religion	<p>There is no evidence that the temporary reconfiguration of services would have a differential or adverse impact on the basis of the religious belief.</p>	<p>The Trust is of the view that there is no evidence to suggest that this proposal will have an adverse impact on staff on the grounds of religious belief.</p>
Political Opinion	<p>There is nothing to indicate that the temporary reconfiguration and cessation of some services will have a differential or adverse on the grounds of political opinion.</p>	<p>There is no evidence to suggest that there would be any adverse impact on any members of staff because of their political opinion.</p>
Marital Status	<p>There is no evidence to suggest that the temporary reconfiguration of some Trust services will have a differential or adverse impact on the grounds of marital status.</p>	<p>The Trust is mindful that some staff will have caring responsibilities. If this is the case individual and specific circumstances will be considered and where adverse impact is identified, the Trust will take steps to mitigate its effects including home working and flexible working.</p>

<p>Dependent Status</p>	<p>The temporary reconfiguration of services will have an impact on informal family carers such as the closure of day centres or restrictions in visiting alongside the raised anxiety during these unprecedented times.</p> <p>The Northern Trust Carer Hub is a central point of contact for all family carers and staff to receive information, signposting and access the carer support programme.</p> <p>The Trust maintains good links with the Community and Voluntary Sector partners to provide essential support to family carers in each locality. This has included any older or vulnerable carers being referred to the Community Navigators who have arranged shopping to be delivered and meals to be arranged. Condition specific information has been collated and issued out in weekly emails to carers on the email distribution list. Carer welcome packs are being issued weekly by the Carer Hub.</p> <p>Any guidance from Department level including visitor guidance and the new COVID19 app has been circulated to family carers via the email distribution list and the carers website.</p> <p>The Northern Trust is the only Trust with a designated carer website where all information for carers is found on one platform. The website provides easy access to digital resources such as e-learning on building resilience, nutritional advice, guides for carers to download and read, easy access to local information within Northern Trust and opportunity to download the care coordination app 'Jointly' for free. Carers in Northern Trust can log into</p>	<p>A digital resource has been developed to provide up to date information and guidance for all staff and managers.</p> <p>This includes information for staff and managers on:</p> <ul style="list-style-type: none"> • COVID-19 Helplines • Up to date regional Frequently Asked Questions • Access to separate psychological wellbeing resource including free health and wellbeing apps for staff. • Information on annual leave and statutory leave <p>As the current situation is fluid this document will be kept up to date in line with advice from Government and the Public Health Agency. This is very much an evolving situation and this guidance is a living document that is being updated as new information becomes available.</p> <p>The HSC is working with Child care providers and the Education sector to cater for employees with child care needs (as HSC staff group has been identified as key workers).</p> <p>The Carer Hub is available for staff who are carers. The Northern Trust is a member of Employers for Carers which provides access to wide range of information and support for staff who are carers.</p> <p>The Trusts recognises that this is undoubtedly a very difficult time for everyone and particularly when the current guidance is that staff can work but need to be careful with social distancing. The Trust has continues to provide advice to staff carers to ensure concerns are addressed.</p>
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	<p>www.carersdigital.org using the access code DGTL2770</p> <p>The new edition of the Carers Newsletter contains information and supports relevant to the current pandemic.</p> <p>Staff have been reminded that to support carers and to promote the wellbeing and personal development that carer cash grants are still available following a carer assessment or where the staff member is aware of the family situation and to prevent the caring role facing a crisis that grants can be applied for on behalf of the carer by the named worker.</p> <p>The carer support programme within Northern Trust is based on the Take 5 Steps to Wellbeing. The Carer Hub was responsive during this pandemic and quickly adapted the programme to be delivered online such as Mindfulness and “Sleep Easy” classes.</p> <p>The DoH guidance for carers during the current situation has been disseminated to all the carers on the register.</p>	
Disability	<p>There is evidence to suggest that people with a disability and or underlying health condition may be more adversely affected by COVID-19. People with underlying health condition and disabilities tend to be more frequent users of health and social care services and therefore may be disproportionately and adversely impacted by any disruption to service delivery.</p> <p>The Trust is mindful that the use of telephone for appointments and information provision will present challenges for service users or patients who are deaf and use sign</p>	<p>It is estimated that 20% of the population of Northern Ireland has a recognised disability. The Trust recognises that not all staff may wish to declare a disability. If any of the staff declare themselves as having a disability, reasonable adjustments will be put in place as required and staff will get support from the Occupational Health Department and their line manager.</p> <p>Some staff with a disability will have received a screening letter or may need to undertake a risk assessment to reduce their risk to exposure of the disease. The Trust will support staff who have particular concerns around COVID-</p>

	<p>language. NB: a new temporary remote sign language interpreting service was launched on Friday 24 April 2020. This service will enable British Sign Language (BSL) and Irish Sign Language (ISL) users to access NHS111 and Health and Social Care (HSC) services during the COVID-19 pandemic, 24 hours a day, 7 days a week.</p> <p>To ensure that sign language users admitted on to our COVID-19 Wards can communicate with medical staff, the ward can contact interpreters via Pexip Infinity Connect App. The Trust recognises that there may be a small number of patients with a disability who have support requirements for their communication or challenging behaviour needs. To meet the needs one carer or family member can visit for a period per day supporting the patient whilst in hospital.</p> <p>Important information on COVID-19 is also available on the Trust's website in Easy Read format and in signed video for both British and Irish Sign Language users.</p>	<p>19 and the impact on any pre-existing conditions.</p> <p>It is important to note that absences resulting from COVID-19 will not count in the management of sickness. This applies to staff with or without a disability.</p>
Ethnicity	<p>The Trust is mindful that there are increasing numbers of people of Eastern European origin living in the Northern Trust area.</p> <p>COVID-19 information has been translated in a range of different languages to ensure service users are kept informed.</p> <p>There is emerging evidence that indicates that individuals from Black, Asian and Minority Ethnic (BAME) communities may be at greater risk of infection and experience more severe reactions to the virus.</p> <p>The Trust will continue to work with</p>	<p>The health and safety of staff from Black, Asian and Minority Ethnic (BAME) backgrounds. The Trust has taken proactive steps to reach out to BAME members of our staff to provide targeted advice and support.</p> <p>There has been extensive work in the Trust to date to ensure that our staff are supported and safe at work during this pandemic. As part of this, a regional risk assessment and guidance has been developed and issued to Managers across the Trust to assist with assessing and recording arrangements for staff with increased risk of severe illness due to COVID-19. The current assessment does not specifically address the potential risks for those staff from BAME</p>

	<p>PHA and Inter Ethnic Forum to provide both information and support to the BAME community. Broadcast sent out to staff on how to use the Big Word telephone interpreting service.</p>	<p>backgrounds but the Trust is satisfied that the current risk assessment process has enabled the Trust to identify those staff with a high or moderate risk requiring either adjustment or that they remain away from work. Occupational Health continue to provide advice as required to <u>all</u> of those staff who fall into the high risk, moderate and low risk categories identified in the risk assessment.</p> <p>The Trust is mindful of the emerging international and national data that suggests people from BAME backgrounds are being disproportionately affected by COVID-19 and established a process to ensure that Black, Asian and minority ethnic background have an opportunity to discuss any outstanding concerns about their health and safety in work with their line manager. This includes ensuring that the appropriate PPE has been identified for individuals and is in stock and staff are reminded that there continues to be an extensive programme of fit testing in place to ensure that staff are fitted for the appropriate size of mask should they need to wear protective equipment during the course of their job. Staff are encouraged to come forward on a confidential and individual basis. The Trust is committed to providing an opportunity for any potential risk to be considered and mitigated.</p>
<p>Sexual Orientation</p>	<p>Estimated 10% of the population is LGBT.</p> <p>There is nothing to indicate that the temporary reconfiguration of services will have a differential or adverse impact on the basis of a person's sexual orientation.</p>	<p>There is no evidence to suggest that this proposal will have an adverse impact on persons of different sexual orientation.</p>

(3.2) Provide details of how you have involved stakeholders, views of colleagues, service users and staff etc when screening this policy/proposal.

The Trust has been engaging, and continues to engage, with stakeholders during these unprecedented times. The Trust has set up a COVID-19 Provider Partner Hub to provide a dedicated point of contact and support for our Provider Partners for COVID-19 queries and support. This will work in collaboration with a cross Divisional Trust Community Services COVID-19 Group. Partners include:

- General Practice
- Community Pharmacy, Community Dentists and others
- Providers including Domiciliary Care Providers, Nursing and Residential Homes
- Community and Voluntary Sector organisations,
- Sheltered Housing and other Housing organisations,
- Carers, Service Users and Communities
- Community Planning Partners and local Councils

The Trust has established processes that ensure ongoing engagement and support for staff.

(5) Consideration of Disability Duties

(5.1) How does the policy/proposal encourage disabled people to participate in public life and promote positive attitudes towards disabled people?

The Trust Disability Action Plan 2014 – 2017 promotes these two disability duties.

Consideration has been given to the profile of staff and service users affected by the proposals including those with a disability through this indicative assessment.

Reasonable adjustments will be considered for any staff in keeping with the Trust's DDA obligations.

All the proposals that have been assessed as major will be considered for a full Equality Impact Assessment which will include further consultation.

(4) Screening Questions

You now have to assess whether the impact of the policy/proposal is major, minor or none. You will need to make an informed judgement based on the information you have gathered.

(4.1) What is the likely impact of equality of opportunity for those affected by this policy/proposal, for each of the Section 75 equality categories?			
Section 75 category	Details of policy/proposal impact		Level of impact? Minor/major/none
	Services Users	Staff	
Gender	Minor	Minor	The overall impact of the temporary reconfiguration of services in response to COVID-19 is major. See section 7.3 for details of mitigation.
Age	Major	Minor	
Religion	None	None	
Political Opinion	None	None	
Marital Status	None	None	
Dependent Status	Major	Minor	
Disability	Major	Major	
Ethnicity	Major	Major	
Sexual Orientation	None	None	

(4.2) Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories?	
Section 75 category	Please provide details
Gender	See mitigation detailed in section 7.3
Age	
Religion	
Political Opinion	
Marital Status	
Dependent Status	
Disability	
Ethnicity	
Sexual Orientation	

(4.3) To what extent is the policy/proposal likely to impact on good relations between people of different religious belief, political opinion or racial group? minor/major/none		
Good relations category	Details of policy/proposal impact	Level of impact Minor/major/none
Religious belief		None
Political opinion		None
Racial group		None

(4.4) Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?	
Good relations category	Please provide details
Religious belief	<p>The Trust is committed to ensuring that staff and patients feel welcome, comfortable and safe accessing all Trust facilities, irrespective of race, religion or political opinion.</p> <p>The Trust is committed to the promotion of good relations – its Good Relations Statement is as follows - “We are committed to ensuring that our staff feel comfortable at work and everyone feels welcome when using our services. We will not tolerate sectarianism or racism in any form neither by staff or service users.</p>
Political opinion	As above
Racial group	<p>The Trust is committed to ensuring its services are accessible by the whole community. Staff have been advised 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. The Trust has ensured access to a range of translated information for those whose first language is not English.</p>

(5) Consideration of Disability Duties

(5.1) How does the policy/proposal encourage disabled people to participate in public life and promote positive attitudes towards disabled people?
<p>The Trust is committed to ensuring it meets its obligations within the Disability Discrimination Act 1955, the NHSCT Disability Action Plan and the United Nations Convention on the Rights of People with Disabilities.</p> <p>The Trust is mindful of the potential impact of the Covid-19 virus on people with a disability. The Trust is closely following Government advice on social distancing and shielding in seeking to preserve and promote the health and well-being of staff and services users. A new temporary remote sign language interpreting service has been established to enable British Sign Language (BSL) and Irish Sign Language (ISL) users to access NHS111 and Health and Social Care (HSC) services during the COVID-19 pandemic, 24 hours a day, 7 days a week. A range of accessible information has been produced and disseminated. All this information is available in the COVID-19 section of the Trust’s website.</p>

This proposal will involve ongoing engagement with all staff affected. The Trust will take into account individual extenuating circumstances and work in partnership with individuals and TUs to alleviate any potential impact for people with disabilities.

(6) Consideration of Human Rights

(6.1) Does the policy/proposal affect anyone's Human Rights?

Complete for each of the articles

Article	Positive impact	Negative impact = human right interfered with or restricted	Neutral impact
Article 2 – Right to life	√		
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			√
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			√
Article 5 – Right to liberty & security of person		√	
Article 6 – Right to a fair & public trial within a reasonable time			√
Article 7 – Right to freedom from retrospective criminal law & no punishment without law			√
Article 8 – Right to respect for private & family life, home and correspondence.		√	
Article 9 – Right to freedom of thought, conscience & religion			√
Article 10 – Right to freedom of expression			√
Article 11 – Right to freedom of assembly & association		√	
Article 12 – Right to marry & found a family			√
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			√
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			√
1 st protocol Article 2 – Right of access to education			√

Please note: If you have identified potential negative impact in relation to any of the Articles in the table above, speak to your line manager and/or Equality Unit. It may also be necessary to seek legal advice.

(6.2) Please outline any actions you will take to promote awareness of human rights and evidence that human rights have been taken into consideration in decision making processes.

The Trust is cognisant that everyone has the right to enjoy the highest attainable standard of physical and mental health as outlined within the International Covenant on Economic, Social and Cultural Rights and that health is a fundamental human right, which is indispensable for the exercise of other rights. The Trust is also mindful of the raft of United Nations Conventions which protect the rights of protected groups i.e. people with disabilities, women and children and the International Convention on the Elimination of all Forms of Racial Discrimination and of the Protection of the Rights of all Migrant Workers.

Public authorities not only have to refrain from intentional and unlawful deprivation of life, but must also take appropriate steps to safeguard lives. 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 Trust recognise that everyone has the right to liberty and security of person under Article 5 and that this right is restricted due to current circumstances. It is considered that the measures taken are proportionate to address the demands of the pandemic.

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

The Siracusa Principles (adopted by the UN Economic and Social Council in 1984, and UN Human Rights Committee general comments on states of emergency and freedom of movement) - provide authoritative guidance on government responses that restrict human rights for reasons of public health or national emergency. Any measures taken to protect the population that limit people's rights and freedoms must be lawful, necessary, and proportionate. States of emergency need to be limited in duration and any curtailment of rights needs to take into consideration the disproportionate impact on specific populations or marginalized groups.

Human rights guidance say that any restrictions must be

- provided for and carried out in accordance with the law;
- directed toward a legitimate objective of general interest;
- strictly necessary in a democratic society to achieve the objective;
- the least intrusive and restrictive available to reach the objective;
- based on scientific evidence and neither arbitrary nor discriminatory in application; and
- of limited duration, respectful of human dignity, and subject to review.

Not all decisions are taken by HSC Trusts in the HSC's fight against Covid-19; many decision will be taken by Doh, PHA and HSCB. 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.

Human rights have been considered in the discussions to date – particularly Article 8: the right to private, home and family life. The Trust’s Ethics Committee provides a forum to examine and debate ethical and legal issues arising in the care of patients and to advise on ethical standards of clinical management within the Trust. The Committee also reviews the ethical implications of Trust policies relating to COVID-19.

Given that the Trust is operating within these challenging times it is anticipated that these proposals would not reach the threshold for contravening any human rights.

(7) Screening Decision

(7.1) Given the answers in Section 4, how would you categorise the impacts of this policy/proposal?

Major impact	X
Minor impact	
No impact	

(7.2) Do you consider the policy/proposal needs to be subjected to ongoing screening

Yes	X
No	

(7.3) Do you think the policy/proposal should be subject to an Equality Impact Assessment (EQIA)?

Yes	
No	X

Please note in normal circumstances, this temporary reconfiguration of services would be subject to a full EQIA and public consultation. In order to protect public health and ensure capacity in the service to protect life and respond to the potential impact of COVID-19 these measures have had to be put in place as a matter of urgency. Mindful of its S75 obligations, the Trust has completed and published this screening template. The Trust’s response to COVID-19 is under constant review and further measures may have to be taken at any stage to protect public health. The Trust is also committed to carrying out a full EQIA and public consultation on any actions that it proposes to take forward on a permanent basis.

(7.3) Please give reasons for your decision and detail any mitigation considered.

The Trust is committed to its legal duties under Section 75 of the Northern Ireland Act 1998. The Trust is mindful that this equality assessment clearly indicates that its response to COVID-19 will have significant impact on service users, carers and staff, particularly older people, people with a disability, carers and members of the Black Asian Minority Ethnic communities. In normal circumstances any proposal that has a significant impact would be subject to a full Equality Impact Assessment and public consultation. The demand placed on

the health and social care system has resulted in the immediate implementation of Trust surge plans.

Consultation on the surge plans was not possible as they had to be implemented immediately to protect public health. All the actions within the surge plan are temporary and the Trust is also committed to carrying out a full EQIA and public consultation on any actions that may be taken forward on a permanent basis.

The range of mitigating measures identified for the Trust's response to COVID-19 is detailed in sections 1.3 and 3.1 of this screening document.

As part of the roll out of the Trust's plan the needs of S75 groups will continue to be considered along with any further mitigating measures to lessen any potential adverse impact identified.

The Trust is working closely with staff and trade union representatives to understand how they can best be supported at this challenging time. The Trust is committed to protecting staff physically and keeping them safe, supporting their wellbeing and enabling them to keep working where possible. The Trust has developed a range of support services to help staff manage their own health and wellbeing and a range of flexible working arrangements to support staff with caring responsibilities who are impacted by coronavirus and associated self-isolation policies.

(8) Monitoring

(8.1) Please detail how you will monitor the effect of the policy/proposal for equality of opportunity and good relations, disability duties and human rights?

The implementation of Trust surge plans is under constant review. Daily reports ensure that all the changes are being regularly monitored and assessed. These arrangements are being carefully coordinated across all levels of the Trust and there is regular communication with the Permanent Secretary, the Department of Health, the Health and Social Care Board, the Public Health Agency and other HSC Trusts to ensure collaborative working.

The Trust intends to continually review this equality screening template to ensure it is updated to reflect amendments to surge plans which may impact on the final decision. The Trust is also committed to taking forward any resultant equality impact assessments or further public consultation where necessary in regard to any of these proposals becoming permanent.

Approved by:	NHSCT Bronze
Date:	2 nd June 2020