Northern Health and Social Care Trust

Equality, Good Relations and Human Rights Screening Template50

(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 2 – 1st July - 30th September 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, following Ministerial approval introduced a new "Strategic Framework for Rebuilding HSC Services" and has taken the lead on planning and preparation of a "stage 2 plan" covering the period from 1 July 2020 to 30 September 2020.It is recognised 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.

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 which covered the period of June 2020 had 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. Phase 2, Rebuilding Services plan for

the period July to September 2020 is detailed within this equality screening aligned to services provided by the Trust.

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 2 (July 2020 to September 2020)
Our Approach: Rebuilding Health and Social Care Services in the Northern Trust
Our plan for July-September 2020 is detailed below and shows how we will continue the journey of rebuilding health and social care across all our services, following on from the Phase 1 (June 2020) published on 9th June. Along with our partners across Northern Ireland, our priorities will remain:

- Ensuring equity of access for the treatment of patients across Northern Ireland
- Minimising the transmission of COVID-19, and
- Protecting the most urgent services.

We expect to be able to see more patients across July, August and September than in previous months as services begin to rebuild. However many of our services will still be running at lower levels of activity than before the pandemic. Social distancing rules mean we have to reduce the number of patients in our facilities at any one time. We need to ensure the correct PPE is used to protect our staff and service users, and in some areas this will take extra time and reduce the number of patients treated in each session. We need to monitor pressures on supplies of medicines and ensure that our hospital laboratories can manage the increase in activity alongside the ongoing demands of Coronavirus testing. We also need to stay prepared for a potential second surge which could coincide with winter pressures, meaning we cannot return all our services back to the way they were before the pandemic. We need to prioritise and focus on treating the most urgent cases first, and as a result some patients will wait longer than we would like.

Throughout this rebuilding phase we will continue to ensure the safety of our patients, service users and staff. All our patient treatment facilities, offices and staff accommodation will be risk assessed to ensure that appropriate social distancing arrangements are in place, with clear signage where required. PPE requirements are captured as part of our planning process so we can ensure the right PPE is available where needed. We will give clear instructions to patients and service users on how to access services, including advice on being accompanied and in some instances guidance on self-isolation and COVID testing before treatment. In all cases we draw on the best available expert advice and support.

This Phase 2 plan details how we began the process of rebuilding during June 2020 across the Trust's services and how we will continue in July, August and September. We have detailed, where possible, the activity we delivered in April 2020 as a baseline against which we will measure any increase in capacity from July to September. This reflects the incremental approach we must take in rebuilding services working within the constraints outlined above around staffing, social distancing measures, public health and Infection Prevention and Control guidelines, PPE and remaining prepared for a second surge.

Rebuilding our services is a complex process and requires a large number of risks and constraints to be factored in to our decision making. Key challenges include, but are not limited to:

- Ensuring a safe working environment and a planned safe restart of services and providing assurance to patients, service users and staff that the Trust is taking all reasonable steps to ensure safety and manage risk;
- Continuing to maintain COVID and non-COVID pathways in line with Infection Prevention Control advice and guidance to safely manage the flow of staff and patients and utilisation of PPE.
- Providing a safe physical environment for patients and staff. Our hospital and community based infrastructure is poor and achieving effective implementation of social distancing measures will present significant challenges including a reduction in capacity and productivity.
- Availability and flexibility of our workforce across our 7-day service including requirement for staff leave, existing staff vacancies, carer commitments and continued shielding of staff;
- Ongoing local discussion and agreement to ensure our plans reflect our commitment to co-production, engagement and informed decision making;
- Ensuring we harness opportunities to deliver services differently and innovatively that reduce the need for direct patient contact but still provide effective and safe services;
- Balancing safety and risk through regional agreements in respect of ensuring both effective ongoing response to COVID-19 locally and the need to rebuild services for prioritised clinical groups on an equitable basis for the Northern Ireland population;
- Providing the necessary support and resources to the care home sector as required alongside running our core Trust services;
- Availability of testing for patients prior to admission for elective procedures;
- Availability of staff who are currently redeployed to new or expanded services, stood up in response to COVID, and who are required to return to core roles;
- Providing adequate support to staff in terms of increase in psychological and occupational health related matters;

Maintaining new services set up in response to COVID19 such as the Testing Service for Health Care Workers and Care Homes; In terms of rebuilding services the Trust has been considering the infrastructure implications that may arise as a consequence of maintaining social distancing, and potential impact in the event of a further surge. There may be a need for refurbishment of existing, or additional accommodation beyond equipment and ICT costs to support rebuild. The Trust anticipates on-going additional costs to support the necessary increased staffing to support alternative or new ways of working such as extended days, weekend working, separated work flows which require supplementary teams to support and associated support costs such as transport, cleaning and

administration. These would have capital and revenue funding consequences and be subject to securing approval.

During the first phase of COVID-19, our staff have embraced new ways of working in order to continue to deliver services to their patients and service users and we will continue to build on these as we move forward. These changes cover a range of areas including:

- Changes to working practices and processes, in particular the significant increase in virtual outpatient clinics and virtual group sessions using rapid roll out of technology solutions;
- Changes to pathways such as the Gynae Assessment Unit which contributed to shorter inpatient stays and reduced attendance at ED and GPs, the acceleration of use of q-Fit Tests which significantly reduced the need for colonoscopies, and in-reach to service users who would normally have used our day care and day opportunities services.
- Collaboration within the Trust and with our partners, minimising boundaries and optimising patient care. Examples include creation of Health Care Worker testing process and support to Care Homes in response to the pandemic through our Partnerhub.

During July, August and September 2020, we will continue to build on new ways of working to continue to provide safe and effective care. This will involve working closely with our partners and clinical leaders, using flexible and remote working where appropriate and rapid scaling of technology such as telephone and video calls. We are engaging with our frontline staff to reflect on the many 'lessons learned' and further work on this will be crucial to inform our plans going forward. This learning and sharing of best practice will inform our longer-term operational, strategic and financial planning as well as the wider regional priorities.
In addition, there is agreement that following submission of the plans, Trusts and HSCB will work together to harmonise how we measure and monitor activity.

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 reviewed access to emergency care services within the Trust in light of social distancing requirements and maximised Primary Care Partnerships to develop RESET plans in collaboration. In Phase Two we intend to examine the potential to expand services via a focus on Urgent Care pathways to facilitate appropriate streaming of urgent conditions and effective use of ED front door, stemming the ability to 'crowd' ED.

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 Phase One we returned 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.
From July to September 2020, as part of Phase Two Rebuilding Services, ICU at AAH will be re-housed temporarily in Ward C7 and will have side rooms to accommodate up to a

maximum of 4 Covid-19 patients and up to a maximum of 6 non-Covid patients within two separate areas. The AAH unit will be staffed for a maximum of 6 Level 3 ICU patients and the CH unit will be staffed for 4 beds. Beds will open and close within the Covid and Non-Covid areas, depending on the Covid-19 status of the patients to be admitted.

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 Phase One rebuilding services we continued inpatient, red flag and urgent investigations across (all sites). Scheduled diagnostics l resumed with reduced capacity due to infection control constraints. We continued 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.

In Phase Two:

- ED service provision given priority followed by wards.
- Routine paediatric imaging commencing
- Utilisation of IS capacity for urgent CT and MRI referrals
- Additional funding has been sought to increase use of IS.
- Review of COVID staff rotas to increase plain film and Nuc Med capacity.
- Ongoing review of appointing templates to maximise capacity.
- Modality leads have been instructed to benchmark their appointing templates with regional colleagues to ensure maximum efficiency.
- Regional process to 'smooth' waiting lists is ongoing.

Cancer Treatment Services
During surge, cancer surgery continued in line with NHS England and NICaN prioritisation. Oncology, haematology and systemic anticancer treatments (SACT) continue and in accordance with national and NICaN regional guidance with 20% reduction in capacity. During June 2020 SACT continued to be provided in response to demand.
Surgical activity increased in a phased way. Activity has been gradually increasing since early May with an increase in phone/video assessments.
Between July and September 2020 it is planned to:

- Continue with Oncology and Haematology new and review clinics with mixture of Face to Face and virtual appointments
- Continue with Oncology and Haematology Treatment clinics
- Continue with Oncology and CNS NMP clinics as telephone assessment
- Continue with Oral meds being delivered to patient's home.
- Screening as directed by PHA

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 were re-established, albeit with reduced capacity due to COVID related Infection Control and Social Distancing. Between July and September 2020:

- The Trust's Day Surgery provision will be increased.
- Causeway Day Surgery unit increasing to 10 sessions per week; Urology, Pain, Gen Surgery, Dental (Learning Dis & Children) ENT and Gynaecology.
- The Cataract Elective Care centre will be re-established on the Mid-Ulster Hospital providing 6 sessions / week.
- Whiteabbey Hospital will continue to deliver 2 Urology Daycase sessions for BHSCT
- Antrim Hospital's Day Surgery capacity - None planned – due to the need to maintain surge capacity in ICU – will be kept under review
- The Trust's Endoscopy capacity will be increased with 23 endoscopy lists, 3 Bronchoscopy lists, 4 ERCP and 4 Bowel cancer screening lists delivered across the four Endoscopy sites.

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 were carried out as well as limited priority face to face (Trust wide). A step up plan taking account of social distancing and access requirements was developed. In Phase 2, a phased step-up plan has been agreed for July to September. Face to face activity will be re-established as well as the continued development of virtual activity. The ratio of face to face appointments as opposed to virtual appointments will be approximately 1: 3.

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 undertook an options appraisal which included consideration of all possible options to maintain the service at Causeway. The Causeway Maternity Unit continued to provide Outpatient antenatal care Monday to Friday 9am-5pm and Community midwifery across the Trust continued in the antenatal and postnatal Period.

In Phase 2

- July's service provision and capacity will remain at Phase 1 levels.
- In August the Trust plans to resume service provision on both its sites, AAH + CAU, depending on the availability of Middle Tier doctors in the August 2020 rotation.
- The outpatient service will remain at Phase 1 service provision levels throughout July – Sept, with the exception of Gynae outpatient provision, which will resume on peripheral

sites. In addition, some Gynae Outpatients will resume on the CAU site, with the focus being on urgent referrals.

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 increased 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 was continued. The paediatric inpatient facility in Causeway and the Ambulatory Unit in Antrim Area Hospital returned to normal activity by 15th June. A temporary reduction in bed capacity at AAH children's ward was necessary as result of staffing deficits.

From July to September 2020:

- On the Antrim site, 2 elective beds will be allocated within Surgical C5 ward each day and 6 elective beds in Gynaecology C1 and 4 elective beds in Paediatrics. Anaesthetics and Nursing is available to support 10 sessions per week.
- On the Causeway Site, 6 elective beds will be allocated within Surgical 2 ward each day and 5 elective beds allocated within Gynaecology ward. Anaesthetics and Nursing is available to support 15 sessions per week. Lists to be allocated as follows; General Surgery, Breast, Gynae and Urology (WHSCT).
- This is the maximum capacity which is available; Red Flag patients will be booked first to this capacity. Any capacity which is available after this will be used to operate on urgent patients
- The reformed Emergency Surgical Pathway will be embedded, in order to support the reconfiguration of surgery capacity, implemented as part of the Trust's surge planning.
- Inpatient Emergency Paediatric Services as for Phase 1 - AAH A2 and CAU Children's Ward activity resumes. From 15th June both Causeway I/P and AAH Ambulatory services returned to normal activity.

Pharmacy
Whilst the majority of Pharmacy Services were maintained during the pandemic, a downtown 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 restarted and 7 day service to Critical Care and Palliative Care continued. Seven day distribution PPE and telephone/video clinics continued.
In Phase Two,

- Pharmacy aims to fully re-establish the Discharge Follow-up Service
- Pharmacy aims to continue the 7-Day Critical Care service.
- Distribution of PPE will 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 was available from early June 2020. By the end of June a plan to re-establish Loneliness Networks was 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. In Phase two, from July to September 2020, we will be moving remaining services onto remote delivery e.g. Training for Sexual Health, Mental Wellbeing etc., Loneliness networks/parcels and kits. Farmers Health Checks.

Mental Health 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 prepared, during June 2020, for the reopening of the Addiction ward in July. In Phase Two the inpatient addiction ward at Holywell Hospital will be re-opened by mid-July 2020. The ward will operate at the reduced capacity of five beds (out of full complement of 10). All five beds will be occupied, with an average LoS of approximately 3 weeks.

Community Addictions
During both surge and Phase 1 plans Community Addictions carried out reduced face to face contact with clients. Virtual clinics were held, as well as increased telephone contact. Clients on OST were reviewed by telephone and still received OST via pharmacy. The supervision of OST by Trust staff was stood down. During Phase 2 it is planned that face to face Community Addiction clinics will resume, including a review of the OST waiting list, with a view to resuming initiation of OST for those clients who require it.

Mental Health for Older People (MHOP)
Memory assessments did not take place during surge response or Phase One. Dementia OT services carried out urgent new initial assessments, using a combination of telephone triage and video conferencing. Equipment drop offs took place, with instructions on usage being carried out in a socially distanced way. The service also facilitated face to face contact for those patients deemed to be in critical need. The service facilitated a total of 47 contacts in June 2020. During July to September 2020 it is planned that Memory assessments will restart through a combination of virtual solutions and face to face contact and Dementia OT services will also restart.

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 used Phase 1 to plan for service users to return to Trust Day Centres in a phased way. All facilities were assessed in conjunction with RQIA capacity guidelines. Service Recovery Plans were developed and will be communicated in due course There was continued engagement with service users and carers via telephone/zoom video conferencing and outreach critical support was provided to 62 service users. In Phase 2 Adult centre attendance will restart in July 2020. The regionally agreed criteria for critical care need will be applied for those who attend initially.

However, it is planned that all those who previously attended day services will be provided with a service, albeit in a reduced or alternative way.

Learning Disability IS Day Services inc. vocational and training
During surge telephone and zoom video conferencing contact with service users and carers was established. Activities such as quizzes, bingo, chair exercises and music therapy continued in this way. In Phase 1, covering June 2020, there was continued engagement with service users and carers via telephone and zoom video conferencing and introduction of socially distanced visits to service users' homes. Phase 2 plans for the restart of vocational and contracted services. These are unlikely to be at pre-Covid levels. Attendances at Base facilities will restart in July 20 and attendance will be built up on a gradual and planned basis during Phase 2.

Learning Disability Short Breaks
During the initial surge period planned short breaks provision was stood down and adapted to accommodate the establishment of emergency beds; two in Hollybank and one in Ellis Grove. In Phase 1, June 2020, emergency beds were utilised as individual need presented.
In Phase 2, from July 2020 to September 2020:

- Phased re-start of short break provision across Ellis Grove and Hollybank, targeted at those with the highest needs
- Planned short breaks for both Ellis Court and Hollybank will increase by one bed for each facility, from Monday 6th July, with a maximum allocation of up to 3 overnights.
- From August alternative short breaks will be introduced, for those transitioning to the short break service. These will include tea breaks, bus trips etc.
- Throughout Phase 2, emergency beds will continue to be available to those who present in need of critical care, including risk of family breakdown.

Community Learning Disability Teams
During surge, the teams provided support to vulnerable service users in the community. Engagement with these service users was via telephone and video conferencing. In Phase 1, June 2020, work relating to the Mental Capacity Act took place and face to face contact with service users was facilitated where required. In Phase 2, July to September 2020, face to face contact with service users and their families will continue where required as per the agreed risk stratification process.

Condition Management Programme
Caseload was suspended in March 2020 due to COVID-19. Service was re-established initially through telephone contact only. In Phase 2 the service continues to restart on a remote basis. It is planning to develop remote working programmes.

Psychology
Services were suspended during surge. In Phase 1, June 2020, there was a phased increase of face to face interventions with both new and review appointments, based on service users' clinical risk assessment. ASD services increased face to face activity for intervention, but not diagnostic services. In Phase 2, July to September 2020, psychological services will be re-instated on a risk-assessed, phased basis, with the exception of ASD diagnostic services.
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).

In Phase 2

- Primary Care COVID assessment Centres are to remain open until at least September as advised by the HSCB.
- GP OOHs has consolidated on 2 sites and will remain as such until we are clearer on the timeline for standing down the assessment centres.

SERVICE AREA: ALLIED HEALTH SERVICES

Physiotherapy

As with most Allied Health Professional Services, Physiotherapy was stood down during COVID-19 surge. Physiotherapy services restarted in June with a proportion of attendances face to face combined with telephone and Zoom contacts.

In Phase 2

- The service's first priority is for musculoskeletal physiotherapy staff to begin to review fracture patients on a face to face basis again. However, all areas will begin to ramp up urgent face to face activity when permitted. The service is planning on the basis that 20% of activity will be face to face, due to PPE and social distancing issues.
- In the Mental Health Inpatient service, physiotherapists will begin to use the Holywell Gym with patients again.
- In the Adult Learning Disability service, physiotherapists will begin to review patients on a face to face basis again, as they return to their Day Centres.

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 was a 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.

In Phase 2

- Acute OT will return to full service delivery as demand increases to pre-COVID levels.
- Community OT will return to full service with combination of face to face and remote interventions.
- Recovery OT Service will return to full service provision with a combination of face to face and tele-rehabilitation interventions.
- Outpatient OT will return to full service provision with a combination of face to face and remote interventions.

Orthoptics
Paediatric orthoptic services were initially stood down but re-started on 13th May for most urgent patients. Adult orthoptic services restarted in June for urgent patients only. Visual Fields tests were reinstated for urgent neurological patients. In Phase 2, Causeway Urgent adult and paediatric services, reinstated in Phase 1, will continue and an additional 36 weekly lists will resume.

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 were re-established, face to face dysphagia OP clinics, new assessment & priority review & routine communication clinics. In Phase 2, it is planned to:

- Re-establish dysphagia and communication referrals service and Dysphagia assessments in care homes & outpatient clinics
- Communications clinics will continue to deliver new assessment, priority review and 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 was phased approach to re-establishment of service for urgent and priority cases. During Phase 2 the following is planned.

- Prioritisation of patients with acute ulceration, those deemed high and moderate risk following triage.
- Re-establishing nail care procedures for patients with nail damage by Podiatry Assistants.
- Re-establishing MSK and in-sole manufacture for front line workers and any patient in pain.
- Beginning review of new patients previously virtually triaged during Covid 19 period.
- Re-establishment of appointments for new patients with skin and nail infections.
- On-going use of technology for virtual clinics.

Community Stroke Team
Community Stroke Service to re-establish priority referrals across 4 locality teams having been stood down during the pandemic. Phase 2 plan, July to September 2020 aims to return to full service provision with a combination of face to face and tele-rehabilitation interventions.

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 maintained the current position and evaluated in line with infection rates.
During Phase 2:

- The current position will be maintained and evaluated in line with infection rates.
- There will be a gradual re-establishment of rehabilitation services across wards in line with demand.
- Based on infection rates and demand for COVID community beds, consideration will

be given to stepping these down and reverting to normal business later in the summer.
- Decisions will be driven by infection rates and demands from the independent sector in the community.

District Nursing (DN)
Critical DN service continued to be provided throughout COVID surge. Phased approach in June 2020 had a focus on completing activities deferred during surge with the aim of resuming all routine work, including proactive/ preventative, during June/July 2020. In Phase 2 it is planned to:

- Continue to deliver critical and essential care as a priority.
- Continue to work towards completing any deferred care; aim to transfer patients back to Treatment Room in line with these services opening up.

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 was a phased approach to the re-establishment of treatment room service provision in partnership with primary care colleagues. In Phase 2 we will continue to deliver critical and essential care as a priority and continue to work towards increasing capacity for routine work within available staffing resource.

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 was a phased approach to the re-establishment of SW reviews for critical services. These were done by phone/video, where appropriate, to reduce footfall in domiciliary settings. In Phase 2 rebuilding of services we plan to continue with the phased approach to the re-establishment of all social work reviews. We will also endeavour to re-start domiciliary packages of care, which were suspended during COVID and work in partnership with In-house Home Care and Independent Sector Providers.

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 was 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 was also a plan for re-modelling of service provision to meet acute and community equipment demands going forward. It is recognised, as part of Phase 2 planning, that the service cannot return to full service as planned and continue to act as PPE distribution hub, which is a high priority service for the Trust.

Wheelchairs & Continence
From June 2020 there was 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. In Phase 2,

- Wheelchair service - will return to full service with combination of face to face and remote interventions
- Continence Service - Telephone reviews of existing caseload.
- Face to face (triaged clinics) to be increased in Ballymoney, Whiteabbey, Carrickfergus, Magherafelt and Larne (continue to prioritise waiting list.)
- Commencement of domiciliary visits to residential homes and patient homes - will cohort cases.
- Review cases by telephone.

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. In Phase 1 there was an evaluation of the current position based on COVID infection rates; consideration was given to a phased approach of reintroducing rehabilitation services within statutory residential care.

In Phase 2,

- Continue with phased approach of re-introducing rehabilitation services within statutory residential care as demand for service increases.
- Potential use of capacity within statutory residential homes to support the maintenance of the GREEN status of independent sector homes.
- Reduce bed availability to contracted levels whilst additional staff return to their own services.

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. During Phase 2, day care services will be re-established in line with the regional action plan.

Macmillan Unit
In Phase 2 the MacMillan Unit service will continue to be based in the Mid-Ulster Hospital. The service's return to its base on the Antrim Area Hospital site will take place beyond the Phase 2 Plan timeline.

Sensory Support
From June 2020 there was a phased approach to re-establishment of this service which was stood down in response to COVID-19. It is planned to return to full service provision by the end of September 2020.

SERVICE AREA: COMMUNITY DENTAL

Community Dental
All dental calls were triaged centrally during COVID to ensure appropriate response. From June 2020 we established a model for the safe delivery of urgent dental care to patients unable to travel from their residences. As dentistry is largely a high level PPE service, return to pre-COVID practice will take significant planning in our community settings. In Phase 2 we plan to

- Re-establish an AGP dental service on up to 3 sites, 3 days per week

- Re-establish non-AGP dental services on up to 4 sites days per week
- Establish an urgent domiciliary care service 2 days per week
- Maintain an audio triage service with telephone consultation
- Limit face-to-face contacts to urgent care only and non-urgent only as capacity allows

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 1 face to face appointments recommenced, operating on a triage system. In Phase 2 we plan to await regional direction on a fully commissioned service. 24/7 access continues including availability of self-swab protocol

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 was developed to determine which clinics and how these can recommence which was dependent on social distancing requirements and the decant of services currently using CASH accommodation. We continued the pilot of STI on-line testing. EMA (Early Medical Abortion) service continued in line with Abortion Legislation and was introduced as women could not travel outside NI for EMA. In Phase 2 from July to September 2020 these plans will continue to be delivered as in Phase 1, June 2020.

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 were deployed, such as video conferencing, telephone assessments and CPMS online triage. Ante-natal home visits were re-established and School Nursing Clinics l re-started depending on how schools reopen. A letter was issued to parents of children who did not receive school based immunisation programme due to school closures. We are currently awaiting DOH & PHA direction on recommencing school based immunisation programmes.
For the period July to September 2020:

- As for Phase 1, June 2020, plus there are significant deferred and incomplete vaccinations to be undertaken prior to new programme commencing in September 2020.
- As for Phase 1 reinstate:
- 2 year review home visit
- Star Babies home visits until 6 months old
- 1 year review home visit (Sept)
- Planning flu for P1-P7 + extension to Year 8 44,000 approx.

- Delivery for deferred school age immunisations - HPV + SLB -10,000 approx. (TBC)
- BAS-18 sessions per month – 50% reduction
- Continence- 5 sessions/month 25% reduction.

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 started 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. In Phase 2 it is intended to continue use of Zoom where risk dictates & increase face to face visits and reviews.

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 CP visits started for all cases on at least a monthly basis. Case conferences continued face to face or remotely as risk assessment dictated. In Phase 2 from July to September 2020 it is planned 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 1 plans included continuing to undertake face to face child protection and high level family support visits and increase face to face visits to family support referrals. The Phase 2 plans include continuing to carry out face to face child protection visits. The number of Family Support referrals which are carried out on a face to face basis will be increased.

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 were offered to those clients who declined Zoom or telephone contact during pandemic. In Phase 2 telephone consultation and support will continue as in Phase 1. Similarly, face to face appointment with priority cases will continue, however the service will increase the number of face to face appointment delivered in Phase 2.

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. In Phase 2 CEIS will continue to provide face to face and telephone consultations and incrementally increase parenting groups sessions

Paediatric autistic spectrum disorder service (ASD)
Phase 1 plans included the maintenance of the Telephone Consult/Support service with bookable appointment slots for families of children with ASD or those awaiting assessment.

Phase 2 will continue service delivery as per Phase 1 plan plus offer appointments from backlog of waiting list and continue to maintain open telephone consultation /support and offer dedicated sessions via telephone. In addition, direct assessment via observation rooms with 2-way mirrors will be implemented in Phase 2.

Paediatric Occupational Therapy Service (OT)
This service continued to meet complex needs during the pandemic. From June 2020 service provision for complex cases was extended to prevent escalation to acute services and review of service model progressed to include triage and service pathway, scoping viability of providing consultative role via online platforms and developing regional online platform of resources for families.

From July to September 2020:

- Phase 1 work will continue. In addition face to face clinics for priority cases will resume.
- For some children Developmental History Questionnaires can be completed via phone or videoconference with support and signposting offered at this stage.
- Domiciliary Visits where possible in the absence of suitable clinic space however this depends on redeployed staff returning and suitable space in children's homes.

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

Health Protection Programme, Specialist Roles
In Phase 1 this programme was awaiting PHA direction on recommencing full Health Protection Programme. In Phase 2 it is planned to centralise clinics i.e. 12 per month 50% reduction. The Phase 2 plan assumes staff availability and return of redeployed staff from COVID Testing Centre and ICU/HDU and return of accommodation.

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. In Phase 2, zoom and telephone assessments and reviews will continue as in Phase 1. Face to face appointments for complex cases will also continue. In addition, Child Development Clinics will resume.

SERVICE AREA: CORPORATE

Corporate Nursing NH In-Reach Team
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 was 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. In Phase 2 the REaCH Team will continue to actively support all Nursing Homes, Residential Homes and Supported Living Facilities within the Trust. This support will involve

weekly virtual support via telephone call. This will increase to daily as required, if care settings escalated into AMBER and RED, thereby requiring medium and high trust intervention respectively. The team will also continue identification and delivery of training. Where necessary and acceptable visible support and presence in care home e.g. workforce / IPC reviews and support and co-ordination of MDT ward rounds

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 continued to provide telephone support with increased use of technology to view remotely images of tissue viability conditions.

In Phase 2

- Continue Telephone Triage of referrals. Continue to offer the telephone advisory service for all staff.
- Increase number of reviews across all areas (Hospital, Community and Care Home) as redeployed staff return.
- Gradually reintroduce out-patient complex wound clinic as service staffing allows.
- Progress with pilot of wound photography App.

Visitors
In line with all HSC services, during surge and Phase 1, the Trust temporarily restricted the number of visitors across hospitals and health care settings. During surge and Phase 1 all general hospital visiting stopped. There were some exceptions to these restrictions, for example Critical Care areas and Palliative (end of life) care and we made local arrangements to ensure our patients and residents can remain in contact with loved ones. Visiting policy across hospitals and health care settings is subject to regional review at Departmental level. From 6 July a new regional guidance document for Trust inpatient services, Maternity Services, Care Homes, Mental Health Services and Children's Hospital Services, for the duration for the COVID-19 pandemic has been implemented that will be followed by NHSCT as part of their Phase 2 plan. All people visiting Health and Social Care Settings and Care Home Settings will be required to wear face coverings for the foreseeable future.

(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 continue to 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 Phase 2 Plan is 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 2 Plan.

(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)

In order to develop this Phase 2 plan within the required timescales we have had to make the following assumptions:

- There is no second surge prior the delivery of the plan at the end of September 2020;
- There is no further change to the current guidance on shielding;
- There is no change to the current PHA guidance on PPE provision;
- The plans are acceptable to and accepted by key stakeholders;
- There are adequate supplies available including pharmacy and PPE;
- Any additional revenue and capital required to deliver the Phase 2 plan is available;
- Staff will be supported to attend work e.g. childcare availability and school restart plans, and supported to take leave over this period.

(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.

(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
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- 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
- 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
- Hypocalcaemia – acute
- Left Ventricular Assist Devices
- Post-partum Haemorrhage
- Home Oxygen Service Assessment Review (HOSAR)
- Hyperglycaemia sick day rules for patients on insulin in nursing homes and district nursing
- Oxygen in-patient prescribing of domiciliary oxygen therapy in adults from 16th birthday
- Bladder care intra-partum and post-natal
- High flow nasal cannula treatment
- Policy for the Safe Use of Oral and Subcutaneous Methotrexate
- Children and Young People up to the age of 16 years admitted with newly diagnosed Type 1 Diabetes
- Phenol Liquefied – Guidelines for use in NHSCT Treatment Rooms
- Intravenous Lidocaine Infusion Protocol for Macmillan Unit
- Diabetic Ketoacidosis in Children and Young People up to 18th birthday

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 and phased rebuilding services 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
- DOH Strategic Framework for Rebuilding HSC Services

Workforce Profile as at January 2020

Section 75 Group	Total Trust Workforce Profile as at 1 January 2020	Percentage
Gender	Female Male	85.24 14.76
Community Background	Protestant Roman Catholic Neither	51.43 38.82 9.75
Religious Belief	Buddhist Christian Hindu Jewish Muslim None Not Known Other Sikh	0.06 34.51 0.19 0.01 0.11 7.45 56.87 0.77 0.01
Political Opinion	Broadly Unionist Broadly Nationalist Other Do Not Wish To Answer/Not Known	11.81 6.04 8.96 73.19
Age	16-24 25-34 35-44 45-54 55-64 65+	4.22 21.25 24.04 26.97 20.32 3.19
Marital Status	Single Married Not Known	27.26 65.33 7.41
Dependent Status	Caring for a Child/Children/Dependant Older Person / Person with a Disability None Not Known	27.29 20.68 52.03
Disability	Yes No Not Known	2.36 69.70 27.94
Ethnicity	Black and Minority Ethnic Irish Traveller	1.67 0.01

	Other White Not Known	0.24 70.82 27.26
Sexual Orientation towards:	Opposite Sex Same Sex Same and Opposite Sex Do not wish to answer/not known	48.17 1.26 0.17 50.40

Northern Trust Population Profile

Section 75 Group	Trust's Area Population Profile	Total Trust Percentage
Gender (NINIS Area Profile)	Female Male	**51.00** **49.00**
Religion (NINIS Area Profile)	Protestant Roman Catholic Other	**59.58** **33.61** **6.81**
Political Opinion	Not collected	
Age (June 2013) NINIS – Table KS102NI	0-15 16-24 25-44 45-64 65-84 85+	**20.60** **11.72** **26.13** **25.49** **14.19** **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	The profile of service users is 51% female and 49% male 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 in respect of COVID-19, as at 23 June 2020, men in Northern Ireland (from confirmed cases recorded of 4,861 of which 61.94% were women) are 1.8 times more likely to die than women (deaths from confirmed cases of 545 and men accounted for 52.29% of these) The Trust, as part of this Phase Two plan, continues to carry out an options appraisal in respect of future provision of maternity services and the outcome of this appraisal may impact upon the women who use these services. The reinstatement of other services as part of Phase 2, for example the regional critical care need criteria based opening up of day services for service users with a learning disability, 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.	While all staff are potentially at risk of being infected by COVID-19, early indications/data from countries with available data, it appears that female healthcare workers are being infected in higher numbers than their male counterparts at a ratio of one to three (Global 5050). Advice and guidelines have been provided for staff to ensure they follow strict distancing measures. 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. 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.
Age	It can be assumed that the majority of service users and patients of every age will be impacted by this Phase 2 plan. As Phase 2 refers in	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

	most instances to the continued phased recommencement of services it is likely that impacts will be positive, Examples of likely positive impacts include the continued provision of the child specific Special Educational Needs Service (SEN) in Phase 2 (as fully provided during surge and Phase 1 also). 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. Plans by Community Care Division to examine the potential use of capacity within statutory residential homes to support the maintenance of the GREEN status of independent sector homes should have a positive impact upon older people residing in these homes by keeping them protected from Covid. We know that older people tend to be more frequent users of health and social care services.	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.
Religion	There is no evidence that the phased rebuilding of services would have a differential or adverse impact on the basis of the religious belief.	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.
Political Opinion	There is nothing to indicate that the phased rebuilding of some services will have a differential or adverse on	There is no evidence to suggest that there would be any adverse impact on any members of staff because of their

	the grounds of political opinion.	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.
Dependent Status	Many aspects of our Phase 2 response will positively impact carers. 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. 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. 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. 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	A digital resource has been developed to provide up to date information and guidance for all staff and managers. This includes information for staff and managers on: • 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 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. 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). 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.

	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 The new edition of the Carers Newsletter contains information and supports relevant to the current pandemic. 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. 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. The DoH guidance for carers during the current situation has been disseminated to all the carers on the register. From 8 June 2020 a Carers ID Card has been available from Health and Social Care Trusts to all *known carers* in Northern Ireland. The Carers ID Card provides proof of carer status and can be shown to Police Officers when carrying out essential travel or additional exercise during lockdown. The Carers ID	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 continued to provide advice to staff carers to ensure concerns are addressed.

	Card will also allow carers access to priority in-store shopping hours similar to key workers and essential workers. The Trust has issued Carers ID Cards via post to all *known carers* held on their systems and those in receipt of HSC services. Aspects of Phase 2 e.g. the regional critical care need criteria based opening up of day services for service users with a learning disability, has the potential to impact adversely upon carers and families as service users who normally attend day centres may now not be able to access this service. This impact will be mitigated by the opening up of short break services during Phase 2.	
Disability	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. The reinstatement of the community addictions in patient ward at Holywell as part of Phase Two plan is likely to have a positive impact on persons with mental health disability related to addiction. Conversely the regional critical care need criteria based opening up of day services for service users with a learning disability, has the potential to impact adversely upon people with a learning disability who are usually accessing these services in normal times but who now do not meet the criteria set The Trust is mindful that the use of telephone for appointments and	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. 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. 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.

	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 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. 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. 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.	
Ethnicity	The Trust is mindful that there are increasing numbers of people of Eastern European origin living in the Northern Trust area. COVID-19 information has been translated in a range of different languages to ensure service users are kept informed. There is emerging evidence that indicates that individuals from Black, Asian and Minority Ethnic (BAME) communities may be at greater risk	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. 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

	of infection and experience more severe reactions to the virus. The Trust will continue to work with 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.	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 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 all of those staff who fall into the high risk, moderate and low risk categories identified in the risk assessment. 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. The Trust is holding a number of focus groups with BAME staff to identify how they can best be supported and is establishing a working group to take forward the feedback received.
Sexual Orientation	Estimated 10% of the population is LGBT.	There is no evidence to suggest that this proposal will have an adverse impact on persons of different sexual orientation.

	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.	

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

As we move forward with rebuilding we will engage with our patients, service users, staff and other partners in a process of co-production. There has been a tremendous amount of innovation over the Coronavirus period including widespread use of virtual clinics and video calling technology, and examples of working across organisational boundaries such as COVID centres. Along with our service users, staff and partners we want to understand which of these innovations have worked and build on them together as we develop our 'new normal' for health and social care.

We will also continue to engage with key partners, including Primary Care, Voluntary and Community Care, Independent sector and Trade Unions, to ensure that plans are representative of and include the valuable input of those who use our services.

Engagement with Trade unions continues to be a priority for the Trust. The Trust has established a People Group to direct and provide oversight to the rebuilding of services following Covid19 and to enable the Trust to focus on how we deliver services, support our staff and strengthen partnerships. The Group includes members from across the range of professional groups and directorates/divisions across the Trust and will also include four members from Trade Unions. The Group will provide the forum to consult on the implementation of the Trust's Reset Plans and associated workforce impacts and monitor the application of the formal Management of Change Process as it relates to Reset.

(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 2018-2023 promotes these two disability duties.

Consideration has been given to the profile or 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.

(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. It is important to note that the Stage 2 Plan identifies how the Trust will continue to reinstate services in an incremental way. This will result in a reduction of the impact identified.
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	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. 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.**
Political opinion	As above

Racial group	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.

(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 is committed to ensuring it meets it obligations within the Disability Discrimination Act 1995, the NHSCT Disability Action Plan and the United Nations Convention on the Rights of People with Disabilities. 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 produces and disseminated. All this information is available in the COVID-19 section of the Trust's website. 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			√
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			√
1st 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 Phase 2 Plan 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 and resetting of services is under constant review and further measures may have to be taken at any stage to protect public health. The Trust is 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 2 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 2 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 Phase 2 Plan is under constant review and carefully coordinated across all levels of the Trust. 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 and is 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: 21 July 2020