

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
NHSCT Service Delivery Plan for July and August 2021

(1.2) Is this a new, existing or revised policy/proposal?
New – building upon previous plans in response to fluctuating levels of COVID-19.

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

The purpose of this two month Service Delivery Plan is to show how NHSCT will balance the ongoing needs of people and communities affected during the pandemic and to address the impact on all services, particularly elective waiting times and lists, services for children, older people and those who have mental health needs. NHSCT recognises the ongoing restrictions in the community and the safety precautions for patients, service users and staff, families, carers and visitors. With the welcome reduction in COVID-19 community transmission and resulting reduction in admissions to our hospitals, the Trust has been able to rebuild services successfully in May and June. Some services are now delivering activity that matches that of pre-COVID-19 levels.

Since July 2020 the Northern Health and Social Care Trust has implemented a series of plans (as detailed out below) in response to fluctuating levels of COVID-19. These individual rebuild plans set out a stepped approach to the resetting of our services. A year on from the first plan, this rebuild plan, now renamed a Service Delivery Plan, outlines how the Trust will continue to safely deliver our services within available resources for the months July and August 2021. NHSCT has set out an ambitious and challenging plan based on robust planning assumptions to ensure that the rebuilding of services continues at pace.



Since March 2020, COVID-19 has had a detrimental impact on services across all areas of the Trust and the wider health and social care system. Within the NHSCT, our focus has been to ensure the safety of our patients, service users and staff. Many of our services were suspended or reduced, including many elective procedures, allowing us to protect emergency and urgent services and these are now being re-established. Supporting community services and care home pressures across the Trust has also been hugely challenging.

The Trust continues to be committed to providing a carefully considered, balanced and evidence-based response to rebuilding services, taking into account the levels of community transmission and hospitalisation rates. We have also learnt from experience and engagement with staff and services users over the last year and developed innovative ways to deliver services. The Trust will continue to support the vaccination programme, yet we know that despite its success 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 acknowledges the long term health and social impact of COVID-19 and we are actively working with regional colleagues to ensure appropriate services and information are available and accessible for those who need them.

Health Inequalities: COVID-19 has highlighted many of the health inequalities that persist in our communities and it has become clear that COVID-19 has had a disproportionate impact on those who already face disadvantage including: people living in areas of high deprivation, people from Black, Asian and minority ethnic communities, older people, men and those with a learning disability. A central part of our Service Delivery Plan must be to tackle health inequalities to protect those at greatest risk. We will:

- Carry out an equality screening and a rural needs impact assessment for this service delivery plan to make sure that our services are inclusive and can be accessed by those in greatest need.
- Continue to work with the PHA and engage with those communities to protect the most vulnerable from COVID-19.
- Focus on our preventative and early intervention programmes that engage those at greatest risk of poor health outcomes. Key areas include obesity reduction initiatives through the Northern Area Healthy Lifestyle Partnership, Health Coaching for people at high risk of Diabetes and Hypertension and targeting of hard to reach groups including health checks for the rural community.
- Focus on supporting those who suffer mental ill health and building community resilience for improved mental and emotional wellbeing through a Place Based approach. This involves working closely with community leaders to strengthen capability and capacity within communities to help people look after their mental wellbeing.
- Launch “One Conversation at a time: A framework for tackling loneliness and social isolation across the generations” to build on the ongoing work with and within communities through the Trust and four Locality Loneliness Networks which have helped to establish across the Northern Area.
- Continue collaboratively plan and delivering action to address health inequalities in partnership with GPs, care homes and voluntary sector through the Community hub.
- As Community Planning Partners, play a significant role in devising and delivering multi-agency plans on tackling poverty such as those in the Causeway Coast and Glens and the Mid Ulster Partnerships and in developing and enacting key initiatives to poverty and inequalities in Antrim and Newtownabbey and Mid and East Antrim Partnerships.
- Build on cross-sector emergency approaches to addressing poverty, such as the Save the Children led partnership initiative to address family poverty, to build enduring sustainable approaches tackling poverty and associated health inequalities.

Overarching Regional Approach

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 service delivery plans, NHSCT will be informed and guided by regional work streams covering Health Inequalities, Critical Care De-escalation, Unscheduled Care, Cancer Services, Regional Waiting List, Orthopaedic Hubs, Day Case Elective Care, No More Silos, Vaccine Programme, Mental Health, Adult Social Care and Long COVID. Further information on these groups, provided by the DOH regional rebuild cells, is set out below.

Tackling Health Inequalities

- The 'Health Inequalities Annual Report 2020' (<https://www.health-ni.gov.uk/publications/health-inequalities-annual-report-2020>) clearly demonstrates that inequalities in health outcomes continue to be a key issue and challenge in Northern Ireland. Given the multi-faceted causes of inequalities in health, tackling this issue needs sustained focus within the health and social care system and increased collaboration across departments and agencies, local government, the community and voluntary sector, and with communities themselves to address the factors which impact on health and wellbeing locally and regionally.
- Making Life Better (<https://www.health-ni.gov.uk/articles/making-life-better-strategic-framework-public-health>) is the overarching strategic framework for public health through which the Executive committed to creating the conditions for individuals, families and communities to take greater control over their lives, and be enabled and supported to lead healthy lives. It is vital that the Health and Social Care System continues to support the delivery of Making Life Better, particularly as COVID-19 is likely to have exacerbated the inequalities that already exist and this will require a continued focus and population health approach to address in the long term. Improving health and wellbeing, increasing health literacy and reducing inequalities in health outcomes, will be a key part of ensuring we build greater health resilience in the population into the future and help to reduce the impact of potential future pandemics.

Critical Care

- Critical care beds are all open and operational throughout Northern Ireland at their commissioned bed levels. Belfast Trust continue to manage a different bed configuration across its units, than that commissioned, to enable urgent elective care on BCH site and non-elective care on the Royal site. This is not without challenges however the Trust will work with HSCB, PHA

and CCaNNI to fully understand the implications of this and minimise impact on the wider critical care system. Similarly, work is ongoing to aim to minimize delayed discharges from ICU, which has been a growing issue recently due to wider Trust pressures.

Regional Management of Unscheduled Care

- The challenge of managing unscheduled care pressures has been exacerbated in the past year by the tremendous system effort to cope in the face of significant surges in hospitalisation due to COVID-19 infection. The system collaborated closely and effectively in particular through the Critical Care and Respiratory Operational Hub and the lessons from that approach are now being considered in the regional management of Unscheduled Care.
- Unscheduled care is a broad service area encapsulating adults and paediatrics, emergency and urgent care, major trauma, critical care, neonatal care and hospital flow, including discharge. Consideration needs to be given to this breadth and the various processes currently in place to manage these. As demand increases and our hospitals start to move towards pre-COVID-19 attendances and admissions, it is important to fully understand the impact that COVID-19 will continue to have on our physical space and the need to manage patient flows in a safe environment.
- The Health and Social Care Board is currently working collaboratively with the Public Health Agency, NIAS and the five provider Trusts to improve waiting times at our Emergency Departments, enhance flows through the system and facilitate timely discharge.

Cancer Services

- 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 has worked with the Department of Health to produce a Cancer Recovery Plan. This 3 year plan 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-19. 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.

- 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

- The focus of the HSC continues to be on delivering all elective services in an environment that is safe for both staff and patients. Whilst it is expected that theatre capacity will continue to be constrained during this period, the HSC will continue to seek to maximise activity. It is likely 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.

Orthopaedic Hubs

- 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. Unfortunately, elective orthopaedic services were suspended in October as resources were redeployed to address the immediate pressures arising as a result of the

COVID-19 surge. Waiting times for orthopaedic services were already the longest in the UK prior to the onset of the pandemic and demand for these services continues to increase in line with ageing demographics. It is therefore vital that orthopaedic capacity is increased and protected as far as possible at each of the hub sites of Craigavon, Altnagelvin and Musgrave Park in line with the orthopaedic recovery blueprint.

- Throughout this period, the Orthopaedic Network has continued to explore and develop opportunities for regional transformational change for the service. Entering the next phase of service rebuilding, it is intended that a recovery plan for orthopaedics will be published in August. The recovery plan will set out priority actions and timescales to bring orthopaedic activity back to commissioned levels, and to increase activity as effectively as possible, maximising the use of all available capacity across the region to increase activity. 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

- In July 2020 the Minister announced that Lagan Valley Hospital in the South Eastern Trust would become a dedicated elective care 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 enabled services to continue be delivered throughout the pandemic on a 'COVID-light' or 'green' pathway. During the pandemic, the centre 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. In recent months the centre has begun to provide high volume, low complexity procedures for the region across a range of specialties. The team at the Day Procedure Centre in Lagan Valley is working to maximise the efficiency of service delivery in the space available. There are also similar initiatives for cataracts and varicose veins in Downe, Omagh, South Tyrone and the Mid-Ulster Hospital.
- While the overall model for Lagan Valley Hospital is still developing, it has already demonstrated the benefits of having dedicated elective care capacity. Alongside the work to develop the model at Lagan Valley, consideration is also being given to expanding this approach to further sites on a managed basis.

No More Silos

- The funding constraints across all health and social care services in this financial year are placing significant pressure on our ability to continue to implement NMS. There is general recognition that the implementation of NMS is extremely positive work

which should continue. It may be necessary to prioritise key elements of the action plan to ensure the maximum benefit within the limited resources available.

- In transforming urgent and emergency care services, the Department is seeking to ensure that patients are able to receive the right care, in the right place and at the right time. The review seeks to keep emergency departments for emergencies by ensuring that patients who require urgent care have appropriate pathways into the services that they require. These services may be within primary or secondary care.
- The Department intends to publish its review of Urgent and Emergency Care during the summer 2021.

Vaccine Programme

- The COVID-19 vaccination programme was launched on the 20 December 2020 with the vaccination of the JCVI priority group 1 and by the 26 May 2021 the programme had been extended to the last part of the final cohort, JCVI priority group 12. Everyone aged 18 years and over is now eligible to receive a COVID-19 vaccine in NI. There are 7 Trust operated vaccination centres, and in addition Trust special mobile teams, working with the PHA, are being deployed to areas of low vaccine uptake rates.
- The vaccination programme has helped to protect the most vulnerable in the community most quickly against the severe outcomes of disease. We are now seeing clear evidence that the vaccination programme is contributing to a reduction of the wider health service pressures. The roll out of the programme remains critically dependent on vaccine production, supply and distribution. The pace of the programme slowed slightly as a result of the updated advice from JCVI, which advised that it was preferable for those aged under 40 years of age to receive an alternative to the AstraZeneca vaccine. Due to the limited supply of the Pfizer vaccine, the programme is now expected to complete first doses by the end of July with second doses expected to be completed by early September.

Mental Health

- 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 increase in special observations and in the proportion of detained patients. Community mental health services are also reporting increasing referrals for secondary mental health assessment, and subsequent care and treatment. A similar position is reflected in our younger population with referrals to CAMHS continuing to increase. It is expected that these pressures will continue.

- Work has progressed to help and support people’s mental health and wellbeing. A reformed Mental Health Pandemic Response Group will provide strategic direction to support this. 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 expected to be published in the summer. This will help ensure a cohesive strategic direction for development of mental health services over the next 10 years.

Adult Social Care

- 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. In addition to more than £45m of direct financial support provided last financial year the Minister has approved £4m of funding to support enhanced sick pay, additional cleaning and costs associated with facilitating safe visiting in care homes. The ongoing provision of PPE without charge, where providers cannot access their own supplies continues, as does 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. Plans are being progressed to develop an appropriate testing pathway to extend the availability of COVID-19 testing to all asymptomatic domiciliary care staff and personal assistants. The frequency and type of testing to be deployed across this sector is still under consideration. The Department will continue to actively review the frequency of testing in these settings; 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.
- The Department continues to work with Trusts and the PHA 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 the greater use of direct payments to support the care of individuals. Support to carers continues to be a priority, recognising the increased burdens that have been placed on those who care throughout the pandemic. To that end, a £4m fund to support organisations working for and with unpaid carers has been established. 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.

Long COVID

- The Minister of Health has recently approved proposals for the assessment and treatment of people who continue to experience long-term health effects as a result of COVID-19 infection. The proposals encompass 5 separate strands;
- Post-COVID-19 Syndrome patients referred by primary or secondary care to a one-stop-shop MDT assessment service
- Bespoke pulmonary rehabilitation / dysfunctional breathing service for patients with significant respiratory symptoms post-COVID-19
- Patients discharged from critical care (both COVID-19 and non-COVID-19)
- Strengthening psychology support to all Trusts and
- Signposting and access to self-management resources.
- Commissioning the services will take a number of months and it is anticipated that with services will be established by end of October 2021. In the meantime patients displaying long COVID symptoms will continue to be treated via existing services in both primary and secondary care.

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. The Trust is committed to its legal duties under Section 75 of the Northern Ireland Act 1998 as detailed in its approved Equality Scheme, and the Rural Needs Act 2016. In terms of assessment of this Northern HSC Trust Service Delivery Plan, the Trust will screen for both equality and rurality to identify potential adverse impact.

Key Challenges in Respect of Implementing our Plan

Key challenges in implementing this service delivery 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 service delivery plans. We must ensure our

staff are supported and feel valued by ensuring that staff who were redeployed to service critical 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. 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 service delivery plans
- 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.

In order to provide a fit-for-purpose Intensive Care Unit in Antrim Hospital ready to manage further surges of COVID-19, the Trust is

carrying out refurbishment work to convert a surgical inpatient ward to an enhanced ICU footprint. This will require a downturn in bed capacity during the month of August 2021. In order to alleviate the pressure this will create on the Antrim site, all elective surgery will be diverted from Antrim to Causeway and other hospital sites in the Northern Trust. While we will work to minimise the overall impact on elective volumes, it is likely this will reduce our elective capacity for the month of August.

Our Staff

Throughout the pandemic and in developing our rebuild and service delivery 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 Service delivery plans outlined below.

NHSCT Service Delivery Plan by Service area

The table below outlines, for the period July and August 2021, those NHSCT services that have experienced a significant impact as a result of the pandemic and explains the actions being proposed to further increase capacity and/or access. Also published is a separate data annex, which sets out the anticipated activity across a range of services which Trusts and HSCB will continue to monitor over this period.

NHSCT SERVICE DELIVERY PLAN JULY AND AUGUST 2021

Our services	What we plan to do to deliver services in July and August 2021
<ul style="list-style-type: none"> • Urgent and Emergency Care 	<ul style="list-style-type: none"> • Evaluation of NMS Phone First with Primary Care colleagues • Implement required actions based on DOH feedback on NMS • Complete NMS NIAS ambulance turnaround, implement and monitor pathways impact • Develop capital plans for further redevelopment of waiting area • Focus on flow and discharge to include Home for 1 project and Nurse-led discharge • Maintain Ambulatory Emergency Care pathways in ED • Focus on Antrim and Causeway Medical Models • Develop further frailty on Antrim and Causeway sites • Enable further embedding and development of ambulatory care and pathways in partnership with primary care

	<ul style="list-style-type: none"> • Continue to focus on co-production and PPI • Review elective activity and agree clinic templates to include virtual clinic developments • Review bed capacity and scope opportunities to increase • Develop workforce and support in post-COVID-19 recovery.
<ul style="list-style-type: none"> • Critical Care 	<ul style="list-style-type: none"> • 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 currently being provided on an interim basis in a single bedded ward, while a different ward is repurposed to meet the appropriate standard to house ICU. The current facility will provide the commissioned bed numbers of 7 x Level 3 equivalents and can accommodate COVID-19 and non-COVID-19 patients and can escalate to 10 x Level 3 patient if required. The re-purposing work is currently on-going and expected to complete mid-September. • 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 side room 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.
<p>Diagnostics (X-Ray, MRI, CT, cardiac investigations)</p>	<ul style="list-style-type: none"> • For this phase it is anticipated that capacity will be as follows; <ul style="list-style-type: none"> • CT will exceed 2019 baseline, delivering approx. 3,350 scans per month • MRI will exceed 2019 baseline, delivering approx. 900 scans per month • NOUS will exceed 2019 baseline, delivering approx. 4,000 scans per month • Plain film will meet 2019 baseline, delivering at least 15,000 exams per month, as demand requires • There are currently great difficulties in sourcing temporary staff to fill gaps due to maternity leave and long term sick leave.
<p>Cancer Treatment Services</p>	<ul style="list-style-type: none"> • Delivery of SACT continues, numbers are increasing and currently at pre-COVID-19 levels. The Trust is working closely with the Belfast Trust Oncology service which provides an outreach consultant-led service and will aim to have patients beginning treatment to agreed cancer standards

- Oncology nurse practitioner-led NMP and review will continue with prostate and breast oncology
- Haematology services continue, with treatment clinics working at above pre-COVID-19 levels due to increased demand. The Trust will aim to maintain suspect cancer treatment at agreed cancer access standards.

Day Surgery & Endoscopy Services

- The Trust's Day Surgery provision will increase as follows:
 - Causeway Day Surgery Unit delivering 12 sessions per week; Urology, Pain, Flexible GA list, Dental (Learning Dis & Children) ENT and Gynaecology
 - The Cataract Elective Care Centre @MUH will continue delivering 6 sessions / week
 - MUH will also provide 6 DS lists for mixed specialities such as GS, ENT, Urology, etc.
 - Whiteabbey Hospital will deliver 6 DS sessions per week over this period.
 - Antrim Hospital will not provide daycase surgery during this period in order to facilitate a green pathway for inpatient elective activity.
 - The Trust's Endoscopy capacity will be increased to 29.5 endoscopy lists, 3 Bronchoscopy lists, 3 x ERCP and 4 Bowel cancer screening lists delivered across the three Endoscopy sites
 - NB: From December 2020 to the end of August 2021 the Mid-Ulster Endoscopy Unit will not be operational due to an upgrade of the ventilation system.

Outpatient Services

- Outpatient clinics will continue to be supported to maximise the number of patients seen, whilst maintaining agreed COVID-19 risk reduction measures, with a mix of face-to-face and virtual outpatient assessments. Every effort will be made to increase the number of patient assessments as infection prevention and control measures allow
- The Trust is continuing to provide a phlebotomy service in outpatients for virtual review patients and is working with regional colleagues and GPs in order to support the development of a more sustainable phlebotomy service
- Nurse-led venesection for gastro patients will be maintained
- Work is beginning to introduce a similar service for haematology patients.

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 has been relocated on AAH site to Level C OPD to accommodate ICU location until end of August 2021. Clinic capacity for Gynae outpatient activity is reduced to maintain COVID-19 safe environments
- The Gynae team continues to work in partnership with acute colleagues to utilise available sessions within the elective green pathway on AAH site for priority 2A & 2B red flag cases. The Gynae team continues to utilise one session per week in Causeway Hospital for red flag surgery
- Outpatient with procedure appointments continued in The Meadows, Causeway Hospital and have resumed in AAH in a relocated area in Level C OPD.

Inpatient Elective and Emergency Surgery for Adults and Paediatrics**Causeway Hospital July**

- Inpatient surgery on Causeway site will be 13 x lists per week shared amongst Gynae, ENT and General Surgery / Colorectal
- 1 of these 13 x lists is for a Western Trust Urology List (Fri am)
- Lists continue to be allocated using the regional FSSA priority coding
- Breast surgery on the Causeway Hospital site will be stood down from the beginning of July due to increased list availability on the Antrim Hospital site. Breast surgery did not take place on the Causeway site pre-COVID-19 and so this is a return to normal service delivery. However, the Causeway Hospital site will continue to be used as required and as staffing allows
- An emergency list on the Causeway Hospital site runs daily, alternating between morning and afternoon, depending on site pressures

Antrim Hospital July

- Inpatient surgery on the Antrim Hospital site has increased to 16 Inpatient lists per week, shared amongst Breast, ENT, Gynae and Gens / Colorectal
- 1 of the 16 lists has been allocated as a bookable emergency list for patients

assessed at the Emergency Surgical Unit

August

- Emergency Lists continue on the Antrim Hospital site, 1 morning and 1 afternoon - 10 per week.
- In order to provide a fit-for-purpose Intensive Care Unit in Antrim Hospital ready to manage further surges of COVID-19, the Trust is carrying out refurbishment work to convert a surgical inpatient ward to an enhanced ICU footprint. This will require a downturn in bed capacity during the month of August 2021. In order to alleviate the pressure this will create on the Antrim site, all elective surgery will be diverted from Antrim to other hospital sites in the Northern Trust. While we will work to minimise the overall impact on elective volumes, it is likely this will reduce our elective capacity for the month of August
- During this time the Antrim Hospital site will continue to run a daily Emergency List morning and afternoon (Life or limb), plus a daily emergent list morning and afternoon (bookable for patients who have been surgically assessed at the EmSU and classed as requiring surgery). In summary, this will mean 20 lists in total on the Antrim Hospital site
- The gynae team continues to focus its elective capacity on red flag and urgent cases. The team continues to work from 6 elective beds in Gynaecology C1, 5 elective beds allocated within Gynaecology ward and 4 elective beds in Paediatrics.

Pharmacy

- Continue with core services
- Pharmacy support to Mass Vaccination Centre and vaccine distribution for the community programme
- Management and distribution of PPE
- Pre-admission medication review - elective general surgery, ENT, breast, gynae surgery (Antrim)
- Undertake switch from Cellcept to generic Mycophenolate Mofetil in renal transplant patients
- Undertake Medication Reviews in Care Home residents within the Enhanced Care Response Team.

Screening Programme

- Trusts will continue to deliver across all population screening programmes in line with Public Health Agency recommendations
- Trusts will seek to restore screening capacity to enable the timely offer of screening to all eligible individuals
- Trusts will continue to work with the Public Health Agency to implement plans to recover all population screening programmes and seek to bring screening intervals/ round lengths back to meeting the relevant national standards
- Trusts will seek to ensure that appropriate 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 deliver services in July and August 2021****Community Health & Well being**

- All services delivering, with improved outcomes through on-going refinement of mixed model of virtual, socially distanced and direct client contact
- Working to establish Place Based Services, building a resilient community for better mental health and wellbeing, incorporating access to social supports supported by a portal
- Enhanced self-efficacy thorough extended health literacy initiatives across HSC services
- Working with partners to operationalise arrangements for Health Coaching for CVD/Hypertension
- Begin implementation of Arts and Wellbeing Action Plan for delivery on Arts and Wellbeing Strategy.

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 continue to 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

- There is an on-going rolling recruitment advertisement that has received applications for qualified Mental Health nursing positions. The recruitment for this is being actively progressed
- 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. This process is due to be implemented with effect from 1 July 2021
- Carrick 1 (Inpatients Addiction Unit Holywell Hospital) is currently accepting admissions and is working through the waiting list. The total number of beds available is 7 due to social distancing.

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, telephone and the use of virtual options
- 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 initiated online the 'Changing it Together' group work through virtual solutions such as Zoom which will be part of working practice.

Community Mental Health Teams

- We will continue to work with Primary Care Colleagues to manage referrals to the service. This will include partnership working with the GP Federation to 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 continue with the Brief Intervention and Intensive Intervention Pilot for service users with Severe and Enduring Mental Illness to inform service development
- We will work with unscheduled acute Mental Health colleagues to ensure service users continue to be seen in a timely manner in our community services, in order to avoid presentation to acute mental health services. This will include partnership working with Home Treatment Services
- We will finalise an organisational training and development plan in conjunction with HR colleagues for our Adult Community Mental Health Teams
- Work will begin in our Community Mental Health Teams for Older People to scope and understand the demand pressures across our teams.

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

- Review of those offered day care placements who have not accepted. This will ensure attendances are offered appropriately to accommodate maximum occupancy
- Review of transport will also be considered, in an attempt to increase capacity in line with social distancing regulations
- Direct payments to continue to provide financial support during day care hours for those service users who live in supported living. Also assessing need for direct payments as an alternative need for those in their own homes
- Review of staffing establishment is now completed with recruitment of staff in day care settings now being progressed
- Review of day services management structure completed. Recruitment of posts has begun
- 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
- Support service users who are at home, by remote access e.g. zoom, telephone calls etc.
- Recruitment of Carers Lead post is ongoing. This will ensure representation of carers across LD services which will help inform new ways of working across LD 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
- Lateral flow testing roll out will begin imminently for day services staff and service users.

Learning Disability (Day Opportunity Services)

- Community and public transport will meet transport need, to enable access for community based 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

	<p>changes to current risk mitigation measures</p> <ul style="list-style-type: none"> • We will continue to engage with the Service Delivery Plans for buildings-based day care and meet with Partnership providers, where required, to progress on identified actions • Social, leisure, employment and educational opportunities will continue to be progressed.
Learning Disability Short Breaks	<ul style="list-style-type: none"> • Lateral flow testing is in operation for short breaks staff and service users • On-going review of number of nights offered for short breaks. Continue to increase bed availability within existing footprint and also number of nights offered • Continue with the introduction of Service Users who are new to the service • Share the Care short breaks re-introduced • Maintain the RAG rating, updating accordingly to changing needs and circumstances.
Community Learning Disability Teams	<ul style="list-style-type: none"> • Continue to progress reform workstream for LD teams which includes monitoring of caseloads, progressing care management reviews and support to carers etc. • 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 • Legacy applications for Deprivation of Liberty Safeguards completed. Continue to process new applications as required • Progress transitions from Children's Services to Adult Services following the individual pathway of care • Continue to offer Carers Assessments both virtually and in person • 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 • Continue to progress health facilitators links with primary care to review the health needs of service users • Continuation of resettlement programme of patients from Muckamore Abbey Hospital and Lakeview Hospital. This includes on-going support for service users who have been resettled to ensure sustained placement • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Accommodation remains a challenge for this service, with active measures being taken to address

Programme	this constraint. The CMP service has resumed business as usual service.
Psychology (including Adult Autism and Psychological Therapies)	<ul style="list-style-type: none"> • 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 July - August 2021, in line with infection prevention guidance • Virtual group work programmes will remain in place for all previous face-to-face groups. Planning will begin 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	<ul style="list-style-type: none"> • Dementia Reform - a waiting list initiative will continue focusing on service users waiting longer than 9 weeks for Dementia services. This initiative will help inform the service model going forward • We will continue to deliver increased face-to-face new assessments and review casework based on service users' clinical mental health presentation and risk assessment.
Mental Health Service for Older People. (for Dementia OT see AHP/ OT)	<ul style="list-style-type: none"> • Dementia Reform - the service will continue with 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 • The Dementia Home Support Team (DHST) will increase face-to-face service delivery and use virtual and telephone contacts as appropriate • Delirium Support Service – all essential direct assessment and interventions will be undertaken with service users.

SERVICE AREA: PRIMARY CARE

Our services	What we plan to do to deliver services in July and August 2021
GP Out of Hours / Primary Care COVID-19 Assessment Centres	<ul style="list-style-type: none"> • COVID-19 Assessment Centres have been consolidated on two sites and will remain as such for now, until a decision on their future requirement is made by the DoH and HSCB.

SERVICE AREA: ALLIED HEALTH SERVICES

Our services	What we plan to do to deliver services in July and August 2021
Physiotherapy	<ul style="list-style-type: none"> 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 and routine face to face activity has recommenced across all areas, as footfall through depts., social distancing and PPE allows. All activity is resumed on a reduced capacity across all areas with the exception of group work/ classes Hydrotherapy will recommence on a 1:1 basis only.
Occupational Therapy	<p>Acute OT</p> <ul style="list-style-type: none"> The service will continue to assess all referrals, including routine referrals. It is operating at pre-COVID-19 levels. <p>Community OT</p> <ul style="list-style-type: none"> Referrals are assessed by telephone in the first instance. Domiciliary visits will progress after the appropriate COVID-19 screening. Cross-locality working continues to focus on waiting list management during this period, to mitigate the impact of previous redeployments. The service is operating at pre-COVID-19 levels. <p>Recovery OT Service</p> <ul style="list-style-type: none"> The service will continue to assess all referrals, including routine referrals. The service is operating at pre-COVID-19 levels. <p>Outpatient OT</p> <ul style="list-style-type: none"> The service will continue to assess all referrals, including routine referrals. Some appointment slots have been lengthened to allow for additional cleaning and social distancing. This will be kept under review, with the aim of getting back to pre-COVID-19 time slots when possible, in line with regulation and Infection Control procedures. <p>Dementia OT</p> <ul style="list-style-type: none"> The service is operating at full capacity and will continue to assess all referrals, including routine referrals. <p>Paediatric OT</p>

	<ul style="list-style-type: none"> • The service is operating at pre-COVID-19 levels and will continue to assess all referrals, including routine referrals. Routine paediatric domiciliary appointments have been re-established for all appropriate specialist equipment and housing needs. The service continues the use of video/teleconference, where appropriate, for parent training and individual and group assessments and interventions • Special school and mainstream school interventions have resumed again as pupil attendance has returned • Splinting clinics and post-Botox clinics are operational again.
Orthoptics	<ul style="list-style-type: none"> • Clinical numbers increased to 75% of pre-COVID-19 capacity • Further establish SEN service for children in special school • Re-establish inpatient assessment for stroke • Continue with enhanced triage • Validation of review waiting list • Establish Orthoptic-led imaging clinic • Additional Saturday clinics to reduce the numbers of people waiting for a first outpatient appointment, with the aim to return to zero breach position, this is funding dependent.
Speech & Language Therapy	<ul style="list-style-type: none"> • Embed the blended service model cross all SLT and RISE NI services • Joint Voice Clinic to be re-established in Sept • Outpatient video fluoroscopy clinic continues • RISE NI continues to deliver new model of service delivery • RISE NI to further develop online support to education staff following positive feedback from pilots • RISE NI continue preparation for introduction of service into pre-school settings.
Podiatry	<ul style="list-style-type: none"> • The podiatry service is operating on pre-COVID-19 timetables. Virtual and photo triaging is still in operation for new patients, MSK and wounds • No patients have breached the waiting time targets for core podiatry and footwear.
Community Stroke Service	<ul style="list-style-type: none"> • Full service delivery with a combination of face-to-face and tele-rehabilitation interventions.
Nutrition and Dietetics	<ul style="list-style-type: none"> • Continue to support new methods of virtual delivery for elective services via a hybrid model of Face to Face and virtual appointments.
SERVICE AREA: COMMUNITY SERVICES	
Our services	What we plan to do to deliver services in July and August 2021
Community Hospitals	<ul style="list-style-type: none"> • The need for a period of isolation will continue in line with Government guidance

	<ul style="list-style-type: none"> • Rehabilitation services have been re-established • Hospitals are now back at pre-COVID-19 capacity levels.
District Nursing	<ul style="list-style-type: none"> • Activity is above pre-COVID-19 levels.
Treatment Rooms	<ul style="list-style-type: none"> • The Trust is actively reviewing appointment times, in collaboration with GPs and the Infection Prevention & Control Team, with a view to returning to ten minute appointment slots.
Social Work	<ul style="list-style-type: none"> • Face to face visits are increasing incrementally in line with the number of staff being vaccinated • Social Work reviews are now at the pre-COVID-19 attainment level • Carers continue to be supported • Social Work staff continue to work at home on a rotational basis • The service is operating at full capacity in terms of its activity levels.
Community Equipment Services	<ul style="list-style-type: none"> • A full service will continue to be delivered, including deliveries and collections of routine work • Activity levels are above pre-COVID-19 levels, however as a result of EU Exit, stock availability is impacting on service provision.
Wheelchairs & Continence	<ul style="list-style-type: none"> • The service is operating at full capacity • 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	<ul style="list-style-type: none"> • Continue to offer bed-based rehabilitation, short breaks and recovery services • Maintain visiting and Care Partners in accordance with the regional Visiting Pathway • IPC guidance is being adhered to which has an impact on capacity.
Day Care	<ul style="list-style-type: none"> • Develop current 'in-centre' services while maintaining the requirement for service users to be socially distanced • Review outreach work to maximise this option for service users who are unable to attend 'in-centre' services.
Macmillan Unit	<ul style="list-style-type: none"> • The MacMillan Unit is operating with reduced capacity of 6 beds, whilst the facility is shared with acute services.
Sensory Support	<ul style="list-style-type: none"> • The service is operating at pre-COVID-19 service provision, based on April - May 2021 activity v April -May 2019 activity.
SERVICE AREA: COMMUNITY DENTAL	
Our services	What we plan to do to deliver services in July and August 2021

Community Dental

- The surgical element of the service is addressed in the Day Surgery section above
- Increase delivery of AGP services to a minimum of four sites, up to an average of four days per site, per week
- Increase non-AGP dental services to be delivered in nine 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 restarted and will be prioritised according to demand on a site by site basis
- On-site oral surgery clinics delivered by South Eastern Trust have been restarted in Antrim. Plan to re-establish Western Trust in-reach service and begin Northern Trust service
- Continue to increase orthodontic service delivery toward pre-COVID-19 levels in line with infection control guidance
- Piloting an alternative pathway in general anaesthetics with a view to introducing it as a new service.

SERVICE AREA: SEXUAL HEALTH

Our services	What we plan to do to deliver services in July and August 2021
The Rowan	<ul style="list-style-type: none"> • Continue to deliver 24/7 access.
CASH	<ul style="list-style-type: none"> • Deliver a combination of telemedicine and postal medications along with direct face to face contacts • Capacity remains restricted due to COVID-19 guidance and ongoing closure of GP facilities • Awaiting regional direction regarding funding for the service.

SERVICE AREA: COMMUNITY CHILDREN'S SERVICES

Our services	What we plan to do to deliver services in July and August 2021
Looked After Children	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • The service continues to visit all Child Protection cases and the majority of Family Support cases in Gateway

	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • The 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 Health Services	<ul style="list-style-type: none"> • CAMH Services, including CEIS, have been able to provide the majority of their contacts Face to Face throughout the COVID-19 restrictions • Clinical space continues to be a pressure but is being maximised with staff completing their admin at home and attending meetings remotely • CEIS: Group work continues employing virtual media as planned, with positive feedback being received • Waiting list targets are being met for a high proportion of referrals • It is anticipated that there will be a surge in referrals when COVID-19 restrictions are lifted, in line with the experience of earlier surges.
Paediatric ASD	<ul style="list-style-type: none"> • The service will not hold direct face to face appointments while PPE requirements are in place for diagnostic assessment. Telephone and video calls will be delivered, with some clinic assessments being offered via a two way mirror. Intervention appointments will mainly be delivered virtually (telephone & video) unless there is an urgent clinical need for face to face • Continue to offer intervention support across Diagnostic and Intervention Services through telephone consultation -200 enquiries per month. All new intervention referrals with historical diagnosis are managed through this model. Demand for new intervention appointments has reduced as the backlog has been cleared during the past 12 months. All new appointments are offered based on referral rate, which is currently unpredictable • Post-diagnostic intervention recommenced in Jan 2021 via webinar training, clearing the current backlog. No post-diagnostic appt scheduled in July /August (due to summer leave & capacity directed to direct diagnostic assessments). Demand for post-diagnostic support is dependent on delivery capacity of diagnostic assessment per month, therefore reduced numbers in comparison to previous years • Diagnostic service is offering first appt for developmental history via tele contact – 60 per month (reduction due to summer leave) • Diagnostic assessment models are now operational for all age groups using Egress, Zoom and BOSA assessment.

**Public Health Nursing
(Health Visiting, School
Nursing, School
Immunisation Programme)**

- Mop up and catch up clinics will be provided throughout July to encourage school leavers to access their school leaving booster
- HVP catch up will be realigned to next year’s programme and offered in schools alongside Year 8 and 9 vaccination programmes
- Recruitment to 10 WTE permanent vacant health visiting posts remains on hold until newly qualified staff complete training in October. Saturday working and additional bank hours will be offered where these can be utilised
- BAS/ADHD Face to face clinics and assessments have been reinstated at a reduced level to facilitate COVID-19 compliance
- Paediatric specialist continence services are responding to a significant increase in referrals as a result of lockdown. Contingences include information booklets, telephone advice and a new service improvement programme with pod cast “my journey” to educate parents on managing continence and constipation at home.

**Health Protection
Programme, Specialist
Roles**

- The management of TB cases continue to be prioritised
- Engagement and screening has been reinstated in factory settings
- New entrant screening has been reinstated with COVID-19 safe practices.

CPMS

- CPMS will resume majority of new and review appointments on a face to face basis
- Clinically appropriate telephone and video review clinics will continue during July and August 2021.

SERVICE AREA: CORPORATE

Our services	What we plan to do to deliver services in July and August 2021
<p>Corporate Nursing NH In-Reach Team</p>	<ul style="list-style-type: none"> • Continue with implementing NMS Care Home work streams, working in partnership with GPs, Care Home managers, residents, families, acute, community, NIAS, Hospice, Marie Curie • Continue to support the nurse-led ACP pilot to complete nurse-led ACPs in 10 homes in East Antrim as an extension of the GP Anticipatory Care Planning model in East Antrim • On-going extension of test pilot of an MDT Enhanced Care Response Team (ERCT) in 8 Care Homes in East Antrim GP Federation area dependent on NMS RBC, with on-going evaluation of processes in place and 5 planned education sessions with all Care Home staff • Continue with Causeway GP Federation Anticipatory Care Planning support in 10 Nursing Homes • Review of core REACH clinical skills education programmes and update these education

	<p>programmes based on 20 new Care Homes resident profiles and best practice guidance</p> <ul style="list-style-type: none"> • Core REACH will continue to facilitate bespoke clinical skills as required and Rockwood education programmes x 4 • Continue to explore resident alternative clinical pathways to ED with NIAS, DAU, Secondary Care and GPs • Contribute to the Trust PPI Engagement Programme, a workshop is planned with the Voluntary and Community sector.
Tissue Viability Nursing Team	<ul style="list-style-type: none"> • The referral pathway has been reviewed to include telephone triage and advice for all on-going referrals • Capacity for Face to Face consultations will be reinstated in July 2021 • Clinic capacity to address current demand reinstated (2 per week) • Revised post-incident review process will be implemented in July 2021 to meet demand.
Visitors	<ul style="list-style-type: none"> • The Trust will continue to support the Implementation of the DOH Pathway to Enhanced Visiting in hospitals and Visiting with Care Pathway in Care Homes.
Support Services	<ul style="list-style-type: none"> • Transport Department is collaborating with IPC and service area managers to increase capacity on buses for day and adult centres • 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 • Porterage, Car Parking and Security - additional porterage 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	<ul style="list-style-type: none"> • The Falls Service will be reinstated to full capacity in July, using a blended virtual/face to face model.

(1.4) Are there any Section 75 categories (see list in 3.1) 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 service delivery plans for July and August 2021.

COVID-19 has had a disproportionate impact on those who already face disadvantage including: people living in areas of high deprivation, people from Black, Asian and minority ethnic communities, older people, men and those with a learning disability. A central part of our Service Delivery Plan must be to tackle health inequalities to protect those at greatest risk. We will:

- Carry out an equality screening and a rural needs impact assessment for this service delivery plan to make sure that our services are inclusive and can be accessed by those in greatest need.
- Continue to work with the PHA and engage with those communities to protect the most vulnerable from COVID-19.
- Focus on our preventative and early intervention programmes that engage those at greatest risk of poor health outcomes. Key areas include obesity reduction initiatives through the Northern Area Healthy Lifestyle Partnership, Health Coaching for people at high risk of Diabetes and Hypertension and targeting of hard to reach groups including health checks for the rural community.
- Focus on supporting those who suffer mental ill health and building community resilience for improved mental and emotional wellbeing through a Place Based approach. This involves working closely with community leaders to strengthen capability and capacity within communities to help people look after their mental wellbeing.
- Launch "One Conversation at a time: A framework for tackling loneliness and social isolation across the generations" to build on the ongoing work with and within communities through the Trust and four Locality Loneliness Networks which have helped to establish across the Northern Area.
- Continue collaboratively plan and delivering action to address health inequalities in partnership with GPs, care homes and voluntary sector through the Community hub.
- As Community Planning Partners, play a significant role in devising and delivering multi-agency plans on tackling poverty such as those in the Causeway Coast and Glens and the Mid Ulster Partnerships and in developing and enacting key initiatives to poverty and inequalities in Antrim and Newtownabbey and Mid and East Antrim Partnerships.
- Build on cross-sector emergency approaches to addressing poverty, such as the Save the Children led partnership initiative to address family poverty, to build enduring sustainable approaches tackling poverty and associated health inequalities.

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

The NHSCT Service Delivery Plan for July and August 2021 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 as 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?)

Key challenges in implementing this service delivery 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 service delivery plans. We must ensure our staff are supported and feel valued by ensuring that staff who were redeployed to service critical 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. 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 service delivery plans
- 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.

In order to provide a fit-for-purpose Intensive Care Unit in Antrim Hospital ready to manage further surges of COVID-19, the Trust is carrying out refurbishment work to convert a surgical inpatient ward to an enhanced ICU footprint. This will require a downturn in bed capacity during the month of August 2021. In order to alleviate the pressure this will create on the Antrim site, all elective surgery will be diverted from Antrim to Causeway and other hospital sites in the Northern Trust. While we will work to minimise the overall impact on elective volumes, it is likely this will reduce our elective capacity for the month of August.

(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 Service Delivery Plan for July and August 2021 in response to COVID-19 will impact on the 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?

NHSCT will be informed and guided by regional work streams covering Health Inequalities, Critical Care De-escalation, Unscheduled Care, Cancer Services, Regional Waiting List, Orthopaedic Hubs, Day Case Elective Care, No More Silos, Vaccine Programme, Mental Health, Adult Social Care and Long COVID. Further information on these groups, provided by the DOH regional rebuild cells, is set out below.

Tackling Health Inequalities

- The 'Health Inequalities Annual Report 2020' (<https://www.health-ni.gov.uk/publications/health-inequalities-annual-report-2020>) clearly demonstrates that inequalities in health outcomes continue to be a key issue and challenge in Northern Ireland. Given the multi-faceted causes of inequalities in health, tackling this issue needs sustained focus within the health and social care system and increased collaboration across departments and agencies, local government, the community and voluntary sector, and with communities themselves to address the factors which impact on health and wellbeing locally and regionally.
- Making Life Better (<https://www.health-ni.gov.uk/articles/making-life-better-strategic-framework-public-health>) is the overarching strategic framework for public health through which the Executive committed to creating the conditions for individuals, families and communities to take greater control over their lives, and be enabled and supported to lead healthy lives. It is vital that the Health and Social Care System continues to support the delivery of Making Life Better, particularly as COVID-19 is likely to have exacerbated the inequalities that already exist and this will require a continued focus and population health approach to address in the long term. Improving health and wellbeing, increasing health literacy and reducing inequalities in health outcomes, will be a key part of ensuring we build greater health resilience in the population into the future and help to reduce

the impact of potential future pandemics.

DRAFT

(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

- 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

(3) Needs, experiences and priorities

Workforce Profile as at January 2020

Section 75 Group	Total Trust Workforce Profile as at 1 January 2020	Percentage
Gender	Female	85.24

	Male	14.76
Community Background	Protestant	51.43
	Roman Catholic	38.82
	Neither	9.75
Religious Belief	Buddhist	0.06
	Christian	34.51
	Hindu	0.19
	Jewish	0.01
	Muslim	0.11
	None	7.45
	Not Known	56.87
	Other	0.77
	Sikh	0.01
Political Opinion	Broadly Unionist	11.81
	Broadly Nationalist	6.04
	Other	8.96
	Do Not Wish To Answer/Not Known	73.19
Age	16-24	4.22
	25-34	21.25

	35-44	24.04
	45-54	26.97
	55-64	20.32
	65+	3.19
Marital Status	Single	27.26
	Married	65.33
	Not Known	7.41
Dependent Status	Caring for a Child/Children/Dependant Older Person / Person with a Disability	27.29
	None	20.68
	Not Known	52.03
Disability	Yes	2.36
	No	69.70
	Not Known	27.94
Ethnicity	Black and Minority Ethnic	1.67
	Irish Traveller	0.01
	Other	0.24
	White	70.82
	Not Known	27.26

Sexual Orientation towards:	Opposite Sex	48.17
	Same Sex	1.26
	Same and Opposite Sex	0.17
	Do not wish to answer/not known	50.40

Northern Trust Population Profile

Section 75 Group	Trust's Area Population Profile	Total Trust Percentage
Gender (NINIS Area Profile)	Female	51.00
	Male	49.00
Religion (NINIS Area Profile)	Protestant	59.58
	Roman Catholic	33.61
	Other	6.81
Political Opinion	Not collected	
Age (June 2013) NINIS – Table KS102NI	0-15	20.60
	16-24	11.72
	25-44	26.13
	45-64	25.49
	65-84	14.19
	85+	1.87

Marital Status NINIS – Table KS103NI	Single	33.28
	Married	50.94
	Other	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	0.08
	Bangladeshi	0.01
	Black Caribbean	0.01
	Chinese	0.31
	Indian	0.28
	Irish Traveller	0.04
	Pakistani	0.06
	Mixed Ethnic Group	0.28
	Black Other	0.02
	Asian Other	0.17
	White	98.66
	Other	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.
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(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.

Please note that we are mindful of the continued risk of the impact of Covid 19 on our staff. We will continue to provide a range of supports for staff as detailed in the comments below. Any permanent changes that will affect staff will be subject to the HR Management of Change Framework and specific equality screening as required.

Category	Needs, experiences and priorities	
	Service users	Staff
Gender	<p>The profile of service users is 51% female and 49% male</p> <p>The reinstatement of elective services as part of service delivery is led by the need to protect theatre capacity for the highest priority patients (cancer and time critical cases) to ensure equitable access across Northern Ireland. The establishment of a green pathway for inpatient elective activity at Antrim Area Hospital by postponing day case activity at that site are two examples that have the potential to impact on both males and females however there is no evidence to</p>	<p>While all staff are potentially at risk of being infected by COVID-19, early indications/data have shown that proportionally women have been more adversely affected being the gender that makes up the majority of HSC workforce. Advice and guidelines have been provided for staff to ensure they follow strict distancing measures.</p> <p>A regional risk assessment and guidance has been developed and issued to Managers across the Trust to assist with assessing and recording arrangements for staff with increased risk of severe illness due to COVID-19. Advice can be sought from Occupational Health in</p>

	<p>suggest that the impact will be differential or negative on the basis of the gender alone.</p> <p>Some reinstatement of services benefit service users of a particular gender, for example, the continued provision of gynaecological outpatient with procedure appointments at Causeway Hospital and resumption of these in Antrim, however given the nature of the service this is to be expected.</p> <p>The Trust, as part of this service delivery plan, continues to carry out an options appraisal in respect of future provision of maternity services. S75 screening will be integral to the option appraisal process.</p> <p>Breast surgery on the Causeway Hospital site will be stood down from the beginning of July due to increased list availability on the Antrim Hospital site. Breast surgery did not take place on the Causeway site pre-COVID-19 and so this is a return to normal service delivery. However, the Causeway Hospital site will continue to be used as required and as staffing allows.</p>	<p>relation to any workplace adjustments required. Guidance is also available through the Trust's Staffnet and the PHA website.</p> <p>The Trust is aware that women may have dependency and caring responsibilities. Staff's individual and specific circumstances will be considered and where adverse impact is identified, the Trust will take steps to mitigate its effects. The Trust has in place a number of supports for staff who are carers.</p>
Age	<p>It can be assumed that the majority of service users and patients of every age will be impacted by this service delivery plan. As this plan refers in most instances to the continued phased recommencement of services it is likely that impacts will be positive.</p> <p>Examples of likely positive impacts include the</p>	<p>Staff of all ages are at risk from infection and spread of the COVID-19 virus however there is evidence that staff over 70+ years are particularly vulnerable and must follow strict social distancing measures. The Trust has a duty of care to all staff and to those who are in the most vulnerable age band and at greater risk of infection. The Trust provides a testing and track and trace service for staff which has helped to minimise risk to staff.</p>

development of further frailty specific pathways on both Antrim and Causeway sites

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 rollout of the Covid-19 vaccination programme to at risk groups as a priority coupled with the continued nursing in reach education programmes for management of the deteriorating patient for all 68 private 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.

A waiting list initiative will continue focusing on service users waiting longer than 9 weeks for Dementia services and will help inform the service model going forward. It is planned to continue to deliver increased face-to-face new assessments and review casework based on service users' clinical mental health presentation and risk assessment. The Dementia Home Support Team (DHST) will increase face-to-face service delivery and use virtual and telephone contacts as appropriate. All of these planned service deliveries should positively benefit older people by improving access to appropriate services in a timely fashion.

Primary users of AHP services are older people. Blended delivery models in use improve access to services by older people e.g. the physiotherapy service will continue to use a combination of

	<p>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 and routine face to face activity</p> <p>Another example is the acute OT service which is operating at pre COVID-19 levels and will continue to assess all referrals, including routine referrals to encourage timely discharge from hospital to home.</p> <p>To further facilitate early discharge from hospital to community a full community equipment service will continue to be delivered, including deliveries and collections of routine work. This is likely to positively impact older people.</p> <p>The wheelchair and continence service is operating at full capacity and will continue to assess all referrals, including routine referrals. Services will be delivered through a combination of face-to-face and remote interventions.</p> <p>Bed-based rehabilitation, short breaks and recovery services will continue to be offered to older people. Day care services for older people will develop current 'in-centre' services while maintaining the requirement for service users to be socially distanced and review outreach work to maximise this option for service users who are unable to attend 'in-centre' services.</p> <p>All of these service delivery pathways are likely to have a positive impact upon older people.</p>	
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Religion	There is no evidence that this service delivery plan 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 service delivery plan will have an adverse impact on staff on the grounds of religious belief.
Political Opinion	There is nothing to indicate that the service delivery plan 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 service delivery plan 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	<p>Many aspects of our service delivery plan will positively impact carers.</p> <p>The Northern Trust Carer Hub is a central point of contact for all family carers and staff to receive information, signposting and access the carer support programme.</p> <p>The Trust maintains good links with the Community and Voluntary Sector partners to provide essential support to family carers in each locality. This has included any older or vulnerable carers being referred to the Community Navigators who have arranged shopping to be delivered and meals to be arranged. Condition specific information has been collated and issued out in weekly emails to carers on the email distribution list. Carer welcome packs</p>	<p>A digital resource has been developed to provide up to date information and guidance for all staff and managers.</p> <p>This includes information for staff and managers on:</p> <ul style="list-style-type: none"> • COVID-19 Helplines • Up to date regional Frequently Asked Questions • Access to separate psychological wellbeing resource including free health and wellbeing apps for staff. • Information on annual leave and statutory leave <p>As the current situation is fluid this document will be kept up to date in line with advice from Government and the Public Health Agency.</p>

	<p>are being issued weekly by the Carer Hub.</p> <p>Any guidance from Department level including visitor guidance and the new COVID19 app has been circulated to family carers via the email distribution list and the carer's website.</p> <p>The Northern Trust is the only Trust with a designated carer website where all information for carers is found on one platform. The website provides easy access to digital resources such as e-learning on building resilience, nutritional advice, guides for carers to download and read, easy access to local information within Northern Trust and opportunity to download the care coordination app 'Jointly' for free. Carers in Northern Trust can log into www.carersdigital.org using the access code DGTL2770</p> <p>The Carers Newsletter contains information and supports relevant to the current pandemic.</p> <p>Staff have been reminded that to support carers and to promote the wellbeing and personal development that carer cash grants are still available following a carer assessment or where the staff member is aware of the family situation and to prevent the caring role facing a crisis that grants can be applied for on behalf of the carer by the named worker.</p> <p>The Carer Support Programme within Northern Trust is based on the Take 5 Steps to Wellbeing. The Carer Hub was responsive during this</p>	<p>This is very much an evolving situation and this guidance is a living document that is being updated as new information becomes available.</p> <p>The HSC is working with child care providers and the education sector to cater for employees with child care needs (as HSC staff group has been identified as key workers).</p> <p>The Carer Hub is available for staff who are carers. The Northern Trust is a member of Employers for Carers which provides access to wide range of information and support for staff who are carers.</p> <p>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).</p> <p>Specific measures have been taken that should have a positive impact including development of 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 and 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.</p> <p>The Trust has in place a number of supports for staff who are carers. Staff's individual and specific circumstances will be considered and where adverse</p>
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<p>pandemic and quickly adapted the programme to be delivered online such as Mindfulness and “Sleep Easy” classes.</p> <p>The DoH guidance for carers during the current situation has been disseminated to all the carers on the register.</p> <p>Aspects of this service delivery plan are likely to have positive impacts upon carers e.g. the recruitment of the Carers Lead post to ensure representation of carers across LD services will help inform new ways of working across LD services including development of options to provide alternative supports to people with LD which will be developed in collaboration with service users, their families and carers, staff groups and partner organisations.</p> <p>Buildings-based facilities, including adult centres, satellites and hubs, will continue to offer day care to the maximum number of service users, in line with COVID-19 restrictions. This will be reviewed on an on-going basis.</p> <p>Carers Assessments will continue to be offered using a blended model of delivery both virtually and in person and it is the intention to work in partnership with service users, carers and stakeholders to support the rebuild of all of services and support systems including enhancing the use of Direct Payments. All of these initiatives are likely to positively impact upon people who have dependents.</p>	<p>impact is identified, the Trust will take steps to mitigate its effects.</p> <p>An ongoing Management of Change process in mental health in patient services, the investment and workforce development of Band 6 nurses in line with regional recommendations allowing for 5-day working and an increase in senior leadership availability on the wards, will impact Band 7 nurses by moving them to supernumerary positions. This process is due to be implemented with effect from 1 July 2021. The Trust is aware that staff may have dependency and caring responsibilities. The Trust’s HR Management of Change framework will be followed in respect of this and 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>
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	<p>The Trust will continue to support the Implementation of the Department of Health (DOH) Pathway to Enhanced Visiting in hospitals and Visiting with Care Pathway in Care Homes. This is likely to have a positive impact upon people with dependents as they return to being able to visit their relatives.</p>	
<p>Disability</p>	<p>There is evidence to suggest that people with a disability and/or underlying health condition may be more adversely affected by COVID-19. People with underlying health condition and disabilities tend to be more frequent users of health and social care services and therefore may be disproportionately and adversely impacted by any disruption to service delivery.</p> <p>The continued provision of the range of allied health professional services, including the community stroke service, through use of a mixture of face to face and virtual consultations is likely to have a positive impact upon service users with a range of disabilities.</p> <p>Mental Health Acute Inpatient Services continue to experience a significant increase in acute admissions, 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. In mitigation the Trust will continue to focus on our discharge pathways and will maximise the use of Facilitated Early Discharge through the Home Treatment Team and active</p>	<p>It is estimated that 20% of the population of Northern Ireland has a recognised disability. The Trust recognises that not all staff may wish to declare a disability. If any of the staff declare themselves as having a disability, reasonable adjustments will be put in place as required and staff will get support from the Occupational Health Department and their line manager.</p> <p>Some staff with a disability will have received a screening letter or may need to undertake a risk assessment to reduce their risk to exposure of the disease. The Trust will support staff that have particular concerns around COVID-19 and the impact on any pre-existing conditions.</p> <p>It is important to note that absences resulting from COVID-19 will not count in the management of sickness. This applies to staff with or without a disability.</p>

	<p>liaison with CMHTs to ensure timely discharge from hospital. The Trust will also put plans in place to take forward the further introduction of the Purposeful Inpatient Admission Pathway (PiPA) within acute inpatient wards to further support timely discharge from inpatient services</p> <p>Psychological services will continue to offer choice to service users by delivering 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 July - August 2021, in line with infection prevention guidance</p> <p>In Learning Disability services direct payments will be used as a mitigation measure to continue to provide financial support during day care hours for those service users who live in supported living and as an alternative need for those in their own homes. The service also 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. 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</p> <p>Learning Disability services are re-introducing</p>	
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Share the Care short breaks and have an on-going review of number of nights offered. It is intended to increase bed availability within existing footprint and also number of nights offered. This will allow for the introduction of Service Users who are new to the service as well as positively benefitting the carers of service users who utilise this service.

The sensory support service is operating at pre-COVID-19 service provision, a positive impact for service users with sensory impairment.

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 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.

	<p>Important information on COVID-19 is also available on the Trust's website in Easy Read format and in signed video for both British and Irish Sign Language users.</p>	
<p>Ethnicity</p>	<p>COVID-19 information has been translated in a range of different languages to ensure service users are kept informed.</p> <p>There is emerging evidence that indicates that individuals from ethnic communities may be at greater risk of infection and experience more severe reactions to the virus.</p> <p>The Trust will continue to work with PHA and Inter Ethnic Forum to provide both information and support to the ethnic community. Broadcast sent out to staff on how to use the Big Word telephone interpreting service.</p>	<p>The Trust has taken proactive steps to reach out to ethnically diverse members of our staff to provide targeted advice and support.</p> <p>There has been extensive work in the Trust to date to ensure that our staff are supported and safe at work during this pandemic. As part of this, a regional risk assessment and guidance has been developed and issued to Managers across the Trust to assist with assessing and recording arrangements for staff with increased risk of severe illness due to COVID-19. The current assessment does not specifically address the potential risks for those staff from ethnic backgrounds but the Trust is satisfied that the current risk assessment process has enabled the Trust to identify those staff with a high or moderate risk requiring either adjustment or that they remain away from work. Occupational Health continue to provide advice as required to <u>all</u> of those staff who fall into the high risk, moderate and low risk categories identified in the risk assessment.</p> <p>The Trust is mindful of the emerging international and national data that suggests people from ethnic 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</p>

		<p>been identified for individuals and is in stock and staff are reminded that there continues to be an extensive programme of fit testing in place to ensure that staff are fitted for the appropriate size of mask should they need to wear protective equipment during the course of their job. Staff are encouraged to come forward on a confidential and individual basis. The Trust is committed to providing an opportunity for any potential risk to be considered and mitigated.</p> <p>The Trust has held a number of focus groups with ethnic staff to identify how they can best be supported and has established a task group to take forward the feedback received and develop a coproduced action plan.</p>
<p>Sexual Orientation</p>	<p>Estimated 10% of the population is LGBT.</p> <p>There is nothing to indicate that this service delivery plan will have a differential or adverse impact on the basis of a person's sexual orientation.</p>	<p>There is no evidence to suggest that this plan 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.

As we move forward with this service delivery plan 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 new service delivery 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 Service Delivery Plan and associated workforce impacts and monitor the application of the Management of Change Process as it relates to this plan

(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
	Service Users	Staff	
Gender	Minor	Staff's individual and specific	Many aspects of the Service

		circumstances will be considered and where adverse impact is identified, the Trust will take steps to mitigate its effects.	Delivery Plan for July and August 2021 aim to carefully rebuild services. Details are contained at 1.3 above. It is important to note that the 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		
Religion	None		
Political Opinion	None		
Marital Status	None		
Dependent Status	Minor		
Disability	Minor		
Ethnicity	None		
Sexual Orientation	None		

<i>(4.2) Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories?</i>	
<i>Section 75 category</i>	<i>Please provide details</i>
Gender	See mitigation detailed in section 7.3
Age	

Religion	
Political Opinion	
Marital Status	
Dependent Status	
Disability	
Ethnicity	
Sexual Orientation	

(4.3) To what extent is the policy/proposal likely to impact on good relations between people of different religious belief, political opinion or racial group? minor/major/none		
Good relations category	Details of policy/proposal impact	Level of impact Minor/major/none
Religious belief		None
Political opinion		None
Racial group		None

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(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	<p>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.</p>

(5) Consideration of Disability Duties

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

The Trust is committed to ensuring it meets its 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.

Consideration has been given to the profile of staff and service users affected by the proposals including those with a disability through this indicative assessment.

Reasonable adjustments will be considered for any staff in keeping with the Trust's DDA obligations.

The Trust will take into account individual extenuating circumstances and work in partnership with individuals and TUs to alleviate any potential impact for people with disabilities.

(6) Consideration of Human Rights

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

Article	Positive impact	Negative impact = human right interfered with or restricted	Neutral impact
Article 2 – Right to life			√
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			√
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			√

Article 5 – Right to liberty & security of person			√
Article 6 – Right to a fair & public trial within a reasonable time			√
Article 7 – Right to freedom from retrospective criminal law & no punishment without law			√
Article 8 – Right to respect for private & family life, home and correspondence.			√
Article 9 – Right to freedom of thought, conscience & religion			√
Article 10 – Right to freedom of expression			√
Article 11 – Right to freedom of assembly & association			√
Article 12 – Right to marry & found a family			√
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			√
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			√
1 st protocol Article 2 – Right of access to education			√

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

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

The Trust is cognisant that everyone has the right to enjoy the highest attainable standard of physical and mental health as outlined within the International Covenant on Economic, Social and Cultural Rights and that health is a fundamental human right, which is indispensable for the exercise of other rights. The Trust is also mindful of the raft of United Nations Conventions which protect the rights of protected groups i.e. people with disabilities, women and children and the International Convention on the Elimination of all Forms of Racial Discrimination and of the Protection of the Rights of all Migrant Workers.

Public authorities not only have to refrain from intentional and unlawful deprivation of life, but must also take appropriate steps to safeguard lives. Human rights law recognizes that in the context of serious public health threats and public emergencies threatening the life of the nation, restrictions on some rights can be justified when they have a legal basis, are strictly necessary, based on scientific evidence and neither arbitrary nor discriminatory in application, of limited duration, respectful of human dignity, subject to review, and proportionate to achieve the objective.

The Trust 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	√
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 an Equality Impact Assessment (EQIA)?

Yes	
No	√

(7.4) 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 this Service Delivery Plan will continue to have an impact on service users, carers and staff, particularly older people, people with a disability and carers. Many aspects of the Plan aim to carefully reinstate 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 reinstatement 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

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 this service delivery 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:

13 July 2021

DRAFT