

Equality, Good Relations and Human Rights Screening Template

*****Completed Screening Templates are public documents and will be posted on the Trust's website*****

See [Guidance Notes](#) for further background information on the relevant legislation and for help in answering the questions on this template (follow the links).

(1) Information about the Policy/Proposal

(1.1) Name of the policy/proposal

Nightingale at Whiteabbey - Enhanced Nursing and Therapies Rehabilitation and Step Down Unit (regional service).

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

New service in response to COVID-19 pandemic

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

The Covid-19 pandemic has impacted health systems globally and continues to present a significant challenge. In Northern Ireland, Belfast City Hospital Tower Block was designated as the Nightingale hospital for the first wave, becoming a regional critical care hub.

In anticipation of a second surge in Covid-19, one which will coincide with usual winter pressures, the Chief Nursing Officer was tasked with leading a project to consider if there was a need to develop a further regional Nightingale facility to help increase bed capacity to ease potential pressures on HSC.

In September 2020 the Minister for Health announced that Whiteabbey Hospital would become a second Nightingale facility for Northern Ireland in preparation for a second wave of the coronavirus pandemic. This will be a regional service operating as Enhanced Nursing and Therapies Rehabilitation and Step Down Unit, providing extra bed capacity to aid the flow of patients from acute care. It will accept patients, from across Northern Ireland, who would benefit from a period of intense multi-professional rehabilitation following discharge from an

acute hospital and before returning to their normal place of residence.

There is emerging evidence to suggest post-COVID patients have complex rehabilitation needs, requiring care and support for the cognitive, respiratory and physical effects of COVID-19.

The Nightingale at Whiteabbey Hospital aims to provide an innovative new model of Nursing and Allied Health Professions (AHPs) led enhanced rehabilitation post-COVID. The facility will operate through multi-disciplinary teams, with patients being cared for by a combination of Doctors, Nurses and Allied Health Professions (AHPs) who will provide intensive and active rehabilitation over a 14-day average length of stay.

The vision is to provide additional capacity in the NI health system providing the most appropriate care in the safest, deliverable and efficient manner.

The guiding principles of this regional service are:

- The clinical operating model must underpin the function of the Nightingale facility
- Clinicians must support the purpose, pathways and proposed processes in order to accept this new model of care
- To establish a site in proximity to acute health services with established transport links will build confidence amongst clinicians to safely transfer patients to and from existing facilities
- The governance arrangements for the service should be aligned with an Acute Trust to provide streamlined operations and clinical management
- The workforce needed to meet the requirements of the care model required must be available

AHPs are a diverse group of clinicians, including Physiotherapists, Speech and Language Therapists (SLTs), Occupational Therapists (OTs) and Dietitians, who deliver high-quality care to patients. Practical interventions from AHPs are often significant in enabling people to recover movement and mobility, improve respiratory functioning, nutritional status and everyday living skills, thus supporting patients to recover to their pre-COVID baseline level of functioning.

This active rehabilitation model will provide benefits to the whole health and social care system in Northern Ireland including;

- Reducing pressure on patient flow in acute hospitals as patients requiring enhanced rehabilitation can be discharged to the unit
- Patients accessing this enhanced rehabilitation in the Nightingale will reduce pressure on local community rehabilitation services in their 'home'

trust

- Patients will have an optimised opportunity to make improvements and achieve their pre-Covid-19 level of baseline functioning
- Costs for long term care packages / complex equipment and adaptations have the potential to be reduced

There are four identified work streams to develop the Project deliverables:

- Workforce - Agree a regional staffing model for the unit. Identify and deliver a workforce to operationalise the service
- Clinical pathways - Develop agreed regional patient pathways including inclusion/exclusion criteria, referral processes, treatment pathways and discharge.
- Governance - Establish Standard Operating Procedures and put in place appropriate management and governance structures.
- Operations - Identify and deliver all necessary infrastructure/estates requirements and fully equip the site according to the clinical specification

The total number of beds planned for this Unit is 95

- Ward 2 opened on 20 November 2020, a 23-bed ward.
- There are plans for an additional 2 wards of 28 beds each; these will be ready to open physically from December. The opening of the remaining two 28-bed wards will depend on demand and workforce availability.
- There is also a 16-bed ward which is running as the current GP lead rehabilitation ward.

Provision of accommodation is a combination of single rooms and multi-bedded bays. A typical ward has 5 single rooms and a number of 5 or 6 bedded bays depending on space. Emphasis has been on providing good ventilation so there is a dilution of anything in the air that would increase the risk of infection. A new ventilation plant has been installed in the roof space. Additional cooling has also been installed to provide additional comfort during the summer months. Air changes will be consistent throughout the whole block. There will be six air changes per hour in line with the recommended level that should be provided for ward-based patients.

In terms of infection prevention, there are increased wash hand basins and bathrooms. Maintenance of single gender bays is the aim in the placement of patients but this may prove challenging and there may be instances where clinical need outweighs this preference.

The medical care model for the Unit is based, as is the case for every other rehabilitation facility in NHSCT, upon the use of the GP led model with primary support from trained Advance Nurse Practitioners (ANPs) and Allied Health Professionals (AHPs). To begin with, there will be two ANPs on one ward. There will be a staff to patient ratio of 1:1.4. All nurses have been trained in NEWS2 and, should a patient deteriorate, they are skilled in identifying this and there are protocols in place to act upon. Dalriada Urgent Care will be present during the day working alongside the ANPs and it is expected that ANPs will be on site until 8/8.30pm.

GPs will be available if called to the Unit. Please note, this is not provided through out of hours as it is a separate contract with Dalriada Urgent Care.

There is a multi-disciplinary team of rehabilitation specialists in place, including a range of Allied Health Professionals (AHPs) and social work staff, to ensure maximum recovery for the patients in Whiteabbey. Unlike traditional rehabilitation this service will be conducted seven days a week to maximise the capacity within the Unit. Some rehabilitation will start before 9am and extend beyond 5pm, as sessions will be incorporated into the patient's normal day.

At the ward level there are tablets that will support virtual visiting. A model of working with families is currently being developed and regular contact with family members is built into therapy goals. This will also be built into the regular workings of the team.

The Whiteabbey Nightingale will be providing focused periods of rehabilitation and average stay in the Unit is expected to be around 14 days. The Trust will work closely with patients' families and home Trusts to ensure they can be discharged back to the community after this, so that as many patients as possible can benefit from the Nightingale model.

Agreed admission and exclusion criteria (as at January 2020) are:

- 1. Aged 16yrs or over**
- 2. Must be assessed as requiring intensive Multi-Disciplinary rehabilitation**

Measure / Exclusions:

- Patients on a defined delirium pathway
- Patients with any condition that interferes with their ability to participate in active rehabilitation

- Patients who are dependent on Naso-Gastric (NG) Tube feeding or TPN to meet nutritional needs
(If a patient requires NG tube feeding following their admission to the step down unit to supplement nutritional intake this can be facilitated, and normal NG Tube protocol will apply)

3. Must be assessed as capable of being discharged from the WAH step-down unit back to their usual Trust services in 14 days or less

Measures / Exclusions:

- Patients who cannot be discharged within the 14 day period

4. No longer requires acute hospital medical treatment or care

Measure / Exclusions:

- Must not show; an increase in WCC or CRP, acute shortness of breath, have a raised temperature or have a deterioration in their NEWS Score in the 24hrs prior to transfer to the WAH Unit.

5. COVID-19 Status on transfer – Patients can be transferred to the step down unit while still within the first 14 days of onset of symptoms

Measure / Exclusions:

- IPC measures should continue until 14 days have elapsed since their first positive SARS-CoV-2 PCR test, provided the clinical improvement criteria below have been met.
 - Clinical improvement with at least some respiratory recovery
 - Absence of fever ($> 37.8^{\circ}\text{C}$) for 48 hours without the use of medication
 - No underlying severe immunosuppression
- There is no requirement to test patients for COVID19 ahead of their referral or transfer to the WAH Unit
- If the patient is 14 days post diagnosis, then it is assumed they are no longer infectious.
- If the patient is less than 14 days since diagnosis, assume they are infectious and follow IP&C protocols

6. Stable oxygen saturations either on room air or on prescribed oxygen therapy

Measures / Exclusions:

- The patient can be admitted for rehabilitation if still requiring oxygen therapy either as ambulatory or long term oxygen therapy
- Ongoing need for oxygen therapy assessed prior to transfer and oxygen prescribed as required, prior to transfer and admission to the WAH step-down unit

7. Capability to actively take part in an active rehabilitation programme

A patient leaflet is being developed in partnership with interested parties to ensure maximum accessibility to information by patients and their families.

There is an assumption that the Nightingale facility will be needed for a two year period. Post-COVID, possible legacy facility for other purposes subject to usual procedures and approvals

(1.4) Are there any Section 75 categories (see list in 3.1) which might be expected to benefit from the intended policy/proposal?

All Section 75 categories should benefit from the COVID-19 step down rehabilitation facility but, in particular, those likely to be at higher risk, for example, men, older people, BAME, and those with a disability or underlying health conditions.

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

Owned by DHSSPS as a regional project.

Implemented by NHST using existing hospital facilities at Whiteabbey, redeployment of some existing NHST staff, regional redeployment of staff from other NI Trusts and recruitment of any additional staff needed.

(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?)

Funding: uncertainty around the absolute cost of the project

Timing: With uncertainty regarding when further surges will occur, there is an urgency regarding the timing for the implementation of the new facility – as a minimum, it must be live to receive patients in advance of the colder weather and seasonal winter pressures.

Workforce: Any facility must have appropriate staffing numbers and suitable multi-disciplinary mix available, proportionate to the number of beds available. The requirement for skilled multidisciplinary teams to ensure patient outcomes are attained and that the hospital meets the 14-day target average length of stay to ensure flow across the HSC system is paramount to the success of this facility to reduce pressure on critical care and acute services.

Environmental: Continuing level of prevalence of COVID-19 in Northern Ireland and the impact upon level of hospital admissions

Access and discharge criteria: To maximise the flow of patients through the system specific entry criteria and strict discharge planning needed, with a focus on those coming to the end of their COVID-19 journey and in need of rehabilitative interventions

Governance and Accountability: Robust structures must be put in place to deliver the project and to ensure safe management of patients through surge periods.

(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)

The Minister of Health has approved the establishment of the Enhanced Nursing and Therapies Rehabilitation and Step Down unit (ENTRSDU regional service) based at Whiteabbey Hospital. The management of this project will be led by the Department of Health. CPD, in collaboration with the Northern Trust, managed

the Capital Build works. Northern Trust identified key personnel to support the equipping and commissioning of the facility and the ongoing management of the facility for the duration of the Project. Both HSCB and all other HSC Trusts in Northern Ireland are key stakeholders of this regional facility.

The recently established Project Board, with regional representation, provides the strategic direction and support required to develop the key principles and plans to deliver the project as a regional resource.

The Trust's response to the pandemic has improved professional and administrative joint working and has demonstrated that a better way of working is possible. The Trust and GPs have increasingly worked collaboratively to develop new pathways and opportunities for working together.

Within implementation phases of the ENTRSDU the Trust is committed to engaging with interested parties to garner feedback and views. Identified parties include service users, carers and families, nursing and residential home residents, older people living at home, people with acute mental health needs, staff, Trade Unions, Trust's Involvement Network, regional representative organisations – Age, Disability, Carers, Trusts' Involvement Networks, Trusts' Disability User Groups/Panels, Trusts' Older People's Groups/Panels, Trusts' local community groups/organisations, Trusts' Ethnic Minority Forums, Rural Community Network, Ulster Farmers Union, Carers NI.

Feedback given will directly influence direction of the plans and measures within them to mitigate any identified adverse or negative impacts. Detailed feedback reports being produced and disseminated as an outcome of all engagement.

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

All COVID-19 related policies in place at a regional, and at individual Trust, level.

(2) Available evidence

Evidence to help inform the screening process may take many forms. What evidence/information (both qualitative and quantitative) have you gathered to inform this policy? Specify details for relevant Section 75 categories.

Details of evidence/information

This regional project is predicated on the best available information in relation to epidemiological studies, demand and capacity analysis, Government Directives and international best practice in the management of the Covid-19 pandemic; however, it should be acknowledged that this is an exceptional situation that engenders a level of uncertainty in the ongoing management of the disease. It articulates the need for additional capacity to meet forecast Covid-19 demand above current NI system hospital capacity in the absence of a viable vaccine prior to anticipated future waves.

Department of Health. (2020). Minister highlights key finds of NI Covid-19 modelling [Online] Available at: <https://www.health-ni.gov.uk/news/minister-highlights-key-findings-ni-Covid-19-modelling>

Statista. (2020) Incidence of coronavirus (COVID-19) deaths in the EEA and the UK 2020, by country [Online] Available at: <https://www.statista.com/statistics/1111779/coronavirus-death-rate-europe-by-country>

(3) Needs, experiences and priorities

Section 75 profile for Northern Ireland resident population

Section 75 Group	Northern Ireland's Population Profile	Total NI Percentage
Gender Population 1,810,863 (2011 Census)	Female	51.00
	Male	49.00
Religion	Protestant	48.36
	Roman Catholic	45.14
	Other	6.50
Political Opinion	Not collected	

Age (June 2013) NINIS – Table KS102NI	0-15	20.95
	16-24	12.57
	25-44	27.50
	45-64	24.42
	65-84	12.83
	85+	1.73
Marital Status NINIS – Table KS103NI	Single	36.14
	Married	47.56
	Other	16.30
Dependent Status NINIS – Table KS105NI	Households with dependent children.	33.86 (based on 238,129 households)
Disability (NINIS Profile)	Persons with a limiting long term illness	20.69
Ethnicity NINIS – Table KS201NI	Black African	0.13
	Bangladeshi	0.03
	Black Caribbean	0.02
	Chinese	0.35
	Indian	0.34
	Irish Traveller	0.07
	Pakistani	0.06
	Mixed Ethnic Group	0.33
	Black Other	0.05
	Asian Other	0.28
	White	98.21
Other	0.13	
Sexual Orientation	Estimated 6 to 10% of population is LGBT (McClenaghan, 2012) equates to estimated 108,651 - 181,086 of the NI population	

Trust Workforce Profile as at 1 January 2020

Section 75 Group	Total Trust Workforce Profile as at 1 January 2020	Percentage
Gender	Female	85.24
	Male	14.76
Community Background	Protestant	51.43
	Roman Catholic	38.82
	Neither	9.75
Religious Belief	Buddhist	0.06
	Christian	34.51
	Hindu	0.19
	Jewish	0.01
	Muslim	0.11
	None	7.45
	Not Known	56.87
	Other	0.77
Sikh	0.01	

Political Opinion	Broadly Unionist	11.81
	Broadly Nationalist	6.04
	Other	8.96
	Do Not Wish To Answer/Not Known	73.19
Age	16-24	4.22
	25-34	21.25
	35-44	24.04
	45-54	26.97
	55-64	20.32
	65+	3.19
Marital Status	Single	27.26
	Married	65.33
	Not Known	7.41
Dependent Status	Caring for a Child/Children/Dependant Older Person / Person with a Disability	27.29
	None	20.68
	Not Known	52.03
Disability	Yes	2.36
	No	69.70
	Not Known	27.94
Ethnicity	Black and Minority Ethnic	1.67
	Irish Traveller	0.01
	Other	0.24
	White	70.82
	Not Known	27.26
Sexual Orientation towards:	Opposite Sex	48.17
	Same Sex	1.26
	Same and Opposite Sex	0.17
	Do not wish to answer/not known	50.40

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

Category	Needs, experiences and priorities	
	Service users	Staff
Gender	<p>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</p>	<p>The Trust is aware that women may have dependency and caring responsibilities. Staff's individual and specific circumstances will be considered and where adverse impact is identified, the Trust will take steps to mitigate its effects.</p>

	<p>5050, men have accounted for 64 percent of deaths from COVID-19 globally as of March 27.</p> <p>Subject to clinical requirements and bed capacity levels there may be a requirement to, at times, utilise mixed gender accommodation within this Unit.</p> <p>Possibility that single sex ward accommodation may not always be available</p>	<p>The Trust will consider mitigating measures for staff directly affected in line with the Trust's Human Resource Management of Change Framework.</p>
Age	<p>There is evidence to demonstrate that older people are more vulnerable and may become seriously ill as a result of COVID-19 (DoH Sitreps / World Health Organisation data). The current direction for the over 70s is to stay at home as much as possible in an attempt to protect them and mitigate the spread of coronavirus.</p> <p>It may also be the case that older people are more likely to avail of HSC services and that any additional pressure on HSC services would have a negative impact on this group.</p> <p>The proposed project will help to negate the impact on this group, with increased hospital capacity available to treat and support those who do get infected and require treatment in hospital.</p> <p>The nature of the service provided in Nightingale</p>	<p>Staff's individual and specific circumstances will be considered and where adverse impact is identified, the Trust will take steps to mitigate its effects.</p>

	Whiteabbey and the impact of Covid 19 will result in the majority of patients being in the older age bands.	
Religion	All of the Trust's services provide a welcoming environment where people from differing religious backgrounds are cared for together. Arrangements are made for patients to practice his/her religious beliefs.	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. The Trust will consider mitigating measures for staff directly affected in line with the Trust's Human Resource Management of Change Framework
Political Opinion	The Trust is of the view that there is no evidence to suggest that this regional service will have an adverse impact on service users 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	It is not envisaged that these changes will impact on the basis of an individual's 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 flexible working.
Dependent Status	New figures released for Carers Week (8 th -14 th June 2020) show an estimated 98,000 people in Northern Ireland have become unpaid carers as a result of the COVID-19 Pandemic. This is on top of the 212,000 unpaid carers in Northern Ireland who were already caring before the outbreak, bringing the total to 310,000. Approximately 57,000	As evidenced in research, women still have the main caring responsibility for children, young people and dependant adults. The Trust recognises that any change in place of employment can have an impact on women. The Trust has in place a range of flexible working arrangements in recognition of the number of female

	<p>women (58%) and 41,000 men (42%) have started caring for relatives who are older, disabled or living with a physical or mental illness.¹</p> <p>This new regional rehabilitation service should have a positive effect on carers allowing their family member to avail of rehabilitative interventions in a dedicated care setting that is staffed by appropriate specialists and returning home with a higher functioning capability than if they had been discharged directly from hospital after being treated for COVID symptoms.</p> <p>It is anticipated that many of the patients in the Nightingale will have friends and families who will wish to visit their loved ones. Due to the nature of the service being provided face to face visiting is only an option in very exceptional circumstances. The Trust is aware of the importance of regular contact between patients and their family and friends and has made arrangements for virtual visiting.</p>	<p>employees who may have caring responsibilities. The Trust will consider mitigating measures for staff directly affected in line with the Trust's Human Resource Management of Change Framework. The Carer Hub is available for staff members 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 deliver care outside the workplace</p>
Disability	Depending on underlying health conditions, people with a disability may be at greater risk	It is estimated that 20% of the population of Northern Ireland has a recognised disability. The

¹ Carers UK website - <https://www.carersuk.org/news-and-campaigns/52-northern-ireland/news/6458-covid-19-pandemic-98-000-become-unpaid-carers-in-northern-ireland-in-a-matter-of-weeks>

	<p>of developing more severe cases of COVID-19 if they become infected.</p> <p>It may also be the case that people who have a disability are more likely to avail of HSC services and that any additional pressure on HSC services would have a negative impact on this group.</p> <p>This regional service should help to negate the impact on this group, with increased hospital capacity available to treat and support those who do get infected and require treatment in hospital.</p> <p>All of the services users affected by this proposal have a disability for a period of time because of the nature of this service. Their specific requirements will be taken fully into account when meeting their future needs. The Trust will make sure that the needs of each service user are fully assessed and that any special requirements are identified. Reasonable adjustments will be made for any patient or their carer as required</p> <p>Deaf patients who use sign language will have access to a Sign Language Interpreter as required. Deaf patients can utilise the app available to download to give them access to an interpreter remotely 24/7 – this app is called Interpreter Now</p>	<p>Trust recognises that not all staff may wish to declare a disability. If any of the staff declare that they have themselves as having a disability, reasonable adjustments will be put in place as required and staff will get support from the Occupational Health Department and their line manager.</p>
Ethnicity	Black and Ethnic Minority	Staff's individual and specific

	<p>people have been proportionately more affected by COVID-19. This cohort is more statistically likely to avail of the stepdown rehabilitation service at Whiteabbey.</p> <p>The Trust is committed to accessibility to services for all of its residents. For those whose first language is not English the Trust can provide interpreters using the Big Word or the NIHSC Interpreting service to ensure that this regional step down service remains accessible.</p>	<p>circumstances will be considered and where adverse impact is identified, the Trust will take steps to mitigate its effects.</p>
Sexual Orientation	<p>It is not envisaged that these changes will impact either positively or negatively on the basis on an individual's sexual orientation.</p>	<p>There is no evidence to suggest that this policy will have an adverse impact on persons of different sexual orientation.</p>

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

An engagement event took place, using Zoom technology, on 5 November 2020 with over 30 service users, carers and representative groups. The session involved a presentation of the Nightingale facility at Whiteabbey Hospital and presentations from a panel of project team members. There were then opportunities for participants to ask the panel questions and provide suggestions. Further comments and feedback was gathered through a feedback survey via SurveyMonkey.

On-going regional engagement continues. See link below for access to a feedback report from the engagement event.

L:\C-Shares\Business & Corporate Services\Equality\Central File\Rebuild\Nightingale at Whiteabbey\NW_Service User Event Outcome Report_FINAL.pptx

(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 Subject to clinical requirements and bed capacity levels there may be a requirement to, at times, utilise mixed gender accommodation within this Unit	Staff's individual and specific circumstances will be considered and where adverse impact is identified, the Trust will take steps to mitigate its effects.	Minor
Age	Minor The nature of the service provided in Nightingale Whiteabbey and the impact of Covid 19 will result in the majority of patients being in the older age bands. The service will help to negate the impact on this group, with increased hospital capacity available to treat and support those who do get infected and require treatment in	As above	Minor (+ve)

	hospital.		
Religion	None	As above	None
Political Opinion	None	As above	None
Marital Status	None	As above	None
Dependent Status	Minor This new regional rehabilitation service should have a positive effect on carers allowing their family member to avail of rehabilitative interventions in a dedicated care setting that is staffed by appropriate specialists and returning home with a higher functioning capability than if they had been discharged directly from hospital after being treated for COVID symptoms.	As above	Minor (+ve)
Disability	Minor Depending on underlying health conditions, people with a disability may be at greater risk of developing more severe cases of	As above	Minor (+ve)

	<p>COVID-19 if they become infected. It may also be the case that people who have a disability are more likely to avail of HSC services and that any additional pressure on HSC services would have a negative impact on this group. This regional service should help to negate the impact on this group, with increased hospital capacity available to treat and support those who do get infected and require treatment in hospital.</p>		
Ethnicity	<p>Minor Black and Ethnic Minority people have been proportionately more affected by COVID-19. This cohort is more statistically likely to avail of the stepdown rehabilitation service at Whiteabbey. The Trust is committed to accessibility to services for all of its residents. For those whose first language</p>	As above	Minor (+ve)

	is not English the Trust can provide interpreters using the Big Word or the NIHSC Interpreting service to ensure that this regional step down service remains accessible.		
Sexual Orientation	None	As above	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	Mixed gender accommodation should only be utilised as a last resort where clinical need indicates that it is required for optimum care delivery
Age	It is anticipated that the treatment and support provided in the Unit will have a positive impact on patients' health and wellbeing and recovery.
Religion	In line with the HSC regional good relations statement the Nightingale will provide a welcoming environment where patients from differing religious backgrounds are cared for together. Any specific needs in relation to the patient's religious belief will be part of their individual care plan and necessary arrangements will be made for patients to practice their religious beliefs.
Political Opinion	As stated above, the Unit provides a welcoming environment where all patients are cared for together.
Marital Status	At the ward level there are tablets that will support virtual visiting for spouses and partners. A model of working with families is currently being developed and regular contact

	<p>with family members is built into therapy goals. This will also be built into the regular workings of the team.</p> <p>A patient leaflet is being developed in partnership with interested parties to ensure maximum accessibility to information by patients and their families.</p>
Dependent Status	<p>Carers are entitled to an individual carer's assessment to identify their specific needs and to establish the impact of caring on their own health and wellbeing. Carers can then be signposted to appropriate services and support.</p> <p>At the ward level there are tablets that will support virtual visiting. A model of working with families is currently being developed and regular contact with family members is built into therapy goals. This will also be built into the regular workings of the team.</p> <p>A patient leaflet is being developed in partnership with interested parties to ensure maximum accessibility to information by patients and their families.</p>
Disability	<p>The Trust will make sure that the needs of each patient are fully assessed and that any special requirements are identified And reasonable adjustments made.</p> <p>All information will be provided in alternative and accessible formats.</p> <p>Sign language interpreting will be provided for patients who are Deaf – either face to face or through remote interpreting as required.</p>
Ethnicity	<p>Any specific cultural needs will be addressed during the development of the care plan. The Trust will ensure that all relevant information is available in alternative formats and interpreters are provided when required. As indicated previously, it is important that the Trust continues to translate essential information. Trust staff are cognisant of the</p>

	ethical reasons for ensuring that patients who are not proficient in English as a first or second competent language are provided with telephone interpreting or face-to-face interpreting to facilitate effective and safe communication. This is available through the Big Word and the NIHSC interpreting service.
Sexual Orientation	As stated above, the Unit provides a welcoming environment where all patients are cared for together.

(4.3) To what extent is the policy/proposal likely to impact on good relations between people of different religious belief, political opinion or racial group? minor/major/none

Good relations category	Details of policy/proposal impact	Level of impact Minor/major/none
Religious belief	There is no evidence to suggest that this proposal will have an impact on the grounds of religious belief.	None
Political opinion	There is no evidence to suggest that this proposal will have an impact on the grounds of political opinion.	None
Racial group	The Trust is committed to ensuring that its services are accessible to everyone and provides an interpreting service and translated information for those whose first language isn't English.	None

(4.4) Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?	
Good relations category	Please provide details
Religious belief	<p>The Trust is committed to ensuring that staff, 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.</p> <p>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):</p> <p>Working together we will promote good relations between people of different race, religion or political opinion</p> <p>This means that we:</p> <ul style="list-style-type: none"> • 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	As above

(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 equality of opportunity for all service users and staff in terms of disability and complies with all relevant Disability legislation, including the Disability Discrimination Act 1995 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.

All staff must complete mandatory training on equality, human rights and good relations which includes awareness of disability duties.

(6) Consideration of Human Rights

(6.1) Does the policy/proposal affect anyone's Human Rights?
Complete for each of the articles

Article	Positive impact	Negative impact = human right interfered with or restricted	Neutral impact
Article 2 – Right to life	√		
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			√
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			√
Article 5 – Right to liberty & security of person			√
Article 6 – Right to a fair & public trial within a reasonable time			√
Article 7 – Right to freedom from retrospective criminal law & no punishment without law			√
Article 8 – Right to respect for private & family life, home and correspondence.			√

Article 9 – Right to freedom of thought, conscience & religion			√
Article 10 – Right to freedom of expression			√
Article 11 – Right to freedom of assembly & association			√
Article 12 – Right to marry & found a family			√
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			√
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			√
1 st protocol Article 2 – Right of access to education			√

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

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

A minimum core obligation in terms of human rights is the duty to ensure that health facilities, goods and services are accessible on a non-discriminatory basis, especially for vulnerable or marginalised groups.

Principles include:

- Respect and protection of the right to human dignity. The implementation of a regional enhanced nursing and therapies rehabilitation and step down unit , with suitable mitigation measures in place to enable all people to access that service, will optimise human dignity and respect as appropriate access is given to care that is needed
- Access to information in terms that the patient can understand is integral to the right to health and to free and informed consent. Information leaflets are being developed for this regional service which will be available in alternative languages and in alternative formats including easy read.
- A sufficient quantity of health facilities, goods and services is essential to ensure timely health care as required by human rights laws and standards. The centralisation of this regional service, within easy reach of the majority of the population in Northern Ireland, makes best use of limited resources and enables

continuity of care during difficult times.

- Human rights standards recognise that a good quality health system requires a minimum number of health professionals – this regional multi-disciplinary service implementing the GP model for care delivery will ensure that our staff are working to the best of their abilities and in accordance with their experience.

(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	√
No impact	

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

Yes	√
No	

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

Yes	
No	√

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

Impact: The Trust believes that this is a method of delivery of services that has been implemented in response to the COVID-19 pandemic and volumes of patients being admitted to the acute hospital facilities across Northern Ireland during surge times. The Trust believes that the creation of a regional rehabilitation service, staffed by multidisciplinary teams will have a positive impact in terms of patients, carers and staff. The Trust acknowledges the importance of communicating these changes, offering choice as mitigation, and providing access to interpreters and information in alternative formats.

On-going screening: Similarly, as with any changes, the Trust is committed to monitoring the implementation of these new models of care alongside outcomes, and satisfaction of patients, carers and staff.

EQIA not required: The changes are well researched and based on clear need and exemplar best practice elsewhere. These changes will help improve the experience of patients, carers and staff and will improve the longstanding issues of flow and discharge within the broader HSC system.

(8) Monitoring

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

Continuous review and monitoring

Close partnership working with Primary Care colleagues

Complaints and Compliments

Commitment to learning from experience and QI methodology

Seeking feedback – Involvement Network, Care Opinion, 10,000 voices, Patient Experience

Date: 2 March 2021

Approved by: Nightingale Project Board

