EQUALITY COMMISSION FOR NORTHERN IRELAND
Public Authority 2012 – 2013 Annual Progress Report on:

Section 75 of the NI Act 1998 and
Section 49A of the Disability Discrimination Order (DDO)2006

Name of public authority (Enter details below)
Belfast Health & Social Care Trust

Equality Officer (Enter name and contact details below)
Orla Barron
Health and Social Inequalities Manager
First Floor, Graham House
Knockbracken Healthcare Park
Belfast BT8 8BH

Telephone: 02895046567   Textphone:028 90566755
Email: orla.barron@belfasttrust.hscni.net
Executive Summary

This is the sixth Annual Progress Report on Section 75 of the NI Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006 prepared by Belfast Health & Social Care Trust.

The Trust is one of the largest in the UK with an annual budget of almost £1.3 billion and some 20,000 staff. Belfast Health and Social Care Trust’s overarching purpose is to improve health and wellbeing and reduce health and social inequalities.

The Executive Summary sets out below the key policy and service development developed by Belfast Trust during this reporting period and to better promote equality of opportunity and good relations across all functions.

1. Implementation of revised Equality Scheme

Work has been ongoing to implement the revised Equality Scheme, which was approved by the Equality Commission Northern Ireland (ECNI) in August 2011. The Trust’s Scheme represents the corporate commitment and formal framework and clearly sets out how the Trust will fulfil its obligations in line with the Section 75 statutory duties.

Mainstreaming of the Scheme and its requirements across such a large and complex organisation has been achieved through a variety of methods - with training, communication, information provisions and a hands-on approach in the development of screenings and EQIA’s. It is imperative that awareness building and training is continuous and a significant achievement has been the introduction of a comprehensive two strata programme of mandatory equality training for staff and for managers. This covers employment equality, service user equality, disability, human rights and promotion of good relations.

2. Updating Audit of Inequalities

The Trust acknowledges the wealth of information and research which is produced throughout the year and in order to keep the audit relevant and up-to-date, a programme of work has been conducted to collate this
information and filter it into the audit of inequalities. This work is also done on a regional basis within the Health and Social Care family. The updated Emerging Themes document, which reflects the key Section 75 inequalities is instrumental in informing decision making, screenings and Equality Impact Assessments. It shall also shape the forthcoming formulation of an action-based plan in 2014.

3. Action-Based Plan

The Equality Commission for Northern Ireland had recommended in its Guidance for Public Authorities that all Equality Schemes be accompanied by an action-based plan on the context of their functions. For Health and Social Care, these functions are broadly employment, service provision and procurement and as such, it was seen as imperative that Health and Social Care Trusts should be consistent and work together on their audit of inequalities, to help inform their action-based plan. Whilst there are local actions within the plan, there is also a significant spectrum of regional actions. Regional collaboration across the five Health & Social Care Trusts has been vital to maximise resources and to ensure maximum benefit in terms of outputs and outcomes.

The Action Plan was drawn up on both a regional and local level and is based on recurring inequalities, which need to be addressed. The Action-based Plan was divided into the emergent and recurring themes based on the inequalities audit:

- Improving Access to Services Communication & Information
- Service Monitoring
- Mainstreaming Equality, Good Relations, Disability Duties and Human Rights Considerations into the Corporate Planning Cycle and Decision Making Processes
- Promoting Participation and Inclusion
- Procurement
- Service Related Issues
- Employment.

Essentially the Plan seeks to bring about real and tangible outcomes for service users and staff and as per the Equality Commission aforementioned guidance to make a shift from process to outcomes.


4. Publication of Quarterly Screening Reports

Belfast Trust continues to use the best practice screening template to ensure that equality, human rights, inequalities and disability considerations are core in the screening process. The Trust welcomed the ECNI advice to publish quarterly screening outcome reports to increase not only transparency but also accountability. If any stakeholder raises a concern with cogent evidence to substantiate their concern, the Trust will review its decision and decide whether the screening should be reviewed or undertaken again. The Trust has now published four reports online in the reporting period – links to which are provided in Section 2 of this report.

5. Good Relations

Belfast Trust recognises the intrinsic links between tackling inequalities and promotion of good relations. Cognisant of the findings of the Effectiveness Review of Section 75 and subsequent ECNI guidance on implementation of Section 75, the Trust committed in its Corporate Plan 2012-2013 to develop a formal framework for the promotion of Good Relations through a Strategy and Action Plan. The Equality Commission for Northern Ireland stated that organisations must proactively address Good Relations and recommends that “each organisation develops a Good Relations Strategy in order to provide a clear and workable framework for, and to formalise its commitment to, the promotion of Good Relations”.

The Strategy was developed by the Steering Group which comprised representatives from the Trust, Chaplains, Trade Unions, Community Relations Council, Ethnic Minority and Community Organisations and representatives. The Strategy was subject to both significant pre-consultation and formal public consultation before it was ratified by the Trust Board. It will be launched formally in May 2013 to mark Community Relations Week and a plan will be developed to ensure that the programme of work in the associated action plan is progressed.

6. Employment Equality Initiatives

6.1 Employment Equality and Diversity Plan

The Plan, developed in partnership with Trade Unions and The Equality Commission for NI, continues to be implemented and monitored by the
Workforce Policy Committee on a 6 monthly basis. Key developments include:

6.1.1 Affirmative Action Programme

Agreed with the Equality Commission following completion of the Trust’s first Fair Employment and Treatment (NI) Order 1998 Article 55 Review, the Trust has agreed a Affirmative Action Plan in relation to local workforce issues and is working collaboratively with other HSC Trusts, The Equality Commission for NI and others to address regional issues identified in the ECNI HSC Trusts Fair Employment Report.

6.1.2 Policy Development and Review

The Trust’s Equality Policies have been reviewed and the harmonious Working Environment Policy Statement has been produced in poster format and displayed throughout the Trust.

The Trust reviewed and introduced a new flexible retirement policy as part of a suite of work life balance arrangements. 901 staff have availed of these arrangements since April 2012.

6.1.3 Mandatory Equality Training for All Staff

The Trust provides facilitated training across the sites for all staff. Further information is provided in Section 5: Training. The e-learning package is currently under review and due to be launched next year.

6.1.4 Promotional Leaflets

A series of leaflets on the topics listed below were produced and disseminated to staff across the Trust;

- Improving Working Lives
- Positive Action in Employment Equality
- Positive Action for Staff with Disabilities

6.1.5 Disability Action Plan

The Trust was recognised in the Irish News Employment Equality Awards for its work on disability as a shortlisted finalist. Additionally the Trust was accredited as an Employer of Excellence by Employers for Disability. The Trust delivered a presentation at a Showcasing Best
Practice event hosted by DEL and ECNI and held at Stormont and has subsequently been featured in the best practice publication.

Pictured are Mr Tony Early Chair, Employers for Disability NI; Dr Stephen Farry, Minister for Employment and Learning; Mrs Louise Beckett, Senior HR Manager; Mr Michael Wardlow, Chief Commissioner, Equality Commission for NI

Other developments during the year included:

• **Disabled Employee Network**

The Trust Network, launched in March 2012, was developed following on from a survey of 400 staff with disabilities to enhance the Trust's engagement with disabled staff. It aims to take forward initiatives designed to ensure disabled staff play a full role in the Trust, promoting a positive culture and highlighting the contribution of disabled staff. Bi-monthly network meetings are ongoing. Achievements to date have included the development of a Hub page and the launch of a leaflet to inform staff and managers of available support.
• **Ring-fenced Posts for persons with a disability**

Through the DEL Work Able scheme the Trust ring-fenced and filled 6 positions. To date this initiative has proved highly successful and work is ongoing to roll out further opportunities across the Trust.

• **Disability Placements**

A key objective of the Employment Equality and Diversity Plan is to facilitate work experience placements for people with disabilities. During the course of the year 15 placement opportunities were provided across the Trust.

As a partner in the Orchardville Society’s Employer Taskforce, the Trust also participated in the Job Tasting Pilot Programme in May 2012. This new programme is designed to introduce persons with a learning disability to sample job roles within the Trust.

‘The experience that I am gaining at the Emergency Department at the Royal Hospital has been very beneficial to date.'
6.2 Regional Equal Opportunities Network

The Trust continues to work collaboratively with the sectoral network which meets 5 times per year. Key agenda items during this reporting period have included:

- HRPTS – Human Resource, Procurement, Travel and Subsistence regional computer system due for implementation in the autumn of 2013. The system will replace Trusts current arrangements for storing and reporting on equality monitoring data.

- ECNI Sectoral Fair Employment Report

6.3 Migrant Workers Charter

The Trust continues to adopt the Employers’ Charter for Employing Migrant Workers in NI in conjunction with Business in the Community. This involved the development of a multi-disciplinary working group and action plan which focused on the three key stages within a migrant workers journey: pre-employment, starting employment and continuing employment. During the period an Etiquette leaflet and Welcome Pack has been developed.

Back Row: Deborah McConnell, Business in the Community; Alison Kerr, Senior HR Manager; Gladys McKibbin, Senior HR Manager

Front row: John service, Senior Manager, PCSS; Kunjumon Iyochen, Trade Union Representative; Danny Cusack, Senior Manager PCSS
6.4 Improving Working Lives

Under the strategic direction of the Trust Health and Wellbeing Steering Group a number of initiatives continued to be implemented to help improve the working lives of staff and contribute to the Trust being an Employer of Choice.

These include;

• Flexible Working

As an employer whose workforce is 80% female, the Trust recognises the importance of flexible working opportunities and other initiatives to enable staff to balance work and home commitments and improve their working lives. During the course of this year 901 applications were received with a 98% approval rate.

A leaflet was developed and circulated across the Trust promoting the flexible working policies and procedures to help staff balance work and home commitments and improve their working lives.

Four focus groups were held to review the Trusts Work Life Balance Policies.

• The Summer Scheme

The Trust successfully completed its fifth summer scheme which was provided for a seven week period during July and August. Three schemes were provided at different locations throughout the Trust. Numbers continue to increase year on year with 361 children and 227 families accommodated this year. A full evaluation of the scheme was undertaken with 98% of respondents reporting that the scheme helped enable them to balance work and family more effectively and 90% stated that they were able to use annual leave for holidays rather than childcare.
Employers for Childcare voucher scheme

Almost 700 employees participated in the childcare voucher scheme. During the course of the year the Employers for Childcare Staff Discount Card and Approved Home Childcare were launched.

Maternity Information Sessions

Three information sessions were held during the year across the Trust to inform staff of maternity related issues and regulations and to promote the Trust’s work life balance policies.

Northern Ireland Health & Social Care Interpreting Service (N.I.H.S.C.I.S.)

Demand for ethnic minority language support in the form of face to face interpreters across Health and Social Care has steadily increased due to the flourishing cultural diversity in Northern Ireland. In November 2012, the Service reached a landmark figure in 300,000 requests since its inception in 2004 and was fast approaching 350,000 towards the end of this reporting period. Quarter on quarter N.I.H.S.C.I.S. has experienced and manages to deliver an ever-increasing level of demand. To best reflect that, it perhaps speaks volumes that in 2004, the Service received less than 1000 requests in a year, whilst it currently receives approximately 450 requests a day. The success and quality of the Service has been recognised both nationally and regionally when it was awarded 1st prize in the national HPMA Awards in the category of Equality & Diversity on 28 June 2012. The Service was also shortlisted from 63 entries across Health and Social Care in Northern Ireland and undertook a comprehensive process of presentations and interviewing before going on to win 3rd prize in the Institute of Healthcare Management and Department of Health and Social Services and Personal Safety Quality Awards on 22 November 2012.

This recognition is testament to the ongoing success of the service and its drive and determination in meeting the ever increasing need for
minority ethnic language support in Health and Social Care. The Trust acknowledges that with the advent of Transforming Your Care, interpreters will continue to become an important and intrinsic resource in the delivery of person-centred care.

8 N.I.H.S.C.I.S. Conference

In May 2012 Belfast Trust hosted the Northern Ireland Health and Social Care Interpreting Service Conference – Excellence in Performance. This conference marked the celebration of achievements by the NIHSCIS from its implementation to the present service today. When the service was first set up in 2004 it dealt with 823 requests for health interpreting services across Northern Ireland, whereas at the time of the conference the volume of requests for interpreters exceeded 59,000 requests each year.

Ligia Parizzi, Northern Ireland Health & Social Care Interpreting Services Manager said, ‘The main aim of the Interpreting Service is to improve access to Health and Social Care by HSC patients and clients who do not speak English either as a first or proficient second language in Northern Ireland and to reduce health inequalities for these people in the process. The key note speaker at the conference was Hilary Maxwell-Hyslop, Director of Examinations for the Institute of Linguists Educational Trust and Joint Acting CEO of the Chartered Institute of Linguists. Robin Arbuthnott, Leadership Centre spoke on the ongoing review of interpreting, whilst Ligia Parizzi and Claire Hamilton presented on development within and usage of the Northern Ireland Health and Social
There was also a presentation of awards to mark the hard work, dedication and professionalism of the interpreters.

9 Review of Interpreting and Translation Mechanisms

As reported in previous Annual Progress Reports, a review of interpreting and translation mechanisms for Health and Social Care across Northern Ireland was commissioned by the Health and Social Care Board. The aim of the review was to assess need and to take stock of the current model of provision of face to face and telephone interpreting for minority ethnic groups and language translation services. The review was to propose a model to meet future need for access to Health and Social Care through a service which is equitable, high quality, value for money and promotes equality of opportunity. A draft report on the outcome of the review ‘recognises the hard work and high quality of the service provided through Belfast Health and Social Care Trust’. It is envisaged that the recommendations from the review shall be issued for formal consultation later in 2013.

10 Employers for Disability Northern Ireland Member Accreditation

Following on from the success at being shortlisted for the Irish News Workplace and Employment Awards – Disability Best Practice Employer Award, the Trust has been recognised as an Employer for Disability NI Member of Excellence, one of only four organisations who achieved this level.
The Trust scored more than 90% on the Employers for Disability member audit to self-evaluate progress in implementing good disability practice. This award recognises the commitment demonstrated by Belfast Trust in implementing an array of practical measures to attract and retain employees and service users with disabilities.

11 Launch of Welcome Pack & Multi-Cultural and Beliefs Handbook

Belfast Trust recognises the importance of providing sensitive and responsive services which meet the needs and expectations of an increasingly diverse population. Equipping Trust staff and HSC professionals with the knowledge and tools to help facilitate this person-centred approach is key in service provision.

The concept of a Translated Welcome Pack had originated in the Legacy Royal Hospitals Trust to help facilitate understanding for inpatients who were not proficient in English as a first or second language. Belfast Trust decided to develop the original resource by updating it and having it translated into 18 different minority ethnic languages. The resource has information on catering, visiting times, chaplaincy services and details on interpreting provision. The Multi-Cultural and Beliefs Handbook will provide staff with information on an increasing range of faiths and cultural belief systems here in Northern Ireland. Belfast Trust Chaplaincy played a key role in developing the guidance. The two initiatives were developed to help staff deliver person-centred, person-led services and were launched by the Trust’s Chair Pat McCartan on 10 December 2012 to mark international Human Rights Day.

Donna Zhang NIHSCIS Interpreter, Wang Yu-Lian Service User, Chairman Pat McCartan, Marie Mallon, Deputy Chief Executive & Director of HR and Derek Johnston Trust Chaplaincy Service
12 Strategic Services Review

12.1 EQIA on Rheumatology & Dermatology

Belfast Trust had originally consulted on the reorganisation of Rheumatology and Dermatology Services in 2010 in a proposal to bring services together to improve:

- Rheumatology accommodation on the Musgrave Park Hospital site (patients currently in sub-standard accommodation).
- Service delivery arrangements for day care dermatology and
- Rheumatology services (removal of service duplication on 2 sites)
- Access to Biologics Therapy services (removal of service duplication on 2 sites).

Due to a number of concerns raised during the consultation and equality impact assessment process, the Trust decided not to proceed with the proposal as it was and committed to review it. A multi-disciplinary project team was configured and re-considered the options and the preferred option recommended by the team was the single site configuration for Adult Rheumatology and Dermatology at Musgrave Park Hospital.

This consultation goes one step further than the last consultation which did not address the need to centralise the majority of outpatient services to avoid duplication across sites.

A subsequent formal consultation process was undertaken from 11 June 2012 to 7 September 2012. Further to a consultation process, the proposal was endorsed by respondents and Trust Board approved the decision to co-locate Adult Rheumatology and Dermatology Services at Musgrave Park Hospital.

12.2 EQIA on Maternity Services

The Trust conducted an Equality Impact Assessment (EQIA) on the proposal to establish one Consultant-led Obstetric Service, including current models of midwife-led care, at the Royal Jubilee Maternity Service and a free-standing Midwife-Led Unit at the Mater Hospital. The
aim of this review was to ensure that the Maternity Services in Belfast continue to provide a quality service for high risk pregnancies from across the region, whilst ensuring that women at both low and high risk of complication have their birthing experience in an environment which is appropriately staffed to meet their needs, in the most appropriate location, with appropriate clinical linkages for delivery and initial post-natal and neonatal care. The EQIA and associated consultation paper were issued for formal consultation from 1st March 2012 until 31st May 2012. The Trust conducted this Equality Impact Assessment to ensure that staff, service users, carers and the public at large had an opportunity to provide their views to help inform the final decision making process and in accordance with their statutory Section 75 responsibilities.

12.3 EQIA on Emergency Department (ED)

The Trust had committed to undertake a full formal consultation process in regard to the long term position of Emergency Departments. The Health and Social Care Board as commissioner of the service and Trust as provider worked collaboratively to develop a consultation paper and associated Equality Impact Assessment on the proposed configuration of ED Services in Belfast. These papers were issued for public consultation between 1st March 2013 and 30 May 2013. The outcome from this consultation will inform decisions regarding the future provision of Emergency Services.


Health and Social Care Trusts recognised the benefits of involving disabled people and representative organisations in the formulation of their second Disability Action Plan.

Much work had been completed since the Trusts published their first Disability Action Plans in December 2007. The Trust has carried out a five year review of its plan and fully acknowledges that these outcomes and significant achievements would not have been possible without the ongoing collaborative working of Health and Social Care Trusts and more importantly, disabled people and their representative organisations.

Health and Social Care Trusts invited those who had already been involved in their work to promote positive attitudes towards people with a disability and to encourage their full participation in public life but extended the invite to a broader audience to work with them.
A pre consultation event was held on 30th May on the draft actions contained within the second Disability Action Plan and also on the five year review of actions to that date. Trusts also took the opportunity to launch two vital resources – the Assistance Dogs Policy developed by Belfast Trust and also Making Communication Accessible – a resource for staff developed by a pan disability group in conjunction with Belfast Trust and Northern Trust on behalf of the region.

Trust Equality Leads received endorsement in the main on their Disability Action Plan measures but also feedback on how to consolidate these actions and improve the anticipated outcomes for disabled people. This feedback led to changes to the draft actions in the DAP. Evaluations from the pre-consultation workshop provided positive feedback and were praiseworthy of the approach taken.

In June 2012, the HSC Trusts informed some 700 stakeholders about the regional consultation process. All those listed in the HSC Trusts’ Consultation Databases received a letter informing them of the consultation arrangements. Consultation documents were made available on the Trusts’ websites (i.e. available to the public) and intranet (i.e. available to Trust staff). Documents were also available in hard copy or in different formats on request.

The Trusts consulted widely on their Disability Action Plan over a 12 week period beginning 29 June 2012 and ending on 1 October 2012. The findings are detailed in:


14. Reconfiguration of Disability Steering Group

On 11 February 2013, Belfast Trust convened a workshop on the future of the Disability Steering Group. The Disability Steering Group was first established in 2007 in response to the introduction of new legislative provision – known as the Disability Duties which are essentially:

- To promote positive attitudes towards disabled people and
- To encourage full participation of disabled people in public life.

The Trust has recently developed and consulted on its second Disability Action Plan – which is a framework outlining what the Trust will do to fulfil these statutory requirements in terms of how we provide our
services, the way we produce our information and the way we employ our staff.

Given that the group is now in its 6th year it was agreed that the disability infrastructure could be further enhanced by:

- Raising its profile corporately
- Increasing representation from across the Services
- Reconfiguration so that working groups are established – chairs of each whom would sit on the Steering Group
- Inviting a wider range of representative organisations from the disability sector.

The steering group comprises Trust representatives, Trade Union colleagues and representatives from disability organisations and individuals with disabilities.

Chief Executive, Colm Donaghy welcomed members of the audience and highlighted the strategic importance that the Trust affords to the disability duties and how instrumental they are in regard to responsive and effective provision of Health and Social Care. With the implementation of Transforming Your Care, where the onus is on person centred care – putting the person before the disability is fundamental.

Brenda Creaney, Director of Nursing and User Experience who Chairs the Steering Group, outlined the context and other key drivers which influence the group’s workload before touching on some of the key achievements and progress to date.

Monica Wilson, Chief Executive of Disability Action, who has been a key member of the group talked about the experience so far and why
partnership working has been mutually beneficial in terms of tangible outcomes, as well as improved understanding.

Workshops were then convened on the following areas of work, which will form the basis of the newly established working groups:

- Accessible Communication
- Accessible Information
- Developing an exemplar facility
- Employment and Employability
- Training and Legislative Reform
- Monitoring Disability.

15. **Review on Sensory Support Services**

The Regulation and Quality Improvement Authority were tasked with conducting a review on the provision of sensory support services across Health and Social Care. The outcome of the review was a number of recommendations to be followed up on by the Trust to improve sensory support services. These pertained to recommendations around training, information provision and alternative formats. These recommendations were tabled at the Disability Steering Group and were discussed as to how best to address these. The work has also helped inform actions within the Disability Action Plan and the reconfiguration of the Disability Steering Group.
16. Regional Equality Human Rights Steering Group (REHRSG)

The Trust continues to participate in the regional Equality and Human Rights Steering Group, which is Chaired by the Equality, Human Rights and Legislation Branch of the Department of Health and Social Services and Public Safety. Equality representatives from the five Health and Social Care Trusts, the Ambulance Service Trust, the Business Services Organisation and Northern Ireland Fire Service come together with counterparts at the DHSSPS to discuss and share best practice, topical issues that affect the region as a whole. Examples of strategic issues discussed are the introduction of mental capacity legislation, the proposal on Shared Services, the complexities for both staff and service users when trying to uphold guidance on charging ‘overseas visitors’. The forum has provided a vehicle for open and constructive conversations and has resulted in Equality Leads significantly influencing strategic decisions or direction.

17. Domestic Abuse Support Services

The Trust delivers this worthwhile service for staff who are experiencing domestic abuse, whereby support workers can arrange adjustments to a staff member’s working pattern or location or organise for them to receive their salary in advance, should they wish to leave the abusive partner.

The Trust continues to promote the service and shares its best practice with other Trusts and other sectors. As a member of the Belfast Domestic Violence Partnership, the Trust’s Health and Social Inequalities Manager presented at an event convened by the DV Partnership for the Local Government Staff Commission for Northern Ireland, to promote Domestic Violence/Abuse Workplace Policies on 30th January 2013.
In February 2013, the Trust hosted training for new domestic abuse support workers to ensure that there was adequate coverage across the Trust which is set across many locations. The Trust recognises the importance of diversity in the pool of officers – in that domestic abuse knows no boundaries in terms of include gender/age or refer to equality status overall religious belief, culture, class, rank in the organisation, disability or sexual orientation.

Training was delivered by the Police Service of Northern Ireland, Women’s Aid, Social Services, Rainbow Project, Staffcare and by the Health and Social Inequalities Team. The role of the support officer is to provide confidential support and information to any member of staff who may be experiencing domestic abuse; this includes information on external services, what the Trust can do to support a staff member who is experiencing domestic abuse, (for example, the support officer can arrange for adjustments to be made- such as a salary advance, change of location, change of working hours, time off for appointments.

Domestic abuse remains a taboo subject and uptake of the service has not been extensive nevertheless feedback from staff and managers who have used the service have indicated that it is extremely valuable and can be life changing, if not indeed life-saving.

For the forthcoming year, it is envisaged that a Communications Strategy will be developed to continue to raise awareness and get the message across effectively to staff and to managers about the prevalence of domestic abuse and the support that is available for any employee experiencing domestic abuse.
18. **Investors in People**

A significant programme of work took place throughout the year to ensure the Trust was fully prepared for re-assessment against the IiP standard. During this period this included:

- An internal Mock Assessment process
- Support workshops for Local Implementation Teams
- The development and implementation of an Evaluation framework for the Trust ‘Improving Performance and Demonstrating Value’
- An on-going communication programme
- Arrangements for the Trust’s assessment which included meetings with approximately 750 staff
- Corporate storyboard and presentation.

The Trust was successfully re-accredited in March 2013. Within the overview of strengths and areas of good practice section of the IIP report, the assessors paid tribute the Trust’s commitment to equality as follows:

“Equality and diversity is valued and is core to the way the organisation operates, it is inclusive and people’s views and opinions are valued irrespective of their contribution. There is a range of learning and development activities to ensure people are kept abreast of changes in policy and procedure, and there are numerous opportunities to be actively engaged through various involvement groups and forums.”

19. **Carer’s Strategy**

A five year Carer’s Strategy was developed in 2010 further to a Trust workshop which involved carers and staff. The basis of the strategy was the priorities identified at the workshop: They were as follows:

Priority 1: Identifying Carers

**To continue to improve the awareness and recognition of the carer’s role and to ensure identification at the earliest time**
A clear message from the consultation was that many carers still do not recognise themselves as carers. They think of themselves as a parent, spouse, son, daughter, brother, sister, friend or neighbour. Therefore, to enable carers to access the right information, support and services, we need to enhance our current methods for identifying carers and encourage them to acknowledge their caring role. Providing carer awareness training to staff is central to this.

Priority 2: Communication
**To improve communication with carers and their access to relevant Information**
They require information that is easy to find and easy to understand. They need information on carer support to be coordinated in a better way, and to be available in different settings, such as GP surgeries and on the Web. They need information on a wide range of issues:

- Disabilities
- Trust Services that can help
- Other organisations that provide support
- How to express their views.

Priority 3: Carer Support
**To further improve the level and quality of support services available to carers in the Belfast Trust Area**
Carers, staff and community partners said they valued the carer specific services that the Trust provides- in particular services that help with stress management, carer groups and carer grants. However, carers felt they need a greater range and quantity of flexible support services. Services also need to be accessible to the culturally diverse population and to other isolated carers. Carers expressed their desire for improved support in the hospital setting.

Priority 4: Young Carers
**To further develop flexible ways of meeting the needs of young carers and to prevent inappropriate caring**
The Trust needs to continue to raise the profile of young carers across service groups in the Trust, and publicise the support available. The Trust needs to work with schools to identify young carers and develop information resources. Feedback showed that young carers value recreational and educational projects as well as the opportunity to apply for a young carers grant, to purchase their own individual support.
Priority 5: Involving Carers in Service Planning and Delivery

To ensure that carers are real and equal partners who are consulted in the planning, delivery and evaluation of services Carers identified the need for a central point for co-ordinating their involvement in the planning, delivery and evaluation of services within the Trust. Carers also said that there must be carer-friendly opportunities, which facilitate involvement, about specific issues, or with specific services. There also needs to be a more flexible approach to engagement other than solely being asked to attend meetings. Carers also want to have feedback on how their views have driven and improved service development.

The Trust employs two carers co-ordinators and facilitates and supports a Carers Working Group which has members who are all current carers and come from a range of caring backgrounds. They have been working in partnership with the Trust to shape how carers are viewed and treated. The Carers Working Group is a voice that raises the profile of carers within the Belfast Health and Social Care Trust and influences the development of the Trust’s strategic plan in order to improve the health and well being of carers in the Belfast Trust area.

20. “I am Roma”

The “I am Roma” Project is an EU funded programme which involves a partnership of nine European states committed to challenging the negative stereotypes of the Roma community and willing to campaign and take action locally. Belfast is the only UK based partner. A Local Action Group (LAG) has been established to oversee the delivery of the project and it is made up of governmental, non-governmental and community organisations including the Roma themselves.

The overarching aim of the Belfast “I am Roma” LAG is:

“To promote social inclusion and address issues of discrimination of the Roma community through partnership working to cultivate positive changes in outlook about Roma in Belfast”.
21. **Traveller Strategy**

The BHSCT Trust employs Traveller Health Liaison Workers to help reduce health and social inequalities of the Traveller Community within the Belfast area. The role of the Traveller Health Liaison workers is to:

- Act as a Traveller voice within the Trust
- To promote and build awareness within the Travelling community of Health and Social Care services that are available
- To support Travellers in accessing services
- To develop specific health improvement initiatives tailored to meet the needs of the Traveller community.

22. **Entitlement to Healthcare**

Belfast Trust has worked with a range of stakeholders to ensure that people who need to access healthcare are able to do so and that they are not unnecessarily disadvantaged. This is an issue for all Health and Social Care Trusts, whereby people for example, Refused Asylum Seekers, EEA nationals not exercising treaty rights, or those undocumented migrants and their children, may not be able to access Primary Care and see the Hospital Emergency Department as their only option to receive healthcare. To access free secondary healthcare a patient must either satisfy the ordinarily resident test or fall within one of the exemption categories. Health and Social Care Trusts were required to undertake a pilot for charging those who are not entitled to free Health and Social Care. Trusts were keen to ensure that whilst those ‘healthcare tourists’ (i.e. those who travel here for the specific purpose of accessing free healthcare) were appropriately identified and charged, that those vulnerable groups were not adversely impacted or prevented from accessing the services they needed.

A meeting was convened for all Trust Equality Leads with DHSSPS colleagues in October 2012 to discuss these concerns and Trusts suggested ways to overcome the potential adverse impact. A pilot study ran from 1\textsuperscript{st} November 2012 in a number of key areas where all new patients would be asked to complete a declaration regarding their residency. Where there would be any doubt regarding residency, the patient would be asked to provide proof pertaining to their residency
status. Belfast Trust arranged for all the documentation – the declaration and explanatory note – to be translated into 15 different languages and into an easy read version – to ensure equality of access to the information.

Representatives from Belfast Trust also met with the Law Centre in November 2012 to discuss access to healthcare issues, with particular regard to the Roma community and solutions were agreed to again ensure their ongoing access to healthcare, by demonstrating their intent to settle by a letter from their landlord, employer or children’s school.

A roundtable event was organised by the Law Centre on 11th March 2013 in regards to the DHSSPS consultation on access to healthcare. [www.dhsspsni.gov.uk/ordinarily_resident_consultation.pdf](http://www.dhsspsni.gov.uk/ordinarily_resident_consultation.pdf)

Representatives attended from DHSSPSNI, Business Services Organisation, Belfast Trust, Southern Trust, South Eastern Trust, Northern Trust as well as South Tyrone Empowerment Programme and the Public Interest Litigation Support. It allowed for a frank but constructive exchange of views.

As highlighted earlier one of the major issues is that whilst it is recognised to be proportionate and legitimate to protect public monies and therefore charge ‘healthcare tourists’, that some of the most vulnerable groups are adversely impact and further marginalised by the proposals e.g. Roma, Failed Asylum Seekers, those from A2 countries Bulgaria and Romania. Northern Ireland is also the only region in the UK that applies the ordinarily resident rule and this prohibits people from accessing a GP, with ED being their only route for accessing the most basic healthcare. The DHSSPS Consultation closed on 10th April 2013 and the basis of discussions from this roundtable event helped shape the Trust response.

**23. Shopmobility**

The Trust celebrated its third anniversary of managing Shopmobility at the Royal Hospitals in May 2012. Over the last three years the Shopmobility service has grown from strength to strength and has provided scooters and wheelchairs to 4000 patients and visitors. The service, which is located at the School of Dentistry beside the disabled bays at the public car park, provides self-propelling wheelchairs and mechanised scooters free to patients or visitors with limited mobility.
The Trust works in partnership with Shopmobility and last year a member of Trust staff who is partially sighted, trained Shopmobility volunteers as Sighted Guides. This means that any patient or visitor that is partially sighted can request a Shopmobility Sighted Guide to accompany them to their appointment or destination. Shopmobility staff and volunteers have also provided Trust staff with training on Disability, specifically on limited mobility.

The service, which is aimed at ensuring that those with limited mobility have equality of access to services and can reach their destination, also provides users with more independence. This is clearly defined by one user who used the service and then sent an email:

“I attend a regular Outpatient Clinic at the R.V.H. I am only able to do this independently because of your generous provision of mobility scooters. As you know I have mobility problems and I use two sticks to get around. The distance from the car park to the main entrance, followed by the long corridors to clinics, is too far for me to manage independently. I therefore do appreciate being able to use a scooter and attend clinics on my own.”

24. Regional Translated Database

As recognised in the Trust’s action based plan, there had been a lack of translated materials around Health and Social Care for people who are not competent in English and this can constitute a barrier to accessing Health and Social Care. There was also the potential for duplication of translations across the region as there had been no central resource to collate all the translated generic Health and Social Care materials that have been produced in Northern Ireland. A project has been established within Belfast Trust on behalf of the region to firstly gather together materials that have already been translated and create a database that could be referenced before a staff member seeks to have materials
translated, thus saving time and money and developing a central portal for translated publications.

25. **Northern Ireland New Entrant Services**

Through funding from the Public Health Agency the TB screening service within Belfast Trust has developed the Northern Ireland New Entrant Service (NINES). This nurse-led service aims to provide access to health care for new entrants to Northern Ireland to include new immigrants, asylum seekers, refugees and clients who are unable to register for GP services. The service will continue to offer Mantoux testing and BCG vaccination for children and infants identified through the “at risk” screening programme.

A range of clinics can be accessed to address the health and social well being needs of the client group to include drop-in clinics for advice and support, health assessment clinics, immunisation clinics and health promotion sessions. Over the coming months clinic sessions will be further developed to include a GP clinic and a consultant-led paediatric clinic.

Clients are offered a holistic health assessment; screening for communicable diseases such as HIV, Hepatitis B and Hepatitis C for clients from high risk countries and immunisations as required. Assistance is given with registration for GP and dental services; signposting to other services and onward referral as appropriate.

26. **Progressing the Physical, Sensory and Disability Strategy**

A Physical Sensory and Disability Strategy Implementation Group has been established to direct, coordinate and manage the project infrastructure and implementation of the Physical and Sensory Disability Strategy and Action Plan. The objectives of the Strategy are to:

- Support disabled people to better exercise their rights, choices and life opportunities
- Support the continuing development of an inclusive and effective range of high quality health and social care services
- Develop a more integrated approach to the planning and management of services within and across government departments, health and social care and the independent community and voluntary sector
• Develop clear and achievable recommendations which are capable of being monitored and evaluated

27. Training Review

The Health & Social Inequalities and Employment Equality teams continue to provide a range of training courses across the Trust including Mandatory Equality training for both staff and managers, Human Rights Awareness training, Disability Awareness training, Good Relations training and Equality Screening training. Health and Social Inequalities also partake in the delivery of Corporate Induction training.

A major overhaul of all training packages was undertaken in late 2012 in order to ensure that the training provided is up to date, accessible and reflective of all new and emerging Trust policies. Every training session is based on the relevant equality/anti-discrimination legislation and includes advice for staff and real life examples of the law in practice, with a particular emphasis on the delivery of health and social care. In addition, work is progressing on the creation of an online version of our mandatory Equality training for staff, which is hoped will lead to a significant increase in the percentage of Trust staff availing of Equality training.

28. Production of an accessible DVD on how to make a Complaint

As indicated in the Trusts’ action plans, there was a need for an effective communication support mechanism to enable people from the deaf community to provide constructive feedback and complaints and compliments on HSC Services. This DVD resource was filmed in February 2013 and comprises a BSL signer and subtitles. It is envisaged that this DVD will be uploaded onto Trust websites to increase accessibility to the Complaints process.

29. E-learning – ethnic monitoring

A 6th module has been developed for the Discovering Diversity e-learning to help equip staff and practitioners to deliver culturally competent services and to provide anti-racism training on an e-learning basis.

30. Ethnic Monitoring pilot in Maternity and Child Health systems

This is a three year project which aims to share learning on the development of common Ethnic Monitoring information available on the
Child Health System, Community Systems (SOSCARe, Regional Sure Start Database) and Hospital Systems (PAS Inpatients and NIMATS). This pilot aims to support the capacity to robustly capture critical patient/service user information, in particular information which relates to the diversity of patients and service users, to help the HSCB plan, develop and enhance service provision to all members of the community.

31. **Addressing inequalities experienced by Lesbian, Gay and Bisexual**

Further to a response received from HERE during the Trust’s consultation on reshaping Maternity Services, Trust Maternity Managers met with HERE representatives and discussed the need for training to ensure that maternity and fertility services were more responsive and sensitive to the needs of lesbian and bisexual women. The Trust invited HERE to provide training to members of the Health and Social Inequalities team and the Employment Equality team, so that when they were delivering mandatory equality training, they would be better informed and equipped to cover LGB issues.

31.1 **HSC LGB&T Staff Forum**

The HSC LGB&T forum has met on a quarterly basis and has around 120 staff on the emailing list. Facilitated by the Public Health Agency it has to date hosted talks on Positive Thinking & Legal Rights. Through the mailings members have been encouraged to contribute to research on emotional health & wellbeing, care for older LGB&T people, Equality Commission’s new website on sexual orientation and midwifery services as well as the development of an E-learning resource. Members have been informed about events on health & wellbeing, personal development, sexual health, arts projects, get active initiatives and workplace diversity. Members of the Forum have taken part in Pride parades in Belfast, L/Derry and Newry and hosted information stalls in a number of hospitals including Royal, Belfast City, Craigavon, Altnagelvin, Daisy Hill and the Ulster.

31.2 **LGB&T E-Learning Resource:**

[http://www.lgbtelelearning.hscni.net](http://www.lgbtelelearning.hscni.net)

This is a 45 minute learning tool to introduce staff to some of the issues which impact LGB&T people as service users and also as colleagues. It has been developed by the Public Health Agency with input from
members of the Health & Social Care LGB&T staff forum and is accessible throughout the HSC. It is also being made available to people outside the health service.

31.3 Transgender Website

Public Health Agency funded and launched www.transgenderni.com - an information portal for the transgender community in Northern Ireland.

31.4 LGB&T Health Conference on March 27th in Belfast

This event was supported by the Public Agency but promoted widely to Health and Social Care professionals across the Trusts. During the day there were workshops and panel discussions on mental health, sexual health, the invisibility of lesbian & bi women, issues for LGB&T families, health needs of transgender people and the experience of young LGB&T people.

31.5 Belfast Trust Seminar on Transgender Youth & Gender Variant Children on Fri 29th March

This event launched new research “Grasping The Nettle: The Experiences of Gender Variant and Transgender Youth Living in Northern Ireland”. The launch was accompanied by a seminar which included speakers from the Belfast Trust Children and Adolescent Mental Health Services Team and the Regional Gender Identity Clinic, on service needs for transgender children, adolescents and adults.

32. Key Initiatives for coming year April 2013-March 2014:

As in the previous year the activity for the incoming year will be directed by the regional and local actions contained within the Trust’s Equality Scheme Action Based Plan. In addition to the actions contained within its Plan, the Trust will also progress the activities contained within Appendix 4 of its revised Equality Scheme - which will facilitate compliance with the statutory duties, the guidance for public authorities and ensure the timely and effective discharge of the Trust’s Section 75 duties.

32.1 Launch and Implementation of Good Relations Strategy

As indicated previously the Trust has developed a Good Relations Strategy and action plan to demonstrate the strategic importance to
which it affords the promotion of Good Relations. As the largest employer in Northern Ireland with 20,000 staff and serving a population of 340,000, the Trust is the first of the Health and Social Care family to produce a Good Relations Strategy. Completion of this work was endorsed and supported by the Executive Team in order to provide a clear and workable framework for, and to formalise its commitment to, the promotion of good relations. The Trust seeks through its Strategy to go beyond compliance and proactively create an organisation where service users and staff feel valued, respected and comfortable irrespective of race, religious belief or political opinion.

The Strategy outlines the Trust’s commitment to embracing diversity, promoting good relations and challenging sectarianism and racism to ensure that both our service users and our staff enjoy equality of opportunity and access to Health and Social Care in a welcoming and safe environment.

The Good Relations Strategy ‘Healthy Relations for a Healthy Future, which was developed in consultation with a broad range of stakeholders, including; Chaplains, Trade Unions, Community Relations Council and community groups, affirms the importance that the Trust places on the promotion of good relations.

Speaking in advance of the launch, Chief Executive of Belfast Health & Social Care Trust, Colm Donaghy, said: “I am delighted that Belfast Health & Social Care Trust is launching our Good Relations Strategy - ‘Healthy Relations for a Healthy Future’ – it further consolidates our strategic commitment to our statutory Equality responsibilities and is intrinsically linked with our overall purpose to improve health and well-being and to reduce inequalities. I would thank the community and other key stakeholders who worked in partnership to help make the Strategy meaningful and relevant.”

“Healthy Relations for a Healthy Future” was formally launched on Wednesday 22nd May 2013 by one of the Trust’s Executive Directors Cecil Worthington, who commended the Strategy and underlined the senior commitment and strategic importance which the Executive Team afford to the promotion of Good Relations.

Joan Peden, Human Resources Co Director, who Chaired the Good Relations Steering Group acknowledged the importance of partnership working and collaboration with key stakeholders when developing the Strategy. She said that “Whilst the Belfast Trust recognises that it cannot address all the ills in our society, we, as the largest employer and provider of integrated Health and Social Care in Northern Ireland,
believe it is important that we play a significant role in building an inclusive and shared society based on mutual respect”.

There was a diverse range of speakers illustrating the level of interest and providing all the different perspectives regarding the promotion of Good Relations. Speakers included Dympna McGlade, Director of Policy at the Community Relations Council and Reverend Derek Johnston, Lead Chaplain within Belfast Trust, Ray Rafferty, Unison, Richie Smith, a Portuguese Interpreter with the Northern Ireland HSC Interpreting Service and Mary McDonagh, one of the Traveller Liaison workers employed by the Trust. All of the speakers endorsed the Strategy and eloquently expressed what Good Relations meant to them and how important it was that Belfast Trust had developed the Strategy and committed itself to the actions therein.

32.2 Development of Human Rights based approach

Belfast Trust has long since incorporated human rights considerations in its policy formulation and service developments. Human rights values such as Fairness, Respect, Equality, Dignity and Autonomy (FREDA) underpin the public service ethos, the NHS Constitution and NHS professional codes of conduct. The Trust is committed to delivering the best patient experience, and in turn, the best health outcomes for patients and service users. The formal development of a human rights based approach through a Strategy will help ensure that high standards are maintained and commitment to human rights helps to improve quality of care, one where the realisation of human rights principles are a central aim in policy and planning, where staff and patients are empowered and involved in achieving these, where accountability is clear and the most vulnerable are prioritised. It is the process by which
human rights principles are put into practice. The Health & Social Inequalities team is committed to exploring the options available for the creation of a Human Rights Strategy for Belfast Trust. As with any new policy direction, a process of consultation will be initiated in order to ensure that such a Strategy is inclusive, robust and meaningful. It is anticipated that a Human Rights Strategy would outline the Trust’s commitment to the adoption of a human rights based approach to its work and include initiatives and training opportunities for staff at all levels to learn more about the importance of human rights in the delivery of Health & Social Care and as employees.

32.3 Three Year Review of Scheme

Health and Social Inequalities will also prepare for the 3 yearly statutory review of the Trust’s revised Equality Scheme and associated action plan - in keeping with the commitments in its current Equality Scheme and the Equality Commission’s Guide to the S75 statutory equality duties.

32.4 New Disability Action Plan (DAP)

The Trust’s second Disability Action Plan spans actions between April 2012 and April 2014. The Trust will also prepare a new Disability Action Plan to correspond with the lifespan of its revised Equality Scheme and will work collaboratively with disability representative groups and interested stakeholders to devise a draft action plan for 2014-2017 before it is issued for formal consultation.

32.5 Executive Level Conference on UNCRPD and Mental Capacity Legislation

The Trust will host a major event, in collaboration with HSC Trust Equality Leads, on 30th September 2013 for Trust Board members and senior managers to increase understanding of the UN Convention on the Rights of Persons with Disabilities – Key note Speakers Chief Commissioner NI Human Rights Commission and Chief Commissioner of the Equality Commissioner for NI and DHSSPS colleagues, who have been responsible for drafting the Mental Capacity bill.

32.6 Extension of Translated Welcome Pack to Accessible Pack

As previously highlighted, the Trust worked to revise its Welcome Pack for inpatients in 18 different minority ethnic languages. The popularity and demand for this resource has prompted a further initiative to devise
a similar pack but this will be an information pack for acute settings containing basic hospital stay information for service users with a disability whose preferred method of communication is not English. It is envisaged that this will have a BSL, easyread and makaton and audio version of the information. There will also be guidelines for staff on how to use the Pack and a flowchart for booking Sign Language interpreters and arranging for communication to be provided in alternative formats.

32.7 N.I.H.S.C.I.S. - IT System

As demand for interpreting has increased over recent years, the original database for processing the requests has become less technologically and logistically viable to deal with the volume. A capital bid will be issued to replace the original Yarra database with a web-based application – to which different stakeholders will have varying levels of access. This will make booking interpreters much more streamlined and reduce nugatory inputting of data. It will also greatly enhance the interpreters’ ability to manage their diaries and readily access information for their appointments. Another benefit would be that the financial processes would be much less circuitous and it is envisaged that this new IT system would significantly help the service deal with levels of demand.

32.8 Cultural Competence in Mental Health services for BME

Funding has been secured from the Public Health Agency to help develop cultural competence amongst mental health professionals when dealing with service users from black and minority ethnic communities. It is well documented that migration may have a myriad of psychological effects on individuals, families and communities – this alongside the potential language barrier or cultural nuances can make the provision of an already complex service yet more multifarious.

Belfast Trust will organise a workshop in June 2013 on behalf of the region to examine the complexities of providing culturally competent mental health services to BME. This will be designed and delivered in partnership with Aware Defeat Depression. With the rest of the monies, it is envisaged that resources and training materials will be devised to help mental health professionals deliver culturally competent services.

32.9 Traveller DVD

Public Health Agency funding was also secured to specifically help address mental health of Travellers. There is a high prevalence of
mental health issues amongst Travellers, exacerbated by the widespread discrimination and racism that Travellers still face.

The DVD is to be launched in June 2013 and will be the result of a unique partnership between An Munia Tober, Aware Defeat Depression, Bryson Charitable Group and Belfast Trust. The DVD aims to help support Travellers to help cope with mental health problems and stress and encourages them to talk to someone and to seek help. The DVD was designed by Travellers and is specifically for Travellers.

Pictured: Brian Barry (BHSCT), Siobhan Doherty (CE Aware Defeat Depression), Mary McDonagh (BHSCT), Andrea Kearns (Aware Defeat Depression), Colm Donaghy (BHSCT)
Section 1: Strategic Implementation of the Section 75 Duties

Belfast Trust aims to make a real and measurable difference to the lives of people, in Belfast, Castlereagh and across the region, and is committed to an integrated approach to address health and social inequalities along with the Health and Social Care Board, other statutory agencies, community organisations and the voluntary sector.

Belfast Trust delivers integrated health and social care to approximately 340,000 citizens in Belfast and part of the Borough of Castlereagh. Integrated care means that it provides both acute services (hospital based) and community services (in the home or local health centre) in a joined up way. In addition, our acute services are accessed by the population of south Antrim and the Trust provides a range of specialist services to all of Northern Ireland (population 1.8 million).
From 12/13 the Trust has five key Service Directorates, supported by Corporate Directorates and these are:

- **Acute Services**, incorporating medicine and surgery, cardiovascular and specialist surgery, neurosciences, ophthalmalogy and imaging services

- **Cancer and Specialist Services**, incorporating Cancer Services, Nephrology and Transplant Services, Rheumatology, Dermatology and Neurohabilitation Services, Therapy and Therapeutic Services, Pharmacy, Medical Physics and Laboratory Services

- **Adult Social and Primary Care Services** incorporating Mental Health, Learning Disability, services for Older People, and Physical Disability services

- **Specialist Hospitals and Women’s Health**, incorporating Maternity Services, Children’s services, Trauma and Orthopaedics, Gynaecology, ENT, Dental Services

- **Social Work, Family and Childcare Services.**

The corporate directorates are Medical Directorate, Nursing and User Experience, Finance, Human Resources, Performance Planning and Informatics and Corporate Communications.

The Trust has four core values:

- Treat everyone with respect and dignity – our colleagues, our patients and clients

- Be open and transparent in all our dealings, with the aim of winning the public’s trust in us as an organisation

- Be personally and professionally accountable for all the resources at our fingertips- whether this is money or people

- Be a learning and developing organisation – learning from mistakes and also developing staff to support them in the jobs they do.

Based on the foundation of its values the Trust has set five strategic corporate objective themes. These are:
1.1 Workforce profile

In January 2013 the Trust employed 22,519 staff, including bank staff, across seven job families, Administrative and Clerical, Estates, Support Services, Nursing and Midwifery, Social Services, Professional and Technical and Medical and Dental.

The breakdown of staff by the 9 equality categories is shown below:

<table>
<thead>
<tr>
<th>RELIGION</th>
<th>DISABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protestant</td>
<td>NO</td>
</tr>
<tr>
<td>Roman Catholic</td>
<td>YES</td>
</tr>
<tr>
<td>Not Known</td>
<td>NK</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 This corporate objective has been changed further to consultation to continuous improvement
1.2 Belfast Trust Corporate Management Plan

Within the Trust’s corporate management plan for 2012-2013 the Trust commits to fulfill its dual statutory duties under Section 75 of the Northern Ireland Act 1998. In addition to this the Trust undertakes to engage, develop and consult on a good relations strategy. The Trust also demonstrates its commitment to tackling health and social inequalities and to proactively promote equality of opportunity through its Employment and Diversity Plan with a particular focus on disability and migrant workers.
1.3 Human Resources Management Plan

The objectives set for Human Resources and highlighted in the HR Management Plan have been informed through discussion, debate and agreement with Senior Managers and their individual teams and reflect the requirements set out in Transforming Your Care, Trust Business Plan, Corporate Management Plan and relevant Trust-wide Strategies. The plan laid out a commitment to work collaboratively with all stakeholders and partners to improve health and wellbeing and tackle inequalities and social exclusion through a variety of methods e.g. employability schemes and lifelong learning initiatives, maintaining good industrial relations and by leading on the development of the good relations strategy for the Trust. Human Resources also committed to deliver on its employment and diversity plan and to fulfill its equal opportunities monitoring obligations and subsequently deliver on an Article 55 action plan. The team also undertook to carry out recommendations emanating from a survey of migrant workers in the Trust.

1.4 Health and Social Inequalities Management Plan

The Health and Social Inequalities team work collectively and collaboratively to improve health and well-being, reducing health inequalities and leading on promoting equality, good relations, human rights and social inclusion in designing and delivering services and carrying out functions within the Belfast Health and Social Care Trust.

The Team achieves its purpose by:

- Practically implementing the equality remit to improve health and well-being outcomes

- Facilitating employees of the Trust in their understanding and awareness of how they can reduce health and social inequalities in their day to day work

- Improving the public’s access to services and information, not necessarily giving them equal services but services that meet their needs

- Being a specialist, expert team

- Ensuring the individual is treated with respect and dignity
• Working collectively and collaboratively to promote equality of opportunity and access to services by respecting human rights, promoting good relations and addressing barriers to health and social care.

The Health and Social inequalities team also incorporates the team members of the Northern Ireland Health and Social Care Interpreting Service and so the HSI management plan incorporates all their objectives – many of which are intrinsically linked.

The plan itself is informed by all team members, strategic drivers such as Transforming Your Care, the Corporate Management Plan and the Human Resources Management Plan as well as the Disability Action Plan, the commitments within the Equality Scheme and the action-based plan.

As regards interpreting provision, as well as maintaining a high calibre of service, one of the key elements in the HSI management plan was to participate in the review of interpreting. It was also vital to broaden the range of languages and interpreters across Northern Ireland to ensure that the interpreter register was reflective of the volume of languages and the growing demand. This involves significant training and professional development so that interpreters are competent and experts in the sphere of language assistance in all areas of health and social care.

The team also undertook to develop a Good Relations strategy and consult on it. This objective featured in both the Corporate Management Plan and the Human Resources plan highlighting the strategic importance with which the Trust views the strategy.

Another key objective in the area of health and social inequalities is that of designing and delivering training to help equip staff and HSC professionals to deliver sensitive and responsive services. The commitment to deliver mandatory equality training for all staff and managers has greatly impacted on the volume of training delivered by HSI and Employment Equality colleagues. Health and Social Inequalities have arranged for specific high-level training session for Trust Executive Directors and Non-Executive Directors on the United Convention on Rights of Persons with a Disability. Keynote speakers at this event will be the Chief Commissioner of the Northern Ireland Human Rights Commission and the Chief Commissioner of the Equality Commission for Northern Ireland. The area of mental capacity reform will also be
covered in this section, to ensure that the training session covers the main emerging issues in this area.

In terms of Disability, it was also incumbent on the Trust to review its first Disability Action Plan and to develop and consult on a second Disability Action Plan in 2012. This snapshot of objectives sits alongside the normal programme of Equality Impact Assessments, Screenings and provision of expert advice for staff from the team.

1.5 Disability Steering Group

It was acknowledged that the objectives of the Trust’s first Disability Action Plan had been successfully delivered and overseen by the steering group which had been in situ since 2007. The Group however conceded that it may be timely with the forthcoming second Disability Action Plan to review the effectiveness of the group and see if there was room for greater efficacy and effectiveness. The group also recognised that by convening a workshop that this would be an opportunity to raise the profile of the steering group and its work corporately and to reconfigure the structure to maximise outputs.

1.6 Inequalities Forum and Not Just Health Strategy

The Inequalities forum was established to oversee the implementation of Not Just Health Strategy – the Trust’s strategy to tackle inequalities – from both a Section 75 and broader perspective. Its main roles are to:

- To agree annual plans and monitor progress
- Identify new opportunities
- Challenge Trust
- To act as champions for this strategy.

A workshop for members of the Inequalities Forum was convened in November 2012 to review the Trust’s progress in implementing its strategy for addressing health inequalities and to agree priorities for future action.

Not Just Health was launched in September 2010 and such a review was deemed timely, both to ensure that the forum were focusing on those areas where most impact can be made and that their future direction was aligned with Fit and Well: the 10-Year Public Health
Strategic Framework for Northern Ireland. The particular focus was on finding new ways of addressing the more complex aspects of the strategy to reduce health inequalities.

The main priorities for 2012-2013 were agreed as:

- Employment/employability
- Access to services
- Ethical purchasing
- Early intervention
- Staff health and wellbeing
- Staff as advocates for health
- Union partnerships
- Information/evaluation
- User and community involvement.

1.7 Traveller Strategy

Work continues to address the inequalities faced by Travellers and to increase their uptake of services. One of the key developments in engaging with the Traveller Community has been the employment of two part time Traveller Liaison workers. The role of the Traveller Health Liaison workers is to:

- Act as a Traveller voice within the Trust
- To promote and build awareness within the Travelling community of health and social care services that are available
- To support Travellers in accessing services To develop specific health improvement initiatives tailored to meet the needs of the Traveller community.

1.8 Equality, Engagement & Experience Steering Group

As reported in last year’s report, this new steering group had been established – the purpose of which is to provide assurance to the Assurance Committee around the Trust’s activities in relation to experience, equality and engagement of patients, clients, service users, carers and communities, particularly vulnerable groups covered by Section 75 of the Northern Ireland Act 1998 and all other relevant NI and European legislation including Human Rights legislation.
The group is chaired by the Deputy Chief Executive and Director of Human Resources and membership includes Non-Executive and Executive Directors. It provides a forum for representatives from Patient Experience, Equality, Complaints, Personal and Public Involvement and Carers to come together to maximise efforts and resources in achieving equality, improving the patient experience and ensuring optimal engagement with patients and service users.

The subcommittee will provide assurance that:

- Opportunities for learning from the review of PPI, Patient Experience, Equality commitments, Community Development and complaints are maximised, as one coherent system for the Trust.
- People in receipt of services are actively involved in decisions about their own care and treatment.
- The wider public has opportunities to influence health and social care services, policies and priorities.
- Personal and Public Involvement is part of everyday practice within the organisation, leading to improvements in individual experience of the service and the overall quality and safety of service provision.
- The Trust carries out its duties under Section 75 of the Northern Ireland Act 1998, across all its functions including employment, service provision and procurement.
- Timely reports are made to the Board of Directors, including recommendations and remedial action taken or proposed if there is an internal failing in systems or services.
- Effective procedures are in place to review and respond to complaints.
- Duplications and contradictions in Trust processes to progress PPI, patient experience, equality requirements and our response to complaints are addressed.
- The experience of staff delivering the service is taken account of.
1.9 Transforming Your Care

As reported in last year’s report a major review on the provision of health and social care was commissioned to examine the quality and accessibility of services and the extent to which the needs of patients, clients, carers and communities were met.

The essence of Transforming Your care is about improving the health and wellbeing of people by promoting good health decisions, preventing ill health in the first place, achieving better outcomes when ill health does occur & enabling people to live healthily and independently for as long as possible.

The Review identified twelve major principles for change, which should underpin the shape of the future model proposed for health and social care.

1. Placing the individual at the centre of any model by promoting a better outcome for the service user, carer and their family.
2. Using outcomes and quality evidence to shape services.
3. Providing the right care in the right place at the right time.
5. A focus on prevention and tackling inequalities.
6. Integrated care – working together.
7. Promoting independence and personalisation of care.
8. Safeguarding the most vulnerable
9. Ensuring sustainability of service provision.
10. Realising value for money.
11. Maximising the use of technology.
12. Incentivising innovation at a local level.

This review and the subsequent document Vision to Action has significant implications for the way health and social care is designed and delivered and as such has strategically shaped the direction of reform and continuous improvement for the Trust.

The Trust is committed to ensuring that equality and human rights considerations remain at the heart of these changes and improvements. Paperwork and documentation pertaining to these initiatives and proposals detail the equality considerations to ensure that they are mainstreamed into this programme of work. The original screening masterclass programme has been tailored to Transforming Your Care.
and feedback indicated that participants found this course timely and informative. The Health and Social Inequalities team and Employment Equality team work collaboratively and continuously with the Service Groups to ensure that equality, human rights and good relations are forefront in their considerations and documentation when striving to implement the proposals in response to Transforming your Care.
Section 2: Examples of Section 75 Outcomes/Impacts

Given the renewed focus of Section 75 aiming to achieve more tangible impacts and outcomes and addressing key inequalities; please report in this section how the authority’s work has impacted on individuals across the Section 75 categories. Consider narrative in the following structure:

Describe the action measure /section 75 process undertaken. Who was affected across the Section 75 categories? What impact it achieved?

<table>
<thead>
<tr>
<th>Section 75 Category</th>
<th>Action measure</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>• Provision of Children Order Training</td>
<td>Wider legislative knowledge for Equality practitioners and better informed screenings and assessments</td>
</tr>
<tr>
<td></td>
<td>• Employability programme for Looked after children</td>
<td>Better employment opportunities for children who have been looked after</td>
</tr>
<tr>
<td></td>
<td>• Removal of date of birth on registration forms for interpreters</td>
<td>No potential for selection based on age</td>
</tr>
<tr>
<td>Marital Status</td>
<td>• Domestic abuse support service</td>
<td>Increased awareness that domestic abuse can happen to anyone regardless of marital status</td>
</tr>
<tr>
<td>Gender</td>
<td>• Professional Development Sessions for interpreters</td>
<td>More sensitive service when dealing with men or women of</td>
</tr>
<tr>
<td></td>
<td>• BME cultural competence</td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Activities</td>
<td>Objectives</td>
</tr>
<tr>
<td>-------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Traveller awareness training</td>
<td>• Belfast Trust Seminar on Transgender Youth &amp; Gender Variant Children</td>
<td>different cultures</td>
</tr>
<tr>
<td><strong>Disability</strong></td>
<td>• Launch of Disabled Employee Network</td>
<td>Encouraging full participation of disabled people in public life</td>
</tr>
<tr>
<td></td>
<td>• Reconfiguration of and strategic platform for Disability Steering Group</td>
<td>Promoting positive attitudes towards people with a disability</td>
</tr>
<tr>
<td></td>
<td>• Develop UNCRPD programme</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Launch of Making Communication Accessible Guide for Staff</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pre-consultation engagement on second DAP</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Ring-fenced placements</td>
<td></td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td>• Extension &amp; Update of Translated Welcome Pack</td>
<td>Promotion of good relations</td>
</tr>
<tr>
<td></td>
<td>• I am Roma programme</td>
<td>Facilitating provision of culturally competent services</td>
</tr>
<tr>
<td></td>
<td>• Launch of e-learning on BME</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Development of Good Relations Strategy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Production of Traveller DVD</td>
<td></td>
</tr>
<tr>
<td><strong>Religious Belief</strong></td>
<td>• Development of Good Relations Strategy</td>
<td>Formal and visible zero tolerance approach to sectarianism for staff and service users. Increased focus on promotion of good relations Increased understanding and knowledge about different faiths-competent service provision</td>
</tr>
<tr>
<td></td>
<td>• Multi-cultural &amp; beliefs handbook</td>
<td></td>
</tr>
<tr>
<td><strong>Political opinion</strong></td>
<td>• Development of Good Relations Strategy</td>
<td>Tangible framework for promoting good relations amongst people of different political opinions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Sexual Orientation | • Launch of E-learning  
http://www.lgbtelearning.hscni.net  
• Here training for Equality Staff and Maternity staff | Better understanding and awareness of potential barriers to health and social care for people who are LGB  
In turn more responsive service provision and less heterosexism |
|-------------------|--------------------------------------------|----------------------------------------------------------------------------------|
| Dependants        | • Carers Co-Ordinators  
• Carer assessment guidance for staff  
• Young Carers guidance for staff  
• ‘Useful information for carers’ leaflet  
• Carer Education & Support protocol piloted in Mental Health Services for Older People | Help and support for carers  
Education and awareness building for carers regarding their own needs and entitlements. |

A screening was undertaken of the proposal to relocate and amalgamate staff and services from Elliott Dynes Day Hospital, the Falls Support Team also based within Elliott Dynes Unit on the Royal Site and Wakehurst Day Hospital based on Belfast City Hospital Site to Meadowlands at Musgrave Park Hospital to ascertain if this would incur any adverse impact for service users, a survey was undertaken regarding the proposal. Through this and various meetings, the issue of distance for older people or those with a disability was highlighted. A bus service has now been provided at Musgrave Park Hospital and will make access easier for anyone who needs to go to Meadowlands.

Many proposals on relocations involve such surveys with both staff and service users alike so that any adverse impact can be directly highlighted and addressed or mitigated.

Concern was raised in regarding the temporary closure of the ED service at Belfast City Hospital with particular concern over access for students and people from ethnic minority communities to an Emergency Department. The Trust therefore targeted its communication specifically to these key stakeholders by working with community groups and translating posters and materials into the 8 different languages (the top 6 languages as requested from the NI HSC Interpreting Service and
Romanian and Bulgarian since A2 nationals rely on Emergency Department services in the absence of registration with a General Practitioner). Activity to raise awareness of the need to travel to an Emergency Department which was 1.2 miles away from the BCH ED focused heavily on the Students Union at Queen’s University and at pubs and restaurants in the area. The outcome was better awareness of the alternative facilities.

Please give examples of outcomes or impacts on individuals as a result of any action measures undertaken as part of your Section 75 action plan:

- Regional database of translated materials
- Easyread library
- Production of Making Communication Accessible for staff
- Development of UNCRPD event and incorporation of UNCRPD in training
- Ethnic Monitoring Pilot
- Multi-Cultural Handbook
- Further and ongoing development of register of interpreters NI HSC Interpreting Service
- DVD on complaints process
- Discovering Diversity e-Learning
- Screening Masterclass.

Please give examples of outcomes or impacts on individuals as a result of any other Section 75 processes e.g. consultation or monitoring:

Decision not to proceed with original proposal to co-locate Rheumatology and Dermatology at the Belfast City Hospital. Re-issued new proposal based on the views obtained from the consultation with proposal to site the services at Musgrave Park Hospital.
Section 3: Screening

Please provide an update of new / proposed / revised policies screened during the year.

For those authorities that have started issuing of screening reports in year; this section may be completed in part by appending, to this annual report, a copy of all screening reports issued within the reporting period.

Screening Outcome Reports:

1 April – 30 June 2012:

1 July – 30 September 2012:

1 October – 31 December 2012:

1 January – 31 March 2013:

To view BHSCT screening templates:

Screened out screening templates:
http://www.belfasttrust.hscni.net/about/2348.htm

Screened out with mitigation screening templates:
http://www.belfasttrust.hscni.net/about/2352.htm

Ongoing screening templates:
http://www.belfasttrust.hscni.net/about/2353.htm
Section 4: Equality Impact Assessment (EQIA)

Please provide an update of policies subject to EQIA during 2012-13, stage 7 EQIA monitoring activities and an indicative EQIA timetable for 2013-14.

EQIA Timetable: April 2012 - March 2013

<table>
<thead>
<tr>
<th>Title of Policy EQIA</th>
<th>EQIA Stage at end March 2013 (Steps 1-6)</th>
<th>Outline adjustments to policy intended to benefit individuals and the relevant Section 75 categories due to be affected.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposal to reshape Maternity Services in Belfast</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Proposal to reshape Rheumatology &amp; Dermatology Services in Belfast to inform decision making process</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Proposed future configuration of Emergency Department Services in Belfast</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
Ongoing EQIA Monitoring Activities: April 2012- March 2013

<table>
<thead>
<tr>
<th>Title of EQIA subject to Stage 7 monitoring</th>
<th>Indicate if differential impacts previously identified have reduced or increased</th>
<th>Indicate if adverse impacts previously identified have reduced or increased</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposal to reshape Maternity Services in Belfast</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please outline any proposals, arising from the authority’s monitoring for adverse impacts, for revision of the policy to achieve better outcomes the relevant equality groups:
(Enter text below)

2013-14 EQIA Timetable

<table>
<thead>
<tr>
<th>Title of EQIAs due to be commenced during April 2013 – March 2014</th>
<th>Revised or New policy?</th>
<th>Please indicate expected timescale of Decision Making stage i.e. Stage 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rheumatology and Dermatology</td>
<td>Revised</td>
<td>Stage 7</td>
</tr>
<tr>
<td>Configuration of ED</td>
<td>New</td>
<td>Stage 6</td>
</tr>
</tbody>
</table>
Section 5: Training

The Trust has been committed to learning and development for its staff since it was created in 2007. Such is its commitment that one of the corporate values is commitment to being a learning and development organisation. This entails building capacity and empowering people through appropriate development and support and sustaining a learning culture.

One of its five corporate pillars is People and as such, the Trust will unite the efforts of a committed and skilled workforce to secure excellence in the services it delivers into the future.

The associated underpinning objectives are identified as:

- Being seen as an excellent employer within the Health and Social Services family and beyond
- Developing a culture where people feel valued, recognised and cared for
- Improving the productivity, utilisation and performance of people
- Developing a learning culture where all people will be supported in their development

The Trust seeks to identify any barriers to learning and address such barriers to ensure that all staff have equal opportunity to learn and develop. The ethos of the learning and development organisation is to learn from mistakes and also to develop staff to support them in the jobs they do. The Trust recognises the imperative to offer many different types of learning and development and is supportive of a wide range of both formal and informal learning and development methods. Traditional and formal face to face training alone would not achieve outcomes nor maximise the expertise that an innovative and more varied approach to learning and development.
5.1 Growing our People today for tomorrow - Learning and Development Strategy

In 2008 Belfast Trust had launched its first ‘Growing our People today for tomorrow’ Learning and Development Strategy in which it set out the Trust’s direction, principles and priorities for the development of staff. In 2011/12 this Strategy was independently evaluated by the HSC Leadership Centre. The full evaluation report gave ‘a ringing endorsement’ of the Strategy, how it has been formulated, how it has been delivered and the impact it has been having and how it has made a major contribution to the development of the culture of the Belfast Trust, equipping staff to deliver on the strategic objectives of the organisation in the context of their individual roles.

Given the success of the first strategy, the Trust has subsequently consulted on a second learning and development strategy for 2013-2016. Health and social care is modernising; likewise the strategy for investing in people also requires a transformative approach. Being a ‘future fit’ organisation is an imperative for sustainability of the service for both those who deliver it as well as the patient and clients whom the Trust serves.

The strategy seeks to support the Trust to deliver on its organisational aims and objectives from, 2013 - 2016, “to improve health and wellbeing and reduce health inequalities”. It also supports and endorses a culture of lifelong learning within the Trust, and enables staff to provide a service which focuses on the needs of patients and clients, meet with their expectations and achieve the targets set for delivery.

The Trust launched its Succession Planning Model ‘Growing our People today for tomorrow’ on the 3rd October 2012. A Succession Planning Steering Group is established and chaired by the Deputy Chief Executive.

5.2 Supporting Belfast is a strategy to promote inclusiveness in Learning and Development for Support Workers (Bands 1 – 4) 2010-2015.

_____________________

2 Evaluation of Learning and Development Strategy 2012
Belfast Trust is in year 4 of its Supporting Belfast Strategy. The Support Worker Forum have agreed the Year 4 Action Plan. In 2012/13 there are 120 programme places for Bands 2 and 3 Nursing staff comprising mandatory training, clinical up-skilling and contextualised essential skills training. An evaluation of the Band 3 programme has been completed with very positive outcomes and feedback.

5.3 Essential Skills and Development programmes are underway within PCSS and Social Care to include:

- Refresher Workshops and Accreditation of prior learning for PCSS Band 3 Supervisors in place – 27 completed in April 2013/30 to start in May/June 2013

- Full Level 3 Programme designed for Band 3 Supervisors in PCSS comprising Mandatory Training, Level 3 Certificate in Working in the Health Sector and, depending on need, either Essential Skills Literacy or Numeracy. This brings the development offered to Band 3 Support Workers in PCSS in line with that already offered to Band 3 Nursing staff.

- On-going Level 2 Certificate in Working in the Health Sector with Mandatory training and Essential Skills attached. 25 Bands 1 & 2 completed March 2013, 20 to complete June 2013 and 30 to begin September 2013.

The table below shows the escalation in uptake of these learning and development opportunities and clearly illustrates the success of the strategy and its resultant outputs.
Table 1:

<table>
<thead>
<tr>
<th>Course</th>
<th>Attendees Year 1 2010/2011</th>
<th>Attendees Year 2 2011/2012</th>
<th>Attendees Year 3 2012/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essential Skills Literacy</td>
<td>7</td>
<td>33</td>
<td>27</td>
</tr>
<tr>
<td>Essential Skills Numeracy</td>
<td>32</td>
<td>42</td>
<td>31</td>
</tr>
<tr>
<td>Contextualised ES Numeracy for HCSW</td>
<td>n/a</td>
<td>n/a</td>
<td>7</td>
</tr>
<tr>
<td>Essential Skills ICT</td>
<td>n/a</td>
<td>n/a</td>
<td>20</td>
</tr>
<tr>
<td>K101</td>
<td>38</td>
<td>20</td>
<td>38</td>
</tr>
<tr>
<td>KSF Progression Programme (Unleashing Talent Passport) PCSS</td>
<td>34</td>
<td>22</td>
<td>Reviewed and changed to Level 2 Certificate to align with Nursing</td>
</tr>
<tr>
<td>Level 2 Certificate in Working in Health Sector : PCSS</td>
<td>n/a</td>
<td>n/a</td>
<td>26</td>
</tr>
<tr>
<td>Level 2 Certificate in Working in Health Sector : Portering Specific</td>
<td>n/a</td>
<td>n/a</td>
<td>23</td>
</tr>
<tr>
<td>Level 2 Certificate in Working in Health Sector (HCSW&amp;NA)</td>
<td>39</td>
<td>18</td>
<td>24</td>
</tr>
<tr>
<td>Level 3 Certificate in Working in the Health Sector</td>
<td>n/a</td>
<td>65</td>
<td>71</td>
</tr>
<tr>
<td>Supporting Supervisors in Workplace Learning</td>
<td>15</td>
<td>31</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>165</td>
<td>231</td>
<td>284</td>
</tr>
</tbody>
</table>

5.4 Leadership and Management Strategy

Leadership and Management Strategy sets out the Trust’s expectations of its Leaders and Managers and how best the Trust will support them to ensure the Trust fulfils its purpose to improve health and well being and reduce health inequalities. A Living Leadership programme – Leading for Success was developed and was well attended at many levels throughout the Trust:

Tier 3 (Co-Director Level) – 44 attended
Tier 4 (Senior Managers) – 114 attended
Tier 5 (Middle Managers) – 255 attended
CLIME (Clinicians Leading Improving and Managing Effectively) – 64 attended
Ward Sister/Deputy Ward Sister Development Programme – 339 attended
ILM Level 3 Award in Leadership and Management – 95
5.5 Leadership conference

The Belfast Trust Leadership Conference took place in the Wellington Park Hotel, Belfast on 21st November 2012. Approximately 180 Senior Managers and Clinicians attended the event. The programme was facilitated by William Crawley, Broadcaster and Journalist. Speakers included: Pat McCartan, Chairman, Belfast Trust, Colm Donaghy, Chief Executive, Belfast Trust, Edwin Poots, Minister for Health, Social Services & Public Safety, Stephen Colgrave, Innovation Lead, NHS Confederation, Michael Caulfield, Performance Coach, Sporting Edge.

[Image]

Andrew McCormick, Permanent Secretary, Marie Mallon, Deputy Chief Executive and HR Director, Colm Donaghy, Chief Executive, Steven Colgrave, Innovation Lead, NHS Confederation, Edwin Poots, Minister for Health and Social Services, William Crawley, Broadcaster, Pat McCartan, Chair Belfast Trust.

5.6 Investors in People

Belfast Trust was first accredited as an Investors in People (IIP) organisation in 2010 and sought reaccreditation in 2012/2013. The IIP standard provides a framework that helps organisations to improve performance and to realise objectives through the effective management and development of their people.

In order to assess an organisation of the size and complexity of the Belfast Trust in terms of Investors in People, considerable work needs to be undertaken on the part of the IIP Assessors and Trust staff.

The evidence gathering process was a combination of formal presentations and briefings; documentary review; individual interviews with a cross section of employees and small focus groups; and general observations by ‘walk-about’.
The approach to on-site activities allowed for an effective mix of people to be involved and is within the Investors in People sample guideline of 2% - 5%. Staff involvement totalled in the region of 780 staff.

The verbal evidence provided by people across the organisation was used to confirm, supplement, complement and validate any relevant documentary evidence.

During the site visit the Assessors were presented with portfolios of evidence that contained a number of key documents from the Trust to provide an overview of the processes that are deployed to achieve outcomes that support the requirements of the Investors in People Framework.

From the range of supporting evidence collected and examined the key focus included:

- Executive Team Presentation
- Directorate Presentations
- Trust IiP Storyboard – ‘Investing in our People’
- Corporate Management and Directorate Management Plans
- Leadership and Management Strategy and Charter
- Learning and Development Strategy 2013 – 2016 ‘Growing our People Today and Tomorrow’
- Learning and Development Portfolio
- Supporting Belfast Strategy 2010 - 2015
- Evaluation of Learning and Development Strategy
- Evaluation Framework for Learning and Development.

The Trust successfully retained its Investors in People Accreditation. This award recognises the calibre of staff in Belfast Trust, but above all else, the exceptional skills and commitment of Trust staff brings great benefit to the patients and clients who use Trust services. Speaking about the reaccreditation, Chief Executive, Colm Donaghy said, “I am very proud of everyone in Belfast Trust, that despite the pressures and challenges that this organisation has faced, the requirements of The IIP Standard continue to be met. It is a real testament to the dedication of all our staff – to the commitment and efforts that every employee has brought to this initiative. But the real winners in this award are our service users, as the IIP process has enabled us to drive forward a

60
culture of continuous improvement which will bring about benefits for our service delivery”.

In its post recognition review report, the assessors recognised that there had been ‘significant investment in leadership programmes including 'Living Leadership' and ‘Leading for Success’ which are viewed as highly successful, and will undoubtedly contribute to ongoing culture change within the Trust’ and also that there is ‘an embedded learning and development cycle in terms of identification, planning, implementation and first level evaluation’. The Assessors also noted that ‘Strategic evaluation of learning and development has improved significantly with a clearer understanding of the levels of investment and how specific activities have addressed performance issues throughout the organisation’ and that ‘the Trust has a positive approach to continuous improvement and provided numerous examples of improvements made to leadership, management and development of people over the past three years. A number of initial Trust strategies that were created after merger have been subject to review or are planned to be reviewed. Some new strategies have been designed and developed’.

5.7 Coaching Framework

The Learning and Development Team in conjunction with the HSC Leadership Centre have developed a Trust Coaching Framework which ostensibly comprises of a number of key actions including :-

- The development of an in-house accredited Coaching team
- Workshops for Managers in using coaching skills.

16 Senior post-holders completed their accredited training and providing coaching to 40 individuals. Four coaching skills workshops have been delivered to 37 Managers to develop coaching skills in the workplace
5.8 Promoting Learning and Development for all staff

The Trust is committed to equality of opportunity for all staff and seeks to promote opportunities for staff in a variety of proactive ways.

- 11 Engagement Roadshows – 200 staff attending
- Learning and Development Portfolio
- Training Administration System,
- Intranet education pages
- Flyers
- Newsletters e.g. Risk and Governance, Human Resources
- Professional education providers e.g. nurse education team, medical education, social services training

5.9 Training

Mandatory Equality Training continues to be provided by the Health and Social Inequalities Team and the Employment Equality Team. Total Staff trained to date equates to 4736 and total number of managers trained to date is 443. Given the sheer size of the Trust and the small numbers within the Equality teams, an online version of equality training for staff is being developed to help build capacity and facilitate flexibility.

The Health & Social Inequalities team also provide a range of training courses for all staff across the Trust including Human Rights Awareness, Disability Awareness, Good Relations, Equality Screening and Corporate Induction training.

The Employment Equality team provided a tailored equality training programme for staff in the Patient Client Support Services Directorate and continue to provide equality training as part of a range of in-house vocational training programmes.
Specific training sessions were developed and tailored to the needs of different staff groups. Two examples of this were firstly for the Complaints Team which linked into the fact that the majority of complaints received by health and social care continued to be about staff attitude and communication. By taking greater cognisance of disability, diversity, good relations, human rights and equality when delivering care, a large degree of complaints would never materialise.

Another tailored session was that to the Communications team within the Trust – this course covered diversity in general but largely focused on the importance of accessible communications – in terms of print, online, alternative formats etc. Various simple tasks had to be undertaken whilst using Sim Specs which allowed participants to experience varying degrees of visual impairment. The Making Communication Accessible guidance was disseminated and feedback indicated that the team had found that the training would have an impact on how they would deliver their service and think about communication.
Chart 2: Mandatory Equality Training for Managers and for staff

Attendance Figures for Mandatory Equality Training for Managers and Staff 1/4/12 - 31/3/13

From the year April 2012 to March 2013 we have seen an increase in the uptake of the following training sessions from the previous year:
• Demand for ‘Equality, Diversity & Human Rights, and ‘Human Rights’ training increased from 26 attendees to 80; an overall increase of 207%
• Demand for Roma, Good Relations & Traveller Awareness training combined increased from 35 to 67 attendees; an overall increase of 91%
• Demand for Disability awareness training increased from 30 attendees to 80; an overall increase of 193%
• Demand for Mandatory Equality training increased from 645 attendees to 2090; an overall increase of 224%
• Demand for the Interpreting Conversion course increased from 16 attendees to 63; an overall increase of 293%.

In the year April 2012 to March 2013 we have introduced a number of new training sessions, including regional screening master classes, individual Roma and Traveller Awareness training, Equality and Good Relations training, an OCN level 4 for interpreters, Interpreting for HSC in Northern Ireland and we also ran a training day for Domestic Abuse Support Officers.

There was a minor decrease in attendees at Working Well with Interpreters training, Interpreter Professional Development sessions, and Domestic Abuse training.

5.10 Evaluation of training

The equality teams are committed to continuous improvement in their training deliver and use the standard evaluation form designed within Learning and Development to gauge satisfaction and relevance regarding content and delivery of training. Across the spectrum of training provided by the team, these feedback forms consistently illustrate a high degree of appreciation and interest in the sessions with the vast majority of evaluation forms being scored at 6 for very useful and meeting the individual’s needs.

The following comments have been included in some of the evaluation forms and go some way to showing the impact of the training provided:

- Well presented, couldn’t be enhanced
- Well presented and informative
- Excellent relevant course
- Have much clearer understanding of the issues
Excellent facilitator – warm rapport with participants
Informative and impressive session
Informative and thought provoking

The team regularly meets to discuss evaluation and perception on training to ensure that learning points can be taken on board and the training tailored accordingly.

5.11 Professional Development Sessions for Interpreters

The Northern Ireland Health and Social Care Service managed by the Belfast Trust strives to offer interpreters continuous professional development within the HSC setting areas of expertise. During the Financial year of 2012-2013 the NIHSCIS has offered the following initiatives to our register of interpreters:

Accreditation and Upgrade to Community Interpreting Programme within Health and Social Care in Northern Ireland:

- 2 fully accredited courses for Community Interpreting Programme OCN level 4 qualifying 27 new interpreters within the languages and geographical areas where gaps in the service provision were identified.
- 2 Conversion courses targeted at interpreters already qualified by other agencies and wishing to be added to the HSC Register of Interpreters – an induction and upgrade 4 days training into Interpreting for HSC in Northern Ireland 40 new interpreters have been added through this process during the financial year.

In relation to Professional Development sessions offered to the currently registered NIHSCIS Interpreters, the NIHSCIS has offered the following initiatives:

- 3rd April 2012 Forum Meeting
- 22nd August 2012 Forum Meeting
- 14th December 2012 Forum Meeting
- 24th April 2013 Forum Meeting
- Roma Training to Interpreters - 29th March 2013 –

A number of other sessions have been scheduled to take place in the 2013/2014 reporting period:
### 5.12 E learning Development – Ethnic Minorities

As reported last year, a 6\textsuperscript{th} module was to be developed as part of the existing Discovery Diversity E-learning. This has been successfully developed and focuses on promoting the dignity and respect of Black and Minority Ethnic Communities (including Travellers) and Migrant Communities.

The primary aims of this new module is to:

- Promote positive attitudes towards patients, clients and HSC staff who are from Black and Minority Ethnic Communities with a focus on anti-racism.

- To enable staff to reflect on their own identity and how this can impact on others they come into contact with from an increasingly diverse population.

- To increase staff awareness and understanding of various culture and belief systems in order to promote cultural competence.

- Encourage staff and users to challenge traditional practices and make changes as appropriate.

- To further the Patient Standards which includes treating patients and clients with dignity and respect, including communicating in a way that is sensitive to their needs etc.

The Trust will continue to promote uptake of this training and refer to it in mandatory equality training sessions.

| OCN level 4 upgrades |  
|----------------------|--------------------------|
| 08th May 2013        | SS / Child protection    |
| 08th May 2013        | Domestic Violence        |
| 9th May 2013         | Mental Health Interpreting Skills |
| 9th May 2013         | Mental Health Techniques  |
| 25th April 2013      | Speech and Language      |
| 19th April 2013      | Speech and Language      |
Section 6: Communication

Belfast Trust is a sizeable organisation comprising acute and community health and social care services. To give a flavour of the complexity of the organisation, the following facts have been provided:

The Trust has an annual budget of £1.1 billion

It has a workforce of 19,500 staff (Full and part time). Regional services are provided to a population base of 1.8 million. Annually there are:

- 327,000 District Nursing attendances
- 261,000 Allied Health Professional attendances.
- 110,000 Elective patients are treated
- 175,000 Outpatients attend

The Trust is Corporate Parent to 620 children.

- The Trust is responsible for the provision of services across a myriad of disciplines: Maternity and Gynaecology, Mental Health, Learning Disability, Cancer, Surgery, Older People, Physical and Sensory Disability, Psychology, Emergency Department, Cardiology, Trauma and Orthopaedic Services, Social Work, Family and Child Care, Rheumatology and Dermatology, Dental Services and specific Paediatric Services in both acute and community settings. (*n.b.* this is not a definitive list of all services provided by the Trust, but is included to illustrate the sheer scale and complexity of the organisation.)

Effective and comprehensive communication across the whole organisation is imperative but given the significant geographical and range of services, it requires a range of different methods to communicate the Section 75 duties.

Equality and inequalities are high on the corporate agenda and the value and ongoing commitment afforded by the Executive team and Trust Board to the statutory duties are a useful vehicle in facilitating communication of the S75 duties.
Responsibility for the implementation of the Section 75 duties lies with the Deputy Chief Executive /Director of Human Resources and ensures that equality and good relations are a priority within the organisation.

The Co-Director of Modernisation, Equality and Learning and Development and the Health and Social Inequalities Manager are regularly invited to Trust Board to discuss equality impact assessments, consultation documents, strategies and the Annual Progress Report to the Equality Commission.

Equality is core to the agenda in a number of steering groups:

6.1 3 E’s group (Equality, Engagement and Experience) has also provided a useful platform for the sharing of good practice and dissemination of information regarding the equality and disability and good relations duties. It also facilitates cohesion and collaboration between the different members of the group – e.g. Complaints, Community Development, Carers, Patient Experience and Equality) and the services.

6.2 Disability Steering Group

This steering group had been first established to take forward implementation of the disability duties to promote positive attitudes towards disabled people and to encourage their full participation in public life and the associated Disability Action Plan. Its remit has broadened to encompass the regional Physical and Sensory Disability Strategy, recommendations from the RQIA in relation to Sensory Support and the United Nations Convention on Rights of Persons with a Disability. One of the many significant developments from this group has been the creation of a Disabled Employee Network.

6.3 Disabled Employee Network

The network was established in March 2012 with a Launch Event open to all employees with a disability and managers. This event was well supported and opened by the Chair of the BHSCT Disability Steering Group. Membership is open to all employees who identify as having a disability. At a meeting 7th March 2013 the group voted in favour of extending membership to all those who volunteer people within the Trust.

The Group have been proactive in communicating and some of their achievements are detailed below:
• A poster has been designed which will be distributed via tier 4 managers and also sent to service areas for display on staff notice boards. This will also be made available to all members of the group of display in their areas.

• A sub Group was formed and the design of a leaflet was carried out in conjunction with HR and Communications. This has now been completed and distributed via the IIP leads within the Trust.

• Using a new sub group and the existing Leaflet sub group in conjunction with the Trust Communications team and Improving Working Lives Team a HUB page has been created and designed for the Intranet. This page will contain information on the DEN, useful links, personal stories, pictures, disability events/days and information from speakers who presented at meetings.

• A new email address has been created for use within the DEN. This is disability@belfasttrust.hscni.net

6.4 Good Relations Steering Group

The Good Relations Steering Group was established to develop a draft Good Relations Strategy for the Trust. The Group comprised representatives from different Trust directorates, professions, Trust Chaplaincy, representatives from community organisations, partnerships, ethnic groups, the Community Relations Council and Trade Unions.

The Group oversaw the development of the strategy, including an audit of current policies, initiatives and issues in Employment, Service Provision, Procurement, Communications and Complaints in respect to race, religion and political opinion. To ensure that the strategy was well informed and meaningful, it was important that there was an extensive engagement process with both staff and service users and other key stakeholders. Staff were interviewed and invited to input into the draft strategy via team briefs and articles on the intranet.

6.5 BME Health and Well-Being Steering Group

This group was first established in September 2011. The scope of this Steering Group includes those from minority ethnic groups who have come to Northern Ireland to live and work. It includes the migrants living temporarily or permanently in this country although not born here and who have acquired significant social ties here. (The health needs of
Travellers are not included because there is a separate Travellers Health Strategy Board. The purpose of the Minority Ethnic Health and Wellbeing Steering Group is to ensure a coordinated approach by the Belfast Trust to meeting the health and wellbeing needs of ethnic minorities, in a way that is culturally sensitive and leads to better outcomes for this group. This work contributes to the overall purpose of the Trust, to improve health and wellbeing and reduce inequalities in health, as expressed in the Not Just Health strategy.

The remit of the group is to:

- Identify the needs of ethnic minority groups and provide an early warning of particular problems and unmet needs
- Ensure a coordinated service response by the Trust
- Promote cultural awareness and sensitivity by Trust staff
- Strengthen the capacity of Trust services to meet the needs identified, within resource constraints
- Build staff capacity to respond to the needs of ethnic minorities through training, links to resources and networks
- Foster inter-agency collaboration and a community development approach to meeting the needs of ethnic minorities
- Develop and drive the implementation of an action plan to improve the health and wellbeing of ethnic minorities living in Belfast.

Equality, Good Relations and Interpreting are core items on the agenda for the quarterly meetings.

6.6 Carers Strategy Steering Group

The Carers Strategy Steering Group (CSSG) continues to progress the implementation of its action plan and respective workstreams; communication and information; carer involvement; young carers and support services.

The steering group reviewed its membership and terms of reference; it continues to meet on a quarterly basis, has agreed to expand the level of carer representation and has begun to develop role descriptions and an
induction programme to support the carer involvement process. It has also been joined by a non-executive member of Trust Board.

Members of the CSSG are tasked to lead the implementation of the Carers Strategy Action Plan within their Service Groups and to designate key staff with responsibility for carer issues to work alongside the Carers Co-ordinators. It is hoped to have an opportunity to give a presentation to Trust Board on all activity relating to the implementation of the Trust’s Carers Strategy, ‘Carers at the heart of the Belfast HSC Trust’.

Outputs achieved under workstreams include:

- Carer assessment guidance for staff
- Young Carers information guidance for staff
- ‘Useful information for carers’ leaflet printed and available from Carers Co-ordinators
- Carer Education & Support protocol piloted in Mental Health Services for Older People
- Amendments to Trust Discharge Policy made following carer input
- Affiliation of Trust Carers Working Group to Trust PPI Strategy
- Proposed model for carer involvement in Physical & Sensory Disability Service agreed as a result of ‘Carers at the heart of our Service’ initiative.

6.7 Traveller Steering Group

The Traveller Steering Group was set up specifically to oversee work to improve the health and well-being of Travellers and to reduce inequalities and implementation of the Trust Traveller Health Strategy. Key elements of the Strategy are:

- To establish current level of service provision within the Traveller Community.
- To increase access to Trust Services and facilities.
- To increase cultural awareness and understanding.
- To increase awareness and promote better understanding of the health needs of Travellers amongst Trust staff.
To develop appropriate training for people from the Traveller community to support the development of increased awareness of Trust services and how to access them.

To support the development of closer working relationships between the health improvement department and the Traveller community.

To increase access to a range of health promotion activities and programmes within the Traveller community.

To develop a range of initiatives to support improvements in mental health and emotional wellbeing.

To develop opportunities for job shadowing and mentorship within the Trust.

To engage with OFMDFM / Public Health Agency to ensure the initiation of a multi-agency group to address the needs of the Traveller community.

6.8 Personal and Public Involvement (PPI) Steering Group

The PPI steering group was established to steer work in terms of the health and Social Care Act 2009 when involvement of patients, clients, service users, carers and communities became a statutory requirement.

The Trust recognises that high quality engagement with, and involvement of patients, clients, service users, carers and communities can have a positive impact on the delivery of services. Effective involvement is central to the delivery of quality care and can lead to improvements in the experience of using services. The ethos of equality and Personal and Public Involvement are inextricably linked and equality and good relations are core items on the agenda.

Following a meeting chaired by the Chief Executive with non-Trust and Trust PPI representatives, a review on the effectiveness of the PPI infrastructure in the Trust has been commissioned.

6.9 Good Information Group

The overall aim of the Trust’s Good Information Group (‘GIG’) is to improve the knowledge and skill of the learning disability workforce and carers in understanding and responding to adults who have learning
disability with communication difficulties. The group aims to create communication friendly environments that are responsive and capable to support inclusive communication and empower individuals.

The, GIG has developed 10 standards for promoting Inclusive Communication and creating communication friendly environments. The GIG was set up to share good practice and support service users, staff and carers to support Inclusive Communication.

An Inclusive Communication showcase day was held on 25th September 2012 to highlight the importance of communication, promote an Inclusive Communication approach, raise awareness of the ten standards we had developed for Inclusive Communication and showcase good practice. We held this event in September 2012. There were stalls demonstrating communication resources and sharing best practice. In addition, the group produced 10 Total Communication posters and ran a ‘design your own speech bubble’ competition to allow service users to share how they communicate. The Good Information Group also produced a video of Total Communication good practice examples which was played during the event and produced an information booklet entitled “Top 10 ideas for better communication and communication friendly environments” which was given to attendees on the day.

Over 400 people attended the Inclusive Communication showcase day to highlight how to improve communication and create communication friendly environments for adults with learning disabilities. A short 3 minute video of the showcase day and Inclusive Communication standards was prepared and was hosted on the Trust’s website and Facebook page as well as on the home page and intranet.
Angela Crocker, Event Co-ordinator and Speech and Language Therapist with the Belfast Trust, said: “The expertise that was provided today will instill confidence and practical know-how. Many staff, carers and people with a learning disability will now have ideas and some of the skills to help improve communication and remove barriers faced by people who have communication difficulties.

Attendees were also treated to a host of excellent entertainment from the very best of the local learning disability talent including, Sky’s the limit, Muckamore signing choir, Skyways and circus skills by Orchardville TRC.

The Group have also audited the Inclusive Communication standards showing that they are being promoted throughout all Trust Adult Learning Disability services.

The focus of the group has been amended recently to ensure that service users not only attend but also present and share their experiences. There are also 4 current health improvement projects that the GIG is involved with, which are expected to be completed within the next year.

6.10 About Total Communication

Total Communication ensures that all forms of verbal and non-verbal communication are recognised, valued and actively promoted. Some people might need you to read their body language; others might use photographs, objects or signing such as Makaton to communicate. It is important to continue to promote Inclusive Communication and that the Good Information Group and others across the Trust seek to break down the communication barriers.

6.11 Giving Voice Campaign

The event won a Giving Voice award from the Royal College of Speech and Language Therapists (RCSLT) which funded an information booklet for the attendees.

The Royal College of Speech and Language Therapists (RCSLT) Giving Voice campaign is designed to help give ‘voice’ to people with speech, language and communication difficulties by improving their communication abilities and addressing swallowing, eating and drinking difficulties.
Over 100 adults with learning disabilities entered the Giving Voice speech bubble competition and their inspiring entries were on display at the event.

Winners of the competition received their prizes from Trust Chairman, Pat McCartan, who said “people have displayed to us all how they best communicate and wish to be communicated with, and I think for an occasion like today that is a splendid thing to have done. Just look at the range of work and the industry that has gone into the entries.”

As well as the formal infrastructure of steering groups, payslips, roadshows, news items on the intranet, information stands, photographic exhibitions and posters are used to communicate equality, good relations and disability initiatives.

### 6.12 Making Communication Accessible

Making Communication Accessible (see Appendix 1) is guidance that was produced specifically for HSC staff and practitioners to enable them to communicate effectively for people who have a disability. This document is handed out at mandatory equality and disability awareness training for staff and managers and is available on the intranet so that they feel better equipped in sensitive and responsive communication. The guidance, which is a quick reference tool for staff, advocates that ‘Everyone has a fundamental right to understand the information that is given to them – different people will have different methods or preferable formats that are more appropriate for them – but essentially people do not have different needs – they have the same need to ‘understand’ the information’. The guidance was produced by Belfast and Northern Trust Equality leads on behalf of the regional HSC family of organisations in partnership with representatives from British Deaf Association (BDA), Royal National Institute for the Blind (RNIB), Autism NI, Stroke Association, MENCAP, Disability Action, Royal College of Speech & Language Therapists (RCSL), Educational Guidance Service for Adults (EGSA) and Co-operation & Working Together Social Inclusion Project (CAWT). This was a direct output from the audit of inequalities whereby Trusts committed to establish a multi-disciplinary, pan disability Accessible Communications group. This group was tasked with producing guidelines on good practice and minimum standards. Within the Trusts’ Disability Action Plan, a commitment was made to review the guidance on an annual basis.

The recent assessment conducted by the Investors in People team found that within the Trust, ‘Communication has greatly improved over
recent years; people feel informed and believe they get information in an appropriate and timely manner. People are consulted on a wide range of organisational, directorate and team issues through various forums. It was evident that if an issue arises or a change is required which impacts on people, some form of mechanism is created to gain peoples’ involvement in the decision-making process.”
Section 7: Data Collection and Analysis

7.1 Section 75 research

Health and Social Inequalities worked throughout the reporting period to gather recent and relevant information and research across the Section 75 categories to supplement and update the content of the Emerging Themes document – which essentially is the Audit of Inequalities.

7.2 Translated Materials database

Within the Section 75 inequalities action-based plan, it was recognised that service users who were not fluent in English could be at a disadvantage in accessing health and social care if there was not sufficient and appropriate translated materials for them. Work has commenced on the compilation of translated HSC materials and documents across the region.

The concept would be the creation of a regional online database to which HSC professionals and staff could refer and to which new translated materials could be added. This would reduce duplication across HSC organisations and improved access to up-to-date and relevant translated information in a range of languages for those not fluent in English. It will also establish a baseline and to help identify gaps in information provision so that Health and Social Care can better respond to the new and emergent needs of Black Minority Ethnic communities.

7.3 Staff as Service Users

Staff as Service Users is a new service improvement initiative which will enable staff to provide the Trust with valuable feedback on their experiences as service users. If one considers that there are 20,000 staff who work in Belfast Trust, there is a strong probability that they will also avail of Trust Services in some fashion. This is an opportunity to engage with these staff and ask them for honest feedback on their experience of using health and social care services.
7.4 Patient Experience

The DHSSPS, NIPEC and RCN NI launched the Patient and Client Experience Standards in November 2008.

Five areas were identified as important towards ensuring a positive patient or client experience:

- Respect
- Attitude
- Behaviour
- Communication
- Privacy and dignity

The Belfast Trust monitors its adherence to the standards by carrying out survey work across the Trust using the following methods:

- Patient satisfaction questionnaires
- Monitoring of compliments and complaints
- Observations of staff practice
- Recording of patients stories of their experiences of care

7.5 Patient/Client Survey for NI HSC Interpreting Service

The NIHSCIS in partnership with the Trust’s Community Development Team and Equality Units from all the Trusts and relevant community organisations developed an initiative to assess levels of satisfaction with the NIHSCIS across Northern Ireland. A questionnaire was translated into the top 5 most requested languages: Polish, Lithuanian, Portuguese, Chinese Mandarin and Chinese Cantonese.

Bilingual focus groups were convened in the areas where interpreters are most requested in addition to the development and distribution of information leaflets in minority ethnic languages.

1000 forms with self-addressed envelopes were distributed across the 5 Trust areas.
Questionnaires Findings

1. Was the interpreter able to contact you before the appointment?

<table>
<thead>
<tr>
<th>Language / Number of responses</th>
<th>Polish</th>
<th>Lithuanian</th>
<th>Portuguese</th>
<th>Cantonese</th>
<th>Mandarin</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>15</td>
<td>3</td>
<td>8</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>NO</td>
<td>8</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>4</td>
</tr>
</tbody>
</table>

2. How would you consider the service provided by the interpreter?

<table>
<thead>
<tr>
<th>Language/Number of responses</th>
<th>Polish</th>
<th>Lithuanian</th>
<th>Portuguese</th>
<th>Cantonese</th>
<th>Mandarin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Good</td>
<td>21</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Good</td>
<td>2</td>
<td>1</td>
<td>7</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>OK</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Poor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Poor</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The vast majority of the responses reflected a positive view of the Interpreting provision received by patients who accessed healthcare through language assistance. There were some common topics mentioned in the Focus Groups and through the questionnaire responses such as:

- It is good practice if the interpreter could contact the client before the appointment takes place via telephone for confirmation with reasonable notice.
- Same Interpreter being kept for continuity purposes is desirable.
- Interpreters rushing through appointments or having to leave a client before the end of the session as time booked for the appointment into booking form is unrealistic and, sometimes, delays to next appointment may occur.
• Interpreters regarded in general as polite, responsible, knowledgeable and professional (with a few exceptions).

• Some staff and practitioners are more proactive and willing to request an interpreter when dealing with patients with no English as a first language or a second proficient language.

7.6 Ethnic Monitoring Pilot Project

As reported in last year’s annual progress report, a pilot project to introduce ethnic monitoring to Health and Social Care systems continued to be rolled out. This is a three year project which aims to share learning on the development of common Ethnic Monitoring information available on the Child Health System, Community Systems (SOSCARe, Regional Sure Start Database) and Hospital Systems (PAS Inpatients and NIMATS). This pilot aims to support the capacity to robustly capture critical patient/service user information, in particular information which relates to the diversity of patients and service users, to help the HSCB plan, develop and enhance service provision to all members of the community.

The lack of available data on minority ethnic and migrant people has long been recognised as a significant barrier to the full implementation of racial equality. The pilot aims to help Health and Social Care commissioners and providers to robustly capture critical patient/service user information and through this help Health and Social Care organisations to develop and enhance service provision to all members of the community, and respond to the needs of a changing society, and help to ensure that Equality and Human Rights obligations.

At the time of compiling this year’s annual progress report the Northern Ireland Maternity Stats system (NIMATS) went live with ethnic monitoring codes on 31st May 2013 recording ethnicity, country of origin and first language. Other notable achievements included the production of Ethnic Monitoring Guidance for future use in developing IT systems - to ensure consistency with coding structures and subsequent monitoring; promotional poster and Tips for Managers on Ethnic Monitoring. It is anticipated that the Ethnic Monitoring Guidance will be issued to Chief Executives in HSC organisations attaching weight to its importance and future use.
A small sub-group have been tasked with developing options for delivering training to ensure the Ethnic Monitoring Guidance and new coding structures are put in use. Ethnic monitoring helps to identify uptake of services by Black and Minority Ethnic Communities and to identify any gaps in service provision. Some BME groups are at a greater risk from conditions such as heart disease, diabetes, stroke.

An Ethnic Monitoring Poster and Leaflet as well as key tips for staff have been developed to outline monitoring requirements and the benefits for service users to coincide with the launch of the above DHSSPS Ethnic Monitoring Guidance.

### 7.7 Community Profile

Health and Social inequalities work closely with the community Development and Health Improvement Teams to examine and address the broader socio-economic and Section 75 inequalities. The Community Development Team compiles a community profile for Belfast and Castlereagh to give staff a better understanding of the Trust area. The profile provides information on deprivation, health and on the main community activity within each electoral ward.

**Introduction**

The Trust’s area encompasses all of the Belfast City Council and Castlereagh Council areas, which are broken down into smaller areas of electoral wards. For the purposes of this profile, the Trust area is split into north, south, east, west, Shankill and Castlereagh profiles, within which the wards are listed alphabetically. *(A ward is a geographical area selected for the purposes of defining electoral areas within a council area and usually named after geographical landmarks, townlands, etc.)*

Belfast has the highest concentration of disadvantage with 7 out of the worst 10 wards (3 North, 3 West, 1 Shankill) and 12 out of the worst 20 wards on the NI Multiple Deprivation Measure (NIMDM) 2010 (also known as Noble Measure). *(The NI Multiple Deprivation Measure 2010 includes an overall NI rank and score for each electoral ward, and it is...*
It is common knowledge that the most widespread disadvantage and deprivation exists in north and west Belfast. Sixteen wards from these areas are in the worst 10\% (7 West, 6 North, 3 Shankill) and a further 4 wards in the worst 20\% on the NIMDM 2010. In contrast, the common perception of south and east Belfast and Castlereagh is one of an affluent area with a few small pockets of deprivation. However, this perception masks significant levels of deprivation with 5 wards within the worst 10\% (3 East, 2 South) and 4 in the worst 20\% (1 East, 3 Castlereagh) on the NIMDM 2010. In addition, in some wards, particularly in south Belfast, severely socially disadvantaged areas are concealed through the presence of better off areas: examples are Ballynafeigh and Rosetta (both of which take in parts of Annadale) and Upper Malone, which takes in Taughmonagh (wards affected are indicated within the ward descriptions).

**The Purpose of these profiles**

The purpose of this community profile is to give Trust staff a better understanding of the composition of each ward and of the relevant community activity. The document gives a brief overview of each ward, as well as a brief description of ethnic minority organisations, located at the end of the south Belfast section as this is where most of these are concentrated, but also indicated within the community descriptions within the ward in which they are based.

With a separate section for each ward, the profile can be easily updated as the areas change. Included are the following:

- A brief description of each ward
- Details of the ward’s Neighbourhood Renewal Status and whether it is included in a Neighbourhood Renewal Partnership
- Unemployment figures (Jan 12)
- The NI ranks of the ward and its Super Output Area/s under the NI Multiple Deprivation Measure 2010 (a Super Output Area is a usually smaller geographical unit than a ward, roughly with the same population size across NI)
- The ward's NI rank on the Multiple Deprivation Measure 2005
- Population breakdown by age (2001 Census)
- Ethnic minority breakdown (2001 Census)
- The wards’ and Super Output Areas’ domain ranks under the NI Multiple Deprivation Measure 2010
- Child Health Statistics (2010 figures - in comparison with the Trust and EHSSB average) – (the figures for breastfeeding relate to those breastfeeding at the time of discharge from hospital and therefore, in reality, are lower than those indicated)
- Health Inequalities Data 2007-2009 – male and female life expectancy
- Dental Registrations of 3-5-year-olds as percent of GP registrations 2011 (NINIS)
- Percentage of children in primary schools in receipt of free school meals 10/11 (DENI) (These figures do not include children who bring in packed lunches or return home for lunch)
- Percentage of children in primary schools 09/10 for whom English is an additional language (DENI)
- School leavers data 2009/10
- Disability and benefit statistics 2010 and 2011 (NINIS)
- A brief description of community activity – in general only the main groups within the areas of disadvantage are mentioned and groups and organisations are described in the area in which they are based, although they may cover a wider area. Contact details can be obtained from the Trust’s Community Development Team.
- A short profile of the main ethnic minority organisations, most of which are based in south Belfast.
Staff monitoring

Plans for the implementation of a new regional computerised system which will include employment equality monitoring are ongoing. This significant programme of work under the Business Service Transformation Programme will transform the way that some critical business functions across the Trust are delivered. The system will allow for personal data including equality to be updated by employees enabling more accurate and up-to-date reporting. Many employee relations processes, such as applications for flexible working, will now be automated allowing for reporting against equality criteria.

The Statutory Annual Monitoring Return was completed and submitted to the Commission in May 2012. The Trust continues to engage with the Commission on both the findings of the first Article 55 Review and subsequent action plan and the ECNI HSC Sector Fair Employment Report.
Section 8: Information Provision, Access to Information and Services

8.1 Northern Ireland Health and Social Care Interpreting Service

Belfast Trust has managed the Northern Ireland HSC Interpreting Service on behalf of the region since 2007. The figures in Table 2 and Figure 1 clearly depict the growing demand and need to reconfigure the service to make it fit for purpose and logistically able to fulfill the increasing need for language support.

Table 2

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NO OF REQUESTS</td>
<td>1,850</td>
<td>10,257</td>
<td>21,283</td>
<td>31,284</td>
<td>35,103</td>
<td>42,516</td>
<td>51,734</td>
<td>63,868</td>
<td>75,649</td>
<td>333,544</td>
</tr>
</tbody>
</table>

Figure 1 shows that the majority of requests for ethnic minority language interpreters continue to come from the Southern Trust area and this could be attributed to the high density of migrant workers who have come to work in this geographical area. Southern Trust accounts for approximately 50% of the demand whilst demand in the Belfast Trust area has risen to approximately 25% of all demand.
In terms of the breadth of languages, the service can offer language support in a range of 36 languages. There are now 397 interpreters on the register who are trained and accredited.
The most popular languages have changed their ranking in the top language table. If one was to compare figures from 2004-2005 Portuguese was the top language followed by Chinese and then Polish whereas Polish is now the most frequently requested language.

8.2 Shopmobility at the Belfast Health and Social Care Trust.

The Shopmobility scheme at the Royal Hospitals continues to assist service users and visitors with limited mobility to maintain their independence when attending the hospital. Patients and visitors have the opportunity to have free hire of wheelchairs and mechanised scooters to enable them to reach their destination comfortably and independently. The service, which is located beside the disabled car parking bays in the public car park, also offers users a number of pre-planned options to ensure their visit to the hospital runs as smoothly as possible. Service users can contact Shopmobility prior to their appointment or visit, to arrange to be met at their car or another destination within the hospital by a Shopmobility volunteer with a vehicle of their choice. Shopmobility volunteers can also accompany patients or visitors to their destination if it has been preplanned. The aim of the service is to ensure patients and visitors with limited mobility have equality of access to services at the hospital.

8.2.1 Volunteers

The Shopmobility volunteers work in partnership with the Belfast Trust volunteer service and have provided training to Trust volunteers on working with patients and users with a disability, specifically limited mobility. The Trust and Shopmobility volunteers also work closely, through telephone communication, to ensure that those patients and
visitors that arrive at a hospital entrance, apart from the public car park, are provided with a Shopmobility vehicle if required.

Volunteers at Shopmobility have been trained as Sighted Guides to accompany blind or partially sighted patients and visitors to their destination within the hospital.

8.2.2 Vehicle hire

Shopmobility also provide vehicles for hire to patients released from hospital that may require the hire of a vehicle over a longer period. This is a flexible service and the charge for users is minimal.

8.2.3 Steering Group

The Trust manage a Shopmobility Steering group chaired by a Trust Equality Manager and is comprised of the Director of Shopmobility, volunteers and Trust staff from key service areas. The Steering group organise an annual publicity campaign which includes a Shopmobility Road Show at the Royal Hospitals. They meet on a quarterly basis to monitor and review the service. Due to the demand for (see table below) and success of the Shopmobility Scheme, the steering group are currently evaluating the service to assess the feasibility and options for possible expansion of the service to other hospital sites.

Annual Usage of Shopmobility at the Royal Hospitals Jan – Dec 2012

<table>
<thead>
<tr>
<th>Bookings</th>
<th>Hours used</th>
<th>New Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>424</td>
<td>785</td>
<td>48</td>
</tr>
</tbody>
</table>

8.3 Appointment Reminder and Confirmation

In order to reduce the number of missed outpatient appointments (10.9% in 11/12), the Belfast Trust has introduced an appointment reminder/confirmation service. This was initially being piloted in Dermatology Outpatients and is being gradually rolled out to other areas.

By providing reminders to Trust patients of forthcoming appointments this will reduce the number of missed appointments and allow patients to re-schedule to a convenient time. It will also reduce the communication
barrier whereby a letter may have been sent to someone whose preferred method of communication was not written English.

Reminders will be made using an automated telephone call or text message. When a call is made, the person answering will be asked to confirm who they are before giving the appointment details. They can then press the appropriate button on their telephone keypad to confirm, cancel or rearrange their appointment.

### 8.4 Northern Ireland New Entrants Service

Through funding from the Public Health Agency the TB screening service within Belfast Trust has developed the Northern Ireland New Entrant Service (NINES). This nurse led service aims to provide access to health care for new entrants to Northern Ireland to include new immigrants, asylum seekers, refugees and clients who are unable to register for GP services. The service will continue to offer Mantoux testing and BCG vaccination for children and infants identified through the “at risk” screening programme.

A range of clinics can be accessed to address the health and social well being needs of the client group to include drop-in clinics for advice and support, health assessment clinics, immunisation clinics and health promotion sessions. Over the coming months clinic sessions will be further developed to include a GP clinic and a consultant led paediatric clinic.

Clients are offered a holistic health assessment; screening for communicable diseases such as HIV, Hepatitis B and Hepatitis C for clients from high risk countries and immunisations as required. Assistance is given with registration for GP and dental services; signposting to other services and onward referral as appropriate.

### 8.5 Recognition of access to services and information

The Trust’s Macular Unit located at the Mater Hospital successfully achieved the RNIB Northern Ireland Model of Excellence Award as an exemplar serviced for blind and partially sighted people. RNIB awards organisations this accolade if they consider them to be exemplary in the way they work to meet the needs of people with sight loss. RNIB assessed the Macular Unit against standards which include:

- Physical accessibility
- Staff training
8.6 Award for providing outstanding support to people with dementia.

At the Northern Ireland Dementia Excellence Awards Bruce House Residential EMI Unit with an award for Dementia and the Arts which recognises the outstanding support the unit provides to people with dementia. The Minister for Health and Social Services who presented the award and commended the team saying that their 'contribution and commitment to improving the lives of people with dementia has been deservedly recognised and rewarded.' The Live and Learn project was the inspirational project that helped win the award. The project lasted 4 sessions and combined reminiscence and creative industry themed around the seaside and holidays. Taking inspiration from an artwork by Henry Matisse in the Ulster Museum’s collections entitled Oceania (La Mer), a wall hanging was produced using colours and shapes reminiscent of the seaside. The Live and Learn project is a five year outreach project for the over 50s with the aim of increasing opportunities for individuals and groups to engage with museums and their collections, with particular focus on vulnerable and isolated older adults.

8.7 Foster Care Fortnight

Foster carers and social workers from Belfast Trust took to the roads in a novelty fire engine during Foster Care Fortnight in May 2012 to emphasise how a regional shortage of foster carers is reaching emergency levels. Two children come into care every day in Northern Ireland. The Trust needs more foster families to provide safe, stable and nurturing homes for vulnerable children and young people. Foster homes are needed for children of all ages who cannot live at home with their own families due to family breakdown, relationship difficulties, neglect, abuse or parent ill health. There are currently 1,916 children who are living with foster carers across the region. There is a particular need for foster carers who are willing to offer children a long term home.

The Fostering Service sponsored the Gentoo penguin enclosure as part of the Zoo’s corporate sponsorship scheme. The Trust recognises that this is an innovative way to raise awareness of how urgent the need is for new foster families. Over 300,000 people visit the zoo in the space of a year and the Trust anticipates that this message will be effective in attracting more foster families.
8.8 Carers weeks 18th -24th June 2012

Carers’ Week is an opportunity to recognise and celebrate the major role carers play in providing care and support to people who are sick, frail or disabled. During Carers’ Week the Trust provided and facilitated a number of events to promote the health and well-being of carers themselves. The theme was ‘In sickness and in health’ and encouraged consideration of the importance of the health and well-being of the carer and how unsupported care has a knock on effect on their health. 44,000 people have identified themselves as Carers in the Belfast Trust area however the Trust recognises that there is a significant number of people who do not see themselves as carers and therefore remain hidden and without support. The Trust employs two carers’ co-ordinators who provide support to carers and continue to use outreach initiatives to encourage those unidentified carers to come forward to avail of the support.

8.9 Adoption Week 5-11 November 2012

Across Northern Ireland there are a wide range of children waiting for a family for life. There are very few babies who need to be adopted, but children of all ages usually those between 2 and ten years are in need of a permanent family home. Children of different cultures, religious and ethnic backgrounds need a family for life through adoption. Most children who need an adoptive family are in foster care. The Trust works proactively to address this lack of adoptive placements through various outreach initiatives. A new regional website was launched in November 2012.

8.10 Launch of Traveller Leaflet

A specific leaflet was developed and launched in December 2012 to increase the profile of the Traveller Liaison workers. Sandra McCarry, Community Development Manager said at the launch “We hope that this leaflet will raise awareness across all Trust staff and the Traveller community of the unique service that we are providing, we would urge anyone who works with the Traveller community in the Trust to utilise the Liaison workers”

8.11 Working with Roma – Myths and Realities

The Trust worked on a leaflet for all staff who work with the Roma Community and launched it in February 2013. The leaflet entitled Working with Roma – myths and realities provides basic information on
the Roma community in Belfast and challenges many of the negative myths and stereotypes wrongly associated with Roma People. This leaflet was designed as a resource for staff to assist them in delivering services to the Roma Community in a culturally sensitive and competent manner. The leaflet was developed through the Trust participation in the EU funded I am Roma Programme.

8.12 Physical and Sensory Disability Strategy and Action Plan

The Action Plan has been developed to reflect the issues and priorities raised in the body of the strategy, relevant to health and social care and partnership working. Trust Equality Leads are represented on the working groups to progress the actions within the plan.

The Plan recognises the importance of family and person-centre care planning involving service users their families and carers, and partnership working with the third sector including the community, voluntary and independent sectors.

The Action Plan provides a framework for action which sets out the key actions that will be taken forward over the period 2011-2015. It seeks to draw forward the best and most efficient models of service in an era of unprecedented economic pressure. Many of the actions are not resource dependent but are intended to drive innovation and reform within existing services. Accordingly the Action Plan seeks to develop that innovation and generate the implementation of existing best practice across all HSC Trusts in NI.

The Action Plan has been divided into four main sections as follows:

1. Prevalence and Need
2. Promoting Positive Health, Wellbeing and Early Intervention
3. Providing Better Services to Support Independent Lives and
4. Infrastructure to deliver.

A number of work streams have been established to take forward the Action Plan. Equality leads from the Belfast and Northern Trust sit on a number of these groups.

A Regional Support Services Review (RCSSR) Task and Finish Group has been established to scope and review communication support service provision for health and social care in Northern Ireland with a view to providing an accessible, equitable and efficient service for people with hearing loss. The objectives of the Task and Finish Group are:
• To undertake a regional communication support services scoping exercise.

• To analyse provider contract information returns with a view to profiling need, uptake of service and cost regionally.

• To stocktake current communication support service standards with a view to developing a regional minimum standard for future commissioning and delivery of services.

• To explore a range of options to meet the needs of people with hearing loss.

• To engage with service users in relation to the range of options identified.

• To carry out value for money appraisal on each option.

• To present the preferred options analysis to the relevant Commissioners.

It is anticipated that this work will be completed by end March 2014.
Section 9: Complaints

No Section 75 related complaints were received during this period.

Closer working relations between the Complaints Team and the Health and Social Inequalities team have resulted since the Health and Social Inequalities Manager delivered specifically tailored training to the Complaints Team on equality, human rights, good relations and diversity in November 2012.

Training covered what the top 5 complaints received by the Belfast Trust are and how by adopting a human rights based and person-centred approach and embracing diversity, a significant volume of complaints could and would be avoided. For example, the provision of an interpreter, a telephone reminder instead of an appointment letter or by simply exercising good relations could significantly improve the treatment and care, staff attitude and behaviour, communication and information to patients and appointment delays and cancellations and therein reduce the number of complaints received.

### Top 5 CH8 Subjects reasons

| 1) | Treatment & Care (Quality) |
| 2) | Staff Attitude & Behaviour |
| 3) | Communication, Information to Patients Appointment, Delay/Cancellation (Outpatients) |
| 4) | Admissions into Hospital/Delay/Cancellation (Inpatients) |
| 5) | Clinical Diagnosis |

In the forthcoming year, the Trust will begin work on the development of a strategy focusing on a human rights based approach to the delivery of health and social care. It is anticipated that this will help improve the patient experience, satisfaction level and ultimately their health outcomes. Lay reviewers for complaints are now being used and this maximises objectivity. Compliments and complaints are now going to be included in customer care training.
Regionally a DVD with British Sign Language and subtitles on the Health and Social Care Complaints Procedure was compiled in February 2013 and has been uploaded on the Trust website. This was an output which emanated from findings in the audit of inequalities which identified the need for effective communication support mechanism to enable people who are deaf or hard of hearing to provide constructive feedback and complaints and compliments on service provision or their patient experience.
Section 10: Consultation and Engagement

Belfast Trust acknowledges the importance of engaging and consulting with our service users and key stakeholders to ensure that all perspectives are taken on board and secondly to engender support and ownership of changes. In previous reporting years, the Trust has borne witness to the power of successful consultation through various processes – for instance the Strategic Services Review which consisted of the biggest review of services across Belfast. Through establishing effective communication and consultation mechanisms, the Trust undertook a thematic approach to consultation and outreach initiatives to ensure that the Section 75 voices could be heard and helped shape service reconfiguration. Very often, by seeking the views of the service users or their representative organisations affords a different lens to how services can be further improved or proposals can be made more meaningful and relevant to those on who they impact most.

10.1 Consultation on Second Disability Action Plan

The first Disability Action Plan was created and developed in partnership with disabled people and representative organisations and ran from 2007 – May 2012. These partnerships were instrumental in helping to achieve the successful outcomes obtained in the first Disability Action Plan. As a result of this effective partnership approach, HSC Trust Equality Leads proposed to continue with a similar approach in taking forward their second Disability Action Plans.

The Trusts met initially with the Equality Commission for Northern Ireland (ECNI) and the Chief Executive of Disability Action to discuss how the plan would be developed and proposed measures.

A pre-consultation event was held on 30 May with a number of disabled people and representative groups. This gave service user representatives the opportunity to directly engage with Trust staff and provide feedback on the proposed measures. Feedback from this event helped to shape the draft DAP and led to direct changes being made to the content of the plan before going out for full public consultation.

In June 2012, the HSC Trusts informed some 700 stakeholders about the regional consultation process. All those listed in the HSC Trusts' Consultation Databases received a letter informing them of the consultation arrangements. Consultation documents were made available on the Trusts' websites (i.e. available to the public) and intranet
Notwithstanding the pre-engagement and formal engagement process, the Trust is mindful of the significant value that Trust staff and professionals can lend to consultation and so, a number of internal consultation methods were undertaken also:

- The draft Plan was discussed and presented at the Disability Steering group.
- Plan was put on the staff intranet and discussed at staff training and events.
- Plan was approved at Trust Board (a public meeting) for public consultation.

The Trust consulted widely on their Disability Action Plan over a 12 week period beginning 29 June 2012 and ending on 1 October 2012. Significant pre-engagement meant that the volume of responses during the formal consultation period was relatively low. The fact that people with a disability and disability representative organisations had major input into the plan meant that the plan was well informed and meaningful to them. It is anticipated that when a third Disability Action Plan is to be developed, that Trusts will undertake a similar approach.

10.2 Belfast Trust consultation on good relations strategy

Belfast Trust recognises the importance of embracing diversity, promoting good relations and challenging sectarianism and racism and to further this commitment, it has developed a draft Good Relations strategy – ‘Healthy Relations for a Healthy Future’. Within the foreword to this strategy, the Chief Executive and Chair outline the strategic commitment to consultation and engagement and fully endorse the approach so that Trust strategy and direction are meaningful and meet identified need.

Consultation with Staff, Service Users and Community groups in terms of their experiences and views in relation to promoting Good Relations and challenging racism and sectarianism is crucial to the development of a meaningful Good Relations Strategy and Action Plan.
10.3 Steering Group

A Good Relations Steering Group was established to assist in the development of this strategy. The Group comprised representatives from different service groups, professions, Trust Chaplaincy, representatives from community organisations, partnerships, Ethnic groups, the Community Relations Council and Trade Unions. The steering group oversaw the development of the good relations strategy, including an audit of current policies, initiatives and issues in Employment, Service Provision, Procurement, Communications and Complaints in respect to race, religion and political opinion.

A number of measures were identified to audit quantitative and qualitative information in regard to the Trust as an Employer, Service Provider and in Procurement from a good relations perspective. Consultation with service users and staff began in October 2012. It took the form of questionnaire and interviews undertaken by Trust Community Development and Equality staff with a random sample of service users and staff in the localities across acute and community settings. The questionnaire was designed with the support of the Community Relations Council and Queens University Belfast and the Good Relations Steering Group.

This exercise was well advertised so that staff and managers were made aware of the process and the context in which it was being conducted. Good Relations information stands were on display in locations across the Trust and an intranet article advised staff of the process and invited their comments.

A briefing on good relations and the development of a draft strategy was issued to Directors, Co-Directors and Senior Managers to heighten awareness and ownership of the strategy.

10.4 Consultation

Feedback from service users and staff was also sought via a questionnaire and a community engagement pre-consultation process. This has helped inform the draft Strategy. There was also significant engagement with community and voluntary organisations and a pre-consultation workshop was convened in March 2012.
Section 11: The Good Relations Duty

11.1 Good Relations Strategy

Belfast Trust committed in its corporate plan to develop and consult on a Good Relations Strategy. The strategy was developed to formalize the Trust’s corporate commitment to Good Relations and in recognition of the Equality Commission Revised Guidance for Public Authorities whereby the Commission reflected on the Effectiveness Review (2007). This review found that public authorities had thus far concentrated their efforts on the equality of opportunity duty rather than the good relations duty.

The Trust also recognises that as the largest Trust and employer in Northern Ireland, it has a corporate responsibility to promote good relations and to lead by example. The Trust is cognizant of the many inherent benefits that good relations yield for an organisation.

The draft Strategy was issued for formal public consultation from 16th January until 5th April 2013 – it was issued at a time when there was much publicity, media interest and civil unrest, as a result of another regarding Good Relations and the flying of the Union flag.

During the development of the draft Strategy the Trust had carried out a pre-consultation and engagement process to offer service users, staff, Section 75 representative groups, community and voluntary organisations, Trade Unions and religious groups the opportunity to inform the Strategy to ensure it was meaningful and met identified needs.

Prior to the development of the Strategy, a survey was conducted with a range of service users and staff, to ascertain their perspective in terms of Good Relations in the Trust. Here is a snapshot of some of the findings:

<table>
<thead>
<tr>
<th>Service Users</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 96% are comfortable using any of the Trust premises</td>
<td>• 92%, did not feel their race affected how they were treated as an employee</td>
</tr>
<tr>
<td>• 98% said they are treated well, irrespective of their race, nationality, religion or political opinion.</td>
<td>• 90% would feel confident to raise an issue in regard to race, religion or political opinion</td>
</tr>
</tbody>
</table>
“Belfast Trust should not tolerate any terms of language which could be deemed as sectarian”
“Keep the public more informed when services are being moved”

This degree of pre-consultation and user involvement may perhaps have limited the need for people to respond formally to the consultation.

The Trust will formally launch it during Community Relations Week commencing 21st May. The Trust has committed to review its strategy and action plan when the Office of First Minister and Deputy First Minister launch their good relations strategy. The Trust looks forward to a renewed focus on good relations and will establish a working group to take forward the actions of the action-based plan and review any strategic changes as regards good relations.

11.2 Traveller Strategy

Belfast Trust developed a Traveller strategy in response to available data on the health status of the Irish Traveller community in Belfast which shows that Travellers experience a level of health which falls far short of that of the general population. The Trust Traveller Health and Well Being strategy was developed in 2011 under the guidance of a Traveller Health Strategy Board comprised of key Trust staff and the Traveller support group An Munia Tober. The key areas identified for attention were:

- Information
- Training
- Health Improvement
- Employability
- Co-ordination.

The Key elements of BHSCT Traveller Health Strategy are:

- To establish current level of service provision within the Traveller Community.
- To increase access to Trust Services and facilities.
- To increase cultural awareness and understanding.
• To increase awareness and promote better understanding of the health needs of Travellers amongst Trust staff.

• To develop appropriate training for people from the Traveller community to support the development of increased awareness of Trust services and how to access them.

• To support the development of closer working relationships between the health improvement department and the Traveller community.

• To increase access to a range of health promotion activities and programmes within the Traveller community.

• To develop a range of initiatives to support improvements in mental health and emotional wellbeing.

• To develop opportunities for job shadowing and mentorship within the Trust.

• To engage with OFMDFM / Public Health Agency to ensure the initiation of a multi-agency group to address the needs of the Traveller community.

11.3 Traveller Baseline Study

Key to addressing Traveller health inequalities is ensuring equality of access to service for the Traveller community. The Trust (working with An Munia Tober and key staff in a range of service areas) has completed a baseline study of Traveller health and wellbeing. The aim of the baseline study is to collect information from a number of departments of health and social care to assess which service areas Travellers are accessing and identify areas where there may be gaps. The information collated will be used to influence the direction of the Trust Traveller health and wellbeing strategy over the next year and to work with the Traveller community to improve access to health and social care and specifically target identified areas.
11.4 Traveller Awareness training

Awareness training for staff is important to provide staff with the knowledge and understanding of Traveller history culture, health issues and prejudice. Belfast Trust staff has been accessing Traveller awareness training over the last year provided by the Trust through partnership working with An Munia Tober. A new training programme for staff has been developed, and will be rolled out across the Trust in the coming year.

11.5 Traveller Health Liaison Workers

Central to the implementation of the strategy was the innovative approach by the Trust to employ two Traveller Health liaison workers. Both workers have now been in post for two years. Their main role is to work in partnership with a range of voluntary, community and statutory organisations and the Traveller community to improve health and wellbeing. Key areas they are concentrating on are Family and Childcare, Mental Health, and Maternity Services.

11.5.1 Working to reduce offence related behaviours

During the last year the liaison workers have been working with Community Restorative Justice on a project aimed at preventing young Travellers from getting involved in offence related behaviours. The liaison workers have engaged with young Travellers to explore initiatives that help young people develop their confidence and self-esteem. The project has so far worked on education and awareness of drug and alcohol abuse.

11.5.2 Mental Health

A partnership approach was developed between the Trust and An Munia Tober with Aware Defeat Depression to produce a DVD on raising awareness of the causes of stress and depression and how they can be treated. The DVD, which was funded by the Public Health Agency and produced by Travellers for Travellers. It provides information on the symptoms of stress and depression and where you can go to get help and support. The Traveller liaison workers were closely involved in the development of the DVD and a copy of the DVD was delivered to every Traveller family in the Greater Belfast area.
11.5.3 Traveller Awareness Training

The Liaison workers have, over the last year, been involved in the design and development of Traveller Awareness training for staff within the Belfast Trust. The training addresses a number of areas including Traveller history, culture, education and health. It will also explore discrimination, prejudice and assumptions. The workers will also be involved in the delivery of the training of Trust staff.

11.5.4 Women's Group and An Munia Tober

The importance of diet and exercise is the main theme of Women's Health Project which the Liaison workers have been involved in in partnership with An Munia Tober. The women are provided with information on the physical and mental health benefits of physical exercise. Zumba and gym classes have been extremely popular. Over the coming months the workers will embark on a Healthy Cooking project with Traveller women that will explore food, nutrition and healthy eating.

11.5.5 BME Health and Wellbeing

A range of activity on BME Health and Wellbeing continues. The Traveller Health Liaison Workers continue to engage with members of the Traveller community in order to increase access to Trust services and improve health and wellbeing of the Traveller community. Funding was secured from the Public Health Agency to develop a range of activities to improve the mental health and wellbeing of Travellers. This programme, that was delivered in the last year, involved drug and alcohol programmes, Mood Matters programmes and a life skills course.

The BME Health and Wellbeing Steering Group continues to meet to progress work on BME Health and Wellbeing. There has been significant progress against the action plan and a workshop is now being planned for early 2013 to develop a new action plan.

The “I am Roma” project ended in January 2013 however the Trust continues to, lead an interagency group working with the Roma community.

A family health clinic, managed by the Health Visiting Service, is now well established in Shaftesbury Recreation Centre and is well attended. A social economy project with Roma women was successfully completed and. A youth project aimed at promoting the integration of local and
Roma youth was very successful and funding has been secured to extend this programme. An information DVD for Romanian Roma, focusing on rights and responsibilities when living in NI, was produced and a copy was delivered to every Roma family in Belfast.

A programme of Roma cultural awareness training has been delivered across a spectrum of statutory and community organisations and a range of literature has been developed for staff across the health service to increase their cultural awareness.

An action plan has been developed for 2013/14 to support the Roma community and a capacity building programme has commenced with the Romanian Roma Community Association of NI.

BHSCT secured substantial funding from the PHA to support our partners in Bryson Intercultural with the employment of Roma Health Liaison Worker. We are currently working with Minority Focus and Alternatives (East Belfast) in carrying out a needs assessment of the Hungarian and Slovak Roma who live in that area. We are also piloting an education project for Roma primary 1 children to help with their positive inclusion into mainstream education.

1.6 “I am Roma”

1.6.1 Context to the project

The Roma are a relatively new community to the Belfast area, with the majority of families arriving post 2007. There are approximately 500 to 1000 members of the Roma community living in Belfast made up of 130-150 families. The majority of Roma in Belfast are Romanian and as such they are A2 nationals, having very limited entitlement to Health and Social Care. Romanian Roma are probably the most vulnerable and deprived ethnic minority group in Belfast. Their relatively new inward migration to Northern Ireland has presented statutory agencies with a number of significant challenges.

Integration with local communities has been fraught with tension and the legacy of the Northern Ireland conflict has made the integration of ethnic minority communities more complex.

In June 2009, more than 100 Roma living in shared accommodation in South Belfast became the victims of racist attacks and were forced to leave their homes (and eventually return to Romania). The intimidation of Roma did not cease after the attacks of 2009. Despite much work...
spearheaded by organisations like Lower Ormeau Road Action Group, South Belfast Roundtable and Bryson Intercultural, sporadic yet regular incidences of racial violence against the Roma community continued.

BHSCT are the lead partners in the European Union funded “I am Roma” Programme. The aim of the programme is to challenge the negative stereotypes that exist against Roma and to promote social inclusion and address issues of discrimination of the Roma community through partnership working to cultivate positive changes in outlook about Roma in Belfast.

Belfast is the only UK based participant of the “I am Roma” Programme and the Trust has established a Local Action Group (LAG) with partners from across the statutory, voluntary and community sectors.

The LAG has developed an action plan which will run to December 2012. The Action Plan will be co-ordinated by a Roma Liaison Officer who is employed by Bryson Intercultural with the support of “I am Roma” funding.

The Belfast LAG felt that the greatest challenges in working with and for the Roma community were the absence of any meaningful relationships with that community and the historic fear and mistrust that Roma have for statutory organisations.

Established models of building trust and relationships (that were successful in our own peace process) have been utilised by the LAG and they are beginning to pay dividends. Access to the Roma community was achieved through multiple channels including the Romanian Roma Community Association and other Non-Governmental Organisations. To date the LAG have supported the Roma community with:

- Family events
- Health needs assessments
- Accessing health care
- Family and child health clinics
- Awareness-raising of the rights of A2 nationals and access to services
• The employment of a Roma Liaison Officer

• The LAG has also supported our partner organisations through:

• The provision of training on Roma culture, language and traditions to all key stakeholders

• Developing publications supporting Roma accessing services

• Facilitating best practice visits

• Supporting a mapping exercise of work with the Roma in Belfast

• Improving partnership working and information sharing

• Providing briefings to political parties on the ‘I am Roma’ project.
Section 12: Additional Comments

Belfast Health and Social Care Trust anticipates that this annual report provides a comprehensive account of the action taken and progress made to promote equality of opportunity and good relations. The Trust is committed to fulfilling its Section 75 statutory duties and believes that continued good practice and diligent work in this area significantly contributes to achieving the Trust’s corporate purpose to improve health and well-being and to address health inequalities.

*n.b* The Trust notes that there is potential for instances of duplication in the report when following the prescribed annual progress report template.
Appendix 1: Making Communication Accessible

Making Communication Accessible for all

HSC Guidance for staff on providing accessible information
The guidance has been produced for HSC staff so that they can communicate effectively with people who may have a disability. As with all Trust documents it can be made available, on request, in alternative formats including Braille, disk and audio-cassette.

Please contact your local equality team for further information or to request alternative formats.

Equality leads in Belfast & Northern Health and Social Care Trust initiated this work on behalf of Health & Social Care Trusts. The guidance was developed as a result of the commitments within the HSC Trusts first Disability Action Plan and the findings of the Audit of Inequalities, as well as research and engagement with colleagues representing the Disability Sector.

The Trusts would like to acknowledge and express sincere gratitude to the wide range of organisations and individuals from the disability sector and other HSC colleagues, who collaborated in the multi-disciplinary Accessible Communications project group. This resource has been greatly informed and enhanced by their knowledge and expertise.

Specific thanks go to:

British Deaf Association (BDA)
Royal National Institute for the Blind (RNIB)
Autism NI
Stroke Association
MENCAP
Disability Action
Royal College of Speech & Language Therapists (RCSL)
Educational Guidance Service for Adults (EGSA)
Co-operation & Working Together Social Inclusion Project (CAWT).

May 2012
(This publication will be subject to annual review)
Contents

Introduction ........................................................................................................................................ 112
What is accessible information? ........................................................................................................ 112
Alternative formats ............................................................................................................................ 112
Why does it matter? ............................................................................................................................ 112
Who: Knowing your audience ............................................................................................................ 112
How to use this guide? ....................................................................................................................... 113

Communicating with deaf and hard of hearing people................................................................. 115

Communicating with deafblind people ............................................................................................ 119

Communicating with people who have Aphasia ............................................................................ 121

Communicating with people with a learning disability ............................................................... 123

Communicating with people who have autism .............................................................................. 126

Communication with people who have a communication difficulty ......................................................... 128

People who stammer ......................................................................................................................... 129

Useful Website Addresses .............................................................................................................. 131

British Stammering Association ....................................................................................................... 131

Appointment letters ........................................................................................................................ 132

Plain English .................................................................................................................................... 134

Appendix 1: Appointment Letter .................................................................................................... 137
Introduction

What is accessible information?

Time and time again in health and social care we have heard that a lot of the vital information we produce is not accessible to all our service users. Sometimes we think as long as we write down information, the recipient will understand it – in fact, the need to communicate starts in the brain and if we have gone as far as producing it in the written word, we may have gone too far! Accessible information is about getting your message across to the largest possible audience.

Alternative formats

General information such as diet sheets, guides on healthy living or treatment guidance are rarely available in other formats. Too often an organisation decides to publish a ‘document’ and then thinks about how to make it accessible. Instead we should decide what information or content needs to be made available and then devise a way of making the content available in a number for forms: web, electronic files, audio, and paper (visual and tactile).

Why does it matter?

Health and Social Care have a duty of care to those to whom they provide services and have a moral and legal obligation to provide information to people in a format that is readily accessible to them. Provision of accessible literature also makes good business sense – Appointment letters which are not provided in an accessible format to the service user may result in non-attendances. Evidently this is not the best use of resources in terms of people, nor time.

Who: Knowing your audience
Everyone has a fundamental right to understand the information that is given to them – different people will have different methods or preferable formats that are more appropriate for them – but essentially people do not have different needs – they have the same need to ‘understand’ the information. Engaging with the service user and asking them what is the best way to communicate with them is the first stage in this process.

How to use this guide?

The guidance is divided into separate sections in accordance with recommendations and good practice on how to meet the needs of individuals with certain disabilities – the guidance is designed to be a quick reference and provides tips on how to make information and communication accessible.
Tip cards

- Communicating with deaf and hard of hearing people
- Communicating with blind or partially sighted people
- Communicating with deafblind people
- Communicating with people who have Aphasia
- Communicating with people with a learning disability
- Communicating with people who have autism (ASD)
- Communication with people who have a communication difficulty – this has been left out.
- Appointment letters
Communicating with deaf and hard of hearing people

There are an estimated 260,000 people who are deaf or hard of hearing in Northern Ireland. There are a great many differences in the causes and levels of deafness so different people communicate in different ways. This can include:

- Use of hearing aid
- Lip-reading
- British/Irish Sign Language
- Speech to text

Tips

- Don’t assume that if someone wears a hearing aid they can hear you
- Find out if you have access to a hearing loop system to assist people with hearing aids
- Make sure you know how to access any portable hearing loops for effective communication
- When talking to a deaf person find out if they can lip read (in writing if you need to)
- Make sure you have the listener’s attention before you start speaking
  Speak clearly but not too slowly.

3 www.actiononhearingloss.org
• Do not exaggerate your lip movements. Do not shout as this is very uncomfortable for a hearing aid user and appears aggressive.

• Use natural facial expressions and gestures.

• Find a suitable place to talk, with good lighting away from noisy areas.

• Look directly at the person and remember to keep your hands away from your face.

• Don’t keep talking if you have to turn your face away.

• Check that the person you are talking to can understand you.

• Be patient - take time to communicate properly.

• If you are talking to a deaf person who is with a hearing person don’t just focus on the hearing person.

• If someone does not understand what you have said do not keep repeating it - try saying it in a different way.

• Speech to text facility.

• Use a Textphone if you and the person you are trying to contact both have one. As some deafblind people may have access to the telephone through their computer and with the use of a Braille display or large character software.

• Contact your Equality team or line manager for advice on booking interpreters or text operators.

**Useful Website Addresses**

*Action on hearing loss*

*Northern Ireland Deaf Youth Association*

*Signature*

*British Deaf Association*
Communicating with blind or partially sighted people
There are an estimated 48,000 people in Northern Ireland with significant sight loss\(^4\). Inaccessible information is one of the major barriers to blind or partially sighted people who usually receive information from us in standardised letter form with 12 point type, which they cannot read. This can result in loss of privacy and dignity, as a friend or relative (even a child) has to read the letter which might contain sensitive information. The economic cost of missing appointments is well known. One reason for missing appointments is not being able to read the appointment letter which has a personal and medical cost to the patient.

Top Tips

- Remember that for each individual concerned their preferred communication format will be very important.

- Ask individuals what their specific requirements are. A simple question like "What is your preferred reading format?" can save a large amount of time and money, and is a legal right for the individual concerned.

- Consider accessibility of printed documents before it goes to print. Clear print should be at least 14 point, in a medium or bold weight.

- Think about the type and quality of paper you print onto as some types of coloured and hand made paper can impair the contrast between the background paper and the text or image being printed. The contrast between text and background should be as high as possible to improve legibility.

- Consider the finish on your paper as this is important. A quality Matt finish works best for most people.

- Consider “Daisy” (digital accessible information system) or MP3 format for material of any great complexity. It facilitates fast and effective reading, easy navigation, indexing and book marking.

\(^4\) [www.rnib.org](http://www.rnib.org)
• Remember that large print is not a precise term, and some people will want a larger font than others. Conventionally, it is defined as 18 point or above.

• Bear in mind that Braille remains a key means of literacy for a number of people, especially but not exclusively, for those who have sight loss relatively early in life. Advances in technology have enhanced the range of communications options open to people with sight loss, but have not replaced Braille anymore than they have replaced print.

**Useful Website Addresses**

[Royal National Institute for the Blind](#)
[Guide Dogs for the Blind](#)
Communicating with deafblind people

Deafblind people have a combined sight and hearing loss, difficulties in communicating and accessing information. Deafblind people may not be totally deaf and totally blind. Many of the UK's 23,000 deafblind people have some remaining hearing and vision. Some, though, have nearly complete loss of both senses. It is always best to check with them for the best way to provide information as each individual will have different needs.

Top Tips

- Do remember that most deafblind people can read braille. Braille is a medium which allows a non-sighted person to read text by touch, and is also a method for writing tactile text. The braille code is physically presented as raised dots, usually arranged in cells.

- Be aware that some deafblind people have a certain amount of hearing and can therefore communicate via standard telephone either with or without hearing aids.

- Always remember to speak clearly and at a consistent pace.

- Always check if the other person can hear and understand you.

- Try to avoid any background noise.

- Use a Textphone if you and the person you are trying to contact both have one. As some deafblind people may have access to the telephone through their computer and with the use of a Braille display or large character software.

- Use Text Relay (known as Typetalk prior to March 2009) to communicate with the deafblind person, if the person you are trying to contact has a text telephone.

5 Deafblind UK
Useful Website Addresses

Sense
Deafblind UK
Signature
Communicating with people who have Aphasia

Aphasia is a communication disability that can occur following a stroke or head injury. It affects a person’s ability to speak, read, write and their use of numbers. There are approximately 10,000 people with Aphasia in Northern Ireland.⁶

People have described it as like always having “a word on the tip of your tongue”.

It will affect each individual differently and is caused by damage to the language centre of the brain and often hides a person’s thoughts, opinions, personality, intelligence and competence – however people with aphasia are intelligent, able to hear, able to make decisions, and able to communicate.

Aphasia is sometimes known as dysphasia.

Top Tips

- Focus on one topic at a time
- Use simple sentences
- Short chunks of information
- Speak in a clear and concise language
- Use pictures that are relevant
- Do not rely on clipart pictures as they are not always helpful.
- Use black writing on a white background
- Embolden key words
- Not too much information on the page
- Use font size 14-18

⁶ www.stroke.org.uk/in_your_area/northern_ireland
• Use a clear font – arial or verdana

• Check the readability of your material. Flesch Kincaid measures readability and recommends the reading level of 5 maximum (a lot of healthcare information is at a level of 9 or 10), The Flesch Reading Ease Score is available on Word

• Use the Plain English Campaign free guide - A-Z of alternative words.

• Use a clear layout

• Don’t use inferences, idioms etc

Important to remember that not everyone that has aphasia can read so for verbal communication:

• Gain the persons attention before speaking

• Slow down overall rate of speech

• Repeat, rephrase if necessary

• Use short pauses

• Emphasise key words in short sentences

• Check understanding

    Ensuring you are facing the person
    Use gesture or body language to back up or reinforce what you are saying.

**Useful Website Addresses**

The Stroke Association Northern Ireland
Connect - The Communication Disability Network
The Royal College of Speech and Language Therapists
Communicating with people with a learning disability

Although there is no definitive data on the prevalence of learning disability in Northern Ireland, McConkey et al 2003⁷ estimated a prevalence rate of 9.7 per1000 (n=16,366). Many people with a learning disability will find reading difficult if the format is not suitable. They may prefer to get information on audio tape or face to face. If you have to produce written information the following tips will make it easier to understand.

Top Tips

- When you are talking to an adult – then treat them like an adult
- Be patient and be prepared to explain something more than once
- Concentrate on using simple language and use words that we use all the time
- Avoid jargon
- Provide leaflets in large print with line drawings- pictures (Easy Read) on the left, words on the right
- Keep text as concise as possible
- Use Font size 16 or bigger and use Arial
- Do not write sentences in capital letters.
- Just have one idea in each sentence.
- Write in short clear sentences.
- Use concepts and terminology consistently throughout the document
- Avoid using slashed constructions such as ‘a and/or b’ use ‘a or b or both’

⁷ www.dhsspsni.gov.uk/prevalence-study-03.pdf
• Do not use abbreviations-use for example, rather than e.g. and do not rather than don’t

• When writing dates use 12 May 2011 not 12th May 2011. Use numerals for numbers not words. 23 instead of twenty three

• Use images or pictures to support spoken or written language.

• Use symbols-Makaton/widgit symbols software

  See below for examples of symbols.

• Use contrasting colours and characters; tactile options, symbols or pictograms to enhance signs. A well designed, legible sign system can benefit everyone by increasing their awareness of surroundings and helping them to get around.

• Use bullets and/or put text in boxes

• Show a clear path through the text

• Consider colour coding, but not exclusively. Use the same colour in the contents and the index page but remember that not everyone can recognise colours. Use full stops and try not to use other punctuation.

• Use active verbs. Verbs are doing words- they describe what someone does. For example, John loves Mary, not Mary is loved by John
• Use bold to highlight important words. Do not use Italics and block capitals as they change the shape of words and can make them harder to read for some people.

• Use images (drawings/photos and symbols to support/prompt text)

• Use abstract symbols only if readers are familiar with them

Useful Website Addresses

Mencap
Widgit - Symbols for Inclusion and Accessibility
N.I. Music Therapy
Photo Symbols
Communicating with people who have autism

There are approximately 20,000 people in Northern Ireland\(^8\) with Autism Spectrum Disorder (ASD)—around 1 in 100. Autism is a spectrum condition, which means that, while all people with autism share three main areas of difficulty, their condition will affect them in different ways.

Communication challenges of ASD vary.

Many people with ASD prefer communicating through the written word rather than face-to-face or over the telephone. This is because communicating in writing does not require the person with ASD to read non-verbal clues such as facial expressions or hand movements. They are not distracted by sensory overload (noises that are peripheral but that they are not able to ignore) and they can concentrate on what they would like to say rather than on the social interaction itself.

Top Tips

- Give people plenty of notice to prepare themselves for an appointment
- Do not change an appointment (without good reason)
- Give as much advance warning as possible, if you do have to change an appointment
- Use clear and accessible language - do not use complicated words, abbreviations, or jargon.
- Use images or pictures to support spoken or written language.

---

\(^8\) www.autismni.org
• Use visual prompts – words followed by a simple visual illustration, as used in easy-read documents

• Use short sentences and allow time for the person to process

• Use bullet points

• Use an uncluttered layout

• Be mindful people with ASD can be sensitive to some sounds, smells etc

• Give people adequate time to read information and to discuss the content with others before responding

• Let people know who they should contact with queries or for more information and what to do if that person is unavailable

• Avoid jargon or abbreviations

• Avoid non-literal language such as metaphors; because of their literal understanding, people with ASD are unlikely to comprehend such phrases

• Don’t rely on something being inferred through language - be explicit.

Useful Website Addresses

Autism NI

Regional Autistic Spectrum Disorder Network for Northern Ireland

Parents Education as Autism Therapists
Communication with people who have a communication difficulty

Communication difficulties may stem from physical, sensory, intellectual, learning or cognitive disabilities. When speech is not an option individuals may use alternative or augmentative communication. This may be a low tech communication chart or a very sophisticated communication aid. Others with throat or mouth cancer may use an artificial larynx or voice amplifier or prosthesis which may sound robotic.

Tips

- Important to give full attention to speaking situations
- Don’t try to do something else at the same time
- Face each other and watch the speaker’s lips
- Give them adequate time to respond
- They may need to write something down if they are having difficulty being understood
- Give people plenty of notice to prepare themselves for an appointment
- Once you have told people when their appointment is, do not change this without good reason.
- If you do have to change an arrangement, give as much advance warning as possible.
- Use clear and accessible language - do not use complicated words, abbreviations, or jargon.
- Try to establish prior to your meeting whether they need a communication supporter to attend with them. This may be a carer or their speech therapist if they are using a technical communication device
- Phrase your questions simply
- If they use a communication device ensure you give them plenty of time to respond
• Understanding the communication environments helps to optimise and maximise communication.

• Environments may include: close communication partners such as family members/carers and close friends, people who know the alternative or augmentative communication speaker e.g. communication charts, VOCA (Voice Output Communication Aid)

A new group has been established in Northern Ireland; Northern Ireland Support for Stammering and Dysfluency, which aims to support people who stammer and improve awareness of stammering and its effects to the wider public. If you would like more information on this Group the contact e-mail is: taylor.moore@hotmail.co.uk

There is a best practice guide for human resource, personnel and line managers: “Recruiting and developing employees who stammer”; http://www.stammering.org/employer_booklet.html.

Useful Website Addresses

The Royal College of Speech and Language Therapists
Connect
Regional Communication Advice Centre
Afasic Northern Ireland

People who stammer

People who stammer may sound very different. Some people struggle to speak and use repetitions, prolongations, "filling-in" words like "well", "um", "you know" or there may just be silence initially because the person is having a silent block. There may be sounds you can't understand, It is important to remember that a stammer may result in silence for a while. Figures on stammering in adulthood show that 1% of the adult population stammers - that's around 459,000 adults in Britain. About 3.5 to 4 men stammer for every woman who stammers.9

9 British Stammering Association
Tips

- People who stammer often find telephone calls more difficult than speaking face-to-face. Some people who stammer find it particularly difficult to speak on the phone.

- It is important to allow the person time to speak. Do not finish their words or sentences.

- Voice recognition systems should include an option to press a key to speak to a real person either in the initial menu or the first time a person is not understood.

- A person who stammers will often need extra time - trying to hurry the person often makes the stammer more severe. Allowing extra time needs to happen informally in individual situations, but also systems may need to be adjusted.

- Don't just hang up and be willing to listen. This is pretty obvious but it does happen.

- Don't say someone else must call.

- Laughing, when talking with a person who stammers, can happen. This may indeed be the listener laughing at the person who stammers. Alternatively the laughter may come from embarrassment on the part of the person listening. Whatever the reason, hearing laughter from someone they are speaking to can be extremely hurtful for the person who stammers. Staff need to be aware of this.

- A possible alternative is to allow the person who stammers to set out the problem/information in a letter or email, and then have a phone call to discuss it. This allows for some discussion while not requiring the person to get over a lot of information through speech. Also a web-based chat service can provide a flexible and immediate way to interact.

- People who stammer can also be disadvantaged by telephone answering machines which cut off after perhaps a couple of seconds of pause in speech. This may terminate the message in the middle of the person trying to say something. The same
applies if the machine has a maximum message length set which is too short.

- A person may well also insert or change words to try and help them speak - eg "Well, my address is..." rather than coming straight out with the address, which they are having difficulty saying.

- In general it's probably best to just wait and let the person say what they want, rather than making a comment.

**Useful Website Addresses**

[British Stammering Association](#)
Appointment letters

Appointment letters which are not in accessible formats are directly linked to an increased level of missed appointments.

Think about how you would make an appointment letter easy to understand and what information you might include.

- Most people want to be able to read their own health information so they can manage their personal health care. They often cannot do this because health professionals do not ask them what format they need, and they themselves often do not feel empowered to ask for it as a right.

- Healthcare professionals need to identify each individual's needs, record their communication requirements and ensure that accessible information is provided.

- Top Tips
  - Don't always resort to paper correspondence – text, email or telephone may be much more accessible
  - Avoid jargon and abbreviations
  - Do not use capital letters throughout a sentence – this means you are shouting at the reader!
  - Don't use italics or underlining – many people rely on the shape of the word to help them read
  - Use Arial font size 14
  - Some information is vital – i.e. when and where is the appointment
  - Don’t overwhelm people with information
  - Show a map of where the appointment is – especially good for people who can’t readily ask for directions
  - Tell people what to expect e.g. x-ray, referral, blood test
• Ask people if they have any specific requirements that will help facilitate their appointment e.g. Communication: Sign Language Interpreter or Minority Ethnic Interpreter, Communication supporter for those who use a communication device. Access: would a Sighted Guide or Volunteer help them to get to their destination? Would they like to avail of Shopmobility?

• Provide them with an alternative means of getting in touch – other than telephone – deaf people may wish to text or use email

• Don’t justify text – writing should be lined along the left-hand side

• Black writing on a white background is easiest to read

• Sentences should have a single message

Please note – a standard appointment letter is available in Appendix 1 and on the Trust intranet
Plain English

Plain English is the standard we must try to use in all our main channels of communication – from appointment letters, information leaflets to our website. Plain English is key to our communication and has enormous benefits. If people understand us, they can access and use our services more easily. The days of writing in complex language that excludes people rather than involves them are over.

Top Tips

- Stop and think before you start writing. Make a note of the points you want to make in a logical order.

- Use short words. Long words will not impress your service users or patients or help your writing style.

- Use everyday English whenever possible. Avoid jargon, acronyms, legalistic words or abbreviations and always explain any technical terms or medical words you have to use.

- Keep your sentence length down to an average of 15 to 20 words.

- Try to stick to one main idea in a sentence.

- Use active verbs as much as possible. Say ‘we will do it’ rather than ‘it will be done by us’.

- Use the personal touch (I, You, We…)

- Be concise and get to the point quickly

- Imagine you are talking to your reader. Write sincerely, personally, in a style that is suitable and with the right tone of voice.

- Remember to proofread

Planning your communication

The following formats should always be considered when producing public information – You need to know your audience to decide what
methods you are going to use to communicate and what would be best and most accessible for them.

- large print is generally 18 to 22 point. (14 point should be standard or near-standard);
- Text or email
- Computer disk, DVD and other digital formats including websites;
- electronically via e-zines
- audio CD-Rom;
- video with either sign language inserts or subtitles, if appropriate;
- Braille;
- Digital Accessible Information System (DAISY);
- Tactile maps, plans or diagrams;
- Easy Read format; and
- Advertising in specialised publications e.g. audio newsletters such as SoundVision Ulster, community radio etc for relevant services or public appointments.
Some examples of easy read symbols:

Eye Test

Hospitals.

Children in care.

Meetings with people

Useful Website Addresses

Plain English

EGSA Connecting Adults with learning

Office for Disability Issues

Easyread Appointment Letters

Appointment letters in various languages
Appendix 1: Appointment Letter

This letter is for Anne Wallace

FRI
Friday

Feb 24
2012

24th February 2012
12.00 noon

Where we will be meeting

Dermatology
Belfast City Hospital
Lisburn Road
Belfast
BT6 0JE

for your skin appointment

For more information please contact Doctor David Murphy

028 90 569687
david.murphy@belfasttrust.hscni.net

Created at www.surreyhealthaction.org
Dermatology Unit, Belfast City Hospital
Part B: ‘Disability Duties’
Annual Report 1 April 2012 / 31 March 2013

Introduction:

Since 1 January 2007, section 49A of the Disability Discrimination Act 1995 has required public authorities, when carrying out their functions, to have due regard to the need to:

- promote positive attitudes towards people with disabilities
- encourage the participation of people with disabilities in public life

Collectively, these are referred to as the ‘Disability Duties.’

Section 49B of the Disability Discrimination Act 1995 requires public authorities to prepare and submit to the Equality Commission for Northern Ireland an action plan indicating how they propose to fulfill their disability duties. The action plan (known as a ‘Disability Action Plan’) forms the basis of the Trust’s work in this area.

Excellent progress continued to be made during 2012/13 in the implementation of the Trust’s Disability Action Plan (DAP). Key achievements included:

- Five year Review of Progress and implementation of the Trust’s 1st DAP
- Pre consultation with key stakeholders to inform the content of the Trust’s 2nd DAP (2012-14)
- Formal consultation on 2nd DAP
- Production of revised DAP and publication of Consultation Outcome Report
- Approval of 2nd DAP by SMT/EMT and Trust Board and submission to ECNI
- Alignment of 2nd DAP with Trust’s Equality Scheme and Corporate Planning Cycle
- Production of Accessible Communication Guidance for HSC staff
- Creation of working groups under the Disability Steering Group.
HSC Trusts continued to work collaboratively on the implementation of the ‘disability duties’ in order to extend best practice across the region. Ongoing engagement with disabled people and representative organisations influenced the review of the 1st DAP and the development and implementation of the 2nd DAP.

1. **How many action measures** for this **reporting period** have been

<table>
<thead>
<tr>
<th>Fully Achieved?</th>
<th>Partially Achieved?</th>
<th>Not Achieved?</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Please outline the following detail on **all actions that have been fully achieved** in the reporting period.

2 (a) Please highlight what **public life measures** have been achieved to encourage disabled people to participate in public life at National, Regional and Local levels:
<table>
<thead>
<tr>
<th>Level</th>
<th>Public Life Action Measures</th>
<th>Outputs(^{10})</th>
<th>Outcomes / Impact(^{11})</th>
</tr>
</thead>
<tbody>
<tr>
<td>National(^{12})</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regional(^{13})</td>
<td>• Regional consultation event 30.5.12 on 5 year Progress Review of 1(^{st}) DAP and agreeing action measures for inclusion in 2(^{nd}) DAP. • Pre and Formal Consultation in order to inform the content and associated action measure for the HSC Trusts 2(^{nd}) DAP: May - October 2012.</td>
<td>Review indicated all actions were achieved during the lifespan of the 1(^{st}) DAP. Action measures for 2(^{nd}) DAP agreed. Public consultation events, one to one meetings with a range of key stakeholders and focus groups. HSC Trusts advised over 700 stakeholder about the</td>
<td>Greater participation of disabled persons in public life and promotion of positive attitudes towards disabled people. 2(^{nd}) DAP amended to reflect feedback from consultees. Additional action measures were incorporated to reflect consultees’ views.</td>
</tr>
</tbody>
</table>

---

\(^{10}\) Outputs – defined as act of producing, amount of something produced over a period, processes undertaken to implement the action measure e.g. Undertook 10 training sessions with 100 people at customer service level.

\(^{11}\) Outcome / Impact – what specifically and tangibly has changed in making progress towards the duties? What impact can directly be attributed to taking this action? Indicate the results of undertaking this action e.g. Evaluation indicating a tangible shift in attitudes before and after training.

\(^{12}\) National: Situations where people can influence policy at a high impact level e.g. Public Appointments

\(^{13}\) Regional: Situations where people can influence policy decision making at a middle impact level
<p>| DAP consultation. HSC Trusts formally consulted June - October 2012. Consultees positively endorsed the collaborative approach by the 5 HSC Trusts, with the ECNI identifying this as a model of good practice. Production of Consultation Outcome Report and correspondence issued to consultees to acknowledge their contribution in the process. Updated regional consultation list. | Common priorities were identified and agreed and incorporated in the 2nd DAP. The regional approach is intended to maximise impacts/outcome for disabled persons whilst ensuring consistency and sharing of good practice across the region. Greater and improved networking with disability sector. |</p>
<table>
<thead>
<tr>
<th>Local&lt;sup&gt;14&lt;/sup&gt;</th>
<th>Local consultation with disability sector and internal consultation with HSC Trust staff on the development of 2&lt;sup&gt;nd&lt;/sup&gt; DAP</th>
<th>DAP approved by Executive Team and Trust Board. DAP uploaded to intranet. Communication issued to inform staff.</th>
<th>Further mainstreaming of disability duties.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Trust Directorate Plans for Personal and Public Involvement (PPI) and Transforming Your Care</td>
<td>Production of local PPI plans to ensure meaningful engagement in the Trusts PPI and TYC agendas.</td>
<td>Facilitation of meaningful engagement in Trust consultative processes. Extension of PPI fora/service user networks. Production of appropriate resources e.g. story boards.</td>
</tr>
<tr>
<td></td>
<td>Production of Trust Reimbursement Policy for Engagement/Consultation.</td>
<td>Guidance on eligibility and payment for service users.</td>
<td>Encourage greater participation of service users including disabled persons in public life. Recognition for contribution made by service users.</td>
</tr>
</tbody>
</table>

<sup>14 Local</sup>: Situations where people can influence policy decision making at lower impact level e.g. one off consultations, local fora.
2(b) What **training action measures** were achieved in this reporting period?

<table>
<thead>
<tr>
<th>Training Action Measures</th>
<th>Outputs</th>
<th>Outcome / Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Delivery of Equality and Human Rights Screening Master Classes – incorporating the disability duties.</td>
<td>3 Workshops held during the current reporting period – approximately 70 staff in attendance.</td>
<td>Mainstreaming of the disability duties into screening and EQIA processes.</td>
</tr>
<tr>
<td>2 Delivery of local TYC workshops</td>
<td>2 Workshops for senior Trust staff and key stakeholders incorporating S75 and disability duties.</td>
<td>Mainstreaming of the disability duties within TYC proposals.</td>
</tr>
<tr>
<td>3 Roll out of Discovering Diversity – E-Learning Disability module</td>
<td>Increase uptake of training by this method.</td>
<td>Promotes positive attitudes toward disabled persons. Improved patient experience.</td>
</tr>
<tr>
<td></td>
<td>Real Network DVD incorporated within Trust Training</td>
<td>Utilisation of additional resources from the disability sector in Trust training programmes.</td>
</tr>
<tr>
<td>4 Delivery of Equality and Human Rights Training combined – incorporating disability duties.</td>
<td>2170 number of staff attended</td>
<td>Promotes positive attitudes toward disabled persons. Further raises awareness of the disability duties amongst HSC staff. Improves staff/patient experience.</td>
</tr>
</tbody>
</table>
5 | Delivery of ‘Making Communication Accessible’ training to Trust Communications Staff | 19 Communications Staff attended this bespoke training course | Increased awareness of accessibility considerations amongst staff responsible for external communication and information

6 | Delivery of disability, human rights and equality training to complaints staff | 15 attended training | Increased awareness of equality, human rights and disability considerations when handling complaints from service users.

2(c) What Positive attitudes **action measures** in the area of **Communications** were achieved in this reporting period?

<table>
<thead>
<tr>
<th>Communications Action Measures</th>
<th>Outputs</th>
<th>Outcome / Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Launch of Accessible Communication Guidance for HSC staff in May 2012.</td>
<td>Resource detailing models of good practice in effective communication. Increased amount of Trust information produced in alternative formats e.g. easy read, larger print, use of sign language interpreters..</td>
</tr>
<tr>
<td>2</td>
<td>Initial work on the creation of an Accessible</td>
<td>Anticipated policy created and adopted in 2013</td>
</tr>
<tr>
<td>Formats policy</td>
<td>in alternative formats; an up to date database of alternative formats materials.</td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td>----------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>3</strong></td>
<td><strong>3</strong></td>
<td></td>
</tr>
<tr>
<td>Specific bespoke training for Trust Communications staff to increase accessibility of communications</td>
<td>19 staff attended training</td>
<td>Greater awareness of accessibility considerations in relation to communication and information.</td>
</tr>
<tr>
<td><strong>4</strong></td>
<td><strong>4</strong></td>
<td></td>
</tr>
<tr>
<td>The Trust's Good Information Group held an Inclusive Communication Showcase event</td>
<td>400 people attended event  The event won a Giving Voice award from the Royal College of Speech and Language Therapists (RCSLT) which funded an information booklet for the attendees.</td>
<td>Highlighted the importance of communication, promoting an Inclusive Communication approach, raising awareness of the ten standards that had been developed for Inclusive Communication and showcasing good practice.</td>
</tr>
</tbody>
</table>
2 (d) What action measures were achieved to ‘**encourage others**’ to promote the two duties:

<table>
<thead>
<tr>
<th>Encourage others Action Measures</th>
<th>Outputs</th>
<th>Outcome / Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Consultation on the Trust’s Placement policy/increasing work placements for people with a disability.</td>
<td>Provision of 15 meaningful placement opportunities for persons with a disability.</td>
<td>Greater participation of disabled persons in public life and promotion of positive attitudes toward disabled person.</td>
</tr>
<tr>
<td><strong>2</strong> Review of Reasonable Adjustment Guidelines for Managers.</td>
<td>Encourages managers to provide timely reasonable adjustments for staff with a disability.</td>
<td>Promotes a more inclusive workplace. Greater retention of staff within the workplace. Improvements to the health and wellbeing of staff.</td>
</tr>
<tr>
<td><strong>3</strong> Maintain Base Line Survey of HSC staff against S75 characteristics.</td>
<td>Encourage staff to self-declare that they have a disability in accordance with the DDA definition of disability.</td>
<td>More accurate base line data on the prevalence of disability amongst staff. Promotes a more supportive workplace. Provides more detailed data for screening and EQIA processes.</td>
</tr>
<tr>
<td>Establishment of Disabled Employee Network (DEN)</td>
<td>A forum for staff to address issues and concerns arising</td>
<td>Network established with work plan. Staff attend regular meetings.</td>
</tr>
<tr>
<td>Promotional material for DEN produced and DEN included as part of all</td>
<td>Leaflets printed All training slides updated Posters soon to be printed</td>
<td>Increased awareness of DEN; increase likelihood of staff attending meetings and increase manager’s</td>
</tr>
<tr>
<td>Action Measures fully implemented (other than Training and specific public life measures)</td>
<td>Outputs</td>
<td>Outcomes / Impact</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>
| Establishment of working groups under the Disability Steering Group to take forward key areas of work | 1. Accessible Communication and Information  
2. Developing an exemplar facility  
3. Employment and Employability  
4. Training and Legislative Reform  
5. Monitoring Disability. | Dedicated working groups concentrating on key areas and driving forward main areas of the Disability Action Plan |
Working groups membership confirmed, work plans approved by Disability Steering Group and work is progressing.

3. Please outline what action measures have been **partly achieved** as follows: Not applicable

<table>
<thead>
<tr>
<th>Action Measures partly achieved</th>
<th>Milestones¹⁵ / Outputs</th>
<th>Outcomes/Impacts</th>
<th>Reasons not fully achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Please outline what **action measures have not been achieved** and the reasons why? **NONE**

<table>
<thead>
<tr>
<th>Action Measures not met</th>
<th>Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

______________________
5. What **monitoring tools** have been put in place to evaluate the degree to which actions have been effective / develop new opportunities for action?

The 5 Year Review of the 1\textsuperscript{st} DAP assessed the extent of progress made during the lifespan of the 1\textsuperscript{st} DAP. This was subject to consultation and HSC Trusts received positive feedback in terms of overall progress. Additional action measures were incorporated in the 2\textsuperscript{nd} DAP following consultation with a wide range of stakeholders. Action measures in the 2\textsuperscript{nd} DAP will be subject to on-going monitoring and review. Progress will continue to be recorded in the Trust’s Annual S75 Progress Report to the ECNI.

(a) Qualitative:
- PPI Initiatives and Consultation processes;
- Update of Themed Inequality Audit;
- Review of complaints/compliments.

(b) Quantitative:
- Performance Indicators in 1\textsuperscript{st} and 2\textsuperscript{nd} DAP; 5 Year Review of 1\textsuperscript{st} DAP;
- Base Line Audit to assess the prevalence of disability amongst HSC workforce; BSTP – Employee Self Service – more accurate and up-to-date staff data on S75 characteristics;
Update of Themed Inequality Audit;  
2011 Census data – utilisation in Screening and EQIA processes.

6. As a result of monitoring progress against actions has your organisation either: 
- made any revisions to your plan during the reporting period or  No 
- taken any additional steps to meet the disability duties which were not outlined in your original disability action plan / any other changes? 

Please delete:  No 

If yes please outline below:

<table>
<thead>
<tr>
<th>Revised/Additonal Action Measures</th>
<th>Performance Indicator</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
7. Do you intend to make any further **revisions to your plan** in light of your organisation’s annual review of the plan? If so, please outline proposed changes?

No