



Western Health  
and Social Care Trust

# **Equality Screening Report**

1 April 2020 – 30 June 2020

This document can be made available  
in alternative formats on request

## Introduction

The Western Health and Social Care Trust (WHSCT) must consider by law, Section 75 of the Northern Ireland Act 1998, how we promote equality and remove discrimination for people who use our services and for members of staff. Our obligations are set out in our Equality Scheme. The 9 groups that are specified in the Equality Scheme are:

Black and Minority Ethnic People	Different Marital Status e.g. Single, Married, Divorced, Civil Partnership, Widowed	Disabled People
Carers	Different Political Opinions	Men and Women
Different Ages - Young People/Older People	Different Religious Beliefs	People who are Lesbian, Gay or Bisexual

We also have to consider how we can promote good relations between people with different religious beliefs, political opinions or racial group (including people from the Travelling Community).

Within the Equality Scheme, the Trust gives a commitment to apply equality screening processes to all new and revised policies/proposals and, where necessary, to subject new policies/proposals to a full equality impact assessment. This process helps us to:

- assess the impact/consequences of our decisions on the people within the 9 equality groups;
- consider how we might better meet their needs (promote equality of opportunity);
- reduce any negative impacts/consequences (mitigating actions).

The Trust is required to have evidence that the following questions have been considered in relation to all policy development, strategic planning and general decision making:

- What is the likely impact on equality of opportunity for those affected by this policy/proposal, for each of the Section 75 categories? (minor/major/none)
- Are there opportunities to better promote equality of opportunity for people within the Section 75 categories?
- To what extent is the policy/proposal likely to impact on good relations, between people of a different religious belief, political opinion or racial group? (minor/major/none)

- Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

(From 'Section 75 of the NI Act: A Guide for Public Authorities': ECNI).

The Trust's Equality Screening process provides this evidence.

If it is decided that a policy/proposal is likely to have major issues relating to equality, it is then necessary to consider carrying out a more detailed exercise called a full Equality Impact Assessment (EQIA).

Equality screening for all the policies/initiatives detailed has highlighted the need to ensure that information relating to them/the service is made available, throughout, to support those service users/families/carers who do not have English as a first language, including the use of foreign language interpreters and written translations etc., in line with Trust guidelines. In addition, service users, their families, carers or staff who require additional communication support including e.g. provision of information in Braille, sign language interpreters, large font or audio, will be provided with this.

Should you wish to obtain a copy of any of the policies and/or screening forms referred to in this document, or require them in an alternative format, please contact:

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## Western Health and Social Care Trust: Screening Outcomes for the Period 1 April 2020 – 30 June 2020

Chief Executive's Office			
Title of Policy and Description	Outcome of Equality Screening	Reason for Outcome	Date Compl'd
<p><b>Western Health &amp; Social Care Trust Covid-19 Response</b></p> <p>This is the WHSCT Overarching Screening form for the Trust response to the outbreak of the Covid-19 Virus.</p> <p>On 11 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:</p> <ul style="list-style-type: none"> <li>i. safeguard lives by reducing the further spread of the Covid-19 virus; and to</li> <li>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.</li> </ul> <p>The Covid-19 Emergency has necessitated the adoption of 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 deliver high quality, safe patient/client services and a safe working environment for staff and all those who come into contact with our services. The Western Trust, as will the wider HSC sector, continues to collaborate and examine all options as they</p>	<p><b>RED:</b> *Major equality issues/ impact: full EQIA recommended</p>	<p>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.</p> <p>*In normal circumstances, these proposals would automatically be screened in for an EQIA and full public consultation. Due to the state of clinical emergency, the exceptional context the imminent risk to life and the immediate need to implement these measures to protect public health, it is not possible to publicly consult on the plans. Therefore, we as a Trust are taking the most pragmatic and prudent approach to our Section 75 duties by publishing and sharing this completed screening template to demonstrate our ongoing focus on the dual statutory responsibilities. All of the aforementioned measures have been taken to prevent further spread of Covid 19 and to alleviate the consequences and have need to be undertaken to protect life and therefore with the utmost urgency.</p> <p>The surge plan measures to address this urgent public health matter will be kept under review and where necessary and feasible, further mitigation will be introduced to lessen any unanticipated adverse impact. The Trust remains committed to delivering safe, effective and compassionate services to its</p>	<p><b>30/6/20</b></p>

face and adapt to the challenges posed by this pandemic.

The Health Protection (Coronavirus Restrictions) Regulations 2020 were made in response to the serious and imminent threat to public health posed by the incidence and spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in Northern Ireland. The Department of Health considers that the restrictions and requirements imposed by these Regulations are proportionate to what they seek to achieve, which is a public health response to that threat. The Trust has acted in accordance with these regulations.

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.

COVID19 has and will severely challenge an already stretched workforce, particularly in areas such as respiratory services and ICU where the most seriously ill COVID-19 patients require hospital treatment, and across older people's community services where the population is most vulnerable to the disease.

In parallel the regional workforce appeal and other associated workforce measures e.g. volunteering,

population and is assured that the measures undertaken are necessary, proportionate and justified to address the unprecedented demand arising from the Covid 19 pandemic

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 shortened 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,

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.

The Trust continues to work closely with the Department of Health, the Health and Social Care Board, the Public Health Agency and with General Practitioners in Primary Care to deliver a robust and cohesive partnership approach to tackling the pressures of Covid 19.

Some examples of service reconfiguration include (The service measures detailed are for illustrative purposes and are by no means exhaustive. The surge plan is available on the Trust website):

#### **Reconfiguration of Services (Inpatient, Outpatient and Daycase)**

As a result of the pandemic, services across the acute hospital sites have undergone radical review with resultant reconfiguration to meet new service needs. As a result there are changes to outpatient services, inpatient services and follow up services.

The Trust has worked with the Department of Health, the Health and Social Care Board and the Public Health Agency to ensure the availability and provision of essential time critical services throughout this pandemic. Specialties have developed plans in line with the guidance contained in Protecting Critical Care Secondary Services in H&SC within N.Ireland during Covid 19. Implementation of plans has involved ensuring capacity inhouse as well as with the Independent sector to ensure the delivery of urgent inpatient, Daycase and Outpatient activity.

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. The Trust is wholly committed to engage, comprehensively impact assess and consult through the usual mechanisms should they wish to make any of these arrangements permanent.

Examples of reconfiguration of services are documented at 1.2 of the screening form and are available via the Trust Website.

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

**This screening form will continue to be under review as the surge plan measures are escalated.**

**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 to tackle any future waves.**

Virtual clinics have also been established and operational across a range of specialties to support management and delivery of elective activity.

The reconfiguration of Outpatients was an essential activity to ensure that clinical capacity and nursing workforce could be realigned to meet increasing inpatient demand as a result as Covid-19 admissions. It was also necessary to facilitate the establishment of GP Covid centres within the Outpatient Departments of both acute hospitals.

### **Cancer Services**

Delivery of Cancer Services has been in line with the guidance contained within the Department of Health's paper on *Maintaining cancer care during the Covid-19 response* which has been developed in conjunction with NICaN and HSC organisations. Safe and effective care remains the Trust's top priority and as such there has been little impact in terms of emergency work. A reduced chemotherapy and radiotherapy service continues to be provided in the Cancer Centre based on individual patient presentation and risk/benefit balance of treatment at this time. This approach involves identifying those interventions within each cancer sub-speciality (tumour site) which have the highest impact on reducing mortality/morbidity, and conversely those interventions that could reasonably be delayed with an acceptable level of risk.

### **Paediatric Services**

The Minister of Health approved a regional plan to consolidate and secure paediatric services during the COVID-19 surge. The purpose was to make services as

resilient and sustainable as possible recognising the potential workforce challenges that the Trust may be faced with given predicted staff absence levels. Paediatric Inpatient services in SWAH would be managed by transferring to Altnagelvin, Craigavon or Belfast. To ensure paediatric provision in SWAH an Enhanced Ambulatory Service was established and staffed by senior clinicians. There was also consultant cover available on the site on 24/7 basis.

Recognising the need to ensure service provision for patients anxious to attend hospital in emergency situations a number of pathways were developed within the Trust to ensure that vulnerable/at risk patients continued to be able to access our services.

### **Visiting**

In line with the Department of Health's guidance on visiting during COVID-19 pandemic, the Western Trust suspended visiting to ensure the protection and safety of our patients and staff.

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 plans for the Western 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.

To provide an effective response to management of the Covid 19 pandemic the WHSCT has developed a Covid 19 Response - Planning Framework. The detail of the Command and Control arrangements are clearly outlined within this Framework detailing the structures that have been established both internally and externally to ensure that the Trust is prepared to manage the Covid 19 surge and to ensure that there is connectivity across the various layers of the health and social care system.

On a daily basis Command and control will operate through the three Bronze control teams (Altnagelvin Hospital, SWAH and Community) which are multi-service and supported by relevant corporate and clinical staff. Escalated issues and overall Sitreps will be submitted on a daily basis to Trust Silver and the command and control arrangements at a regional level will be followed for issues requiring regional and ministerial decision. In addition to the command and control model outlined the Trust have established three Surge Planning and Preparedness Groups (SPPG):

- Hospital SPPG
- Community SPPG
- Corporate and Support Services SPPG

Each of these groups has dedicated project management support from the Project Management Office (PMO) with weekly meetings facilitated between all project managers

<p>to ensure co-ordination across all planning groups.</p> <p>Modelling assumptions were provided to the Trusts by the DOH in order to support preparations for surge, and these were formally issued to Trusts on 1 April 2020.</p> <p>The Screening form will remain live and further actions along with mitigating measures will be taken as and when required/necessary.</p>			
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<b>Finance Directorate</b>			
<b>Title of Policy and Description</b>	<b>Outcome of Equality Screening</b>	<b>Reason for Outcome</b>	<b>Date Compl'd</b>
<p><b>Western Health &amp; Social Care Trust Guide To Travel &amp; Associated Expenses</b></p> <p>The aim of the Guide is to provide direction and guidance for staff on claiming travel and subsistence expenses that they incur as part of their official HSC duties or training and as a useful guide to managers who will have to approve such claims. The guide also details the responsibilities of both staff and managers in the completing, approving and submitting of travel claims and expenses.</p>	<p><b>Green:</b> No Impact: A full EQIA is not recommended.</p>	<p>It is anticipated that the Travel Guide will have a positive impact providing support to all relevant staff across the organisation. The guide details the responsibilities of both staff and managers in the completing, approving and submitting of travel claims and expenses. It aims to provide guidance and support for staff on claiming travel and subsistence expenses incurred as part of official HSC duties or whilst training and serves as a useful guide to managers who will have to approve such claims.</p> <p>The Guide will be communicated to staff via Trust Communication and available on the Trust Intranet.</p>	<p><b>23/6/20</b></p>