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) COVID-19 Response: Rebuilding Services Plan, Phase 3 (1st April – 30th June 2021)

(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)?

The Phase 3 plan for April, May and June 2021 outlines how NHSCT will continue the journey of rebuilding health and social care across all services, following the third COVID surge. This is the fourth published plan following on from the Phase 1 (June 2020) published on 9th June, Phase 2 (July 2020) published on 10th July 2020 and the Trust Resilience Plan to address Winter Pressures and COVID-19 surge 2021/22, published on 10th October 2020.

Since declaration of pandemic on 11th March 2020, COVID-19 has had a detrimental impact on services across all areas of the wider health and social care system. Within the NHSCT, the focus has been to ensure the safety of our patients, service users and staff. Many services have had to be suspended or reduced, including many elective procedures, allows protection of emergency and urgent services. There are many examples of how services within the NHSCT have adapted to meet the challenge of the pandemic, providing innovative ways to ensure service users continued to receive care throughout this period.

In July 2020 the NHSCT, in line with the DOH's Strategic Framework for Rebuilding HSC Services, commenced planning for the restart of normal services, detailed in the rebuild plans agreed with the Health and Social Care Board (HSCB), aimed at achieving a stepped

approach to the resetting of services over the rest of the year. The Trust was able to the maintain progress of rebuilding services during the second surge of COVID-19, which began in September 2020. However, due to the scale and pace of the third surge in late December 2020, the Trust had to take action based on the Trust Resilience plan. Regional surge planning arrangements were put in place in relation to critical care, respiratory care and elective care, in order to ensure capacity was maximised to treat COVID-19 patients on a system-wide basis, regardless of place of residence. This saw Antrim Area Hospital ICU scale up from a baseline of seven beds to 14 beds in line with the regional Critical Care Network Northern Ireland (CCaNNI) Surge Plan. A regional group was also established to prioritise urgent elective treatments, again to ensure access based on need, against a set of agreed criteria regardless of place of residence. Throughout the pandemic, Trust staff went to great lengths to ensure that, where possible, services were sustained during the COVID-19 surge. This was particularly notable in this latest and most challenging surge. We are grateful for the resilience and dedication that our staff and those across the region have shown during this period. We are cognisant of the significant demands that have been placed on staff both physically and emotionally and we remain committed to working in partnership with staff and Trades Unions to support our staff recovery from the pandemic.

The Trust is committed to providing a carefully considered, balanced and evidence-based response to rebuilding services, taking into account what we have learnt from experience and engagement with staff and services users over the last year. We have to acknowledge that we will continue to live with COVID-19 for some time and this will continue to impact on how we can deliver our services, including social distancing and infection prevention control measures.

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 “phase 3 plan” covering the period from 1 April 2021 to 30 June 2021.

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.

Key Principles Adopted when Developing the Rebuild Plan

The Trust has set out in this document, a high-level overview of the services that we plan to maintain and rebuild during April to June 2021. The Trust remains committed to delivering safe and effective care for our clients and patients and the focus will be on treating the most urgent cases first. As a result, some patients may continue to wait longer than we would like. In accordance with the Regional Rebuilding Management Board, chaired by the Permanent Secretary of Health, the process of rebuild will be guided by the following five principles:

- Principle 1: We de-escalate ICU as a region, informed by demand modelling and staffing availability
- Principle 2: Staff are afforded an opportunity to take annual leave before assuming 'normal' duties
- Principle 3: Elective Care rebuild must reflect regional prioritisation to ensure that those most in clinical need, regardless of place of residence, are prioritised (short notice cancellations may result in the scheduling of routine patients to avoid the loss of theatre capacity)
- Principle 4: All Trusts should seek to develop green pathways and schedule theatre lists 2-3 weeks in advance. The aim, for any given staffing availability, will be to maximise theatre throughput
- Principle 5: The Nightingale facilities should be prioritised for de-escalation to increase regional complex surgery capacity as quickly as possible.
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As well as these principles the Trust will continue to work together with our partners across Northern Ireland to implement the recovery of Health and Social Care Services. Staff are contributing to regional work streams / areas of focus to support the HSC in delivering for our population based on our agreed regional approach:

- To ensure Equity of Access for the treatment of patients across Northern Ireland
- To minimise transmission of COVID-19
- To protect access to the most urgent services for our population

As we develop and progress our rebuild plans, we will be informed and guided by the work of a range of regional rebuild cells covering Critical Care De-escalation, Cancer Services, Regional Waiting List, Orthopaedic Hubs, Day Case Elective Care, No More Silos, Vaccine Programme, Mental Health and Adult Social Care. Further information on these groups, provided by the regional rebuild cells, is set out below.

Regional Position on Rebuild Plans - April 2021 to June 2021

Critical Care De-escalation

1. Critical Care Units continue to operate above their baseline bed numbers and this position is currently expected to continue into April and May. The critical care system has been operating at a higher level of beds from the spring last year. This additional pressure for such a prolonged period has been challenging for intensive care staff and the re-deployed staff from other areas in Trusts who have been helping to keep the critical care beds open.
2. It is acknowledged that it will be some time before critical care is able to reduce beds to its baseline funded bed complement of 72 Level 3 equivalents. Although there has been a reduction in COVID-19 patients within critical care, from a high of 69% of the patients being cared for to 39%, it is anticipated that there will continue to be between 20-25 COVID-19 patients in critical care into April and May. Coupled with this, non-COVID-19 demand will increase as elective work resumes.
3. The critical care system will continue to work together across the region to ensure that where and when beds can be de-escalated and staffing allowed to return to their normal positions, after rest and recovery, this is achieved in a managed way, at the local and regional level. Plans are in place to do this safely while supporting mutual aid and ensuring equity across the system.

Cancer Services

4. Cancer waiting times were unacceptable before the COVID-19 pandemic. Cancer referrals, and screening, diagnostic and treatment services have all been significantly impacted by the pandemic resulting in immeasurable distress for patients. The service needs to act now, not just to build services back but to build them back better. The Health and Social Care Board is currently working with the Department of Health to produce a Cancer Recovery Plan. The 3-year plan builds on the work already commenced through the Cancer Reset Cell and pulls forward a number of early actions associated with recommendations included in the draft Cancer Strategy, which is being co-produced with patients, the wider service and the voluntary sector. The plan will aim to improve cancer waiting times, by addressing backlogs that have arisen as a consequence of the COVID-19 pandemic, as well as seeking to address capacity gaps that existed pre-COVID. It will do this through an expansion in capacity (both staffing and equipment), the modernisation of care pathways and the adoption of new tests and technologies. All of this will be underpinned by a focus on skills mix and multi-professional education and training.
5. The plan does not specifically address cancer surgery which is being looked at as part of the wider elective plan. It covers the following key areas:
    - Supporting patients
    - Screening
    - Awareness & early detection
    - Safety netting & patient flow
    - Diagnostics to include imaging, endoscopy, colposcopy and pathology
    - Prehabilitation & Rehabilitation
    - Oncology & Haematology
    - Palliative care

Regional Waiting List

6. As we emerge from the latest wave of the pandemic, the focus of the HSC will be on resetting all elective services in an environment that is safe for both staff and patients. It is expected that theatre capacity will continue to be constrained during this period and that theatre access will vary across Northern Ireland, potentially resulting in differential waiting times. It is therefore essential that capacity is protected for the highest priority patients and that access to this capacity is provided equitably across Northern Ireland. The Regional Prioritisation Oversight Group (RPOG) will continue to play a key role in ensuring that the clinical prioritisation of cancer and time critical/urgent cases across surgical specialities and Trust boundaries is consistent and transparent and to ensure the utilisation of all available capacity (in-house and in the Independent Sector) is fully and appropriately maximised.
7. Trusts, as part of their rebuild plans April to June 2021, will also need to designate 'green' sites by ensuring complete separation of elective and unscheduled services. At the same time, Trusts will need to put in place 'green' pathways at major acute hospitals to ensure that cancer and complex elective surgery (that can only be provided on these sites) can be kept separate from complex unscheduled surgery. While accepting that there are still risks in the system, all organisations will need to be agile and manage this risk proportionally, giving the best opportunity to maximise theatre throughput and patient care.

Orthopaedic Hubs

8. In July 2020, the Minister announced plans for the regional rebuilding of elective orthopaedic services with the publication of the blueprint document 'Rebuilding, Transition and Transformation of Elective Orthopaedic Care delivered by Health and Social Care in Northern Ireland' and the establishment of a regional Orthopaedic Network to take this forward. The blueprint document set out a plan to focus service delivery from two hub sites initially (Musgrave Park Hospital and Altnagelvin Area Hospital), with the longer term aim to utilise all orthopaedic units in Northern Ireland. Despite the successful resumption of activity across the region at that time, elective orthopaedic services were subsequently suspended in October as resources were redeployed to address the immediate pressures arising as a result of the COVID-19 surge. Services remain suspended, however throughout this period the Orthopaedic Network has continued to explore and develop opportunities for regional transformational change for the service.

9. Entering the next phase of service rebuilding, the blueprint will be re-established through the regional Orthopaedic Network. The key aim is to restart regional elective orthopaedic services in a safe and sustainable manner on a dedicated site with a 'COVID light' pathway. This will be taken forward on a phased basis, addressing as a priority those patients with the greatest clinical need, whilst at the same time working to deliver long-term transformational change to the service.

Day Case Elective Care

10. In July 2020, the Minister announced that Lagan Valley Hospital in the South Eastern Trust would become a dedicated day procedure centre for the region. While the nature of the site means that it is most suitable for day case surgery and procedures

rather than more complex work, the complete separation of elective and unscheduled services at the site has enabled services to continue to be delivered throughout the pandemic on a 'COVID-light' pathway. In recent months, the site has delivered red flag and other high priority lists on behalf of the region where these could not be accommodated at the hospital of origin due to pandemic pressures. Work is underway with clinicians across the HSC to identify the types of procedure that will be suitable for the regional day procedure centre at Lagan Valley Hospital as elective activity resumes.

11. Prior to the pandemic, there were also similar initiatives for cataracts and varicose veins in the Downe, Omagh, South Tyrone and Mid-Ulster Hospitals. Over time and as more elective capacity becomes available, as pressures at hospitals decrease, it is expected that options for other regional day procedure facilities will be explored by the Day Procedure Network.

No More Silos

12. The Department's COVID-19 Urgent and Emergency Care Action Plan, which seeks to implement 10 key actions to maintain and improve services, is currently being implemented in all Trusts. Local Implementation Groups have been established in all Trust areas and significant progress has been made over the last quarter.
13. Key developments during the period April to June will include: the roll out of the Phone First telephone triage and assessment service to all Trusts, using a single regional number; establishment of urgent care centres attached to EDs across the region, and development of new direct referral pathways to services in primary, secondary and community settings.

Vaccine Programme

14. The vaccination programme is following the prioritisation list recommended by the Joint Committee on Vaccination and Immunisation (JCVI). While the vaccination programme is dependent on the supply of vaccine, rapid progress has been made and by April it is hoped that the first nine priority groups will be close to being vaccinated. This will allow the programme to proceed to priority groups 10, 11 and 12 which will cover the remaining adult population aged 18 to 49 years of age. A large portion of these groups is likely to be vaccinated during the period of April to June using a combination of the Trust regional vaccination centres, including the large centre located at the SSE Arena in Belfast, GP Practices and Community Pharmacies.
15. The vaccination programme is still in its early stages and to be sure of its success, we will continue to closely monitor its impact on serious illness and hospitalisations. On a positive note, there is emerging evidence of fewer outbreaks in care homes. The long-term success of the programme depends on achieving high uptake rates in all sections of the adult community and therefore every effort will be made to ensure the programme continues to be rolled out rapidly.

Mental Health

16. Mental health services continue to face considerable pressures as a result of the COVID-19 pandemic. Adult in-patient services regularly see bed occupancy rates over 100% and heightened acuity levels, including a threefold increase in special observations and doubling of the proportion of detained patients. Community mental health services are also reporting increasing levels of low level anxiety and depression. A similar positon is reflected in our younger population with referrals to CAMHS continuing to increase. It is expected that these pressures will continue.

17. Work has progressed to help and support people's mental health and wellbeing. A reformed Mental Health and Emotional Wellbeing Strategic Working Group will provide strategic direction in the recovery work. Additional funding has also been invested in mental health services, with commitments for a new specialist perinatal mental health service and managed care networks for CAMHS and forensic mental health. DOH will also allocate £1.5m recurrent funding from 2021/22 to support the implementation of the new Emotional Health and Wellbeing in Education Framework. The new Mental Health Strategy is the subject of a public consultation, which closed on 26 March. This will help ensure a cohesive strategic direction for development of mental health services over the next 10 years.

Adult Social Care

18. Significant financial and in-kind support has been provided to independent sector providers of adult social care, helping to keep our care homes safe and ensure essential services such as domiciliary care (homecare) continue. This has included up to £45m in direct financial support for care homes, as well as income guarantees. Careful consideration is being given to what on-going financial support is provided into 2021/22, while also assessing the longer term impact the pandemic has had on the sector. The ongoing provision of PPE without charge, where providers cannot access their own supplies, will continue into 2021/22, as will the use of routine asymptomatic testing, and testing in situations where there is a suspected or confirmed COVID-19 outbreak, to help protect care homes and supported living settings. The Department will continue to actively review the frequency of testing in these settings in the coming months; any requirement to vary testing frequency will be appropriately informed by emerging scientific evidence and other contributory factors, including local community transmission rates and the deployment of the COVID-19 vaccination programme.
19. The Department will continue to work with Trusts to ensure all options are explored to ensure day centre services, day opportunities and short breaks capacity is maximised – and that we build on new ways of working, such as greater use of direct payments to support the care of individuals. Support to carers will continue to be a priority, recognising the increased burdens that have been placed on those who care throughout the pandemic. The pandemic has reinforced the need to secure long term change and reform of adult social care, in line with the priorities set out in Power to the People.

As with previous rebuild plans we will also continue to engage with key partners, including Primary Care, Voluntary and Community Care, Independent Sector and Trade Unions, to ensure it is representative of and includes the valuable input of those who use our services.

<u>Assumptions in the Development of this Rebuild Plan (April to June 2021)</u>

In order to develop the rebuild plan within the required timescales the following assumptions have been made:

- There is no further surge prior to or during the delivery of this plan
- The vaccination programme continues to roll out in line with regional requirements and there is no further demand on Trust staff to support the mass vaccination centres
- There is no change to the current PHA guidance on PPE provision and there are adequate supplies of such

- The plans are acceptable to, and accepted by, key stakeholders including our Trade Union Colleagues
- Any additional revenue and capital required to deliver this plan is available
- Staff will be supported to take planned annual leave over this period.

Our Staff

Throughout the pandemic and in developing our rebuild plans, the Trust has been keen to promote the health and wellbeing of our staff. Staff across a range of service areas, including human resources, occupational health, psychology, infection control and health improvement, have worked collaboratively to pool their expertise and resources to draw together a comprehensive package of practical support for our staff which include:

- The development of a Colleague Support Pack entitled "Are You Well?". This is a digital resource which highlights a range of options that are available, including information on support helplines, downloadable resources, wellbeing webinars and links to drop-in mindfulness sessions etc.
- The establishment of a dedicated psychological support helpline and staff support in-reach service, with particular emphasis on high-intensity COVID-impacted settings, to support staff through the COVID-19 pandemic and beyond. NHS Charities funding was secured to supplement the existing Occupational Health & Wellbeing Consultant Clinical Psychologist, to enable staff to continue to be supported through on-going surge episodes and during resumption of normal business.
- A comprehensive support package for teams, developed and supported by the Organisation Development team
- Regular Health & Safety Committee meetings took place and provided a platform to support staff to develop safe working arrangements and practices, to ensure we can continue to work safely during COVID-19. This includes the development of guidance to provide the framework to assess and support the safety and wellbeing of our staff, visitors and service users.
- A range of staff health and wellbeing resources on the i-matter hub, including on-line nutrition and exercise programmes, stress management sessions and advice and support on a range of issues such as managing anxiety, building resilience and coping mechanisms, sleep well resources and mental health support for adults and young people.
- The Trust provides a testing and track and trace service for staff which has helped to contain any outbreaks and minimise risk to our staff, patients and service users.
- Occupational Health services have been significantly stretched to provide support to staff during this period and a review of the resources to support this area will be required.

The Trust recognises the importance of continuing to support its staff going forward and these measures will be maintained as we progress the rebuild plans outlined below.

NHSCT Rebuild Plan by Service area

The table below outlines, for the period April to June 2021, those NHSCT services that experienced a significant impact as a result of

the pandemic and explains the actions being proposed to further increase capacity and/or access from April 2021.

NHSCT REBUILD PLAN APRIL– JUNE 2021

Our services	What we plan to do to rebuild services during April-June 2021
Urgent and Emergency Care	❖ Embed No More Silos workstreams to include same day urgent care streams and associated pathways in partnership with Primary Care and key stakeholders - to include exploring CCG referral pathways ❖ Develop NMS pathway increased capacity for NIAS turnaround target improvements ❖ Continue in line with NMS to address development of admission and discharge pathways ❖ Review and expand on ambulatory medicine pathways on both acute sites ❖ Continue to develop enablers to promote capacity and flow within Urgent Care ❖ Increase outpatient activity including virtual opportunities.
Critical Care	❖ Due to the very limited space in Antrim Hospital's ICU and the inability to care for COVID-19 and non-COVID-19 patients in the same unit, Antrim ICU is being reprovided temporarily in ward A1 which provides access to 14 beds. As the COVID-19 surge has de-escalated, it has now been agreed regionally that the ICU will support 10 beds throughout March 2021. This will further de-escalate as agreed, through the regional CCaNNi Network, depending on the surge level throughout the region. The current ICU footprint within A1 is a combination of three side rooms and two bays, each of which can accommodate four patients. This arrangement allows for three segregated areas for the provision of supporting COVID-19 patients, non-COVID-19 patients and patients with unknown COVID-19 status, or who may require a sideroom for other infectious conditions. This identified area in A1 will remain ICU and will support the agreed service provision until another ward area is re-purposed to accommodate ICU. The design of the new area is required so that it has more access to single rooms and more space for the commissioned ICU service. The re-purposing work is expected to begin in April 2021. The current funded establishment for ICU is six Level 3 beds and two Level 2 beds, which is equivalent to seven Level 3 beds. The Trust will continue to provide the pre-COVID-19 bed numbers going forward (i.e. seven Level 3 beds equivalent), however to be COVID-19 compliant the Trust will require additional nursing staff which the Trust is progressing at financial risk. Causeway ICU is commissioned for two Level 2 and two Level 3 beds, which is equivalent to three Level 3 beds. COVID-19 presents issues regarding the ICU physical environment, in that Causeway ICU has only one sideroom and a main open ward area. This allows for two segregated spaces, therefore when a third zone is required, for example, to care for a COVID-19 patient, it means that non-COVID-19 patients and infection status unknown

	patients, must be nursed in either recovery or theatre ❖ The AAH unit will be staffed for a baseline of six Level 3 ICU patients at the end of March 2021. Beds will open and close within COVID-19 and non-COVID-19 areas, depending on the COVID-19 status of the patients to be admitted. The opening of additional beds for surge, will be dependent on demand and on the availability of staff with ICU training to transfer from other areas, or the additional recruitment/training of nursing staff ❖ The CH unit will be staffed for a maximum of four patients. The number of patients which can be accommodated will depend on the level of the patient and the COVID-19 status of the patients in the unit.
Diagnostics (X-Ray, MRI, CT, cardiac investigations)	For Phase 3 it is anticipated that capacity will increase as follows; ❖ CT will be at 90% of pre-COVID-19 capacity, delivering approx. 2,750 scans per month ❖ MRI will be at 90% of pre-COVID-19 capacity, delivering approx. 970 scans per month ❖ NOUS will be at 80% of pre-COVID-19 capacity, delivering approx. 3,560 scans per month ❖ Plain film will be at 90% of pre-COVID-19 capacity, delivering approx. 16,600 exams per month ❖ Activity will be continually reviewed, however it should be acknowledged that the above projections are dependent on anticipated staffing levels allowing all equipment to be utilised
Cancer Treatment Services	❖ Continue with Oncology, CNS NMP and Haematology clinics as per Phase 2. ❖ Oral medication home-delivery ceased on 1st September. New systems have been put in place by Pharmacy from 1st September to enable patients to collect their medications from a hospital pharmacy closer to home, e.g. AAH Main Pharmacy Dept., Causeway Pharmacy Dept. or Mid Ulster Pharmacy Dept.
Day Surgery & Endoscopy Services	❖ The Trust's Day Surgery provision should increase. Nursing staff are continuing to support ICU and the number of lists will be kept under review and increased, as staff are released from ICU. The provision of day surgery should be: ➢ Causeway Day Surgery unit increasing to 13 sessions per week; Urology, Pain, Gen Surgery, Dental (Learning Dis & Children) ENT and Gynaecology. ➢ Mid Ulster - The Cataract Elective Care Centre was stepped down due to the COVID-19 Surge 3, when all staff had to redeploy into ICU or inpatient theatres. The sessions will be stepped up once the ICU de-escalates and staff can return to their base. It would be envisaged that four to six sessions / week will be delivered. ➢ Whiteabbey Hospital was stepped down due to staff being redeployed to support ICU and inpatient theatre services in response to COVID-19 Surge 3. This will be reviewed following confirmation of ICU de-escalating to normal funded bed capacity. ➢ Antrim Hospital's Day Surgery capacity also ceased as a result of COVID-19 Surge 3.

	There are plans to implement a low risk surgical pathway for patients who will be admitted via DSU ward
	➢ The Trust's Endoscopy capacity will be increased to 27.5 Endoscopy lists, three Bronchoscopy lists, three ERCP and four Bowel Cancer screening lists delivered across the four Endoscopy sites
Outpatient Services	❖ Continue with a mix of face-to-face and virtual outpatient assessments, increasing the number of patient assessments during the next two quarters ❖ The phlebotomy service will continue into Phase 3 across all OPD sites as an enabler for virtual clinics, with patients being booked pre or post-clinic depending on demand.
Integrated Maternity and Women's Health	❖ Maternity services continue in both AAH and Causeway Hospitals. Maternity OP clinics have been relocated to Level B OPD to accommodate ICU location until end August 2021 in AAH site. ❖ The Gynae outpatient service reset will begin 12 Apr 2021 and will be relocated on AAH site to Level C OPD, to accommodate ICU location until end Aug 2021. The team has begun to work towards the re-establishment of the majority of gynae OP sessions across the Trust from April 2021. However these will all have reduced templates in order to accommodate social distancing requirements ❖ The gynae team is working in partnership with acute colleagues, to utilise available sessions when the elective green pathway is re-established from 22 Mar 21 on AAH site, for priority 2A & 2B red flag cases. The Gynae team has continued to utilise one session per week in Causeway Hospital for red flag surgery. ❖ Outpatient with procedures appointments continue in The Meadows in Causeway Hospital and will be re-established in AAH in relocated Level C OPD from 12 Apr 2021.
Inpatient Elective and Emergency Surgery for Adults and Paediatrics	❖ Inpatient surgery on Causeway site is currently at eight lists per week; shared amongst Gynae, ENT, Breast and Colorectal surgery. Surgery is currently being allocated using the regional FSSA priority coding – this will continue until such times as more capacity can come into the system, allowing for lower priority patients to be reintroduced to the process. ❖ Lists will increase in tandem with the de-escalation of ICU and the associated staffing impacts ❖ A Low-risk Pathway in Day of Surgery Unit (DoSU) will begin on 22nd March – initially six lists per week to be shared amongst Gynae, ENT, Breast and Colorectal – lists will be allocated via the Trust's internal FSSA Group – which feeds in to a regional FSSA group. ❖ No paediatric elective surgery is being performed currently
Pharmacy	❖ Continue to support Mass Vaccination Centre and vaccine distribution for the community programme

	❖ Re-establish pharmacist role in surgical pre-admission medication review ❖ Discharge Follow-up Team fully re-established ❖ Home-working facilitated to assist with social distancing ❖ Project commenced with HSCB to scope requirements for a regional medicines delivery service ❖ Clinical Pharmacy input will be provided six days per week ❖ Continue with enhanced stock management in EDs and critical care ❖ Management and distribution of PPE to continue
Screening Programmes	❖ The Trust will deliver across all population screening programmes in line with Public Health Agency recommendations. ❖ Each screening programme will seek to restore screening capacity to enable the timely offer of screening to all eligible individuals. ❖ The Trust will work with the Public Health Agency to develop plans to recover screening intervals/round lengths to recommended timescales. ❖ The Trust will seek to ensure that timely diagnostic and treatment services are available to those with a positive screening test result.

Service area: MENTAL HEALTH AND LEARNING DISABILITY

Our services	What we plan to do to rebuild services during April-June 2021
Community Health & Well being	❖ All services delivering virtually and with social distancing with improved outcomes ❖ Farm Families Health Checks, Smoking Cessation and Diabetic Prevention Programme move to mixed model of virtual, socially distanced and direct client contact delivery ❖ Build self-efficacy to reduce pressure on Trust services through the development of Access Hub for single point of access, triaged and co-ordinated signposting, navigation and social prescribing ❖ Explore option of extending effective Health Coaching model beyond Diabetic Prevention to other long-term conditions such as CVD ❖ Strengthen partnership planning with partners and Community & Voluntary Sector
Mental Health Inpatient facilities	❖ Mental Health Acute Inpatient Services continue to experience a significant increase in acute admissions, and this is reflected across the region. Patients are presenting with more significant needs and there is an increased number of Mental Health Order presentations. The current level of daily admissions does not match the daily level of discharges. A significant proportion of patients in hospital have lengths of stay less than 30 days and are in active treatment. We will focus on our discharge pathways and will maximise the use of Facilitated Early Discharge through

	the Home Treatment Team. We will continue to work with CMHTs to ensure timely discharge from hospital. We will also put plans in place to take forward the further introduction of the Purposeful Inpatient Admission Pathway (PiPA) within our acute inpatient wards. This will further support timely discharge from inpatient services. ❖ Recruitment will continue, to recruit additional Band 6 nursing posts to support the delivery of safe and effective mental health inpatient services that deliver evidenced-based care and nurse-led therapeutic interventions. Through a Management of Change process, the investment and workforce development of Band 6 nurses in line with regional recommendations will allow wards to move their Band 7 nurses to supernumerary positions allowing for 5-day working and an increase in senior leadership availability on the wards. ❖ The Mental Health Liaison Service has experienced resourcing challenges due to a number of vacant posts. We will progress filling of posts as quickly as possible to ensure the service can meet the level of demand. ❖ Inpatient Addiction Services will recommence and admission will be offered to those next on the waiting list. All efforts will be made to ensure this service is not further impacted.
Community Addictions	❖ The service will continue to reinitiate and re-induct service users on OST. ❖ The Service will continue to utilise new ways of working and service delivery will incorporate both face-to-face contacts and the use of virtual options. The service has resolved accommodation issues in all localities. ❖ Having secured new accommodation for service base, plans for required works will be initiated. ❖ In collaboration with stakeholders, the service will seek to develop a pathway for Community Alcohol Detox, providing a pathway to divert such presentations from ED. ❖ The service has completed a pilot of their group on line and will reinstate the 'Changing it Together' group work through virtual solutions such as Zoom.
Community Mental Health Teams	❖ Partnership working with the GP Federation will embed an integrated care service that supports people whose complex mental health needs require care over and above what can be provided in primary care. ❖ The Service will recommence the Brief Intervention and Intensive Intervention Pilot for service users with Severe and Enduring Mental Illness to inform service development. ❖ As teams return to business as usual, an organisational training and development plan will be developed and taken forward in conjunction with HR. ❖ Community Mental Health Services will develop a Community Rehabilitation Service which was delayed due to COVID-19. The Team will offer clinical intervention to individuals transitioning to supported living in the community from a variety of inpatient and community settings as well as those currently residing in Supported Living accommodation.

Learning Disability (Day Care Services)	❖ Buildings-based facilities, including adult centres, satellites and hubs, will continue to offer day care to the maximum number of service users, as per the reduced daily allocations, based on completed facility assessments in line with COVID-19 restrictions. This will be reviewed on an on-going basis and increased where possible according to re-assessment of environment. Service users transitioning from schools will be allocated day care, albeit on a reduced scale, according to assessment of need ❖ Maximum attendance at facilities, in line with COVID-19 regulations, will be increased throughout April, May and June. ❖ Direct payments to continue to provide financial support during day care hours for those service users who live in supported living. ❖ Review of staffing establishment required to meet assessed need of service users based on allocated days of attendance is currently underway ❖ Continue to review the day services management structure at senior management level ❖ The service continues to engage with current community outreach opportunities across localities, such as Mid-Ulster Sanctuary, Ashes to Gold, Jubilee Farm, for an alternative means to provide a service, as well as scoping/sourcing non-Trust local community facilities in which to provide day care activities ❖ The service will continue to scope and source community activities or volunteers that could provide alternative activities. ❖ Support service users who are at home by remote access e.g. zoom, telephone calls and by activity packs. ❖ Alternative ways of making effective use of current buildings based facilities e.g. flexible service during day, evenings and weekends, will continue to be scoped, in conjunction with Human Resources, staff side, support services and community teams and with collaborative working with service users and carers. ❖ We are currently looking into additional estate to widen the scope of being able to increase offers of attendance ❖ It is anticipated that service users who previously attended and continue to require buildings-based day care and those who have transitioned from school, will be provided with a limited service albeit in a reduced and/or alternative way ❖ Collaboration with service users who represent day care at the User Forum will continue and this will include their input re the rebuild of services ❖ Options to provide alternative supports to people with LD will be developed in collaboration with service users, their families and carers, staff groups and partner organisations
Learning Disability (Day	❖ Community and public transport will meet transport need, to enable access for community based

Opportunity Services)	opportunities, subject to DfI risk mitigation strategies ❖ Regionally agreed criteria for critical care need will continue to be monitored and applied and service users transitioning from education will be considered and progressed for September intake along with this RAG classification ❖ It is anticipated that all those who previously attended these facility-based day opportunities will continue to be provided with a service, albeit in a reduced and/or alternative way, subject to any PHA changes to current risk mitigation measures ❖ We will continue to engage with the Reset Plans for buildings-based day care and meet with Partnership providers, where required, to progress on identified actions.
Learning Disability Short Breaks	❖ Provide vaccination rollout to Social Care Staff and to Adult Placement Providers ❖ Continue to facilitate weekly COVID-19 swab tests for Short Break staff and facilitate swab test for all Service Users 72 hours prior to using short break bed. ❖ Following consultation with Service Users/Carers, increase from the current three-night short breaks offered to four- night allocation. ❖ Continue with the current number of bed-based short breaks and review monthly to consider increasing the number of beds available. ❖ Continue with the introduction of Service Users who are new to the service. ❖ Revisit the gradual reintroduction of Share The Care short breaks ❖ Revisit Regional Operational Policy for assessment and allocation of bed-based short break services and plan for implementation of this Policy ❖ Maintain the RAG rating, updating accordingly to changing needs and circumstances.
Community Learning Disability Teams	❖ Rebuild our Learning Disability community services following the COVID-19 pandemic ❖ Hold and lead on workstreams across Learning Disability teams ❖ Work in partnership with day services and short breaks to rebuild Learning Disability services ❖ Review the RAG rating assessment tool to determine the allocation of Services ❖ Increase face-to-face contacts with service users and families ❖ Complete legacy and all new applications for Deprivations of Liberty Safeguards in accordance with the Mental Capacity Act ❖ Progress transitions from Children's Services to Adult Services following the individual pathway of care ❖ Continue to offer Carers Assessments ❖ To utilise an informal model of review to record need. ❖ Work in partnership with service users, carers and stakeholders to support the rebuild of all of our services and support systems ❖ Enhance the use of Direct Payments.

	❖ Health facilitators to link with Primary Care to review the health needs of Service Users ❖ Continuation of resettlement programme of patients from Muckamore Abbey Hospital ❖ Provide opportunities for staff to work in office space and to continue use of Remote Working ❖ Support recovery of the Community Learning Disability teams and promote health and wellbeing options available to employees and promote a safe and healthy working culture
Adult Safeguarding	❖ The Trust continues to provide an Adult Safeguarding response to all referrals, in relation to those in need of protection or at risk of harm
Condition Management Programme	❖ The CMP service has resumed business as usual. The service will secure new premises that allow the service to function in an area that meets social distancing requirements. Work continues with C&V Partners to create additional estate capacity lost during the pandemic, for example within Leisure Centres and Jobs & Benefits Offices
Psychology (including Adult Autism and Psychological Therapies)	❖ Psychological services will continue to deliver a blended approach of face-to-face and virtual therapeutic contacts based on on-going dynamic risk assessment of individual engagement and progress. Face-to-face appointments will be increased during April – June 2021, in line with infection prevention guidance. ❖ Virtual group work programmes will remain in place for all previous face-to-face groups. Planning will commence to re-instate face-to-face groups when safe to do so. ❖ On-going engagement with professional bodies and review of best practice guidance, will inform decisions regarding those services currently limited due to social distancing and concerns of validity of process if PPE is worn i.e. psychometric assessment of ability; ASD diagnostic assessment
Dementia Outpatients	❖ As GP referrals continue to increase, the reset plan is to increase critical face-to-face for Initial Assessments (New) and review appointments based on service users' clinical mental health presentation i.e. Seriously Mentally Ill and Mental Health Risk Assessment. The service will continue with telephone contacts for routine assessments and review using virtual and digital solutions where suitable ❖ Deliver critical face-to-face for assessments (new) and review casework based on service users' clinical mental health presentation and risk assessment ❖ We will consult with families and service users on approaches to service delivery
Mental Health Service for Older People. (for Dementia OT see AHP/ OT)	❖ Dementia Reform - The Service will take forward a waiting list initiative to reduce the number of service users awaiting the assessment of a dementia diagnosis. In addition, the service will develop a sustainable model to provide an efficient and effective response to the projected increase in referrals for memory assessment. This model will require expansion of the Psychiatry of Old Age service within the multi-disciplinary team. ❖ Dementia Home Support Team (DHST) will continue to deliver a blended approach to service

	delivery, with face-to- face, virtual and telephone contacts as appropriate. ❖ Delirium Support Service – All essential direct assessment and interventions will be undertaken with service users. ❖ The service will continue to review the therapeutic interventions which cannot be carried out due to social distancing and requirements of Infection Prevention Control (for example, some group activities and activities that use items which cannot be appropriately decontaminated between use).

Service area: PRIMARY CARE

Our services	What we plan to do to rebuild services during April-June 2021
GP Out of Hours / Primary Care COVID-19 Assessment Centres	❖ COVID centres have consolidated on two sites and remain as such for now, while we explore the potential demand for additional capacity beyond this and the appropriate sustainable staffing model.

Service area: ALLIED HEALTH SERVICES

Our services	What we plan to do to rebuild services during April-June 2021
Physiotherapy	❖ The service will continue to use a combination of telephone triage/reviews, Zoom calls and face-to-face activity across all areas. All areas will continue to ramp up urgent face-to-face activity as footfall through depts., social distancing and PPE allows ❖ Musculo-skeletal will review all urgent patients face-to-face, as required and continue to manage routine patients by telephone/zoom. The service will slowly ramp up some routine F/F activity as capacity allows ❖ Domiciliary appointments will continue to be used for urgent patients as required, across Neuro OPs., Paediatrics, ALD and Lymphoedema in combination with telephone/zoom ❖ Community Physio will return to full service with a combination of face-to-face and remote interventions as appropriate ❖ Recovery Physio (generic & stroke) will return to full service provision with a combination of face-to-face and tele-rehabilitation interventions ❖ Special schools are open - F/F activity has been reinstated ❖ In the Mental Health service, the gym sessions will be increased and input resumed to the re-opened Addictions ward

	❖ In the Adult Learning Disability service physio will review patients face-to-face when patients arrive
Occupational Therapy	❖ Acute OT The service will continue to assess all referrals, including routine referrals. ❖ Community OT The service will continue to assess all referrals, including routine referrals. During the current COVID-19 wave, from March onwards all referrals will be assessed by telephone in the first instance. Domiciliary visits will progress after the appropriate COVID screening. Throughput of activity depending on other agencies such as NIHE or suppliers, may be reduced, dependent on their individual risk assessment. A virtual clinic pilot will commence during this period, to ascertain effectiveness of this approach. Cross-locality working will be required to focus on waiting list management during this period, to mitigate the impact of previous redeployments and reduced service provision. ❖ Recovery OT Service The service will continue to assess all referrals, including routine referrals. During the COVID-19 first wave, the service could only see those referrals deemed to be critical. ❖ Outpatient OT The service will continue to assess all referrals, including routine referrals. During the COVID-19 first wave, the service could only see those referrals deemed to be critical. Splinting clinics will be re-established as and when suitable clinic space becomes available. The service will explore and pilot the further use of video/teleconference individual and group assessments and interventions. This will require on-going monitoring of clinical outcomes and engagement with service users to ascertain the viability of delivering new service models in the longer term. ❖ Dementia OT The service will continue to assess all referrals, including routine referrals. During the COVID-19 first wave, the service could only see those referrals deemed to be critical. ❖ Paediatric OT The service will continue to assess all referrals, including routine referrals. During the current COVID-19 wave, the service could only see those referrals deemed to be critical. Routine paediatric domiciliary appointments are being gradually re-established for all appropriate specialist equipment and housing needs. The service continues to explore and pilot the further use of video/teleconference for parent training and individual and group assessments and interventions. This will require ongoing monitoring of clinical outcomes and engagement with service users to ascertain the viability of delivering new service models in the longer term.
Orthoptics	❖ Service provision will be at 50%, due to the reduced numbers of face-to-face scheduled appointments which will be possible as a result of social distancing and cleaning between patients

	Numbers may be increased if there is further relaxation of social distancing requirements ❖ New service for SEN children will begin to be implemented, some patients will transfer to school setting from acute ❖ Continue with Orthoptic Telephone Triage to manage patients appropriately and prioritise face-to-face appointments effectively
Speech & Language Therapy	❖ Introduce a blended virtual and face-to-face service model for all aspects of the service - Children, CWD and Adult ❖ Involve service users in the design of this model ❖ Re-establish Joint Voice Clinic ❖ Re-establish outpatient video fluoroscopy clinic ❖ RISE NI: Embed new ways of working with schools moving towards a more 'blended' approach to service delivery and offer and evaluate the online delivery of training to education staff.
Podiatry	❖ Continue virtual triage/treatment planning for MSK and a blended virtual and face-to-face service model for all interventions.
Community Stroke Service	❖ Full service delivery with a combination of face-to-face and tele-rehabilitation interventions. ❖
Nutrition and Dietetics	❖ Continue to develop processes and procedures to support new methods of virtual delivery for elective services ❖ Determine the ratio of elective services that may be required to be delivered in the traditional face-to-face method – through monitoring and reflection of practice since March 2020 ❖ Continue to facilitate remote/flexible working arrangements until accommodation meets all the necessary risk assessment requirements to ensure safety of patients and colleagues ❖ Re-establish the regional prescribing support Dietetic service.

Service area: community services

Our services	What we plan to do to rebuild services during April-June 2021
Community Hospitals	❖ The current position will be maintained and evaluated in line with infection rates ❖ In three out of the Trust's four community hospitals (Inver, Dalriada and Mid Ulster), rehabilitation services have been re-established ❖ The fourth (Robinson) remains the Trust's COVID-19 Unit and decisions around it will be driven by infection rates and demands from the Independent Sector in the community
District Nursing	❖ Continue to deliver critical and essential care ❖ Continue to monitor evidenced increase in activity across all teams, from previous year and mitigate risks as they arise. Prioritisation of referrals will continue to ensure that priority interventions are facilitated.

Treatment Rooms	❖ Continue with new ways of working as a result of COVID-19 IPC arrangements, which reflect extended appointment slots to permit donning and doffing of PPE and sanitation of clinical areas between patients ❖ Treatment Rooms will continue to operate at their new full capacity which has been reduced by one third due to the increase in allotted appointment time, which is 15 mins as opposed to 10 mins.
Social Work	• All services have been reinstated. Community Social Work interventions are now being delivered through a combination of virtual reviews and face-to-face assessments. As vaccination uptake increases amongst the social work/social care workforce, there is an expectation that social work reviews will be reinstated and that all domiciliary care packages, temporarily reduced due to COVID-19, will be reinstated. • CSW teams are currently reviewing the number of carers' cases open within each caseload and making active plans to complete face-to-face reassessment of care need.
Community Equipment Services	❖ Continue to deliver full service, including deliveries and collections of routine work.
Wheelchairs & Continence	❖ Wheelchairs and Continence services will continue to assess all referrals, including routine referrals. Services will be delivered through a combination of face-to-face and remote interventions.
Residential Homes	❖ Continue to work with multi-disciplinary colleagues to ensure provision of bed-based rehabilitation and recovery ❖ Continue to enable visiting within the statutory Residential Homes in line with DoH visiting principles. This includes working with care partners.
Day Care	❖ Day Care services will continue to be delivered Trust wide. While there will be a reduction in attendees each day due to existing COVID-19 guidelines, it is planned that we will continue to increase the number of attendees on a phased approach and reintroduce programme-based services.
Macmillan Unit	❖ The Macmillan Unit returned to its substantive base on the Antrim Area Hospital site on 1st September. However the service will continue to share facilities with a reduced service alongside the haematology service. This will be reviewed in June 2021.
Sensory Support	❖ The service will endeavour to provide a full service, triaging first before visiting, to maintain minimum footfall into service users' homes.

Service area: COMMUNITY DENTAL

Our services	What we plan to do to rebuild services during April-June 2021
Community Dental	❖ The surgical element of the service is addressed in the Day Surgery section above. ❖ Continue to deliver AGP services on three sites, up to an average of four days per site, per week ❖ Deliver non-AGP dental services on up to five sites, for an average of three days per site, per week ❖ Review treatment appointments will continue to be delivered in line with clinical need, however routine surveillance appointments have not yet been fully re-established ❖ Re-establish on-site oral surgery clinics – delivered by SET in-reach service ❖ Continue to deliver a reduced orthodontic service in line with clinical priority.

Service area: SEXUAL HEALTH

Our services	What we plan to do to rebuild services during April-June 2021
The Rowan	❖ Continue to deliver 24/7 access
CASH	❖ Continue with triage telemedicine and postal medications. Urgent face-to-face appointments will be arranged ❖ Capacity will remain restricted due to the location of some clinics and reduction of footfall ❖ Awaiting regional direction regarding funding for this service

Service area: COMMUNITY CHILDREN'S SERVICES

Our services	What we plan to do to rebuild services during April-June 2021
Looked After Children	❖ As per phase 2, the service continues to increase face-to-face visits and reviews through use of Zoom technology, alongside physical attendance in adherence to social distancing guidelines. Contact has begun again, facilitated by Zoom technology and face-to-face contact, again in line with social distancing guidelines.
Child Protection (to include Children's Disability)	❖ Service continues to visit all Child Protection cases and the majority of Family Support cases in Gateway. ❖ Child Protection conferences continue as was, all taking place remotely with some attendees socially distanced. ❖ All CP cases in FSIT being visited at least monthly.
Gateway services	❖ Service continues to visit all Child Protection cases ❖ The family support service has increased face-to-face contacts and will endeavour to visit all Family Support Cases monthly and in line with risk assessment.
Child, Adolescent Mental	❖ The volume of face-to-face contacts delivered in July 2020 was greater than anticipated, due to

Health Services	the step-down of lockdown measures and a concerted effort to increase face-to-face contact where these had not been possible previously. ❖ The service will aim to continue to deliver 40% of clinical time as face-to-face contacts and utilise teleconferencing facilities for the remaining 60% of clinical time. ❖ The ability to maximise the volume of face-to-face contacts is predicated largely upon the availability of clinical space and infection control measures. ❖ Waiting list targets of nine weeks continue to be met.
CEIS	❖ The volume of face-to-face contacts delivered by CEIS in July 2020 was greater than anticipated, due to the step-down of lockdown measures and a concerted effort to increase face-to-face contact where it was not possible previously. ❖ The anticipated re-introduction of group work, employing virtual media progressed as planned, with positive feedback being received. ❖ The service's efforts to maximise the volume of face-to-face contacts are predicated largely upon the availability of appropriate space and the necessary infection control measures. ❖ It is the service's aspiration to continue to devote 40% of contact time within the CAPA model, to face-to-face contact, with the remaining 60% of contact time being invested in teleconferencing facilities. ❖ Waiting list targets of nine weeks continues to be met.
Paediatric ASD	❖ The service will not hold face to face appointments while PPE requirements are in place, telephone and video calls will be delivered. ❖ Continue to offer intervention support across Diagnostic and Intervention Services through telephone consultation. ❖ Intervention service will offer an additional 80-100 new planned appointments and increase review appointments to 250 appointments across the service. ❖ A pilot for pre-school non-verbal children and secondary school children has been completed and virtual assessments are now in place ❖ BOSA approach is currently being piloted and staff are undergoing training for other children with a plan for implementation in May 2021. This approach will require more time to complete, resulting in reduction in assessments from 85 to 40 per month.
Public Health Nursing (Health Visiting, School Nursing, School Immunisation Programme)	❖ Planning is in place to issue consent forms for the outstanding HPV and School Leaver boosters (10,000) and in-year immunisations in school and to extend the 'flu vaccination programme to Year 8 pupils (44,000). However there are concerns regarding the handling of large volumes of consent forms within school environments. ❖ The service is awaiting confirmation of the additional funding allocation. ❖ Recruitment to a high number of vacant health visiting posts is in progress

	❖ BAS has reinstated clinics and they are currently holding 12 sessions per month. This is due to the accommodation constraints which have prevented the return to 18 sessions/month. A new model of home assessment for QB testing is currently being piloted and, if successful, will reduce the demand on accommodation and may increase the number of new contacts. ❖ Continence sessions have been reinstated at five sessions/month in line with phase 2. This level of activity will continue to be supported.
Health Protection Programme, Specialist Roles	❖ Clinics have been centralised and will continue to be delivered at the Phase 2 level of 50% capacity i.e. 12 sessions/month. However, the management of new tuberculosis cases will continue to impact on this level of activity.
CPMS	❖ As per Phase 2, CPMS are almost at full capacity, the service intends to increase new face-to-face contacts as part of Phase 3. This will depend on access to suitable 'COVID-19 safe' clinic space. The number of review contacts has increased as they have been delivered through teleconferencing facilities, this was an appropriate contact in the short-term, during COVID-19 surges, however this may reduce slightly due to the requirement to support face-to- face appointments.

Service area: CORPORATE

Our services	What we plan to do to rebuild services during April-June 2021
Corporate Nursing NH In-Reach Team	❖ Continue with delivery of REaCH Masterclasses to Care Homes as clinical training needs are identified. Methods of delivery include face-to-face, zoom and video ❖ In addition REaCH will support pilots for Wellness Checklists into PRH ❖ Begin education programmes for the deteriorating resident via Zoom technology for all 68 PNHS and 69 PRHs ❖ Support GPs in Anticipatory Care pilots as funding permits ❖ Continue to act as link workers for 34 PNHs
Tissue Viability Nursing Team	❖ Continue telephone triage of all referrals - referrals are triaged based on date of referral and not locality ❖ Continue to offer a telephone advice service to staff for all new referrals - written TVN plans are saved on our shared drive and shared with referring professional. ❖ Face-to-face visits will continue where this is deemed essential to patient care ❖ Complex wound care clinic running to meet the demand - currently one full day clinic per week. ❖ All referrals are being triaged for the complex wound care clinic - utilising the doppler skills of treatment room nurses when possible ❖ The Senior IQI Facilitator, is leading the TVN wound photography project for secondary care

	❖ TVNs and some district nurses are trialling the PANDO app for photography in primary care ❖ Post-incident reviews of pressure ulcer incidents are being managed remotely where possible. District nursing sisters and ward managers are being asked to commence the post-incident review form which is then reviewed by the TVN along with the relevant patient records. The post-incident review process is planned for evaluation as soon as possible.
Visitors	❖ The Trust will continue to implement the revised regional policy
Support Services	❖ Domestic Services - additional cleaning services required as a result of COVID-19 will continue on all sites, including the Seven Towers Mass Vaccination Centre and Trust Test Centre. ❖ Catering extension of the marquee on the AAH site to provide additional seating for meals/breaks to support social distancing. Additional staff resource will continue to provide breakfast and lunch. ❖ Transport continues to provide vehicles and staff for the transportation of vaccines to the community ❖ Portering, Car Parking and Security - additional portering duties required to support lockdown and duties in the Seven Towers Mass Vaccination Centre. ❖ Community Extension of Workplace Safety Champions on AAH and CWH sites to support safer workplace compliance.
Falls	❖ Restart face-to-face falls screenings for all NIAS referrals from the end of June (subject to COVID-19 telephone screening prior to visit) ❖ Restart face-to-face screening for ED referrals from the end of June, for patients who have been referred to the Falls Screening service twice within six months (subject to COVID-19 telephone screening prior to visit) ❖ Continue with falls screening for ED referrals by telephone, and as staff return to substantive posts work through waiting list. ❖ Restart face-to-face post-falls investigation meetings with wards at the beginning of April ❖ As staff return to substantive posts restart falls awareness training sessions – this will be via Zoom initially ❖ Continue with “Post-falls Clinical Pathway” pilot with identified Care Homes

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

The Trust will continue to take into account any lessons learned from managing the first and second waves 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.

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

The NHSCT Phase 3 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.

(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)

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

- Balancing safety and risk through regional agreements in respect of ensuring both effective on-going response to COVID-19 locally and the need to rebuild elective surgical and diagnostic services for prioritised clinical groups on an equitable basis for the Northern Ireland population, taking account of specific Trust differences, for example available accommodation
- Assessing workforce pressures, including the ability to safely and appropriately staff the rebuild plans. We must ensure our staff are supported and feel valued by ensuring that staff who were redeployed to ICU and other areas are given time to recover. Over the last year, staff have been working relentlessly and have not been able to take sufficient periods of annual leave, therefore it is important to give them the opportunity to avail of annual leave before they return to their roles. We also need to ensure that we can staff the vaccination programme and other areas that are still required to tackle the pandemic such as the testing team and Occupational Health
- Building on new ways of working and innovations to provide safe and effective care. Recognising the widespread adoption of telephone triage, virtual clinics and video calls during COVID-19, we will continue to work innovatively with our primary care/community partners and our clinical leaders to maximise the rapid scale and spread of technology
- Continuing to maintain effective COVID-19 zoning plans in line with Infection Prevention and Control advice and guidance, to safely manage separate pathways for flow of staff and patients across all sites, optimise efficient utilisation of Personal and

Protective Equipment (PPE) and ensure adequate catering and rest facilities for our staff

- Assessing the ability of our accommodation and transport infrastructure to support and enable rebuild plans across our hospital and community sites
- COVID-19 has further highlighted the difficulties faced in dealing with a pandemic with sub-standard hospital accommodation with limited single rooms provision and limited ICU capacity. These pressures will continue to intensify in the absence of much needed investment.
- Sustaining models for testing of health care workers and patients/clients as part of our ongoing response to COVID-19
- Sustaining a reliable supply of critical PPE, blood products and medicines to enable us to safely increase our services. In this plan the Trust has assumed a supply of PPE to meet the anticipated activity levels
- Providing necessary support and resources to the nursing/care home sector on an on-going basis alongside Trust-based services
- We will be mindful of our commitment to co-production and engagement and informed involvement in key decision-making in our local agreements to rebuild plans, while ensuring we harness opportunities to deliver services differently and with innovative solutions that reduce the need for direct patient contact but can effectively and safely deliver health and social care services
- Providing continued support to those in need within our population including those who were 'shielding', vulnerable people, and people at risk of harm
- The financial constraints, with limited recurrent growth funding and significant existing pressures.
- Any future surge in COVID-19 transmission could result in a temporary pause of core services to cope with demand. This is a complex and long-term undertaking and it will be some time before the vaccination programme is rolled out to the majority of the population. We all need to play our part in sustaining this reduction in transmission to preserve life and support our health service.

(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 Phase 3 Plan for rebuilding services in 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
- Advice for Informal (Unpaid) Carers and Young Carers during COVID-19 Pandemic
- 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
- 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
- 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 for HSC Staff - Terms and Conditions

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, winter pressures plan and phased rebuilding services plans • DoH Statistics and Research

- Census 2011 information
- Staff Information HRPTS
- NI Multiple Deprivation Measures
- 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	85.24
	Male	14.76
Community Background	Protestant	51.43
	Roman Catholic	38.82
	Neither	9.75
Religious Belief	Buddhist	0.06
	Christian	34.51
	Hindu	0.19
	Jewish	0.01
	Muslim	0.11
	None	7.45
	Not Known	56.87
	Other	0.77
	Sikh	0.01
Political Opinion	Broadly Unionist	11.81
	Broadly Nationalist	6.04
	Other	8.96
	Do Not Wish To Answer/Not Known	73.19
Age	16-24	4.22
	25-34	21.25
	35-44	24.04
	45-54	26.97
	55-64	20.32

	65+	3.19
Marital Status	Single 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** **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 15 March 2021, men in Northern Ireland (from confirmed cases recorded of 114,975 of which 53.46% were women) are more likely to die than women (deaths from confirmed cases of 2098 and men accounted for 52.43% of these) . Men also account for 70% of ICU admissions. The Trust, as part of this Phase Three 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 3, for example the planned delivery of elective day procedures based on need prioritisation, has the potential to impact on both males and females however there is no	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.

	evidence to suggest that the impact will be differential or negative on the basis of the gender alone. Some reinstatement of services benefit service users of a particular gender, for example, the reinstatement of inpatient consultant led maternity services at Causeway hospital and the reinstatement of both morning and afternoon maternity outpatient clinics as well as gynae outpatient services.	
Age	It can be assumed that the majority of service users and patients of every age will be impacted by this Phase 3 plan. As Phase 3 refers in most instances to the continued phased recommencement of services it is likely that impacts will be positive, Examples of likely positive impacts include the renewed establishment of contact visits for Looked After Children 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 advised the over 70s to self-isolate is an attempt to protect this vulnerable age group. From NISRA weekly bulletin w/e 12 March 2021 YTD figures) persons aged 75 and over accounted for 76.6% of COVID-19 related deaths. Nursing in reach education programmes for management of the deteriorating patient for all 68 private	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. Risk assessments will be completed for all staff as required.

	nursing homes and 69 private residential homes should aid management in the community and have a positive impact upon older people residing in these homes by keeping them protected from Covid19.	
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 the grounds of political opinion.	There is no evidence to suggest that there would be any adverse impact on any members of staff because of their political opinion.
Marital Status	There is no evidence to suggest that the phased rebuilding of some Trust services will have a differential or adverse impact on the grounds of marital status.	The Trust is mindful that some staff will have caring responsibilities. If this is the case individual and specific circumstances will be considered and where adverse impact is identified, the Trust will take steps to mitigate its effects including home working and flexible working.
Dependent Status	Many aspects of our Phase 3 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	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

	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 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	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 Trust 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.

	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 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 3 e.g. the continued use of 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 continued opening up of short break services during Phase 3.	
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 planned full reinstatement of the sensory support service is likely to have a positive impact on persons with sensory impairment 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 information provision may 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	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.

	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	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 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.	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 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 has held 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 and develop a coproduced action plan.
Sexual Orientation	Estimated 10% of the population is LGBT. 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	There is no evidence to suggest that this proposal will have an adverse impact on persons of different sexual orientation.

	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 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 is a priority for the Trust and will continue to consult on the implementation of the Trust's Rebuild Plan and associated workforce impacts and monitor the application of the Management of Change Process as it relates to rebuild.

(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	Many aspects of the Phase 3 Plan aim to carefully rebuild services given that we are now past the peak which will in fact positively impact on older people, carers and disabled people. Details are contained at 1.3 above. It is important to note that the Stage3 Plan identifies how the Trust will continue to reinstate services in an incremental way. This will result in a reduction of adverse impact. 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.
Age	Minor	Minor	
Religion	None	None	
Political Opinion	None	None	
Marital Status	None	None	
Dependent Status	Minor	Minor	
Disability	Minor	Minor	
Ethnicity	Minor	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		None

belief		
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, patients, service users and carers have equality of access to services and feel welcome, comfortable and safe accessing all Trust facilities, irrespective of race, religion or political opinion. The promotion of Good Relations is an integral part of Northern Trust's commitment to improve the health and wellbeing of all our staff. We strive to ensure that all staff irrespective of religion, race or political opinion feel safe, welcomed and comfortable in work. This is confirmed by the regionally developed Good Relations statement developed as part of Good Relations week 2020 (and detailed below): Working together we will promote good relations between people of different race, religion or political opinion This means that we: • Will actively address and challenge racism and sectarianism in all its forms • Will treat each other fairly, with respect and dignity • Will make sure our spaces are shared, welcoming and safe.
Political opinion	As above

Racial group	The Trust is committed to ensuring its services are accessible by the whole community. The Trust ensures access to interpreting support and 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 has a number of policies/strategies in place, including a Disability Action Plan, aimed at encouraging disabled people to participate in public life and promote positive attitudes towards disabled people. 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 to promote the health and well-being of staff and services users. A new remote sign language interpreting service has been established to enable British Sign Language (BSL) and Irish Sign Language (ISL) users to access NHS111 and Health and Social Care (HSC) services during the COVID-19 pandemic, 24 hours a day, 7 days a week. A range of accessible information has been produced and disseminated. All this information is available in the COVID-19 section of the Trust's website. 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 recognises that significantly restricting and in some cases, stopping access to visits will engage 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 and continually reviewed– 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	
Minor impact	X
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

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 3 rebuilding of services plans will continue to have an impact on service users, carers and staff, particularly older people, people with a disability, carers and members of the Black Asian Minority Ethnic communities. Many aspects of the Phase 3 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 Three relates to incremental increases in service capacity and the reopening of 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 continues to be 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.

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 3 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: Senior Management Team

Date: 20 April 2021