

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) COVID-19 response: Rebuilding Services plan, Phase 1 – 1st-30th June 2020

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

New – plans have been developed to rebuild services after COVID-19 surge

(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 faced 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 placed on the whole HSC system.

The Trust has, and is continuing to, work closely with the Department of Health (DoH), 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 Department of Health (DoH) have stated their intention, which was subject to Ministerial approval, to introduce a new “Strategic Framework for Rebuilding HSC Services” and has asked each Trust to prepare and publish a Stage 1 plan for their own area covering the period to 30th June 2020. As we do so we have to recognise that Coronavirus will be with us for some time and that a second wave of the virus is also widely expected and this will change the way we provide many of our services. The Department of Health will lead on planning and preparation of a ‘Stage 2 plan’, covering the period from 1 July 20 to 30 September 20.

In the surge period of the pandemic Trust service areas concentrated on delivery of essential services only in order to maximize the number of staff and resources available to respond to emerging needs/demands, safeguard lives and prevent the HSC system from becoming overwhelmed. Phase One of the NHSCT Rebuilding Services plan has a focus on the need to reinstate services in an incremental way while ensuring the delivery of high quality and safe patient/client services. It is acknowledged that COVID-19 is still infecting people in our community. However the trend in the rolling average number of cases and reported deaths is downwards. This suggests that the first peak of the COVID-19 outbreak has passed in

Northern Ireland. DoH has requested that Trusts publish plans to implement the rebuilding of non COVID-19 services covering the period 1st to 30th June 2020. The Trust recognises that there are a number of policy leads/decision makers across HSC who likewise must comply with the S75 Equality Duties, the Human Rights Act and the Disability Duties in the development, implementation and review of the Minister for Health's "Strategic Framework for Rebuilding HSC Services" in NI and in the development and implementation of HSC Trusts Rebuild Plans. The Trust therefore commits to collaborate, as necessary, with all relevant HSC organisations in seeking to ensure the fulfilment of these statutory duties. This may entail, in some instances, the Trust feeding upward into regional EQIAs led by other HSC Policy Leads e.g. DoH, HSCB et al, contributing to equality screenings by other policy leads where there are for example regional themes, undertaking further individual equality screenings on Trust proposals and where necessary and appropriate conducting EQIAs and associated consultation in line with the commitments in approved Equality Schemes and in the fulfilment of the requirement of the DoH Circular Guidance 'Change of Withdrawal of Services – Guidance on Roles and Responsibilities' – September 2019, especially where temporary changes are being proposed as permanent.

Rebuilding HSC Services – Phase 1 (June 2020)

Our Approach: Rebuilding Health and Social Care Services in the Northern Trust

We are now past the first peak of the COVID-19 outbreak in Northern Ireland, and the time has come to begin to rebuild our health and social care services. As we do so we have to recognise that Coronavirus will be with us for some time and that a second wave of the virus is also widely expected and this will change the way we provide many of our services.

The Coronavirus pandemic has meant that many services have been stood down or significantly reduced. However the pandemic period has also been a time of great innovation, with barriers being broken down and services being delivered in very different ways, including much greater use of technology. Throughout this period our staff have shown tremendous resilience and creativity and have continued to deliver high quality care in some very difficult circumstances, and we have demonstrated the value of working in partnership with those outside the Trust.

As we move towards the future, we will be focusing on three key areas through our Project Reset:

1. **Service delivery:** we will rebuild and re-form services, using the learning from the Coronavirus period to establish a 'new normal', providing safe, high-quality health and social care to our patients and service users.
2. **People:** our staff are at the heart of all we do and we will support them to learn from their experience, with our continued focus on making NHSCT a great place to work.
3. **Partnerships:** we will reach out to develop and strengthen our partnerships with those outside the Trust, with the overarching aim of improving the health and wellbeing of our population.

Along with our partners across Northern Ireland, we will be working together to:

- Ensure equity of access for the treatment of patients across Northern Ireland
- Minimise the transmission of COVID-19, and
- Protect the most urgent services.

Our Key Challenges in respect of implementing our Plan include:

1. Rebuilding elective services for prioritised groups while continuing to respond effectively to COVID-19.
2. Assessment of workforce pressures including the ability to safely and appropriately staff the

rebuild plans, ensuring our staff feel supported and valued and managing the resources required for testing to maintain patient and staff safety in respect of spread of infection.

3. Ongoing requirements to maintain COVID and non-COVID pathways in line with IPC advice and guidance to safely manage the flow of staff and patients and utilisation of PPE.
4. Maintaining our commitment to co-production, engagement and informed involvement in key decision making.
5. Ensuring any rebuild plans focus on keeping our staff, patients and service users safe.
6. Ensuring we harness opportunities to deliver services differently and with innovative solutions that reduce the need for direct patient contact but which can effectively and safely deliver health and social care services.
7. Our hospital based infrastructure is poor and achieving effective implementation of social distancing measures will present significant challenges including a reduction in site capacity and productivity.

Details of Services (By Service Area)

SERVICE AREA: OUR HOSPITALS

Urgent and Emergency Care During pandemic protocols were put in place to manage patients suspected / diagnosed with covid-19 and non-covid-19 at Antrim Area Hospital and Causeway Hospital Emergency Departments. In Phase One of rebuilding services we plan to review access to emergency care services within the Trust in light of social distancing requirements and to maximise Primary Care Partnerships to develop RESET plans in collaboration.

Critical Care

As response to the pandemic Intensive Care provision at AAH was scaled up in line with the agreed regional critical care 'surge' plan to provide up to 20 ICU beds and staff with appropriate skills and training were re-deployed from other areas to support an increase in critical care provision locally.

In June 2020 we plan to retain Intensive Care provision to 'pre-surge COVID status' to provide 8 level 3 ICU beds at AAH and 4 at Causeway Hospital and enable a number of non-ICU staff to return to support additional urgent and emergency services.

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

Whilst services continued for both elective (red flag) and unscheduled patients routine investigations were ceased on 20th April. As part of rebuilding services we intend to continue inpatient, red flag and urgent investigations across (all sites). Scheduled diagnostics will resume with reduced capacity due to infection control constraints. We will continue to pursue access to additional independent sector provision to increase availability for MRI investigations. Breast Surveillance, although initially paused, has been fully restored since early May.

Cancer Treatment Services

During surge, cancer surgery continued in line with NHS England and NICA regional prioritisation. Oncology, haematology and systemic anticancer treatments (SACT) continue and in accordance with national and NICA regional guidance with 20% reduction in capacity. During June 2020 SACT will continue to be provided in response to demand.

Surgical activity will increase in a phased way. Activity has been gradually increasing since early May with an increase in phone/video assessments.

Day Surgery & Endoscopy Services

Only emergency and in-patient procedures were carried out during Covid-19 with Red Flag surgery, breast surgery, some colorectal and gynaecological surgery transferring to Causeway Hospital.

In Phase 1, Rebuilding of Services, all endoscopy procedures are to be re-established, albeit with reduced capacity due to COVID related Infection Control and Social Distancing.

Outpatient Services

During surge period reduced services continued using phone/video and some face-to-face clinics where required for urgent and red flag patients. Over a 6 week period (mid- March to end of April) there was a total of 2542 new Outpatient appointments, 42% of which were by phone/video and 11231 review appointments of which 48% were by phone/video. Risk assessment was introduced in LGI and UGI e.g. qFIT, to triage those patients most in need of further assessment.

In Phase 1, during June 2020, telephone and video assessments for urgent, red flag and review will be carried out as well as limited priority face to face (Trust wide). A step up plan taking account of social distancing and access requirements is being developed.

Integrated Maternity and Women's Health

As a response to pandemic we consolidated inpatient obstetrics on the Antrim Hospital site to ensure safe delivery of care during the pandemic. Causeway maternity unit provided outpatient antenatal care and community midwifery continued across the Trust in the antenatal and postnatal period. Gynaecological Services such as Cervical Screening, Botox, routine outpatient clinics and See and Treat Gynae clinics were severely affected by Covid-19.

It has been noted that the provision of inpatient Obstetrics on the Causeway site has been heavily dependent upon locums, several of whom are no longer available for a variety of COVID-related reasons. As part of Phase 1 Rebuilding of Services the Trust is now carrying out an options appraisal which will include consideration of all possible options to maintain the service at Causeway. The Causeway Maternity Unit will continue to provide Outpatient antenatal care Monday to Friday 9am-5pm and Community midwifery across the Trust continues in the antenatal and postnatal Period.

Inpatient Elective and Emergency Surgery for Adults and Paediatrics

During surge, and throughout the pandemic, emergency surgical services have continued. EMSU was established to deal with surgical emergencies directly from GP. All routine elective work was stood down during COVID surge. Cancer surgery was transferred to Causeway Hospital. The Paediatric Inpatient service at Causeway Hospital was diverted to AAH to provide a stable rota. Significant resources from AAH paediatrics were redeployed to the Covid-19 surge effort resulting in a reduced inpatient and Ambulatory Service.

During Phase One elective inpatient surgery will increase in a phased way with a continued focus on red flag & urgent patients in the first instance due to COVID related constraints. The reformed Emergency Surgical Pathway in Antrim Hospital will be continued. The paediatric inpatient facility in Causeway and the Ambulatory Unit in Antrim Area Hospital will return to normal activity by 15th June. A temporary reduction in bed capacity at AAH children's ward will be necessary as result of staffing deficits.

Pharmacy

Whilst the majority of Pharmacy Services were maintained during the pandemic, a downturn in some activities e.g. Discharge Follow-Up, Pre-admission Clinics, Antimicrobial Stewardship, facilitated redeployment of staff to support the Covid-19 effort in Critical Care / Palliative Care / PPE management and distribution. Pharmacy-led clinics in Rheumatology / Anticoagulation / Renal continued as phone/video clinics.

In Phase One, rebuilding, discharge follow-up and antimicrobial stewardship are to restart And 7 day service to Critical Care and Palliative Care continued. Seven day distribution PPE and telephone/video clinics are to continue.

SERVICE AREA: MENTAL HEALTH AND LEARNING DISABILITY

Community Health & Well being

Community H&WB Services such as Farm Families, Arts for Health and Mental Health initiatives were initially stood down before being restarted by phone/video from 4th May 2020.

A new Arts for Health programme for shielding clients and mental wellbeing under pandemic will be available from early June 2020. By the end of June a plan to re-establish Loneliness Networks will be prepared with the importance and profile increased during the pandemic. New volunteer roles such as 'End of Life Companion' role are being developed in line with Trust services reset.

Inpatient facilities

During COVID-19 pandemic adult Inpatient facilities at Holywell Hospital and Ross Thompson Unit remained open with the exception of the inpatient addictions unit at Holywell which closed to elective admissions to accommodate the COVID 19 ward.

Inpatients are preparing during June 2020 for the reopening of the Addiction ward in July. This will not open at full capacity due to social distancing requirements and restrictions in ward layout.

Learning Disability (Day Services)

Adult Centre facilities were stood down during COVID-19 with Antrim Day Centres being used as a Primary Care COVID-19 Assessment Centre. As a result of closure Outreach Support in the community and home based support was provided for urgent and critical need.

We will use Phase 1 to plan for service users to return to Trust Day Centres in a phased way. All facilities are currently being assessed in conjunction with RQIA capacity guidelines. Service Recovery Plans are being developed and will be communicated in due course.

Condition Management Programme

Caseload was suspended in March 2020 due to COVID-19. Service will be re-established initially through telephone contact only.

SERVICE AREA: PRIMARY CARE

GP Out of Hours (OOHS)

In response to the pandemic the GP OOHs service (provided by DUC) was consolidated on the AAH and Causeway Hospital sites to provide non- COVID primary care OOHs facilities. 3 Primary Care COVID Assessment Centres were set up in Antrim (Adult Centre), Ballymena (DUC premises) and Coleraine (Causeway Hospital site). 1724 referrals and 304 home visits took place (up to 21/5/20).

As part of Phase One rebuilding of services, the HSCB and DOH are to review the longer term plans for Primary Care COVID Assessment centres and this will then impact on the GP OOHs service within the NHSCT area.

SERVICE AREA: ALLIED HEALTH SERVICES

Physiotherapy

As with most Allied Health Professional Services, Physiotherapy was stood down during COVID-19 surge.

Physiotherapy services are to restart in June with a proportion of attendances face to face combined with telephone and Zoom contacts.

Occupational Therapy

Community Occupational Therapy (OT) Critical Need Service was maintained through COVID. OT provided support to Home Care, Statutory Nursing Homes and Swabbing Teams. Acute OT service was maintained; due to reduced demand staff were redeployed to support Community Hospitals. Recovery OT services were reduced and critical service maintained. Recovery OT staff provided support primarily to Home Care, Community Hospitals and Statutory Residential Homes.

In June 2020 there is planning for phased introduction of new and review face to face clinics for critical and urgent cases and preparation for phased return to full service provision based on service demands

Orthoptics

Paediatric orthoptic services were initially stood down but re-started on 13th May for most urgent patients.

Adult orthoptic services will restart in June for urgent patients only. Visual Fields tests have been reinstated for urgent neurological patients.

Speech & Language Therapy

During COVID surge routine and Community clinics were cancelled, dysphagia assessments continued based on clinical need

In June 2020 paediatric and all Adult SLT are to re-establish Face to Face dysphagia OP clinics, new assessment & priority review & routine communication clinics.

Podiatry

During COVID-19 the service was stood down to meeting critical need only. Use of technology supported decision making in triage to manage risk.

In June 2020 there will be a phased approach to re-establishment of service for urgent and priority cases.

Community Stroke team

Community Stroke Service to re-establish priority referrals across 4 locality teams having

been stood down during the pandemic.

SERVICE AREA: COMMUNITY SERVICES

Community Hospitals

During the pandemic we increased bed capacity across community hospitals. Two community hospitals, Mid Ulster and Robinson were identified as COVID 19 Positive Wards.

During June 2020 as part of Phase One, we plan to maintain the current position and evaluate in line with infection rates

District Nursing (DN)

Critical DN service continued to be provided throughout COVID surge. Phased approach in June 2020 will focus on completing activities deferred during surge with the aim of resuming all routine work, including proactive/ preventative, during June/July 2020.

Treatment Rooms

In the initial response Treatment Room services were stood down with critical need met through four locality treatment room hubs. Treatment room staff supported District Nursing services throughout the COVID 19 pandemic and to date.

During June 2020 there will be a phased approach to the re-establishment of treatment room service provision in partnership with primary care colleagues.

Social Work In response to COVID-19 planned short breaks were ceased, new assessments for short breaks were stood down along with routine SW reviews. Community SW prioritised resources to support independent care home sector and maintain discharge flows from acute hospitals

During June 2020 there will be a phased approach to the re-establishment of SW reviews for critical services. These will be undertaken by phone/video, where appropriate, to reduce footfall in domiciliary settings.

Community Stroke Service

During COVID-19 surge period and throughout the pandemic face to face contact was reduced to critical need only with other care provided remotely by phone/video.

During June 2020 there will be preparations for a phased return to full service provision

Community Equipment Services (CES)

During the pandemic CES ceased the routine collection of equipment from service users and met critical need for the delivery of equipment to services users. CES Service was re-purposed to manage the storage and distribution of PPE centrally across Trust community services and independent sector, as required.

From June 2020 there is a planned reduction of frequency of delivery of PPE to create capacity for return to normal business of equipment distribution and collection to and from service users. There is also a plan for re-modelling of service provision to meet acute and community equipment demands going forward.

Wheelchairs & Continence

From June 2020 there is a plan for a phased approach to full re-establishment of this service that was largely stood down during the pandemic to meeting critical need only.

Residential Homes

During COVID-19 pandemic and surge capacity was freed up across Statutory Residential Homes by discharging residents home with home based programmes and support. Additional bed capacity was created with the support of redeployed staff from other non-critical service areas.

June 2020 Phase One plan will see an evaluation of the current position based on COVID infection rates; consideration to be given to a phased approach of reintroducing rehabilitation services within statutory residential care.

Day Care

Preparation for Day Care provision, which was stood down and staff redeployed to other critical services during the pandemic, to be re-established in a phased way.

Macmillan Unit

The Macmillan unit, which was relocated to Mid Ulster Hospital (MUH) from AAH, is to be maintained at MUH pending review of COVID pressures in early summer.

Sensory Support

From June 2020 there will be a phased approach to re-establishment of this service which was stood down in response to COVID-19

SERVICE AREA: COMMUNITY DENTAL

Community Dental

All dental calls were triaged centrally during COVID to ensure appropriate response. From June 2020 we are establishing a model for the safe delivery of urgent dental care to patients unable to travel from their residences. Please note that, as dentistry is largely a high level PPE service, return to pre-COVID practice will take significant planning in our community settings.

SERVICE AREA: SEXUAL HEALTH

The Rowan

The Rowan is the regional sexual assault referral centre (SARC) for Northern Ireland. The service continued to operate 24/7 during the pandemic. However the face to face follow up appointments ceased. Some operational practices were adapted.

As part of Phase One Rebuilding face to face appointments have recently recommenced operating on a triage system. This will continue on this basis. An on line testing pilot continues

Contraception and sexual health (CASH)

In response to pandemic all routine appointments stopped (1330/month) and all walk in appointments stopped. Primary and secondary care triage took place via tele-calls / telemedicine. 600 prescriptions for the contraceptive pill were posted to patients.

From June 2020 a plan to re-establish the service will be developed to determine which clinics and how these can recommence. This will be dependent on social distancing requirements and the decant of services currently using CASH accommodation.

SERVICE AREA: COMMUNITY CHILDREN'S SERVICES

Health Visiting and Community Paediatric services

Paediatric Services such as CPMS and Occupational Therapy have continued to meet the needs of the most complex cases during COVID-19. Health Visiting & School Nursing services were stood down during the pandemic

From June 2020 innovative contactless online solutions are being deployed, such as video conferencing, telephone assessments and CPMS online triage. Ante-natal home visits will be re-established and School Nursing Clinics will re-start depending on how schools reopen.

Immunisation programme

A letter was issued to parents of children who did not receive school based immunisation programme due to school closures. Currently awaiting DOH & PHA direction on recommencing school based immunisation programmes.

Looked After Children (LAC)

The LAC service has provided a reduced service during the pandemic utilising Zoom and telephone contact with children in care, family contact and in respect of reviews. Some visiting and reviews were postponed.

From June 2020 the service intends to immediately start phasing up of direct contact in line with regional plan and government guidance, reinstating reviews either by phone/video or face to face where social distancing is possible.

Child Protection (to include Children's Disability)

Child protection visits occurred on a reduced basis subject to individual risk assessment and in line with regional guidance. Case Conference Reviews were reduced and occurred where needed via Zoom.

From June 2020 the aim is to restart CP visits for all cases on at least a monthly basis. Case conferences to continue face to face or remotely as risk assessment dictates.

Gateway services

The Phase One plans include continuing to undertake face to face child protection and High level family support visits and increase face to face visits to family support referrals

Family Group Conferencing (FGC)

FGC will continue to treat new and urgent referrals from Gateway as a priority with delivery of service via Zoom due to social distancing requirements.

Child, Adolescent Mental Health Services (CAMHS)

Routine service was maintained during pandemic via Zoom and telephone contact. CAMHS Crisis Team has maintained a full service throughout the pandemic. Eating Disorder service continued without disruption

From June 2020 appointments will be offered to those clients who declined Zoom or telephone contact during pandemic.

CEIS

During pandemic a Safe & Well Helpline was implemented to provide advice and assistance to

children, young people and carers.

The Helpline will continue during the present period of service disruption Physical environment has been assessed with service relocated where necessary with a strategy in place to limit footfall in Family Centres to meet social distancing requirements.

Paediatric autistic spectrum disorder service (ASD)

Phase one plans include the maintenance of the Telephone Consult/Support service with bookable appointment slots for families of children with ASD or those awaiting assessment . It is also planned to develop a resource pack & toolkit to support children and young people and their families to manage anxieties in relation to returning to school

Paediatric Occupational Therapy Service (OT)

This service continued to meet complex needs during the pandemic.

From June 2020 it is planned to extend service provision for complex cases to prevent escalation to acute services and progress review of service model to include triage and service pathway, scoping viability of providing consultative role via online platforms and developing regional online platform of resources for families.

SEN coordination

Service continued as normal during pandemic and is planned to continue as normal in Phase One.

CPMS

During pandemic the service continued to meet the needs of complex children including face-to-face consults as necessary to prevent escalation to acute services. Also continued to provide assessment and review as per normal pathways using Zoom and telephone. BCG Clinic continued. Child Development Centre (CDC) assessments continued via Zoom or face to face in Southern Hub.

Plan in place to re-establish Northern Hub CDC clinics in June 2020 as CDC accommodation is returned for use by the MDT. All other services to continue as outlined above.

SERVICE AREA: CORPORATE

Corporate Nursing

During the pandemic REaCH Services have maintained regular, visible support and connection with Nursing Homes in NHSCT. The Dementia Companion Service has continued where safe to do so with a reduced service due to shielding constraints.

From June 2020 there will be delivery of REaCH Masterclasses to Care Homes as clinical training needs is identified via face to face and on line platforms such as Zoom. This service will be gradually returned to normal as resources become available and ward areas are returned from COVID usage

Tissue Viability Nursing Team

Tissue Viability maintained a reduced service through telephone triage/support with a small number of face to face reviews.

From June 2020 this service will continue to provide telephone support with increased use of technology to view remotely images of tissue viability conditions.

Visitors

In line with all HSC services, we have temporarily restricted the number of visitors across hospitals and Health Care settings. At present, all general hospital visiting has stopped. There are some exceptions to these restrictions, for example 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. Until it is safe to do so, visiting across hospitals and health care settings will continue to be restricted.

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

All S75 groups are potentially at risk of infection from Covid-19. 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 physical disability, often at higher ages, are particularly vulnerable to this virus. 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. The Trust will also take into account any lessons learned from managing the first wave of the pandemic together with the COVID-19 Impact Assessment in the Minister for Health's Strategic Framework for Rebuilding HSC Services in the out workings of its plans to restart and rebuild services in the Northern Trust.

(1.5) Who owns and who implements the policy/proposal - where does it originate, for example DHSSPS, HSCB, and 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 and in line with funding, advice and guidance from NHS England, Westminster Government and the NI Assembly to deliver a robust and cohesive partnership approach to tackling the pressures of COVID-19 and in the implementation of its Phase one Plan and subsequent Plans.

NB: The above list of stakeholders is not intended to be exhaustive

(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
- Establishing sustainable models to deliver services differently and with innovation that reduce the need for direct patient contact while still delivering safe, effective services that are accessible to the NHSCT resident population

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
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- Guidance from Public Health England
- Novel Coronavirus (2019-nCoV) situation reports from the World Health Organisation (WHO)

The following clinical policies have been developed 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
- Remifentanil Patient Controlled Analgesia on Labour Ward
- Nurse Facilitated Discharge Policy
- Missing Patient Policy
- Emergency Blood Management Plan for shortages of red cells and platelets
- Missing Persons from Emergency departments (regional)
- Critical, Urgent and unexpected Radiological Findings
- Food Allergen Management Policy
- Gender Identity
- Hypocalcaemia – acute
- Left Ventricular Assist Devices
- Post-partum Haemorrhage

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	

	Sikh	0.01
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 Married Other	33.28 50.94 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 Bangladeshi Black Caribbean Chinese Indian Irish Traveller Pakistani Mixed Ethnic Group Black Other Asian Other White Other	0.08 0.01 0.01 0.31 0.28 0.04 0.06 0.28 0.02 0.17 98.66 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.	

(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	
	Service users	Staff
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>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</p>

	<p>The Trust, as part of this Phase One plan, is carrying out an options appraisal in respect of future provision of maternity services and the outcome of this appraisal may impact upon women who use these services.</p> <p>The reinstatement of other services as part of Phase 1 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 basis of the gender alone.</p>	<p>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>
Age	<p>It can be assumed that the majority of service users and patients of every age will be impacted by this Phase 1 plan. As Phase 1 refers in most instances to the phased recommencement of services it is likely that impacts will be positive,</p> <p>.</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. 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 Government has advised the over 70s to self-isolate is an attempt to protect this vulnerable age group and shielding has been put in place until the end of June 2020. From NISRA weekly bulletin w/e 29 May 2020 persons aged 75 and over accounted for 79.4% of COVID-19 related deaths.</p> <p>We know that older people tend to be more frequent users of health and social care services.</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 phased rebuilding of services would have a</p>	<p>The Trust is of the view that there is no evidence to suggest that this proposal</p>

	differential or adverse impact on the basis of the religious belief.	will have an adverse impact on staff on the grounds of religious belief.
Political Opinion	There is nothing to indicate that the phased rebuilding of some services will have a differential or adverse on the grounds of political opinion.	There is no evidence to suggest that there would be any adverse impact on any members of staff because of their political opinion.
Marital Status	There is no evidence to suggest that the phased rebuilding of some Trust services will have a differential or adverse impact on the grounds of marital status.	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>Dependent Status</p>	<p>Many aspects of our Phase 1 response will positively impact carers. Examples include: 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 carer's 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 www.carersdigital.org using the access code DGTL2770</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>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 language. NB: a new temporary remote sign language interpreting service was launched on Friday 24</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 that have particular concerns around COVID-19 and the impact on any pre-existing conditions.</p>

	<p>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.</p> <p>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>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>
<p>Ethnicity</p>	<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 PHA and Inter Ethnic Forum to provide both information and support to the BAME community.</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 backgrounds but the Trust is satisfied that the current risk assessment process has enabled the Trust to identify those</p>

	<p>Broadcast sent out to staff on how to use the Big Word telephone interpreting service.</p>	<p>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 phased rebuilding 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 decisions 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 for as long as the measures are considered to be proportional and lawful – see the Siracusa Principles outlined above.

(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 and 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 continued and incremental response to COVID-19 in Phase 1 rebuilding of services plans 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, particularly related to continued closure or reduction of a service in their own right would be most likely to be subject to a full Equality Impact Assessment and public consultation. However these are unprecedented times in an emergency situation. Many aspects of the Phase 1 plan aim to carefully rebuild services given that we are now past the peak which will in fact positively impact older people, carers and disabled people. Details are contained at 1.3 above.

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 proposed measures identified for the Trust's rebuilding of services after surge from COVID-19 is detailed in sections 1.3 and 3.1 of this screening document. Across services the focus in Phase One relates to limited increases in service capacity and the reopening of some services while maintaining the need for social distancing through remote delivery via telephone or remote conferencing. 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 that are impacted by coronavirus and associated self-isolation policies. The Trust recognises that there are a number of policy leads/decision makers across HSC who likewise must comply with the S75 Equality Duties, the Human Rights Act and the Disability Duties in the development, implementation and review of the Minister for Health's "Strategic Framework for Rebuilding HSC Services" in NI and in the development and implementation of HSC Trusts Rebuild Plans. The Trust therefore commits to collaborate, as necessary, with all relevant HSC organisations in seeking to ensure the fulfilment of these statutory duties. This may entail, in some instances, the Trust feeding upward into regional EQIAs led by other HSC Policy Leads e.g. DoH, HSCB et al, contributing to equality screenings by other policy leads where there are for example regional themes, undertaking further individual equality screenings on Trust proposals and where necessary and appropriate conducting EQIAs and associated consultation in line with the commitments in approved Equality Schemes and in the fulfilment of the requirement of the DoH Circular Guidance 'Change of Withdrawal of Services – Guidance on Roles and Responsibilities' – September 2019 especially where temporary changes are being proposed as permanent.

NHSCT is cognisant of the need to consider and mitigate any potential adverse impact where possible.

(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 Phase One 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 SMT

Date: 7 July 2020