Southern Health and Social Care Trust
Quality Care - for you, with you

Equality, Good Relations and Human Rights Screening Template

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

See 'Equality, Good Relations and Human Rights Screening Guidance Notes' (on SharePoint) for further background information on the relevant legislation and for help in answering the questions on this template.

(1) Information about the Policy/Proposal

(1.1) Name of the policy/proposal

Southern Trust's response to outbreak of the Covid -19 Virus.

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

New

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

On 11th March 2020, the World Health Organisation officially declared Covid-19 a pandemic due to the speed and scale of transmission of the virus. As a result the Health and Social Care sector is facing unprecedented pressures in their primary aims to:

(i) safeguard lives by reducing the further spread of the Covid-19 virus; and to
(ii) prevent the HSC system from becoming overwhelmed due to the Covid-19 pandemic and the demands this is placing on the whole HSC system.

The Covid-19 Emergency has prompted the need to adopt new ways of working to balance the challenges of protecting the health of the population and safeguarding the health and wellbeing of the most vulnerable people in the community, whilst continuing to delivery high quality, safe patient/client services and a safe working environment for staff and all those who come into contact with our services. The Southern Trust, as will the wider HSC sector, continue to collaborate and examine all options as they face and adapt to the challenges posed by this pandemic.

During this emergency Trust service areas will focus on essential work in order to maximize the number of staff and resources available in order to achieve the stated aims at (i) and (ii) above. In so doing, the Trust has prepared a surge plan which has resulted in the reconfiguration of some of its services, as temporary measures. This together with steps taken to postpone e.g. non-urgent elective appointments are essentially aimed at creating capacity within the system by freeing up staff and resources to respond to emerging needs/demands.
In parallel the regional workforce appeal and other associated workforce measures (e.g. volunteering, deployment of final year nursing and medical students, call for retired employees to return to service etc.) will increase capacity within the Trust and across the wider HSC.
Some examples of service reconfiguration include:

Changes to Children and Maternity Services - this latest phase of planning for the expected surge in the increasing numbers of Covid-19 patients across NI, aims to protect children and maternity services while freeing up bed space for the sickest of patients. In the Southern Trust these plans involve temporarily setting up a Paediatric ED and moving all inpatients paediatric care to the Blossom Children's and Young People's Centre at Craigavon. All other services – special care baby unit, maternity and paediatric assessment will continue from Daisy Hill Hospital.

Mental Health Emergency Assessment Unit - A new Mental Health Emergency Assessment Unit has been set up to take crisis referrals during this time. Based in the Ferns Resource Centre in the Bluestone Unit - the service will accept suitable referrals from GPs, NIAS, PSNI and the Emergency Department 24 hours a day, seven days a week. The team will act as a gatekeeper for admission to acute mental health care, provide crisis response to patients and provide a psychiatric liason service for acute hospital services.

ED Department - the Trust has temporarily one ED department at Craigavon Hospital. This has been divided in two departments – a Respiratory Emergency Department and a Non-Respiratory Emergency Department based in the Ramone Building.

New Community Rapid Response Team – to keep as many patients at home during this time the Community Respiratory and Heart Failure Teams have now joined the Acute Care at Home service to form an enhanced community rapid response multi-disciplinary team. The Community Rapid Response Team offers GPs, hospitals and NIAS one single point of contact for referral and support 7 days a week.

Day Centres - have been temporarily closed to protect the health and wellbeing of service users in accordance with Government advice on social distancing measures.

City Hospital to be NI first Nightingale Hospital – The Department of Health has designated the Belfast City Hospital's Tower Block as NI's first Nightingale Hospital for the

anticipated surge of Covid-19 patients. This will be a 230 bed regional facility staffed by a team drawn from across Northern Ireland and will mean that a proportion of current non-Covid patients in the Tower Block will receive their care in an alternative location within Belfast Trust area.

Appointments - many appointments and essential information provision is being provided via telephone to try to prevent the spread of the infection and to maintain social distancing measures. Some clinics have been postponed until further notice.

Visiting - has been significantly restricted to try to minimise the spread of the virus.

Workforce - recently retired HSC staff are being encouraged to come back into the workforce. This measure combined with the regional workforce appeal is designed to provide additional capacity at this challenging time. Final year nurses and doctors have also joined the workforce to support their colleagues in the fight against the Covid-19 virus.

The pace and scale of change required is unparalleled and one of the greatest challenges faced by the HSC System in NI and the NHS as a whole. Some Trust staff will need to be redeployed and reskilled to respond to emerging demands and to support e.g. the independent care home sector. The surge plan for Southern Trust will therefore be dynamic and responsive to emerging needs/demands.

It is predicted that the peak of the pandemic will come during mid-April 2020 i.e. 6th to the 20th April. The precise scale is difficult to exactly predict, and is being determined on the best available intelligence and is constantly under review utilising available medical evidence, data, research and emergent trends/experience from other jurisdictions/countries.

The above list of service measures are for illustrative purposes and are by no means exhaustive.

Further actions along with mitigating measures will be taken on as and when required/necessary.

NB: Further waves of the virus have been predicted. The Trust and wider HSC will bring forward the learning from the first wave of the virus in tackle any future waves.

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

All S75 groups are potentially at risk of infection from Covid-19. In accordance with Government advice and available evidence there are a range of S75 groups who are particularly vulnerable if exposed to the Covid-19 virus e.g. older people but not exclusively as the virus has affected all age groups young and old alike, persons with a disability and those with pre-existing health conditions and co-morbidities. People with a physical and/ or mental disability, often at higher ages, are particularly vulnerable to this virus. Their advanced age, underlying health conditions, cognitive challenges in understanding and following health and hygiene advice due to intellectual disability or dementia, for example, are all factors that put these individuals at greater risk. Both men and women and in particular males, ethnic groups - where emerging intelligence has shown that there is a disproportionately high rate of BAME individuals among those who have died. Pregnant mothers* - a specific help line has been put in place by the Trust for staff who are pregnant. The Royal College of Midwives and the Royal College of Obstetricians and Gynaecologist have issued advice for UK Professionals to share with pregnant women who may have concerns about their safety and the safety of their unborn baby. A helpline for staff who need advice on fitness to work, health and wellbeing concerns and HR matters in relation to Covid-19 has also been put in place. Help lines are currently availability 7 days a week.
This list is not exhaustive.

NB:* *Whilst pregnant women do not appear more likely to contract the infection than the general population pregnancy itself alters the body's immune system and response to viral infections in general, which can occasionally cause more severe symptoms. This will be the same for COVID-19. With regard to vertical transmission (transmission from woman to her baby antenatally or intrapartum), emerging evidence now suggests that vertical transmission is probable, although the proportion of pregnancies affected and the significance to the neonate has yet to be determined. As this is very much an evolving situation and this guidance is a living document that is being updated as new information becomes available -* ***source:*** **The Royal College of Midwives and the Royal College of Obstetricians Advice for UK Professionals to share with pregnant women.**

Staff should also consult the Trust's Frequently asked - Question and Answers for latest advice and information.

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

The Southern Trust owns this plan which is being delivered in close collaboration with the Department of Health, HSCB, all other HSC arms-length bodies including professional bodies, Trade Union colleagues, other public sector organisations e.g. Education, and the independent health care sector . Relevant others – funding, advice and guidance from NHS England, Westminster Government and local NI Assembly.

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

- Capacity in the overall system to deal with the demands of the Covid-19 pandemic
- Collaboration from other key stakeholders and other jurisdictions – learning and sharing of experiences in the management of Covid-19 including exit strategies
- Availability of the right staff with right skills at the right time
- Availability of financial and all other resources/equipment e.g. PPE* and associated guidance including staffing training, availability of reliable testing including accessibility of same etc.
- Wellbeing of staff to stay the course of the pandemic – availability of ongoing support and rest periods
- Availability of a vaccine and other drug treatments

The above list is not exhaustive.

NB: *The Department of Health has set up a new email contact point for health and social care staff to raise PPE concerns. The email address – Covid19PPE.queries@health-ni.gov.uk – will be checked every day and the anonymity of staff using it will be protected.

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

Trust Board, SMT, Southern Trust management, Trust employees, Trade Union colleagues and partners, Professional Bodies, other HSC Trusts/arms-length bodies e.g. Public Health Agency, the Health and Social Care Board, the Department of Health, PHA, RQIA, Regional Ethics Forum etc actual/potential service users, patients, families and carers, general public, community and voluntary sector, independent health care providers including nursing and care homes*, other public bodies, contractors. *This list is not exhaustive.*

NB: *The Minster for Health announced £6.5m in additional funding for Northern Ireland's care homes, as part of a series of measures to support the sector during the Covid-19 pandemic. A call for Trust staff to volunteer to support their colleagues in the independent sector (nursing homes) has gone out so as to provide additional capacity through this challenging time.

(1.8) Other policies with a bearing on this policy/proposal
(e.g. regional policies) - What are they and who owns them?

Emergency / Pandemic Planning in Preparation for COVID-19 Containment and Surge Business Continuity Framework, Directorate Business Continuity Plans, NHS Staff Council Statement on Covid-19, HR Management of Change Framework and related HR advice and guidance e.g. Flexible and Home working, absence management, local and regional redeployment arrangements, Delegated Statutory Functions and temporary amendments to specific regulations, relevant Government Policy and associated public health guidelines e.g. The Royal College of Midwives and the Royal College of Obstetricians Advice for UK Professionals to share with pregnant women, technical notes, relevant research – 'Exclusive: deaths of NHS staff from covid-19 analysed – HSJ', PPE Guidelines together with local Assembly advice and guidance on the management of Covid-19, Human rights Act, including Deprivation of Liberty (DoL), S75 NI Act 1998, UNCRPD, Mental Capacity Act, DDA 1995, UNCRC, CEDAW, UN Convention Elimination of Race Discrimination, UN Principles for Older People, NRPF – No Recourse to Public Funds, Department of Health Policy Guidance Circular - CHANGE OR WITHDRAWAL OF SERVICES – Guidance on Roles and Responsibilities (26 November 2014), Health and Safety Legislation (Duty of Care), Trust Health and Wellbeing Policies to support staff in terms of their physical and mental wellbeing including spiritual care. Exit guidelines drawing on the experience of other jurisdictions e.g. WHO European Transition Framework.
The above list is not intended to be exhaustive.

(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? *NB: Specify the details for each of the Section 75 categories for any staff affected, the Trust Workforce, any patients/clients affected and the Trust general population in the following tables* ***if appropriate****.*

2.1 Staff Affected by this Policy/Proposal

(please contact the Equality Unit on 028 375 64152 with details of staff affected in order to complete table below)

Section 75 Group	*Make up of Staff Affected*	*Percentage*
Gender	Female Male	All staff are potentially at risk of being infected by Covid-19 both males and females albeit early indications/data have shown that men have been more so affected. Staff have been instructed to follow strict distancing measures to prevent the further spread of Covid-19 and in seeking to protect one and another from infection. Advice and guidelines together with designated help lines have been established to provide managers and their staff with up-to-date information and support. Psychological support together with the Trust's Chaplaincy service are available to staff. Support is also available from the Trust's Health and Wellbeing Team and Occupational Health Departments.
Religion	Protestant Roman Catholic Not Known/Other	Both main communities are at risk of infection and spread of the Covid-19 virus. Communities have been asked to co-operate by following strictest social distancing rules to prevent further spread and infection.

Section 75 Group	*Make up of Staff Affected*	*Percentage*
Political Opinion	Broadly Unionist Broadly Nationalist Other Do Not Wish To Answer/ Not Known	
Age	16-24 25-34 35-44 45-54 55-64 65+	Staff of all ages are at risk from infection and spread of the Covid-19 virus. Staff over 70+ years are particularly vulnerable and must follow strict social distancing measures. The Trust has a duty of care to fulfil toward all staff and those who are considered to be in the most vulnerable age band and who are at greater risk of infection. Therefore requiring staff over 70 years of age to adhere to strict social distancing rules/work from home should be seen as the Trust fulfilling its duty of care toward staff in this age group.
Marital Status	Single Married/Civil Partnership Other/Not Known	All staff should adhere to strict social distancing advice/guidance.
Caring Responsibility	Caring for a Child/ Children/Dependant Older Person/Person(s) with a Disability None Not Known	The Trust has a wide range of Flexible working provisions to support staff through this challenging time along with special leave arrangements. A designated help line has been set up for staff who are pregnant and who may have particular concerns. The Royal College of Midwives and the Royal College of Obstetricians and Gynaecologist have issued advice for UK Professionals to share with pregnant women who may have concerns about their safety and the safety of their unborn baby. This is very much an evolving situation and this guidance is a living document that is being updated as new

Section 75 Group	*Make up of Staff Affected*	*Percentage*
		information becomes available. Staff should also refer to the Trust's FAQs as a further source of advice/information as well as their line manager. To keep pregnant women informed of changes in service provision the Public Health Agency (PHA) has launched a new Northern Ireland Maternity COVID-19 website. Home working is another option, open to managers, to facilitate staff who are pregnant and have concerns. The HSC is working with Child care providers and the Education sector to cater for employees with child care needs (as HSC staff have been identified as key workers). The Trust's Early Years Team have conducted a survey to identify and address any unmet child care needs for any employees affected and have made direct contact with them.
Disability	Yes No Not Known	Absences resulting from Covid-19 will not count in the management of sickness in reaching trigger points. This applies to staff with or without a disability. The Trust will be supportive of staff who have particular concerns around Covid-19 and the impact on any pre-existing conditions. Reasonable adjustments will be considered to further safeguard staff and in so doing the Trust will draw on support and advice from its Occupational Health Department in collaboration with the staff member and their line manager. Important information on Covid-19 is available on the Trust's website in Easy Read format.

Section 75 Group	*Make up of Staff Affected*	*Percentage*
Ethnicity	Bangladeshi Black African Black Caribbean Black Other Chinese Filipino Indian Irish Traveller Mixed Ethnic Pakistani White Not Known	Covid-19 information has been translated in a range of different languages to ensure staff and staff as service users are kept informed. There is some emerging evidence from other jurisdictions which has shown that individuals from BME communities may be at greater risk of infection and therefore should adhere to strict social distancing advice/guidance. Ref: Exclusive: deaths of NHS staff from covid-19 analysed – HSJ. The Trust has taken proactive steps to reach out to BME, and international staff in order to provide targeted advice, support and comfort packs and necessary information and contact details.
Sexual Orientation ***towards:***	Opposite Sex Same Sex Same and Opposite Sex Do Not Wish To Answer/Not Known	All staff should adhere to strict social distancing advice/guidance.

2.2 Composition of Southern Trust Workforce

(Please contact the Equality Unit on 028 375 64152 to ensure the figures below are the most recent.)

Section 75 Group	*Southern Trust Workforce Profile as at 1 January 2020*	*Percentage*
Gender	Female Male	**85.8** **14.2**
Religion	Protestant Roman Catholic Neither	**36.5** **57.2** **6.3**
Political Opinion	Broadly Unionist Broadly Nationalist Other Do Not Wish To Answer/Not Known	**9.7** **9.9** **7.7** **72.7**
Age	16-24 25-34 35-44 45-54 55-64 65+	**5.3** **25.6** **25.0** **22.4** **18.7** **3.0**
Marital Status	Single Married Not Known	**30.4** **61.3** **8.3**
Dependent Status	Caring for a Child/Children / Dependant Older Person / Person With a Disability None Not Known	**20.7** **30.0** **49.3**
Disability	Yes No Not Known	**2.4** **79.3** **18.3**
Ethnicity	Bangladeshi Black African Black Caribbean Black Other Chinese Filipino Indian Irish Traveller Mixed Ethnic Pakistani White Not Known	**0** **0.2** **0** **0** **0.1** **0.4** **0.7** **0** **0.2** **0.1** **81.1** **17.2**
Sexual Orientation ***towards:***	Opposite Sex Same Sex Same and Opposite Sex Do Not Wish To Answer/Not Known	**55.2** **0.9** **0.1** **43.8**

2.3 Patients / Clients Affected

NB: The Department of Health has introduced a daily dashboard of statistics relating to Covid-19. The dashboard is available via the Departmental website.

Section 75 Group	*Make up of Patients/ Clients Affected*	*Percentage*
Gender	Female Male	All patients/clients are potentially at risk of being infected by Covid-19 both males and females albeit early indications/data have shown that men have been more so affected. The temporary reconfiguration and cessation of some services across the Trust, necessitated in responding to the unprecedented demand of Covid- 19, has the potential to impact on service users both males and females affected by a temporary closure/cessation.
Religion	Protestant Roman Catholic Other	As above
Political Opinion	Broadly Unionist Broadly Nationalist Other Do Not Wish To Answer/Not Known	As above
Age	0-15 16-24 25-44 45-64 65-84 85+	Service users and patients of every age are at risk of infection and further spread of the Covid-19 virus. There is evidence, however, to demonstrate that older people are more vulnerable to succumbing to Covid-19 and may become seriously ill therefore Government advice for the over 70s to self-isolate is an attempt to protect this vulnerable age group and to mitigate the spread of the disease. The most vulnerable people in society are being issued with a shielding

Section 75 Group	*Make up of Patients/ Clients Affected*	*Percentage*
		letter from their GP with clear advice to follow. Older people tend to be more frequent users of health and social care services. Disruption to normal service provision may have an impact on S75 groups and in particular older people affected.
Marital Status	Single Married/Civil Partnership Other/Not Known	The temporary reconfiguration and cessation of some services across the Trust, necessitated in responding to the unprecedented demand of Covid- 19, has the potential to impact on service users affected by a temporary closure/cessation.
Caring Responsibility	Caring for a Child/ Children/Dependant Older Person/Person(s) With a Disability None Not Known	The temporary reconfiguration of many services and cessation of some services may impact on those with caring responsibilities – notably the closure of day centres and the significant restrictions and in some cases complete cessation of visiting to acute hospitals, nursing and residential homes and especially for those who experience loss/bereavement in these circumstances. To keep pregnant women informed of changes in service provision the Public Health Agency (PHA) has launched a new Northern Ireland Maternity COVID-19 website.
Disability	Yes No Not Known	People with an underlying health condition and disabilities tend to be more frequent users of health and social care services and may also be disproportionately impacted by the

Section 75 Group	Make up of Patients/ Clients Affected	Percentage
		outbreak of Covid-19 due to disruption to normal service delivery e.g. cancer patients and those due to attend appointments at early detection screening programmes. Depending on underlying health conditions, people with disability may be at greater risk of developing a more severe case of Covid-19 if they become infected. More frequent use of telephone for appointments and information provision will present challenges for service users or patients who are deaf and use sign language. NB: a new temporary remote sign language interpreting service was launched on Friday 24 April 2020. This service will enable British Sign Language (BSL) and Irish Sign Language (ISL) users to access NHS111 and Health and Social Care (HSC) services during the COVID-19 pandemic, 24 hours a day, 7 days a week. This temporary service has been established to enable the Deaf community to communicate effectively via telephone and secure video link. Important information on Covid-19 is also available on the Trust's website in Easy Read format. The temporary reconfiguration and cessation of some services across the Trust, necessitated in responding to the unprecedented demand of Covid-19, has the potential to impact on service users with a disability who are affected by a temporary closure/cessation.

Section 75 Group	***Make up of Patients/ Clients Affected***	***Percentage***
Ethnicity	Bangladeshi Black African Black Caribbean Black Other Chinese Filipino Indian Irish Traveller Mixed Ethnic Pakistani White Not Known	Covid-19 information has been translated in a range of different languages to ensure service users are kept informed. There is emerging evidence from other jurisdictions that has shown individuals from BME communities may be at greater risk of infection and therefore should adhere to strict social distancing, shielding - advice/guidance. Ref: Exclusive: deaths of NHS staff from covid-19 analysed – HSJ
Sexual Orientation *towards:*	Opposite Sex Same Sex Same and Opposite Sex Do Not Wish To Answer/Not Known	The temporary reconfiguration and cessation of some services across the Trust, necessitated in responding to the unprecedented demand of Covid-19, has the potential to impact on service users who are affected by a temporary closure/cessation.

2.4 Southern Trust's Area Population Profile – Census 2011

(NB: in some instances you may need to be more specific and use local District Council areas – please contact the Equality Unit on 028 375 64152).

Section 75 Group	*Trust's Area Population Profile (Population of 358,034)*	*Percentage*
Gender	Female Male	**50.36** **49.64**
Religion	Protestant Roman Catholic Other	**39.15** **56.69** **4.16**
Political Opinion	Not collected	
Age	0-15 16-24 25-44 45-64 65-84 85+	**22.73** **12.25** **28.45** **23.40** **11.69** **1.48**
Marital Status (aged 16+ years)	Single Married/Civil Partnership Other	**34.99** **50.24** **14.77**
Dependent Status	Caring for a Child/Children/Dependant Older Person/Person(s) With a Disability	**11.34% of usually resident population provide unpaid care**
Disability	Yes No	**19.64** **80.36**
Ethnicity	Asian Other Bangladeshi Black African Black Caribbean Black Other Chinese Indian Irish Traveller Mixed Ethnic Group Other Pakistani White	**0.20** **0.01** **0.11** **0.01** **0.10** **0.22** **0.17** **0.15** **0.29** **0.16** **0.07** **98.51**
Sexual Orientation	Estimated 6-10% of persons identify as lesbian, gay, bisexual – *Source: 2012 report by Disability Action & Rainbow Project*	

(3) Needs, experiences and priorities

(3.1) Taking into account the information above what are the different needs, experiences and priorities of each of the Section 75 categories and for both service users and staff. ***(NB: Use relevant statistical and qualitative data to complete the table below)***

Section 75 Category	***Details of Needs, Experiences and Priorities***	
	Staff	***Service Users***
Gender	See considerations and mitigating measures at table 2.1.	See considerations and mitigating measures at table 2.3.
Age	See considerations and mitigating measures at table 2.1.	See considerations and mitigating measures at table 2.3.
Religion	See considerations and mitigating measures at table 2.1.	See considerations and mitigating measures at table 2.3.
Political Opinion	See considerations and mitigating measures at table 2.1.	See considerations and mitigating measures at table 2.3.
Marital Status	See considerations and mitigating measures at table 2.1.	See considerations and mitigating measures at table 2.3.
Dependent Status	See considerations and mitigating measures at table 2.1.	See considerations and mitigating measures at table 2.3.
Disability	See considerations and mitigating measures at table 2.1.	See considerations and mitigating measures at table 2.3.
Ethnicity	See considerations and mitigating measures at table 2.1.	See considerations and mitigating measures at table 2.3.
Sexual Orientation	See considerations and mitigating measures at table 2.1.	See considerations and mitigating measures at table 2.3.

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

The Trust has developed its surge plan which is dynamic in order to respond to emerging needs/demands. It will be kept continually under review in collaboration the wider HSC system of organisations and all other relevant stakeholders – see 1.7 as considered appropriate/necessary.

(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.

*All S75 groups are potentially at risk of infection from Covid-19. Some groups have shown themselves to be more susceptible/vulnerable to the virus please refer to section 1.4 above** - as evidenced by emerging intelligence. The overall impact of the Covid-19 pandemic virus is however considered to be major especially bearing in mind multi-identity issues.*

(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***
	Staff	***Service Users***	
Gender			Overall impact is major. See screening outcome and reasons for decision - 7.2 refer. See note above **
Age			Overall impact is major. See screening outcome and reasons for decision - 7.2 refers See note above**
Religion			Overall impact is major. See screening outcome and reasons for decision - 7.2 refers
Political Opinion			Overall impact is major. See screening outcome and reasons for decision - 7.2 refers
Marital Status			Overall impact is major. See screening outcome and reasons for decision - 7.2 refers
Dependent Status			Overall impact is major. See screening outcome and reasons for decision - 7.2 refer. See note above ** and particularly being in mind Government requirement to socially isolate and resulting impact on families et al

Section 75 category	*Details of policy/proposal impact*		*Level of impact? Minor/major/none*
	Staff	*Service Users*	
Disability			Overall impact is major. See screening outcome and reasons for decision - 7.2 refer. See note above**
Ethnicity			Overall impact is major. See screening outcome and reasons for decision - 7.2 refers
Sexual Orientation			Overall impact is major. See screening outcome and reasons for decision - 7.2 refers

(4.2) Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories?	
Section 75 category	***Please provide details***
Gender	See considerations and mitigation at tables 2.1 and 2.3
Age	See considerations and mitigation at tables 2.1 and 2.3
Religion	See considerations and mitigation at tables 2.1 and 2.3
Political Opinion	See considerations and mitigation at tables 2.1 and 2.3
Marital Status	See considerations and mitigation at tables 2.1 and 2.3
Dependent Status	See considerations and mitigation at tables 2.1 and 2.3
Disability	See considerations and mitigation at tables 2.1 and 2.3
Ethnicity	See considerations and mitigation at tables 2.1 and 2.3
Sexual Orientation	See considerations and mitigation at tables 2.1 and 2.3

(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		The Trust is committed to ensuring that staff and patients have equality of access to its services and feel welcome, comfortable and safe accessing all Trust facilities regardless of race, religion or political opinion. This is a requirement of staff and is in line with the Trust's Good and Harmonious Working Environment Guidelines.
Political opinion		As above
Racial group		As above

(4.4) Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?	
Good relations category	***Please provide details***
Religious belief	The Trust is using a variety of means in ensuring that any changes are effectively communicated through use of media broadcasts, social media, the Trust website, share point and through engagement, the use of FAQs and the more frequent publication of Southern-I, i.e. the Trust's corporate news sheet - Latest COVID-19 updates as well as specific advice and guidance for managers.
Political opinion	As above
Racial group	A range of information has been translated for those you do not speak English as a first language in relation to Covid-19. It is important essential information continues to be produced to keep the whole community informed. Trust staff are advised, in the case of suspected or actual Covid-19 patients, they should use telephone interpreting instead of face to face interpreting to facilitate effective and safe communication for patients who are not proficient in English as first or second competent language.

(5) Consideration of Disability Duties

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

The Trust is committed to ensuring equality of opportunity for all service users and staff in line with the provisions of the Disability Discrimination Act 1995 and the United Nations Convention on the Rights of People with Disabilities.

The Trust has a number of policies/plans in place including a Disability Action Plan as well as staff training, aimed at encouraging disabled people participation in public life and promoting positive attitudes towards disabled people.

The Trust is mindful of the impact of the Covid-19 virus on vulnerable groups including older people many of whom have a disability. The Trust is closely following Government advice on social distancing and shielding in seeking to preserve and promote the health and well-being of staff and services users. To provide for the communication needs for persons with sensory loss - a new temporary remote sign language interpreting service was launched on Friday 24 April 2020. This service enables 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. This temporary service has been established to enable the Deaf community to communicate effectively via telephone and secure video link. Important information as also been produced in Easy Read for ease of access.

(6) Consideration of Human Rights

The Trust has a duty to act compatibly and must take Human Rights considerations into account in its day-to-day functions/activities.

(6.1) How does the policy/proposal impact on Human Rights? Complete for each of the articles

Article	Positive impact	Negative impact = human right interfered with or restricted	Neutral impact
Article 2 – Right to life	√**		
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			√
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			√
Article 5 – Right to liberty & security of person		√*	
Article 6 – Right to a fair & public trial within a reasonable time			√
Article 7 – Right to freedom from retrospective criminal law & no punishment without law			√
Article 8 – Right to respect for private & family life, home and correspondence.		√*	
Article 9 – Right to freedom of thought, conscience & religion			√
Article 10 – Right to freedom of expression			√
Article 11 – Right to freedom of assembly & association		√*	
Article 12 – Right to marry & found a family			√
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			√
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			√

Article	Positive impact	Negative impact = human right interfered with or restricted	Neutral impact
1st protocol Article 2 – Right of access to education			√

*** The Trust is following strict Government advice on social distancing/isolation/shielding in the greater public health interest.**

****The general public, during the Covid-19 pandemic, are being encouraged to continue to available of HSC provision as normal e.g. GPs, ED services, Children and Child Protection services, Cardiac services, Mental Health services etc. to protect and safeguard their ongoing health and wellbeing.**

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 on telephone: 028 375 64151. 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 committed to the principle that everyone has the fundamental right to the highest attainable standard of physical and mental health.

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 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.

NB: Not all decisions are taken by HSC Trusts in the HSC's fight against Covid-19, many decision will be taken by Silver and Gold Command i.e., HSCB, DoH under the HSCs agreed emergency planning arrangements. Decisions are being taken in the greater public interest and in achieving the stated aims at 1.3 above.

(7) Screening Decision

(7.1) Given the answers in Section 4 of this template, how would you categorise the impacts of this decision or policy/proposal?
(Please tick one option below and list your reasons for the decision in 7.2 below)

Major impact	See 7.2 below	**EQIA Required?** ***(Delete as appropriate)***	
		Yes	**No**

Minor impact		Mitigation Required	Alternative Policy Required
		Yes/No	**Yes/No**

No impact		**Screened Out**

(7.2) Please give reasons for your decision and detail any mitigation or alternative policies considered.

In keeping with the commitments in the Trust's approved Equality Scheme the Trust's Covid-19 response plan has been subjected to equality screening.

Due to the state of emergency, the imminent risk to life and the immediate need to implement measures to protect and safeguard the greater public health interest from the Covid-19 virus as well as seeking to achieve the stated aims at 1.3 it was not possible to complete a full Equality Impact Assessment and publicly consult on this plan over a 12 week period. In this instance an equality screening has been completed and will be subject to ongoing screening – see 7.3 below given the evolving situation. The Trust's surge plan measures will be kept continually under review, given the fluidity of the situation, and in order to respond to emerging needs and challenges.

Provision, for circumstances such as the current pandemic, is provided for in the Trust's approved Equality Schemes which states: where it is beyond the Trust's control we may consult after implementation of a policy. Para 3.2.6 of the Scheme specifically refers to notable exceptions ***where timescales for consultation can be shorten for example - implementing EU Directives or UK wide legislation, meeting Health and Safety***

requirements, addressing urgent public health matters or complying with Court judgements. Where, under these exceptional circumstances, we must implement a policy immediately, as it is beyond our authority's control, we may consult after implementation of the policy, in order to ensure that any impacts of the policy are considered.

Similarly provision is also set out in the **DEPARTMENT OF HEALTH POLICY GUIDANCE CIRCULAR - CHANGE OR WITHDRAWAL OF SERVICES – Guidance on Roles and Responsibilities (26 November 2014).**

As part of the roll out of the Trust's plan the needs of S75 groups i.e. both services users and staff have and will continue to be considered along with any further mitigating measures to lessen any potential adverse impact for those affected – note considerations and mitigating measures at 2.1, 2.3, 4.4 and elsewhere documented in this screening template. Consequently, the Trust's Plan will be subjected to ongoing screening.

Any reconfiguration and cessation of services are of a temporary nature in order to create capacity in the system and to respond to the continued threat of the Covid-19 virus whilst continuing to provide high quality safe services. Examples of reconfiguration of services are documented at 1.3 and again below along with mitigating measures which include the designation of the City Hospital Tower Block as the Nightingale Hospital for the region; further development of community infrastructure to help accommodate people who do not need acute hospital admission or no longer need acute care e.g. provision of a new community enhanced rapid response team; partnership working with GPs and community pharmacies to deliver a volunteer-led service to patients during the Covid-19 pandemic; provision of a new emergency mental health assessment unit; appointment of Mental Health Champion by DoH, working collaboratively and across sectors to ensure that there is partnership working to address the demands of the pandemic for patients and staff e.g. childcare support for key workers; ongoing provision of domiciliary care; partnership working with the independent care sector e.g. Nursing homes to address capacity issues in terms of providing additional staffing et al; appointments and consultations being offered via telephone to maintain social distancing and self-isolating guidelines and in order to limit the spread of the virus; staff working from home where possible; availability of special leave where is it not possible to immediately provide for working at home and for those unable to return home to their place work due to the unavailability of air travel; adjustment to sickness management policies so as not to record Covid-19 absence against staff absence and associated trigger points; active steps to ensure adherence to social distancing for staff at work; active steps to reach out to BME and international staff in order to provide targeted advice; support and comfort packs; provision of helplines and ongoing information; guidance and support for managers and staff - physical, mental and spiritual; availability of information in accessible formats e.g. Guidance for Managers on Covid-19 in one central place e.g. page tiger; Share Point; on-line staff and

Covid-19 Apps; more frequent production of Southern-i i.e. the Trust's corporate news sheet - Latest COVID-19 updates etc. Provision of information in alternative formats e.g. Easy Read and other languages. To provide for the communication needs for persons with sensory loss - a new temporary remote sign language interpreting service was launched on Friday 24 April 2020. This service enables 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. This temporary service has been established to enable the Deaf community to communicate effectively via telephone and secure video link.

To keep pregnant women informed of changes in service reconfiguration provision the Public Health Agency (PHA) has launched a new Northern Ireland Maternity COVID-19 website.

Measures undertaken to date have been necessitated to address the unprecedented demands arising from the Covid-19 pandemic and will be kept constantly under review.

(7.3) Do you consider the policy/proposal needs to be subjected to ongoing screening? NB: for strategies/policies that are to be put in place through a series of stages – screen at various stages during implementation.

Yes	√ see monitoring 8.1 overleaf
No	

Southern Health and Social Care Trust
Quality Care - for you, with you

(8) Monitoring

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

The Trust's surge plan measures will be kept under review by Bronze command/SMT. Further mitigating measures will be considered in the role out of this plan as necessary and appropriate to lessen any potential adverse impact for patients/clients/staff. The Trust remains committed to delivering safe, effective and compassionate services to its population.

Approved Lead Officer:	**Shane Devlin**
Position:	**Chief Executive**
Email:	**shane.devlin@southerntrust.hscni.net**
Telephone No:	**028 3756 0144**
Date:	**June 2020**
Policy/proposal screened by:	**Southern HSC Trust Senior Management Team in collaboration with JNCF**

Please forward completed screening template to christine.white@southerntrust.hscni.net for inclusion in the Trust's Policy Screening Reports which are uploaded to the Trust's website