Northern Health and Social Care Trust

Equality, Good Relations and Human Rights Screening Template

(1) Information about the Policy/Proposal

(1.1) Name of the policy/proposal

Northern Health and Social Care Trust (NHSCT) resilience plan to address Winter Pressures and any subsequent waves of COVID-19 Pandemic 2020/2021

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

New – plans have been developed to support and respond to anticipated winter pressures and any subsequent waves of COVID-19 pandemic

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

The Northern Health and Social Care Trust (NHSCT) Resilience Plan outlines initiatives required to help respond to additional demand pressures arising during Winter 2020/2021 and through any subsequent waves of COVID-19 Pandemic. Winter pressures impact mainly on our urgent and unscheduled care services however this along with a second COVID 19 surge has the potential to have a wider and more profound impact on services.

This plan groups the action areas into 4 themes to support the Trust to deliver increased resilience through this challenging winter period:

1. **Patient Experience** – ensure a positive patient experience however busy we are.
2. **Protect our staff** - look after our staff to allow them to look after our patients.
3. **Maximising capacity and improving patient flow** – increase capacity in our hospitals and across community services.
4. **Deliver on Reform** – deliver on key reform projects that will improve services this winter.

If the Trust faces winter pressures coupled with a second surge of COVID-19, this will impact on our ability to deliver our proposals to rebuild services. The Trust and the wider HSC system has learned from the first COVID 19 pandemic surge which required services to work in new and innovative ways to meet the challenges and deliver safe emergency services throughout this period. As we prepare for winter and a subsequent surge we will use this learning to respond in a proportionate and informed way, developing approaches that worked well.
The key challenges in delivering our resilience plan are around workforce (availability and resilience), the environment (meeting social distancing requirements) and funding (both revenue for new service initiatives in response to COVID 19 and capital requirements).

The NHSCT, every autumn, prepares an annual winter resilience plan to outline proposals to address the predicted increase in demand for unscheduled secondary care services each winter. Traditionally this is a period when demand for our services is greater than the capacity of our hospitals with demands for beds frequently exceeding capacity. Dependent on the level of demand coming from Winter Pressures and any further COVID-19 Surge(s), the Trust may have to reconfigure our existing acute hospital bed base to ensure that we are able to treat patients and provide appropriate care in the right place at the right time according to their need. The Trust is developing operational plans for additional beds in the community to support hospital step down care towards getting COVID patients home after their illness.

Patient safety remains the Trust's overriding priority at all times and the focus of the combined winter resilience and surge plan 2020/21 is to set out clearly what the Trust intends to do to help ensure patient / client safety. Monitoring arrangements will be put in place within the Trust to ensure the actions are delivered and any obstacles in achieving these addressed.

2020/2021 has been a challenging year to date for the Trust and indeed the wider health and social care system due to the COVID-19 pandemic. In the first wave, we rapidly reconfigured services in order to respond to the pandemic challenge and to reduce the risk of COVID-19 transmission in health and care settings.

It is expected that there will be a second COVID-19 wave later in the year. At this stage, the timing and scale of a second wave is unpredictable as it will depend on a range of factors, including the future approach to social distancing and population adherence to these measures. However, given that a second wave could potentially coincide with colder weather and winter pressures, it will be important that there are comprehensive surge plans in place for critical care, hospital beds and care homes and all the services that support these key areas.

The Trust will endeavour to maintain as many services as possible during any further waves, however managing service demand arising from COVID-19 and winter pressures will take priority over elective care services. This may result in the Trust having to 'cap' or redirect elective activity and this may impact on our ability to deliver against our rebuild plans. This is because those staff who normally carry out this elective work may be required to treat COVID 19 patients. We will continue to prioritise and focus on treating the most urgent cases first and as a result some patients may have to wait longer than we would like.

During the first phase of the pandemic staff demonstrated their energy, courage and resilience, many staff having to adapt to new roles and working environments while others have provided training and induction to new colleagues - all have had to demonstrate great flexibility. We will be continuing to work in partnership with all our staff as we head into what will undoubtedly be an extremely challenging period. We continue to draw on the very valuable resources and expertise of our colleagues in psychological services, occupational health and human resources to provide support wherever it is needed.
The winter resilience and surge plan outlines the approach the NHSCT will adopt to address the anticipated seasonal increase in demand and any further waves of COVID-19.

Planning Principles
The Trust has adopted the following principles in preparing this surge plan as outlined in the DOH Regional Covid-19 Pandemic surge planning strategic framework (1/9/2020):

- Patient safety remains the overriding priority.

- Adequate staffing remains a key priority and Trusts will engage with Trade Union side on staffing matters in relation to relevant surge plans.
- Trusts should adopt a flexible approach to ensure that 'business as usual' services can be maintained as far as possible, in line with the Rebuilding HSC services Strategic Framework. This should allow Trusts to adapt swiftly to the prevailing COVID-19 context.
- It is recognised that there will be a fine balance between maintaining elective care services and managing service demand arising from COVID-19 and winter pressures. Addressing COVID-19 and winter pressures will take priority over elective care services, although the regional approaches announced such as day case elective care centres and orthopaedic hubs will support continuation of elective activity in the event of further COVID-19 surges.
- The HSC system will consider thresholds of hospital COVID-19 care, which may require downturn of elective care services.
- Trusts' Surge Plans, whilst focusing on potential further COVID-19 surges, should take account of likely winter pressures.
- Trusts should plan for further COVID-19 surges within the context of the regional initiatives outlined in Section 7 of the DOH Regional Covid-19 Pandemic surge planning strategic framework.
- Trusts should as far as possible manage COVID-19 pressures within their own capacity first. Should this not be possible, Trusts are required to make use of the regional Emergency Care facility at Belfast City Hospital or the regional 'step down' facility provided at Whiteabbey Hospital, as appropriate. Trusts will also consider collectively how they will contribute staff resources to support Nightingale hospitals when necessary.
- The Department, HSCB, PHA and the Trusts will closely monitor COVID-19 infections, hospital admissions and ICU admissions to ensure a planned regional response to further COVID-19 surges. This will support continued service delivery.
- The Department will, if COVID-19 infection rates and other indicators give cause for action, recommend further tightening of social distancing measures to the Executive.

When developing the plan account has also been taken of the new Guidance issued 20 August 2020: Version 1 'COVID-19 Guidance for the Remobilisation of services within health and care settings. The Infection Prevention and Control principles in this document apply to all health and care settings. The guidance was issued jointly by the Department of Health and Social Care (DHSC), Public Health Wales (PHW), Public Health Agency (PHA) Northern Ireland, Health Protection Scotland (HPS)/National Services Scotland, Public Health England (PHE) and NHS England as official guidance.

Challenges

Covid-19 global pandemic has presented the health and social care system with a number of unique challenges which have dramatically changed the way services were delivered for various reasons including clinical, patient and staff safety. These challenges include:

Workforce related

- **Sickness absence**: while managers, supported by Occupational Health, will continue to manage absence there will be significant challenges in providing full staff rotas due to sickness over the winter period (flu and COVID related sickness). Our ability to adequately staff services as part of the rebuild, winter and surge plans needs to be assessed taking into account the possibility of local cluster outbreaks and quarantine requirements.
- **Shielding of staff:** If shielding is implemented through a second surge there will be a

significant impact on the Trust's ability to continue to maintain business as usual with staff with underlying health conditions potentially required to shield.

- **Staff wellbeing:** We need to factor in the requirement for staff to take planned annual leave and appropriate breaks and provide the flexible working arrangements necessary to support childcare and caring commitments. In addition we need to ensure staff have access to testing to maintain staff and patient safety in respect of spread of infection. We also need to ensure staff can get easy access to flu vaccination.
- **Redeployment of staff:** It is the expectation that during a second surge there will be less of a down-turn in normal service as 'business as usual' is prioritised and the previous level of staff redeployment will not be acceptable to as many services. This means that fewer staff may be available to be redeployed to critical front line services to treat patients that are the sickest. Our ability to train and upskill existing staff to support essential services will also be reduced.
- **Staffing of Nightingale Hospitals**: In September 2020 the Trust began developing a Nightingale facility on the Whiteabbey Hospital site as part of the regional response to the COVID-19 Pandemic. The Trust is currently in the process of commissioning this unit to operate as a regional rehabilitation facility from early December 2020. While the Northern Trust is leading on the implementation of Whiteabbey Nightingale, along with the BCH Nightingale it will require regional support to provide the necessary workforce to become operational, recognising the constraints of available staffing and the requirement to maintain safe local services.

Infrastructure / Physical Environment

From our ability to meet the social distancing and hygiene requirements in line with current guidance and the segregated pathways COVID 19 has placed on our facilities, it is clear there is a challenge in the limitation of the infrastructure of our buildings. This causes a reduction in site capacity and productivity making managing a growth in seasonal pressures even more complex. There are limited options to provide any additional accommodation required including space in ED, ICU, outpatients and rehabilitation ward space. There is challenge to maintain effective zoning plans in line with Infection Prevention and Control advice and guidance to safely manage the flow of staff and patients within hospital sites and provide adequate catering and rest facilities for our staff.

ICT has already supported working from home and virtual clinics to help reduce footfall on hospital sites. The Trust expects to secure funds under the ICT Digital Rebuild and Mobilisation Programme which would provide investment to increase productivity of staff and remove the reliance on the physical estate through helping front line community staff to be more mobile.

Funding

The delivery of the Trust Resilience Plan to address Winter Pressures and COVID 19 surge will, in some areas, have capital and revenue funding consequences that will be subject to securing DOH approval. Approval timelines for additional resources may impact on our ability to deliver services over this period.

Support to care homes

There is the potential, based on experience from the first surge, of a reduction in care home staff due to sickness and track and trace measures where staff will be required to self-isolate thereby creating staffing shortfalls. There is limited capacity of Trust staff to provide 'step-in' arrangements

to care homes when required and an uncertainty around the availability / capacity of General Practice to provide proactive and regular medical input to care homes when required. In addition there will potentially be a significant number of care home residents with severe health related needs that will require transfer to a community or acute hospital setting putting additional pressures on these beds and patient flow.

Support from independent sector care / primary care
As part of its winter / surge plan arrangement for medical cover for those additional community hospital beds and COVID beds will be required. This is dependent on the capacity for this to be provided. This also applies to the availability of independent sector care homes for the booking of beds and the availability of independent sector domiciliary care.

Communication and engagement
We need to ensure appropriate and timely communication with staff and service users about changes in guidance and the impact this will have on how we deliver our services. We are mindful of our commitment to co- production and engagement and informed involvement in key decision making as we develop more detailed action plans in preparation for winter and a potential second surge.

COVID 19 Testing
We need to sustain and expand our testing of health care workers and patients if we are to respond effectively to winter pressures and a potential second surge. This is essential to managing any potential local clusters of COVID 19 outbreaks. Our response requires having sufficient staff to swab / test all groups of people that require testing including elective patients, acute inpatients, Trust staff and staff and patients within nursing homes.

Winter Resilience Plan
The focus of the winter resilience plan is patient safety, responding to predictable increases in demand for unscheduled services, particularly from late December through to March 2021. If there is an increase in demand above that normally expected in the winter period the Trust anticipates that this will impact on our ability to achieve the rebuild of services. Any surge in our population with COVID-19 needing access to care and hospital admission will add even more pressure to the unscheduled care system.

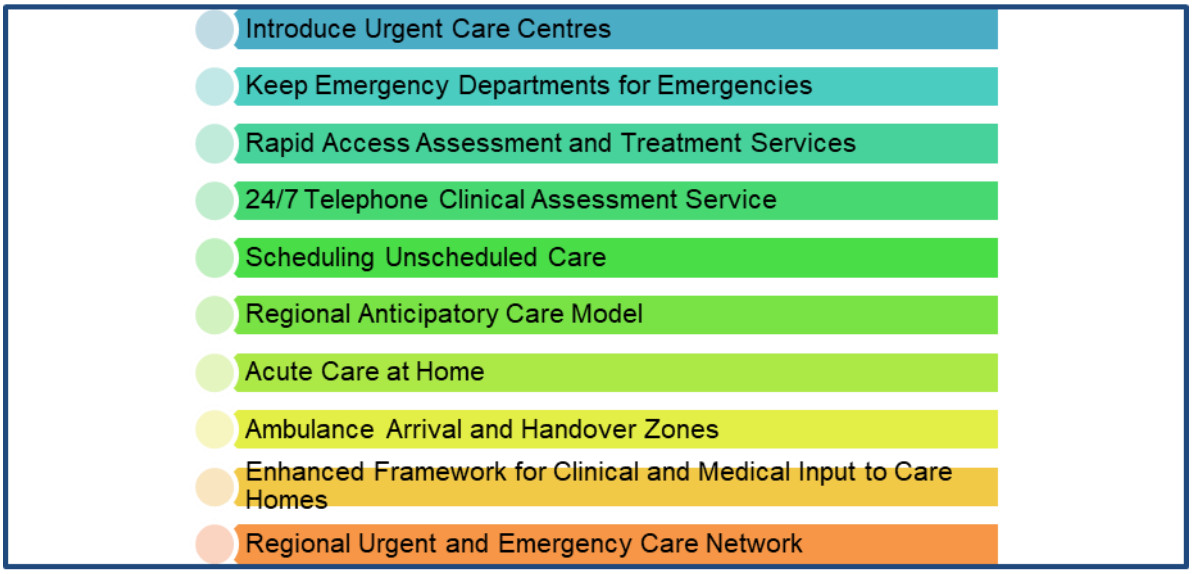
Our approach to patient safety will continue to be a consistent focus on acute site safety status management, through robust assessment, patient flow and bed management. This will be achieved through optimising ambulatory pathways to avoid admission to hospital; maximising appropriate discharges and managing complex case discharge planning. We will continue with the use of our site escalation policy which offers a common methodology across Trusts.

The Trust will develop, as has been done in previous winters, a specific Christmas and New Year Resilience plan detailing staffing rotas for key services over the Christmas and New Year period. This is to ensure there are appropriate levels of staffing in place to maximise discharges and create capacity in our hospitals, maintain patient flow and deal with the high level of pressure across the system normally experienced directly after the Christmas period and into the first weeks in January.
The winter resilience plan focuses on how best it can maximize and utilise current resources but also recognises a requirement for additional capacity to support secondary and community care services through this period. This may require additional resources which will be in addition to the pressure that another COVID 19 surge will create.

"No More Silos"

The Minister of Health has approved the establishment of an interim No More Silos Network to produce detailed proposals for the reform of Urgent and Emergency Care. The No More Silos Action Plan, sets out the 10 key actions for consideration to ensure that urgent & emergency care services across primary and secondary care can be maintained and improved in an environment that is safe for patients and for staff. This is both in terms of the pressures we anticipate facing this winter and the systemic issues faced by emergency care generally.

The recently established interim No More Silos Network provides the strategic direction and support required to develop the key principles and plans to deliver the 10 key actions. To support the strategic network, local implementation groups have been set up. The NHSCT Local Implementation Group comprises leaders from across primary and secondary care and includes GPs, Trust and Northern Ireland Ambulance Service.



The key elements of the service model to respond to the requirements of 'No More Silos' in the Northern Area are:

- The redesign of Urgent Care Services including a 24/7 telephone / triage service which will have direct access to direct and book appropriate patients into alternate pathways including secondary care services and into our minor injury streams; and
- Support to Care Homes including the creation of Link Worker roles into all our care homes, developing anticipatory care plans for all residents in independent sector homes in our area and the provision on an enhanced care service in-reaching to care homes for a time limited period where residents' health status deteriorates.

Northern Trust and General Practice are tasked with developing a costed draft Implementation Plan to present to the Regional NMS Network for consideration and on ward approval (by beginning October 2020). It is anticipated that implementation will commence in mid /late November, pending approvals.

The plan groups the action areas into 4 themes to support the Trust to deliver increased resilience through this challenging winter period:

1. **Patient Experience** – ensure a positive patient experience however busy we are.
2. **Protect our staff** - look after our staff to allow them to look after our patients.
3. **Maximising capacity and improving patient flow** – increase capacity in our hospitals and

across community services.

4. **Deliver on Reform** – deliver on key reform projects that will improve services this winter.

These 4 themes are detailed below:

Theme 1 – Patient Experience

Our Aim: ensure a positive patient experience however busy we are.
How we plan to achieve this:

- We will seek views from service users during and after their experience of using our services. We will do this through patient satisfaction surveys (both pre and post winter).
- We will use 10,000 Voices and 'Care Opinion' response to collect this information and we will use the learning to improve the patient experience.
- We will encourage only necessary visitors on health care sites whilst ensuring the most vulnerable patients are protected.
- We will assist patients to access IT to communicate with families whilst using our services.
- We will ensure clear, accurate information on services and restrictions is shared with patients and carers via tailored media sources. This includes clear Infection, Prevention and Control information for patients, clients and carers.

Theme 2 – Protect Staff

Our Aim: look after our staff to allow them to look after our patients.
How we plan to achieve this:

- We will promote staff uptake of the flu vaccine and promote the use of peer vaccinators and increase the spread and number of locations of flu clinics. We will support Care Homes in flu vaccinations for staff where helpful.
- We will provide wellness workshops for staff and ensure staff take up available wellbeing support programmes and advice when they need it.
- We will ensure annual leave is planned over the winter period so staff can have the necessary breaks and that adequate cover is provided to front line services over busy periods.
- We will ensure staff are fit tested for the necessary Personal Protective Equipment (PPE) and it is provided in line with Infection Prevention and Control (IPC) regional guidance and ensure all PPE guidance on its use is clear and unambiguous.
- We will ensure that staff receive appropriate training so they are equipped with necessary skills to manage over the winter period and prepare for any subsequent COVID surge.
- We will ensure the necessary social distancing measures are in place for staff.
- We ensure that the COVID testing arrangements are in place and quickly and easily accessible for staff (including those in care homes in the event of an outbreak).
- We will provide proper recognition and thanks to staff across both acute and community services.

Theme 3 - Maximising capacity and improving patient flow
Our Aim: increase capacity in our hospitals and across community services.

How we plan to achieve this:

- We will increase our Multidisciplinary staffing on our acute hospital sites to support discharge from hospital 7 days per week;
- We will maintain the site coordination model and use real time data to ensure a focus on hospital flow and use the hospital early warning scores and regional escalation if required;
- We will maintain high and low risk pathways in our acute hospitals and implement a 'no corridor' policy for ED;
- We will provide additional paediatric medical cover for ED ensuring rapid turnover.
- We will extend the Pharmacy cover to critical areas and increase the weekend rota at Causeway Hospital;
- We will maximise the use of Outpatient Parental Antibiotic Therapy (OPAT) service supporting discharge through provision of home IV and we will purchase ready to use antibiotics;
- We will increase staffing across a range of community based services to improve patient flow and increase the capacity of the service;
- We will increase our bed capacity in our community hospitals (across the Mid Ulster, Inver, Robinson and Dalriada hospitals) and purchase additional private dementia, delirium and nursing home beds from the private sector;
- We will increase both domiciliary care provision through additional rapid response contracted hours and 1:1 care where required taking into account COVID 19 isolation implications.
- We will continue to use virtual clinics / consultations where clinically appropriate and enhance ICT infrastructure to support workforce mobilisation.

Theme 4 - Deliver on Reform

Our Aim: deliver on key reform projects that will improve services this winter..

How we plan to achieve this:

- We will implement same day emergency care through the DAU / Programmed Treatment Unit in AAH;
- We will further develop the Frailty model on AAH and Causeway sites to reduce the length of stay;
- We will continue to embed the new GP led medical model into WAH Ward 2 to ensure discharges are maximised;
- We will optimise ambulatory pathways across our acute hospitals which includes the design, test and implementation of a Cardiology ambulatory pathway in AAH ED;
- We will develop and implement effective surgical ambulatory pathways to avoid ED / hospitalisation of patients. This includes facilitating direct GP access and providing ambulatory / hot clinics for emergency surgery with direct access to diagnostics, maximising elective day case surgery away from emergencies and increasing ambulatory clinic slots and Emergency Surgical Unit (EmSU) lists at AAH;
- We will test and then implement Active Clinical Referral Triage for General Surgery resulting in less demand for face to face new O/ P appointments.
- We will develop and implement effective gynaecology ambulatory pathways and implement Nurse led hysteroscopy and outpatient with procedures at Antrim Hospital Gynae treatment suite;
- We will continue to use the Maternity Hub model where women receive antenatal and some postnatal care from the Hub rather than the GP surgery and develop the use of virtual maternity bookings via telephone/ zoom and provide breastfeeding support at home;
- We will continue to work on urgent care, focused on reducing ED attendances including front

door triage and telephone triage prior to ED attendance in line with 'No More Silos';
- We will introduce enhanced practice radiology through the implementation of Radiographer Authorisation (vetting) of referrals for MRI [followed by CT and US] to release consultant time and decrease waiting times.
- We will implement radiology protected EmSU slots and direct access for primary care and provide Clinical Physiology drive through service for ambulatory monitoring;
- We will continue to work with Care Homes to optimise acute hospital discharges and need for support in acute hospitals for discharge planning;
- We will expand the Anticipatory Care services across Care Homes to reduce demand on ED, GPs and GPOOHs;
- We will provide additional support to Care Homes to avoid attendance at EDs through monitoring the operational status of all 126 Independent sector care homes; increasing the frequency of the MDT meetings dependent on risks;
- We will maintain the 'step in' workforce arrangements to support Care Home staffing; and
- We will provide a 'Winter Wellness' health check and Anticipatory Care Plan with GPs to very frail residents.

Wider health and social care impact of anticipated COVID19 surge

The first section of the Plan explains what the Trust plans to do to respond to normal seasonal pressures at a level experienced over the last few winters. Whilst the Trust will make every effort to keep rebuilding services, it is acknowledged that any future waves of COVID-19 pandemic coupled with winter pressures, would have a significant impact on the ability to deliver a rebuild plan. The Trust will continue to apply the regionally agreed rebuild planning principles to decision making, to:

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

Surge impact by service

This section explains the likely measures the Trust would be required to consider to ensure some level of continuity of service during any further COVID-19 surge. Many Trust services continued to be sustained during the first COVID-19 surge. This plan is for those services that experienced a significant impact as a result of the pandemic and explains the actions being proposed to manage any further COVID-19 surge. In developing this high level plan the Trust has participated in and taken account of regional plans such as those for Care Homes, Acute, Children and Critical Care Network Northern Ireland (CCaNNI).

Every effort will be made to continue to rebuild and maintain services but it is essential contingency plans are developed to explain what may occur. There are on-going restrictions in place to manage the current COVID-19 risk that limits the way we use our buildings, such as separating pathways for COVID-19 patients and non- COVID-19 patients and the way we maintain social distancing in departments. A further surge in COVID-19 may mean we need to provide more capacity to meet this demand that would arise from more cases, in addition to seasonal winter pressures.

The table below details by services, the measures that would need to be taken to respond to the next wave of COVID 19 cases.

Our Services	RESPONSE TO SUBSEQUENT WAVES OF COVID-19 PANDEMIC
Hospital Services:	
Urgent and Emergency Care	❖ AAH and Causeway Hospital will continue to treat both COVID 19 and non- COVID 19 patients. ❖ Maintain high and low risk pathways and implement 'no corridor' policy within both AAH and Causeway Hospital ED departments ❖ Review staffing model across urgent and unscheduled care to ensure maximum impact and allow staff rest periods. ❖ Work in partnership with specialities to maximise current pathways to other disciplines from Triage (Paeds Ambulatory, Gynae, EmSU and DAU). ❖ Focus on No More Silos pathways working in partnership with Primary care to consider direct referral to secondary care and streaming of ED attendances.
Critical Care	❖ Plans in place for medium, high and extreme surge with up to 10 ICU beds in AAH and 4 in Causeway available in line with CCaNNI recommendations. This is reliant on redeployment of nurses from theatre, endoscopy and other areas which will impact on the level of elective capacity we can deliver in the next surge.
Diagnostics (X-Ray, MRI, CT, cardiac investigations)	❖ Routine imaging may be scaled back to allow resources to be directed at acute, urgent and cancer care, if deemed necessary. ❖ Rotas to be adjusted to provide consistent staffing 24/7. ❖ Provision of Breast Screening services will be reviewed in collaboration with PHA. ❖ Redeployment of staff to support acute, urgent and cancer services if required.
Cancer Treatment Services	❖ Maintain Systematic Anti-Cancer Therapy (SCAT) throughout surge as far as possible.
Day Surgery & Endoscopy Services	❖ Step down routine day surgery as in the first surge. ❖ Step down outpatient endoscopy in line with professional guidelines as in the first surge.
Outpatient Services	❖ Continue to provide through a mix of virtual and face to face assessments. Reduction in outpatient activity to support COVID related areas.
Integrated Maternity and Women's Health	❖ Births continue at both acute hospital sites ❖ Selective postnatal visiting in the community with virtual Breastfeeding support ❖ Cross site utilisation of Inpatient / day case gynae theatre lists for Red Flag and urgent cases. ❖ All routine gynae outpatient appointments will be stood down during surge ❖ Retain weekly red flag clinics (triage or face to face).
Paediatrics and Neonatal services	❖ Continue to work closely with the regional neonatal network in respect of capacity of cots in AAH. ❖ Stand down all routine face to face Paediatric outpatient appointments and continue with the use of virtual technology for

	urgent consultations ❖ Revise current paediatric ambulatory pathway to reflect relocation of service within AAH ❖ Retain 2 acute site paediatric inpatient provision
Inpatient Elective and Emergency Surgery for Adults and Paediatrics	❖ Emergency surgery pathways will continue throughout at AAH and Causeway Hospitals. ❖ For elective surgery segregated areas in both Antrim and Causeway to allow cancer and urgent elective to be admitted for operations / procedures.
Medical inpatients	❖ The Direct Assessment Unit will support ED and redirect appropriate Primary Care referrals and continue to support ED when in escalation. ❖ Continue with medical model and live take with front door senior decision making. ❖ Re-establish COVID medical wards across both acute sites. ❖ Manage additional respiratory patients and provide support to ICU ❖ Review of clinic provision and continue virtual clinics in line with regional direction. ❖ Develop support networks for rheumatology and diabetic patients. ❖ Review medical and nursing rotas as demand increases. ❖ Implement any regional direction on the mobilisation of junior doctors and students. ❖ Reestablishment of site communication strategy.
Renal	❖ Dialysis schedules reviewed and modified to minimise risk. ❖ Restricted movement of patients on dialysis and outpatients reviewed virtually and face to face based on clinical need.
Pharmacy	❖ Increase the input to procurement to ensure continuation of supply of critical medicines and medical and surgical consumables and review and model Trust PPE requirements and distribution and establish regular “top-ups” of PPE to clinical areas ❖ Implement a rota to cover Pharmacy Causeway Sunday opening and ensure senior staff on sites at weekends to support weekend rota. ❖ Provide enhanced support to ICU, respiratory wards, cancer services, care homes, palliative care and domiciliary care services.
Laboratory	❖ We will continue with COVID 19 testing and the downturn of elective activity will allow labs to focus on COVID19 tests.
Screening Programmes	❖ All screening programmes which were paused are now in recovery (eg. Cervical and bowel screening have restarted), prioritising higher risk patients first depending on available capacity. Each programme is now developing an approach regionally that would try to avoid a complete pause where possible in the event of a subsequent surge
Mental Health and Learning Disability:	
Community Addictions	❖ Service will continue. Consideration may need to be given to alternative accommodation for clinic space in the event that current space becomes unavailable. ❖ Alternative approach to initiation and administration of Opiate

	Substitution Therapy may need to be considered.
Mental Health Service for Older People	❖ Blended approach of face to face/virtual will continue for all services on a risk assessed basis. ❖ Support to care homes will require staffing resource that will be identified through HR bank lists in the first instance. Where this needs augmented, this will be recruited through approaching staff in all MHOP services as opposed to stand down of full services. ❖ Particular consideration will be given to continuation of domiciliary care packages to ensure least impact on provision of this service. ❖ Likely that current waiting lists for dementia assessments will increase as resource will need to be directed to support work in care homes.
Learning Disability Day Care and short breaks/ respite	❖ Day care provision will continue to be offered at a reduced level. Day Opportunities may be impacted if independent providers are unable to accommodate our clients. ❖ Assessments will continue to be carried out to increase Direct Payments. ❖ Online activities will continue to be offered to those who are not able to avail of the same level of day care previously provided pre-COVID 19. ❖ Short breaks/respite will continue at a reduced level.
Community Mental Health Teams	❖ CMHT will continue to offer a blended service with both face to face provision and virtual contact to service users. ❖ CMHTs will group as localities to ensure staffing resource allocated to priority areas.
Specialist Services (eating disorders, personality disorder services)	❖ Service will continue in a blended approach using face to face and virtual approaches as determined by ongoing risk assessment
Inpatients - acute	❖ Utilise isolation bays on each ward to reduce risk of transmission within ward and to other wards. ❖ Cease visiting arrangements in line with Regional / Corporate response. ❖ Consider continuation of patient leave arrangements. ❖ Consider cessation of sectorisation to reduce risk of transmission to other wards. ❖ Review regional bed management protocol
Mental Health Service / Crisis response Home Treatment Team	❖ Will continue to provide a service as normal. ❖ Will rely on staffing buddy system with inpatients/CMHTs to ensure adequate, adequate staffing
Condition Management Programme	❖ Continue this service but this will be dependent on Dept. of Education and Learning approach.

	❖ Staff from this service will support other priority service areas where necessary.
Psychology	❖ Blended approach of face to face/virtual contact will continue for all services on a risk assessed basis.
Primary Care Services:	
GP Out of Hours / Primary Care COVID-19 Assessment Centres	❖ This is a HSCB commissioned service and the Trust will provide up to 3 Primary Care COVID assessment centres and continue to support GP OOHs (DUC) in the running of this service.
AHP Services:	
Allied Health Professionals	❖ Stand down face to face appointments and increase virtual clinic sessions across all programmes. ❖ Review service users to prioritise face to face contacts for those with the most critical needs in line with regional guidance and risk assessments. ❖ Retain Speech & Language Therapy Dysphagia Service in acute and community settings for adults and children - triage, assess and treat.
Community Services:	
Community Hospitals / beds	❖ COVID community hospital remains as Robinson Hospital. ❖ Statutory Residential Recovery bed capacity will be re-designated to rehabilitation. ❖ A range of additional beds will be purchased in the independent sector such as general nursing, dementia and delirium beds. ❖ A further community bed facility will be re-designated as COVID - 19. Additional beds in such a facility will require additional staffing from redeployment and cessation of non-critical services ❖ Adjust hospital profile if necessary to support acute step downs ❖ Cease short breaks ❖ Urgent discharges of medically fit patients ❖ Appoint additional recovery OT & Physio staff to cover these additional beds and continue to accept referrals - only those service users considered to have a critical need will receive assessment/ intervention.
Community rehabilitation	❖ Continue to accept referrals, however only those service users considered critical need, will receive assessment / intervention.
District Nursing	❖ Where possible (due to limit in availability of staff) continue to prioritise urgent treatment / care needs; CRMS triage and defer non-urgent referrals / reprioritise where appropriate.
Hospital Diversion Nursing Care	❖ Increase staffing and continue to prioritise all essential treatments and respond based on needs and it will cease non-essential treatments until after surge.
Treatment Rooms	❖ Consolidate the provision of treatment rooms services to fewer locations
Social Work	❖ Continue to prioritise urgent referrals based on need; stand down new complex eNISAT assessments and reviews until after surge

	with initial assessment being utilised in the interim period; review of non-complex cases and deferred until after surge.
Community Equipment Service	❖ Move to a 6 day service model (Monday –Saturday) through the appointment of additional staff and continue to review priorities and identify deliveries for urgent provision ❖ Cease Non-urgent/ Routine until after surge.
Wheelchair Service	❖ Review service users to prioritise those with critical needs.
Day Care	❖ Day centres will be reviewed and attendance risk managed in line with regional guidance.
Inpatient Palliative Care	❖ The 6 beds in the AAH Macmillan Unit will be maintained.
Home Care	❖ Review service users to prioritise those with critical needs and redeploy staff from other non-critical areas as required to maintain critical service cover.
Domiciliary Care	❖ Assessment and provision of packages to meet assessed need, prioritised on a risk assessed basis. ❖ Ensure arrangements are in place to rapidly access nursing support, palliative or end of life care, reablement and or rehabilitation services. ❖ Work to secure additional capacity in areas where there are high levels of unmet need. ❖ Support sustainability of care provision through any outbreak using dedicated COVID specific services, consider redeployment of staff from other non-critical areas and engagement with independent sector providers. ❖ Ensure domiciliary care workers are provided with and wear appropriate PPE to protect themselves and clients. ❖ Regular contact will be maintained with service users/informal carers who have suspended/stopped their care package to ensure service users and carers needs continue to be met e.g. through independent sector, direct payments, Self-Directed Support, telecare, signposting to community resources or innovative sources of support. ❖ Continued partnership working across Trust community services to provide individuals with the appropriate clinical support, including reablement and rehabilitation to support them safely at home.
Care Homes	❖ Provide support to Care Homes dependent on the number of outbreaks in care homes within the Trust area. Our response (in line with the Regional Action Plan for the Care Home Sector) requires a rapid identification of care homes in need and will require at severe surge: ❖ Provision of ‘step in’ senior nursing and social work staff and provide enhanced care to residents whose needs can continue to be met in the Home via input from GPs and other Trust services, ❖ Discussion and planning for residents’ transfer to appropriate Trust Community Hospitals where necessary, ❖ Provision practical family liaison support to the Care Homes ❖ Planning transfer of appropriate residents to acute hospital in collaboration with secondary care

	❖ Maintaining daily input from General Practice into Care Home via virtual consultations and provide (via GPs and GPOOHs) a single point of contact for severely affected Care Homes for daily primary care medical services.
Community Dental	❖ Trust continuing to support the General Dental Service through to March 21. ❖ Continue to increase clinics which may need to be adjusted if dental staff are required to assist again with swabbing and other COVID related activity.
Sexual Health:	
Sexual Health	❖ Continue with triage via tele-medicine and using postal medications. ❖ Urgent GUM face to face appointments will continue to be arranged. ❖ Capacity will remain restricted due to location of some clinics and reduction in foot fall. ❖ Regional on-line STI screening continues to be facilitated.
Community Children's Services:	
Looked After Children	❖ Cease Social Work visits with exception of priority cases ❖ Increase the use of technology for contact with children ❖ Identify alternative family arrangements/use of other carers ❖ Downturn respite arrangements ❖ Intensive Support Team will increase rota arrangements ❖ Review residential placements and discharge home if appropriate ❖ Stand down 16+ Reviews ❖ Maintain contact with most vulnerable cases
Child Protection (to include Children's Disability)	❖ Reduce / suspend contact with agreement of parents. ❖ Maintain essential contact arrangements. ❖ Review cases subject to Court proceedings with DLS advice/support. ❖ Prioritise child protection cases for initial and review case conferences.
Gateway services	❖ Retain Single Point of Entry and Locality Gateway Teams. ❖ Only referrals meeting child protection threshold allocated for investigation and assessment. ❖ Maintain oversight and review of unallocated referrals.
Child, Adolescent Mental Health Services	❖ Stand down Tier 2 face to face appointments and continue with virtual appointments. Retain Single Point of Contact for Triage. ❖ Reduce face to face Tier 3 appointments to urgent and resume virtual support where appropriate. ❖ Provide daily oversight of referral and priority cases. ❖ Use of ICT to support families. ❖ The Crisis Service and Eating Disorder will be maintained.
Child Emergency Intervention Service (CEIS)	❖ Stand down routine face to face appointments and continue with virtual appointments.

Early Years' Service	❖ Maintain duty system to respond to providers. ❖ Stand down registration and inspection activity.
Paediatric ASD	❖ ASD service emergency helpline established. ❖ Use of ICT to support families.
Public Health Nursing (Health Visiting, School Nursing, School Immunisation Programme)	❖ Maintain school immunisation programmes and ensure the backlog of immunisations are completed. ❖ Deliver primary visits and support visits to new mothers and babies. ❖ Support mothers with post-natal depression and mothers who are vulnerable. ❖ Provide support for homeless health. ❖ Provide support for vulnerable groups including ethnic minority / Syrian refugees / safeguarding / Looked After Children. ❖ Provide assessment, diagnosis and post diagnostic support for children with ADHD.
Health Protection Programme, Specialist Roles	❖ Provision of screening and management of TB cases Trust wide.
Community Children's Nursing Service	❖ Continue to support high priority care packages for children with complex needs at home. ❖ Provide acute care at home to facilitate hospital discharge.

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

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

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

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

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

constraints)

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

The above list is not exhaustive. Please also refer to "Challenges" detailed above on page <>.

(1.7) Who are the internal and external stakeholders (actual or potential) that the policy/proposal/decision could impact upon? (staff, service users, other public sector organisations, trade unions, professional bodies, independent sector, voluntary and community groups etc)

Trust staff, Trade Union colleagues and partners, Professional Bodies, Public Health Agency, the Health and Social Care Board, the Department of Health, RQIA, HSC Trusts, LCG, Staff, Trade Unions and Professional Bodies.

The Trust response to COVID-19 will impact on its local population i.e. service users, patients and clients, relatives, as well as other organisations e.g. the public sector, independent health care providers including nursing and care homes, independent sector, voluntary and community groups, Section 75 representative groups and advocates.
(This list is not intended to be exhaustive).

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

National and regional policies

- Coronavirus Act 2020 (chapter 7)
- The Health Protection (Coronavirus Restrictions) (Amendment) Regulations (N.I.) 24/04/20
- COVID-19: Guidance to accompany the Children's Social Care (Coronavirus) (Temporary Modification of Children's Social Care) Regulations (Northern Ireland) 2020
- COVID-19 Dashboard
- COVID-19 - Daily Dashboard Updates
- COVID-19 Guidance for HSC Staff - Terms and Conditions
- The Health Protection (Coronavirus, Restrictions) (Amendment) Regulations (Northern Ireland) 2020
- Supporting people with learning disabilities and/or autism
- Advice for Informal (Unpaid) Carers and Young Carers during COVID-19 Pandemic
- COVID-19 - Healthcare Chaplaincy Service Provision - 9 April 2020

- COVID-19 - Guidance for 16-21+ Jointly Commissioned Supported Accommodation Settings
- COVID-19 - Guidance for Residential Children's Homes in Northern Ireland
- COVID-19 - Guidance for Foster Care and Supported Lodgings Settings
- Guidance for Health Care Workers with Underlying Health Conditions
- The Health Protection (Coronavirus, Restrictions) (Northern Ireland) Regulations 2020
- COVID-19 Surge Plans - Letter from Permanent Secretary - 26 March 2020
- Health and Social Care (NI) Summary COVID-19 Plan for the Period Mid-March to Mid-April 2020
- Guidance from Public Health England
- Novel Coronavirus (2019-nCoV) situation reports from the World Health Organisation (WHO)
- Relevant Government Policy and associated public health guidelines
- Human Rights Act
- Deprivation of Liberty (DoL)
- UNCRPD
- Mental Capacity Act
- Disability Discrimination Act
- UN Convention of the Rights of Children
- The Convention on the Elimination of all Forms of Discrimination Against Women
- UN Convention Elimination of Race Discrimination
- UN Principles for Older People
- Section 75 of the Northern Ireland Act
- Assembly advice and guidance on the management of COVID-19,
- Change or Withdrawal of Services : Revised Guidance on Roles and Responsibilities – DHSSPSNI – September 2019
- Health and Safety Legislation (Duty of Care),
- Emergency / Pandemic Planning in Preparation for COVID-19 Containment and Surge Business Continuity Framework,
- NHS Staff Council Statement on COVID-19,
- PPE Guidelines

Trust policies

- Trust's Equality Scheme
- Trust Surge Plans in response to COVID-19
- HR Management of Change Framework
- COVID-19: Guidance to accompany the Children's Social Care (Coronavirus)
- (Temporary Modification of Children's Social Care) Regulations (Northern Ireland) 2020
- COVID-19 Dashboard
- COVID-19 - Daily Dashboard Updates
- COVID-19 Guidance for HSC Staff - Terms and Conditions
- The Health Protection (Coronavirus, Restrictions) (Amendment) Regulations (Northern Ireland) 2020
- Supporting people with learning disabilities and/or autism
- Advice for Informal (Unpaid) Carers and Young Carers during COVID-19 Pandemic
- COVID-19 - Healthcare Chaplaincy Service Provision - 9 April 2020
- COVID-19 - Guidance for 16-21+ Jointly Commissioned Supported Accommodation

Settings
- COVID-19 - Guidance for Residential Children's Homes in Northern Ireland
- COVID-19 - Guidance for Foster Care and Supported Lodgings Settings
- Guidance for Health Care Workers with Underlying Health Conditions
- The Health Protection (Coronavirus, Restrictions) (Northern Ireland) Regulations 2020
- COVID-19 Surge Plans - Letter from Permanent Secretary - 26 March 2020
- Health and Social Care (NI) Summary COVID-19 Plan for the Period Mid-March to Mid-April 2020
- Guidance from Public Health England
- Novel Coronavirus (2019-nCoV) situation reports from the World Health Organisation (WHO)

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

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

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

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

The above list is not intended to be exhaustive.

(2) Available evidence

Details of evidence/information
• Trust population data • Trust Surge Plans • DoH Statistics and Research • Census 2011 information • Staff Information HRPTS • Health Inequalities Annual Report • NI Multiple Deprivation Measures • Health and Wellbeing 2026 : Delivery Together • HSC Work Force Strategy 2026

Workforce Profile as at January 2020

Section 75 Group	Total Trust Workforce Profile as at 1 January 2020	Percentage
Gender	Female 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	11.81 6.04 8.96

	Do Not Wish To Answer/Not Known	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 Other White Not Known	1.67 0.01 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	Households with dependent children.	**33.97 (based on 177,914**

KS105NI		**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, men have accounted for 8.09 percent of deaths after confirmed COVID-19 in Northern Ireland as opposed to 5.53 percent of deaths after confirmed COVID-19 for women. For every 10 deaths among confirmed cases in women ther are 15 deaths in men (in	While all staff are potentially at risk of being infected by COVID-19, early indications/data have shown that proportionally women have been more adversely affected being the gender that makes up the majority of HSC workforce. 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

	Northern Ireland). The Trust recognises that the standing down of routine gynae outpatient appointments during surge may result in a differential impact on women. This move was necessary to prepare for a surge of COVID-19 and is a temporary arrangement. Conversely the reestablishment of maternity services at both hospitals is a positive impact. Early discharge from the maternity unit is being supported through enhanced post-natal support. The temporary reconfiguration and cessation of other services such as provision of day surgery, 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.	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	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. 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. . We know that older people tend to be more frequent users of health and social care services. The Trust acknowledges that the temporary reconfiguration and cessation of some Trust services will have a differential and possible adverse impact on older people. Additional and targeted support to care homes, housing the older and most vulnerable of the NHSCT population, is likely to go some way towards mitigating the negative	Staff of all ages are at risk from infection and spread of the COVID-19 virus however there is evidence that staff over 70+ years are particularly vulnerable and must follow strict social distancing measures. The Trust has a duty of care to all staff and to those who are in the most vulnerable age band and at greater risk of infection. Staff over 70 years of age are required to adhere to strict social distancing rules and to work from home.

	impact resulting from services being stood down.. The regional Nightingale hospital at Whiteabbey, allowing for intermediate care for Covid-19 positive patients before discharge to the community (including care homes) is likely to protect the elderly cohort of people who reside in nursing or care homes.	
Religion	There is no evidence that the temporary reconfiguration 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 temporary reconfiguration and cessation of some services will have a differential or adverse on the grounds of political opinion.	There is no evidence to suggest that there would be any adverse impact on any members of staff because of their political opinion.
Marital Status	There is no evidence to suggest that the temporary reconfiguration 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	The temporary reconfiguration of services will have an impact on informal family carers such as the reduced access to day centres or restrictions in visiting alongside the raised anxiety during these unprecedented times. 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 Carer Hub will continue to operate during and further waves of Covid-19. The Trust maintains good links with the Community and Voluntary Sector partners to provide essential support to family carers in each locality. Up to date information will continue to be issued to carers on the email distribution list. Carer welcome packs will continue to be issued by the Carer Hub. Any guidance from Department level including visitor guidance and the new COVID19 app will be circulated to family carers via the email distribution list and the carers 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 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	A digital resource continues 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. The Trusts recognises that this can be a very difficult time for everyone and continues to provide advice to staff carers to ensure concerns are addressed.

	To support carers and to promote the wellbeing and personal development carer cash grants are 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 will continue to provide an adapted programme to be delivered online such as Mindfulness and "Sleep Easy" classes.	
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 Trust is mindful that the use of telephone for appointments and information provision will present challenges for service users or patients who are deaf and use sign language. NB: a new temporary remote sign language interpreting service was launched on Friday 24 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. The Trust is engaging with disabled people and representative	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 may need to undertake a risk assessment to reduce their risk to exposure of the disease. The Trust will support staff who have particular concerns around COVID-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.

	organisations to ensure accessibility to remote appointments. 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 evidence that indicates that individuals from Black, Asian and Minority Ethnic (BAME) communities may be at greater risk of infection and experience more severe reactions to the virus. The Trust will continue to work with PHA and representative community organisations to provide both information and support to the BAME community. Staff have access to the Big Word telephone interpreting service.	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 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 <u>all</u> 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.
Sexual Orientation	Estimated 10% of the population is LGBT. There is nothing to indicate that the temporary reconfiguration of services will have a differential or adverse impact on the basis of a person's sexual orientation.	There is no evidence to suggest that this proposal will have an adverse impact on persons of different 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.

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

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

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

(5) Consideration of Disability Duties

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

The Trust Disability Action Plan 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 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 winter pressures and a second wave of COVID-19 is major. See section 7.3 for details of mitigation.
Age	Major	Minor	
Religion	None	None	
Political Opinion	None	None	
Marital Status	None	None	
Dependent Status	Major	Minor	
Disability	Major	Minor	
Ethnicity	Major	Minor	
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 1955, 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 other IPC guidance 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			√

(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 recognises that everyone has the right to liberty and security of person under Article 5 and that this right may restricted during a second wave of Covid19. 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.

(7) Screening Decision

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

Major impact	X
Minor impact	
No impact	

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

Yes	X
No	

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

Yes	
No	X

Please note in normal circumstances, this temporary reconfiguration of services would be subject to a full EQIA and public consultation. In order to protect public health and ensure capacity in the service to protect life and respond to the potential impact of winter pressures and a second surge of COVID-19 these measures have had to be put in place as a matter of

urgency. Mindful of its S75 obligations, the Trust has completed and published this screening template. The Trust's response to COVID-19 is under constant review and further measures may have to be taken at any stage to protect public health. The Trust is also committed to carrying out a full EQIA and public consultation on any actions that it proposes to take forward on a permanent basis.

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

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

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

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

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

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

(8) Monitoring

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

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

The Trust intends to continually review this equality screening template to ensure it is updated to reflect amendments to resilience plans. The Trust is also committed to taking forward any resultant equality impact assessments or further public consultation where necessary in regard to any of these proposals becoming permanent.	
Approved by:	NHSCT Executive Team
Date:	28 October 2020