Annual progress report to the Equality Commission for Northern Ireland

1 April 2010 - 31 March 2011
This report template includes a number of self assessment questions regarding implementation of the Section 75 statutory duties from **1 April 2010 to 31 March 2011**. This template also includes a number of questions regarding implementation of Section 49A of the DDO from the **1 April 2010 to 31 March 2011**. Please enter information at the relevant part of each section and ensure that it is submitted electronically (by completing this template) and in hardcopy, with a signed cover letter from the Chief Executive or, in his/her absence, the Deputy Chief Executive to the Commission by **31 August 2011**.

In completing this template it is essential to focus on the application of Section 75 and Section 49. This involves progressing the commitments in your Equality Scheme or Disability Action Plan which should lead to outcomes and impacts in terms of measurable improvement for individuals from the equality categories. Such outcomes and impacts may include changes in public policy, in service provision and/or in any of the areas within your functional remit.

**Name of public authority (Enter details below)**

| Belfast Health and Social Care Trust |

**Equality Officer (Enter name and contact details below)**

| Orla Barron  
Health and Social Inequalities Manager  
First Floor, Graham House, Saintfield Road,  
Knockbracken Healthcare Park  
Saintfield Road  
Belfast BT8 8BH  
Telephone: 028 90960069  
Textphone: 028 90902863  
Fax: 028 9056601  
Email: orla.barron@belfasttrust.hscni.net |

**DDO (if different from above):**
Section 75 Executive Summary

1. **Introduction**

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

The Trust is one of the largest in the United Kingdom with an annual budget of almost £1.1 billion and a staff of 20,000 (full time and part-time). It provides integrated Health and Social Care to 340,000 people in Belfast and Castlereagh and specialist services to all of Northern Ireland.

Since its creation in 2007 from six different Health and Social Care Trusts, the Belfast Health and Social Care Trust has witnessed significant change and increasing financial constraints – this report reflects on a period of most change during this period. At a strategic level, Belfast Trust welcomed a new Chief Executive who took up post in October 2010 and has continued with its strategic direction of reforming and modernising its services.

The Executive Summary sets out below the key policy and service developments made by Belfast Trust during this reporting period to better promote equality of opportunity and good relations:

2. **Corporate commitment to equality**

Belfast Trust Corporate Management Plan is based on the following 5 key corporate objectives and sets out what the Trust aims to achieve against each of them:

- Safety and Quality
- Modernisation
- Partnerships
- People
- Resources.
The plan acknowledges the severe financial pressures and uncertainty about resources in the future and highlights that this makes it all the more important that the Trust focuses clearly on what it is going to do to improve health and well-being and reduce health and social inequalities.

Cognisant of the importance of aligning statutory Section 75 responsibilities within the corporate plan, equality and good relations are mainstreamed and feature throughout the core objectives of the plan to continue to afford them the appropriate strategic importance.

The plan highlights the programme of scheduled Equality Impact Assessments for this period to help deliver on the modernisation of health and social care facilities. The Trust will continue to work in partnership with a range of stakeholders to deliver safe, efficient and improving services. Colm Donaghy, Chief Executive states his own personal view is that there are two sets of stakeholders who can tell him the most – those who receive the service and those who deliver it.

The Trust commits to continue to ensure that it meets its statutory requirements in the development of and consultation on a revised Equality Scheme and to undertake a health and social inequalities audit across the Trusts functions for the nine section 75 categories. The Revised Equality Scheme will be implemented further to Equality Commission approval. The Audit of Inequalities is a living document, which will be revisited and updated on a regular basis.

The Trust will continue to work collaboratively with stakeholders and partners to address inequalities by launching a Trust strategy for inequalities in health, which provides a further framework for action to be taken by the Trust – in addition to the Equality Scheme and Action-based Plan to address Section 75 inequalities.

In order to develop a culture where staff feel valued, recognised and cared for, Belfast Trust will take forward a continuous improvement programme based on the findings of both the regional staff survey. To further promote this culture, the Trust will launch and implement a Health and Wellbeing at Work Strategy. This strategy and Action Plan have been launched and are being implemented.

The Trust recognises the importance of equality of opportunity in learning and commits to implement a range of learning strategies where all staff will be supported in their development.
3. Strategic Reform and Modernisation

3.1 Strategic Services Review

In 2008, Belfast Trust had begun to consult on its direction of travel in *New Directions* which was ‘*A conversation on the future delivery of Health and Social Care Services in Belfast*’\(^1\). In January 2010 a Steering Group was established to lead the Acute Strategic Services Review and was tasked with compiling a plan for a range of Acute Services in Belfast to ensure the continued delivery of safe, high quality, modern and effective health care. This was the most radical and significant change to Health and Social Care provision that Belfast Trust had planned in its relatively brief, but dynamic history. Essentially the crux of the review and subsequent proposals were to develop Centres of Excellence across the acute sites by reducing duplication and fragmentation within service provision and staff cohorts and to optimise the utilisation of resources. The Acute Strategic Services Review multidisciplinary steering group established project teams for each specialty who developed service proposals and defined how they would ensure patients, staff and other stakeholders would benefit from any proposed changes. Health and Social Inequalities and Human Resources were represented on each project group from the outset, as recommended in best practice – this meant equality considerations were mainstreamed from the beginning of the proposal. Each project group also consisted of a service user, service manager, planners and clinicians. Acute Services professionals recognised the importance of having service user representation in the planning, redesign and delivery of acute services.

In July 2010 Belfast Trust opened a public consultation on *Excellence and Choice Right Treatment, Right Place “A consultation to reorganise the delivery of Acute Services in Belfast”*. This provided an overview of the proposed changes and was complemented with individual service proposals on General Surgery, Vascular Surgery, Gynaecology, Urology, Ears, Nose and Throat, Ophthalmology, Adult Rheumatology and Dermatology and Cardiology. In keeping with Equality legislation, the Trust assessed each proposal for equality implications and undertook Equality Impact Assessments on each of the service proposals,\(^2\) as necessary. The Equality Commission and Trust’s Equality Scheme recommended a minimum of an eight week

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\(^1\) New Directions – [www.belfasttrust.hsni.net](http://www.belfasttrust.hsni.net)

\(^2\) All of these documents are available to download at [http://www.belfasttrust.hsni.net/about/RightTreatment-RightPlace.htm#documents](http://www.belfasttrust.hsni.net/about/RightTreatment-RightPlace.htm#documents)
consultative period – however the Trust having engaged in pre-consultation and taken account of feedback, extended this consultation period to 16 weeks until 31 October 2011.

At the close of the consultation the Trust considered the response and feedback and responded individually to each consultee detailing consideration of their feedback and the Trust’s response. A consultation outcome report was prepared and presented to Trust Board for their approval in December 2010. Trust Board approved the proposals. The service reorganisation would involve two phases.

### 3.2 Phase 1 and 2

**Phase 1** includes ENT & Paediatric ENT, General Surgery & Vascular Surgery, Gynaecology and Urology, for which there was limited capital investment required.

**Phase 2** requires capital investment, includes Adult Rheumatology & Dermatology, Cardiology, Ophthalmology and some Children’s services.

Services in Phase 1 established their project implementation teams and developed comprehensive plans for implementation.

In order to facilitate the logistical and physical move of services and in line with the strategic direction to centralise where necessary and localise where possible, the Trust has reviewed its outpatient services with a view to reconfiguring them in a non-acute setting in one of the seven state of the art facilities across Belfast. Each of these proposals has been subject to equality screening and local engagement and involvement with service users and staff and Trade Unions.

### 3.3 MORE/Comprehensive Spending Review

In addition to this strategic review of its acute services, Belfast Trust has continued to respond to the financial challenges set by the Comprehensive Spending Review through its MORE programme (Maximising Outcomes, Resources and Efficiencies). Across the Service and Corporate groups, teams have come together to formulate proposals to help achieve the necessary efficiencies – this has also been an opportunity to look at better ways of working and improved productivity. Each of these proposals have been assessed in terms of:
Through the screening process and where appropriate, a full Equality Impact Assessment has been undertaken.

This has facilitated meaningful and invaluable feedback from service users, the community and voluntary sector and the Trade Unions. The Trust is confident that their input and engagement has helped shape the future delivery of modern, high quality service across Belfast and further afield in terms of the regional services.

Progress on the effectiveness of the MORE Programme has been monitored. The MORE programme will continue but has undergone some changes to further improve the process. The Chief Executive now chairs the MORE Programme Accountability Board.

4. **Equality Impact Assessment Programme**

During this reporting period, twelve Equality Impact Assessments were underway – nine of which emanated from the strategic review of acute services as aforementioned and three other service proposals.³

5. **Closure of Shankill House EPH & move to supported housing**

One of which focused on a proposal for the introduction of supported housing for Older People who had previously lived in Shankill Elderly Person’s Home – this was further to the public consultation in January 2010 and marked a further stage in the Trust’s strategy to reshape services for older people seeking to maintain older people in their own homes by a network of care services that enable them to maintain their quality of life and independence.

³ The 3 EQIA’s referenced in this section are available to download at http://www.belfasttrust.hscni.net/about/Consultations.htm
The proposal sought to facilitate greater flexibility and choice for residents. Supported housing by its nature allows the service user and their families enhanced right to private and family life and a greater opportunity for residents and families to provide care and support. Having assured itself that the Equality issues and processes had been met, the Belfast Trust Board approved the recommendation to proceed with the proposed closure of Shankill House Elderly Person’s Home and move to the provision of supported housing in partnership with Helm Housing in June 2010.

6. **Acute Mental Health Inpatient Unit**

Another concluded on the findings from the consultation process on the proposal to build an acute mental health inpatient unit at Belfast City Hospital and outlined the decisions made by Belfast Trust Board. If approved, it was proposed that this new single purpose built unit would be designed to accommodate for and cater to the delivery of a whole new care pathway, based on the recovery model and of a much enhanced experience in the day-to-day life of those acute mental health patients who need inpatient treatment. It is envisaged that a single Psychiatric Intensive Care Unit (PICU) for the Belfast Trust would be co-located with this new purpose built unit.

The Trust worked in partnership on an ongoing basis with its stakeholders – service users, carers, staff and Trade Unions. The Trust has appointed a Mental Health Service User Consultant to sit on the Management Team and have close working links with Carer Advocacy groups – all of whom sat on the multi-disciplinary project group.

The Trust consulted with all those on its Equality Scheme and those groups who had expressed an interest on being on the Trust’s consultation and/or mailing list.

All consultees were sent a letter setting out the background and purpose of the EQIA, what it contained, the information the Trust sought views and comments on, how to access the document online from the Trust website and who to contact to request a hard copy.

A list of key stakeholders and those involved in the previous Equality Impact Assessment on the reconfiguration of acute psychiatric inpatient and day patient services from Windsor House were issued with a full copy of the Equality Impact Assessment document.
A comprehensive range of consultation arrangements were put in place and as a result, the Trust welcomed a significant volume of responses. Having considered the responses and feedback, it was recommended that the Trust proceed with the acute mental health inpatient facility at the Belfast City Hospital. The former Minister for Health and Social Services and Public Safety confirmed in his last capital plans before he left office in March 2011, that funding would be made available for this facility.

7. Children and Adolescents Mental Health Services

The Trust issued an Equality Impact Assessment for consultation on 9 March 2010 regarding the proposed relocation of its Children and Adolescents Mental Health Services (CAMHS) Tier 3 Outpatient Services from three existing sites to a centralised site, with Outreach Clinics provided at Health and Well Being Centres and other CAMHS locations across Belfast. The Trust wishes to provide a model of best practice for CAMHS Users and Staff. The Trust believed that this would be achieved by localising services where possible and bringing together it’s two outpatient teams based at the three sites, to a single team based at one site.

The Trust followed a similar model of communication and consultation as previously detailed – however used the recommendations in Lets Talk, Lets Listen from the Equality Commission Guidance on how best to engage with young people. The Trust held a public meeting with key stakeholders and interested individuals and organisations on 14 April, and individual meeting’s and focus groups. Comments were recorded and considered together with those written responses which were submitted. The Trust received thirty-three written responses on the EQIA and these were carefully considered along with the information provided and the representations made by consultees in follow up meetings.

The refurbished building on the Forster Green site would allow for the centralisation of services with a single point of access and would support the ‘outreach’ model as recommended by Bamford in terms of CAMHS but, the Trust recognised that it would be inaccessible to both staff and service users with a mobility disability. The Trust gave a great deal of consideration to this barrier and initially considered that a reasonable

http://www.equalityni.org/archive/LetsTalkLetsListen(Final).pdf
adjustment would be to provide services on the same site in a nearby building.

The Trust having carefully considered the submissions made in response to the EQIA consultation and the Equality Commission Guidance to the Statutory Duties Section 75 of the Northern Ireland Act 1995\(^5\) considered that this proposal should be subject to review and that further engagement should be undertaken with key stakeholders. A number of issues had been raised, including the Disability Access issue.

Therefore the recommendation was made that the proposal to move to the Forster Green accommodation would not be approved, and the need for further consultation and engagement with key stakeholders to formally review the current proposals and to bring forward revised service proposals and Equality Impact Assessment.

8. **New Equality Guidelines**

In April 2010 the Equality Commission of Northern Ireland issued new guidance on the implementation of Section 75 for public authorities, based on the findings of the Effectiveness Review of Section 75.

Regional Equality Leads worked together with the Department of Health and Social Services and Personal Safety to host a regional event in partnership with the Equality Commission for Northern Ireland to alert senior policy makers across the HSC of key changes to the Section 75 guidelines and the requirement to revise their Equality Scheme. The Effectiveness Review had been the impetus for these changes – one of the recommendations of which was to conduct an Audit of Inequalities.

9. **Revised Equality Scheme**

In October 2010, the Equality Commission notified the Trust’s Chief Executive of the need to produce a revised Scheme as per Schedule 9 3(1) (b) of the Northern Ireland Act 1998. This constituted a significant programme of work for Health and Social Care organisations who were selected to proceed in the first tranche of production of revised Equality Schemes and Action-based Plan.

The Trust based the revised Equality Scheme on the model Scheme – the Equality Scheme is essentially the framework for how the Trust fulfils

\(^5\) [http://www.equalityni.org/archive/LetsTalkLetsListen(Final).pdf](http://www.equalityni.org/archive/LetsTalkLetsListen(Final).pdf)
its statutory responsibilities under Section 75 of the Northern Ireland Act 1998 and a public expression of the Trust’s ongoing commitment to actively promote equality of opportunity and good relations in all their interactions with service users, staff and other key stakeholders.

The draft Scheme was presented to Trust Board in December 2010 for approval to be issued for consultation and again presented to Trust Board in April 2011 as amended after consultation. Trust Board approved the Scheme for submission to the Equality Commission.

10. **Audit of Inequalities**

The Equality Commission recommended that Public Authorities undertake an Audit of Inequalities to inform the development of their Action Plans required to be incorporated within the New Revised Equality Schemes. The Audit of Inequalities is a systematic review and analysis of Inequalities which exist for Service Users and those affected by Public Authorities policies. This is a developing process and Public Authorities should focus on priorities and outcomes improving over time. Health and Social Care organisations worked collaboratively to debate and scope how an Audit of Inequalities would be best effected. The Trusts engaged with the Equality Commission to ensure that their proposed approach to this piece of unprecedented work was in keeping with the Commission’s vision.

Whilst it was crucial in terms of resources and efficiency that HSC organisations worked collaboratively on the audit, it was also imperative to capture the organisational and local aspect of any inequalities – specific to Belfast Trust and its functions.

The Director of Human Resources supported by the Co-Director and the Health and Social Inequalities Team has responsibility to lead this programme of work. A co-ordinated approach was undertaken by the Health and Social Inequalities team to engage with services across the Trust to glean what were the key inequalities that from their experience and engagement with service users. This work was overseen by a multi-disciplinary group established specifically for the programme of work – comprising representatives from Equality, Human Resources, Communications, Complaints, Health Improvement, Community Development, Information Systems, Health Records, Service Groups and Trade Unions. This group and the associated programme of work reflected the corporate commitment to fulfilling the Commission’s
recommendations and developing a robust and comprehensive Audit of Inequalities with which to inform and establish the Action-based Plan.

Belfast Trust engaged with consultees from the outset by informing them of the programme of work and inviting them to participate. The Trust continued to engage in a myriad of forums and methods with Section 75 representatives to ensure that the audit was reflective of their experiences and perspectives. Belfast Trust is mindful that the audit must be on a developing process and it should focus on priorities and outcomes improving over time.

11. **Article 55**

The Statutory Annual Monitoring Return was completed and submitted to the ECNI in May 2010. In December 2010 the Trust’s first Article 55 Review was completed and submitted to the ECNI, following consideration and approval by Trust Board. The Trust has been informed that the review is in compliance with the legislation. An Action Plan is being developed to take forward issues identified in the Review and the ECNI will provide detailed feedback locally and regionally to the HSC sector to further inform the action required.

12. **Migrant Workers Charter**

In association with Business in the Community Belfast Trust signed up to the Employers’ Charter for Employing Migrant Workers in Northern Ireland and has established a Working Group to develop and implement an Action Plan to progress this initiative.

13. **Employment Equality and Diversity Plan**

The Trust’s first three year plan was developed in accordance with the requirements of each of the equality and anti-discrimination laws in Northern Ireland and with the good practice recommendations of the Equality Codes of Practice and the Equality Commission’s Unified Guide. The aim of the Plan is to assist the Trust:

- To promote equality of opportunity in employment for all persons
- To promote Best Practice with regard to all of its employment policies and practices across the full range of Section 75 equality categories
• To ensure that its employment policies and practices meet legal requirements across all Section 75 equality categories

• To create an environment where diversity is promoted and managed and all staff value people’s differences.

The three year plan ended in 2010 and all the objectives were achieved during the period. The implementation of the Plan was monitored on a six monthly basis by the Trust’s Workforce Governance Policy Sub Committee. Progress was reported against all the objectives and communicated throughout the Trust via a number of mechanisms including the Intranet, presentations and training programmes. Work commenced during the period on the development of the Trust’s second Employment Equality and Diversity Plan which will be implemented between 2011 and 2014.

14. **Opportunity Now - Gold award**

The Belfast Trust was one of 76 organisations across the UK taking part in the Business in the Community – Opportunity Now national benchmarking survey to measure its level of equality and diversity in the workplace. The Belfast Trust is one of only three organisations in Northern Ireland (and 18% throughout the UK) to achieve a gold award at this time. Deborah McConnell, Campaign Manager for Business in the Community commented “we’re delighted that yet again our Northern Ireland companies are leading the way with some exceptional results. Congratulations to the Belfast Trust for its leadership in positively addressing diversity in the workplace. The true business benefits of developing an engaged and inclusive workplace cannot be underestimated and these organisations are ahead of the game in showing great examples of best practice in this area”.

![Image of three women holding an award]

13
15. **Improving Working Lives**

The Trust has a range of Improving Working Lives initiatives in place to assist staff in having a worklife balance, whilst ensuring service provision.

16. **Employability (children in care)**

The Trust is currently working to achieve the PfA target to, “Ensure that 70% of all care leavers aged 18-21 are in education, training or employment” (ETE). Childrens’ Services have engaged with Opportunity Youth and Include Youth to ensure a tailored employability service is provided to our children and young people in care. This work has been supported by HR colleagues. A four step employability model has been developed:

1. **Exploration**: helping the child/young person develop basic employment skills and develop a clear idea of preferred career path

2. **Pre-vocational**: helping to determine a clearer understanding of the preferred career choice and gain placement experience

3. **Vocational Pathway**: provision of vocational training or accessing education

4. **Employment/college ready**: supporting the child/young person gain employment or access Further/Higher Education.

The model developed is in response to Care Matters – a bridge to a better future (2007) which set out the inequalities faced by young people in or leaving care.
17. West Belfast and Greater Shankill Health Employment Partnership

The Partnership was created by Belfast Trust, trade union UNISON and the local community through the West Belfast Partnership, The Greater Shankill Partnership, and the West Belfast and Greater Shankill Task Force bodies of the Employment Services Board and Employer’s Forum. The Partners were invited to an event in Stormont to celebrate the success of the West Belfast and Greater Shankill Health Employment Partnerships, where local decision makers were urged to adopt a radical new approach to tackling unemployment in the most deprived areas of Belfast.

A recent independent evaluation of the Health Employment Partnerships found that the programme has been ‘uniquely impressive’ and ‘value for money’.

Marie Mallon, Director of Human Resources, said ‘Health Employment Partnerships can make a real difference to the lives of the individuals and the community and from an employer point of view we are delighted with the contribution these staff can make to the services we provide to our patients and clients’.

The evaluation of the West Belfast and Greater Shankill Health Employment Partnership concluded that the programme has produced a range of positive results such as:

- 143 people got jobs with the Belfast Trust – most of these people had experienced long term unemployment and barriers to getting jobs
• 316 lower paid staff in the Trust received additional training to help them develop their careers

• £385,000 each year – the estimated Government saving on benefits such as Job Seekers Allowance, Income Support and Incapacity Benefit

• Up to £1.48 million each year – the added economic impact on the local economy in West Belfast and Greater Shankill.

The Partnership is now keen to extend the programme, creating opportunities for people living in deprived areas throughout Belfast.

18. **Northern Ireland Health and Social Care Interpreting Service**

Belfast Trust manages the Northern Ireland HSC Interpreting Service on behalf of the region. The Service continues to evolve and develop in line with the changing demographics of Northern Ireland. The register of interpreters has risen to 317 accredited interpreters and the service can now provide 36 different languages. Taking account of the evolving and increasing demand for the service since its creation in 2004, the Trust has engaged with the Health and Social Care Board during this reporting period to look at the development of a regional strategy for minority ethnic interpreting, to ensure consistency and good practice and that the service and dedicated resources meet the needs of the increasingly diverse population in Northern Ireland.

19. **Not Just Health (Inequalities Strategy)**

Belfast Trust has devised a strategy for addressing the broader socio-economic inequalities in health, providing a framework for action to be taken by the Trust to address a key element of its overarching purpose of reducing inequalities in health.

This Action Plan includes steps to:

• Maximise early childhood development

• Launch a Travellers Health Strategy

• Produce a revised Equality Scheme and an Action-based Plan to address Section 75 inequalities
• Address inequalities in cardiovascular disease in the implementation of the Cardiovascular Health and Wellbeing Service Framework

• Reduce our carbon footprint

• Strengthen employability programmes.

Belfast Trust acknowledges and strives to work collaboratively on socio-economic inequalities and Section 75 inequalities, due to the frequent intrinsic link and direct corroboration between the two. Closer links have been forged between Health and Social Inequalities, Community Development and Health Improvement Teams and joint programmes of work undertaken.

20. Inequalities Forum

An Inequalities Forum has been established and is chaired by the Chief Executive. The aim of the Forum is to drive the implementation of the Not Just Health Strategy and to oversee ongoing fulfillment of the statutory Section 75 duties to ensure that Belfast Trust plays its role in addressing inequalities in health, working in partnership with other agencies and sectors. Membership includes Non-Executive and Executive Directors, the Associate Medical Director for Public Health, Co-Directors from HR (Health and Social Inequalities), Mental Health, Maternity Services, Children’s Services and Older People’s Services and a range of senior managers and clinical representation, representatives from the Public Health Authority, Patient Client Council, Unison and the Local Commissioning Group.


The Belfast HSC Trust Traveller Health Strategy was developed in 2010 in response to consultation with the Traveller community and Traveller Support Group An Munia Tober. The Trust Traveller strategy evolved in 2008 when the Trust engaged and consulted with a number of user groups, including the Traveller community to inform the development of the Trust’s “Involving You – A Framework for community development and user engagement. This document outlined the Trust’s approach to community service user involvement and carer involvement in the planning, design and delivery of services. Following this, a Belfast Trust Traveller Health Steering Group was established to look at the Traveller
issues identified and how the Trust could support improvements in the health and wellbeing of the Traveller community. In early 2010, the Trust developed the Health Inequalities Strategy which incorporated a commitment to progress a Traveller Health and Wellbeing Action Plan. A Trust Traveller Health Operation Sub Group has been developed to oversee the implementation of the Traveller Health and Wellbeing Action Plan.

The focus of the Traveller Strategy is:

- To improve access to Trust Services
- To raise awareness of health and social needs of Travelling community
- To develop cultural sensitivity
- To improve information/communication
- To build better relationships
- To explore established models of good practice within Belfast, N.I and further a field with a view to developing in the Belfast Trust area.

This year, two Traveller Health advocates have been recruited by the Trust to contribute to the promotion and understanding of Trust Health and Social Care services throughout the Traveller Community in Belfast to ensure that Travellers have equal access to Health and Social Care service provision. The Advocates will also provide information and signpost Travellers to Trust Health and Social Services to increase Travellers’ understanding of the roles and responsibilities of different Trust services.

22. Disability Steering Group

The Trust has a Disability Steering Group to oversee its action on all the legislative requirements and best practice associated with the Disability Discrimination legislation. The Group comprises Trust employees and representatives from a range of disability organisations. The Director of Nursing and User Experience chairs the group.
The Group oversees implementation of the Disability Action Plan at a local level and is regularly updated on the regional actions of the various workstreams. The five workstreams on the core objectives are:

- Staff training and development
- Communication
- Employment
- Encouraging Participation
- Mainstreaming and Monitoring.

The Group is also charged with leading policy development on Shopmobility, Employment of People with disabilities and establishing a forum for staff with disabilities. The Group has also commissioned the creation of a sub-group to lead on access.

The Disability Action Plan was due to expire on 31 December 2010 – but regional Trust Chief Executives wrote to the Equality Commission to extend this period until May 2012 so as to allow more cohesion with the Action-based Plan and corporate plan. The ECNI approved this request.

23. **Access Audit Group**

The Disability Access Audit sub-group was established to help inform the Trust’s Disability Steering Group’s strategies and activities in the continuous development of its Disability Action Plan. A disability access audit pilot was carried out in the Eye, Ear, Nose and Throat department of the Royal Hospitals and good practice guidance was produced for widespread dissemination across the Trust, after it was presented and approved by the Disability Steering Group.

24. **Equality and Human Rights Steering Group**

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. The revised Equality Scheme, Audit of Inequalities and Action-based Plan are among some of the core items on the agenda. A range of guest speakers and attendees are invited to come to discuss issues with the group and propose joint courses of action.

25. **Mandatory Equality Training**

Mandatory Equality Training for staff and Managers has been in place for some time. A review of all equality training was conducted during the period with the objective of creating additional access to training and to streamline the training into a “one stop shop” so that Staff and Managers receive a comprehensive briefing covering equality relating to both Employment Equality and Section 75, including Good Relations and Human Rights. During the reporting period 419 staff and 79 managers were trained – and a programme of training is being rolled out to provide increased mandatory equality training. In addition a menu of training courses covering a range of equality issues is provided and online equality training is being further developed and promoted. A full evaluation of equality training will take place in September 2011.

**What are the main initiatives planned in the coming year to ensure the authority improves outcomes in terms of equality of opportunity and good relations for individuals from the nine categories covered by Section 75?**

The main initiatives planned in the coming year to ensure the Trust improves outcomes in terms of equality of opportunity and good relations for individuals are set out within the Trust’s overall corporate management plan and detailed within the directorate management plan.

Activity for the forthcoming year has been very much needs-led – in that the Audit of Inequalities has determined the actions detailed in the regional and local actions for each of the Health and Social Care Trusts. These proactive activities will be progressed in conjunction with the timetable of activities contained within the Equality Scheme, which facilitates compliance with the statutory duties and the new guidance for public authorities.
Implementation of the Revised Equality Scheme

In line with the Equality Commission’s requirements, the Trust submitted its revised Equality Scheme for consideration and approval to the ECNI on 1 May 2011. The Scheme will undergo a desktop audit process and the Equality Commission have derogated special powers to a sub-committee to be in a position to approve the designated authorities’ revised Schemes.

At the time of compiling this report, it is envisaged that it will be at least three months before the Trust’s revised Scheme is formally approved. The Trust sought clarity from the Commission as to whether the Trust should fulfil the commitments contained within the revised Scheme on its submission however, the Commission have advised that the new Scheme should not be implemented until it is formally approved.

Once the Scheme has been approved, the Trust will immediately implement its activity schedule within the Scheme to train on and communicate the new elements contained therein. Given the size of the Trust and its some 20,000 employees, this will involve a considerable volume of activity in terms of communication and ongoing training.

The Trust will use a variety of methods to raise awareness on the production and approval of the revised Scheme which will involve:

- Chief Executive Briefing
- Email
- Intranet
- Mandatory equality training
- Payslips
- Corporate Induction.

A specialist screening and Equality Impact Assessment master class for policy authors and other appropriate staff will be designed and delivered in Autumn 2011. A new Equality Scheme Summary will be devised and issued to all staff within three months of approval of the Scheme.
A training pack on Section 75 for Personal and Public Involvement Leads to build capacity within PPI Panels and this will be issued, subject to ECNI approval of the Scheme.

The approved Equality Scheme and Equality Scheme summary will be published on the Trust intranet and the public domain of the Belfast Trust website [www.belfasttrust.hscni.net](http://www.belfasttrust.hscni.net). The single consultation report and Action-based Plan and Audit of Inequalities have already been uploaded, with the draft Scheme.

One of the fundamental changes will be changes to the screening template and the production of quarterly reporting of screening outcomes to reflect the new guidance for public authorities on the implementation of Section 75.

The Trust has commissioned the production of an easy read version of the Scheme – the Trust’s normal protocol is to produce alternatives on request in line with most effective use of resources, however given that the nature of the Scheme and its strategic importance, the Trust has proactively commissioned this alternative format without any such request for it.

The benefits of collaborative working and maximisation of resources has long since been recognised as effective in the pursuit of fulfilling generic equality and good relations responsibilities in Health and Social Care. Health and Social Care organisations have worked together on the fulfilment of these statutory duties since the introduction of the Section 75 legislation in 1998 and the production of the first generation of Equality Schemes across the HSC sector in 2000. This has been mutually beneficial and has facilitated sharing of good practice and joint ownership of generic issues, very often in unprecedented pieces of work.

Production of second generation Schemes and Action-based Plans were also progressed on the basis of collaborative working. Equality Leads will meet in July 2011 to commence work on the new screening template and the design of quarterly reports, along with implementation of other requirements to ensure consistency and to consider best practice which are currently used.
27. Implementation of Action-based Plan

Equality Leads from the five Health and Social Care Trusts worked closely on the production of their Action-based Plan – in particular the regional actions. This was deemed to be the most appropriate modus operandi, given the similarity of their core functions and the common priorities for action which emanate from the DHSSPS and the Programme for Government.

- A joint working approach allowed for mutual consideration of the Audit of Inequalities and responses and feedback and a regional perspective on the key priorities.

- In the coming year between April 2011 and March 2012, the Trusts have committed to agree and implement a Health and Social Care Action Plan to meet Trust responsibilities to homeless and potentially destitute non UK nationals. The Trusts have also committed to provide training for staff in human rights re: homeless non UK nationals.

- Regionally the Trusts are involved in a programme with National Children’s Bureau and Barnardo’s and the Trusts have committed to develop an Action-based Plan to address key inequalities which have been identified in the research produced by Diversity in Action Northern Ireland.

- Belfast Trust along with South Eastern and Southern Trusts are also working on a pilot based on work on the development of common ethnic monitoring information routinely available on Health and Social Care information systems. This will be done in partnership working with NICEM, OFMDFM, NISRA and the DHSSSPSNI. The timeline for this will be September 2011 and this will be a three year project which will be subject to quarterly monitoring.

- The Employment Equality Diversity plan for 2011-2014 will commence implementation covering a range of equality diversity objectives to be achieved over the three year period. One of these is to implement a regional Flexible Retirement policy.

- Other important commitments in 2011 and over the lifespan of the Action Plan (until 2014) include the increased provision of
mandatory equality training for staff which will include anti-racism and anti-sectarianism, the design of quarterly reports and revised screening templates. An ongoing important pledge by Health and Social Care Trusts will be the regular update to the Audit of Inequalities to ensure that there is consistent, current and meaningful information therein.

- Trusts will also work collaboratively on the annual update of a regional consultation list to ensure consultation is effective and contact details are up-to-date.

- Belfast Trust manages and oversees the running of the Northern Ireland Health and Social Care Interpreting Service on behalf of the regional HSC sector. It has been recognised that after the Review of Public Administration, there has been a lack of consistency in guidance for Health and Social Care staff with some deviations across legacy Board and Trust areas. The NI HSC Interpreting Service will continue to deliver Working Well with Interpreters.

- Belfast Trust had met with colleagues at the Equality, Human Rights and Legislation Unit, DHSSPSNI to pursue the idea of a regional strategy to underpin the delivery and receipt of interpreting services in Health and Social Care in Northern Ireland. Trust and Northern Ireland HSC Interpreting Services representatives subsequently met with the Regional Health and Social Care Board to discuss the future direction of the NIHSCIS. A review of Interpreting and Translation provision in Health and Social Care will be undertaken in the latter part of 2011.

- The Northern Ireland Health and Social Care Interpreting Service have committed to review its Code of Ethics on an annual basis and will continue to develop its register of interpreters to match the increasing demand and breadth of languages. This will be done on an ongoing basis and will be in conjunction with needs assessment.

- In terms of Sign Language Interpreting, the Northern Trust has committed to progress the development of a Regional HSC Sign Language Interpreting Service by December 2011.
• A multi-cultural handbook for HSC staff which will contain guidance on religious, cultural and spiritual needs of new and emerging Black and Minority Ethnic communities will be produced by 2012.

• A new information pack for new and expectant mothers from emerging black and minority ethnic communities will be produced by 2012 through a partnership working initiative with South Eastern, Western and Southern Trusts and Black Minority Ethnic representatives (to be confirmed).

• Equality Training will be evaluated and the online training package Cylix will be formally assessed over the summer months of 2011.

• An easy to read Health and Social Care procurement guide will be produced in conjunction with PALS (Procurement and Logistics Service) and the HSC sector.

• The Trust will ensure arrangements for monitoring progress of the actions in the Action-based Plan and the timetable for implementing the Scheme and the Plan will be updated as necessary.

• One of the core issues raised by the Audit of Inequalities was that of accessible communication. Belfast Trust committed to lead on a regional piece of work to develop new guidance for staff on the production of accessible information and the design of good practice templates for appointment letters. A multi-agency, cross sectoral group will be devised involving RNIB, Stroke Association, Royal Society for Speech and Language Therapists, Disability Action, Action on Hearing Loss, EGSA (Education for Adults), CAWT and Health and Social Care professionals including Health and Social Inequalities, Communications, Information Systems, Complaints, Health Records and Equality. The timeline for this work to be completed is May 2012 and it is envisaged that the end product will facilitate the production of best practice guidelines and minimum standards in information – so that people with learning disability, sensory impairment, low literacy levels of those who are not fluent in English will have equality of access to Health and Social Care information.

• In terms of access to the complaints process, a DVD will be produced on how to make a complaint to enable people from the deaf community to provide constructive feedback and complaints
and compliments and this good practice will be a regional resource which will be available by May 2012.

- Belfast Trust will also work on the development of an easy read library and a database of translated Health and Social Care materials on behalf of the region.

- One of the core pre-requisites is to ensure that the Trust’s Section 75 Action Plan is integrated into the Trust’s Corporate Plan and Disability Action Plans. Equality Leads will work in conjunction with corporate planners to progress this work.

- Similarly to previous years, the Trust will produce and annual Progress Report to the Equality Commission, along with regular reports to the Trust Executive Team and Trust Board.

28. Regional Interpreting Service

As detailed above, Belfast Trust and the Interpreting Service are keen to outline a strategy for development and delivery of the service as it continues to evolve and grow. The Trust believes that it is particularly important that stock is taken of the current model of provision of interpreting, including service delivery and payment arrangements, as a basis for developing a model to meet future needs for access to health and social care through a service which is equitable, high quality and value for money.

29. Progressing Good Relations

The Trust has committed to developing and consulting on a good relations strategy for the Trust in terms of staff, service users and other stakeholders. The Trust has established a steering group and working group to take forward development of the strategy. The Trust has engaged the Community Relations Council in their meetings and sought representation from across the Trust to ensure that achieving good relations is taken forward as a corporate objective. It is projected that this strategy will be issued for consultation in early 2012.

30. Reform and Modernisation

As detailed within the Executive Summary Equality considerations are an integral aspect of the Trust’s Reform and Modernisation programme. In 2011/12 this will include the implementation of the Acute Services
Review, and proposed service developments in unscheduled care and older people services.

Please give examples of changes to policies or practices which have resulted in outcomes. If the change was a result of an EQIA please tick the appropriate box in column 3 and reference the title of the relevant EQIA in the space provided below:

<table>
<thead>
<tr>
<th>Persons of different religious belief</th>
<th>Outline change in policy or practice which have resulted in outcomes</th>
<th>Tick if result of EQIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Completion of Article 55 Review and out workings of same in partnership with the Equality Commission for NI</td>
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<tr>
<td>• Creation of Good Relations Steering Group</td>
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<tr>
<td>Persons of different political opinion</td>
<td>• Development of Good Relations Strategy</td>
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<tr>
<td>Persons of different racial groups</td>
<td>• No Recourse – Action Plan Directors of Social Care</td>
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<td></td>
<td>• Creation of Inequalities Forum</td>
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<td></td>
<td>• Review of Multicultural Handbook</td>
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<tr>
<td></td>
<td>• Review of Code of Practice for Regional Interpreting Service</td>
<td></td>
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<tr>
<td></td>
<td>• Ongoing development of the NI Health and Social Care Interpreting Service to address new emergent BME &amp; MW language needs</td>
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<tr>
<td></td>
<td>• Mental Health and Speech and Language Training – Professional Development for Interpreters</td>
<td></td>
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<tr>
<td></td>
<td>• Employment of Traveller Health Liaison Officers (BHSCT Traveller Health Strategy)</td>
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<td></td>
<td>• BHSCT Migrant Workers Forum and sign up to BITC Migrant Workers Charter.</td>
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<tr>
<td>Persons of different age</td>
<td>• Review of Retirement Policy in light of Government removal of</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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<tbody>
<tr>
<td>Default Retirement Age</td>
<td>Review of Flexible Retirement Policy</td>
</tr>
<tr>
<td></td>
<td>• Children in Transition from Care Project</td>
</tr>
<tr>
<td>Persons with different marital status</td>
<td>• Work Life Balance – Review of suite of 8 WLB flexible working Policies to reflect changes in legislative framework</td>
</tr>
<tr>
<td>Persons of different sexual orientation</td>
<td>• LGBT – Training in partnership with Rainbow Project</td>
</tr>
<tr>
<td>Men and women generally</td>
<td>• Work Life Balance – Review of Policy to reflect changes in legislative framework</td>
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<tr>
<td></td>
<td>• Domestic Violence Policy</td>
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<td></td>
<td>• Stress Management</td>
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<td>• Regional Equal Pay Audit</td>
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<tr>
<td>Persons with and without a disability</td>
<td>• Review and Extension of Disability Action Plans</td>
</tr>
<tr>
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<td>• New Training Module</td>
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<td>• Framework on the Employment of Disabled Persons</td>
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<td>• Etiquette Booklet</td>
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<td>• Guidelines on Reasonable Adjustment for Managers</td>
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<tr>
<td>Persons with and without dependants</td>
<td>• Work Life Balance – Policy Review in light of legislative Developments</td>
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<td>• Carers’ Strategy</td>
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Section 1: Strategic Implementation of the Section 75 Duties

Belfast Trust Corporate Management Plan is based on the following five key corporate objectives and sets out what the Trust aims to achieve against each of them:

- Safety and Quality
- Modernisation
- Partnerships
- People
- Resources.

The plan acknowledges the severe financial pressures and uncertainty about resources in the future and highlights that this makes it all the more important that the Trust focuses clearly on what it is going to do to improve health and well-being and reduce health and social inequalities.

Cognisant of the importance of aligning statutory Section 75 responsibilities within the corporate plan, equality and good relations are mainstreamed and feature throughout the core objectives of the plan to continue to afford them the appropriate strategic importance.

The plan highlights the programme of scheduled Equality Impact Assessments for this period to help deliver on the modernisation of health and social care facilities. The Trust will continue to work in partnership with a range of stakeholders to deliver safe, efficient and improving services. Colm Donaghy, Chief Executive states his own personal view is that there are two sets of stakeholders who can tell him the most – those who receive the service and those who deliver it.

The Trust commits to continue to ensure that it meets its statutory requirements in the development of and consultation on a revised Equality Scheme and to undertake a health and social inequalities audit across the Trusts functions for the nine Section 75 categories.

The Trust will continue to work collaboratively with stakeholders and partners to address inequalities by launching a Trust strategy for inequalities in health, which provides a further framework for action to be
taken by the Trust – in addition to the Equality Scheme and Action-based Plan to address Section 75 inequalities.

In order to develop a culture where staff feel valued, recognised and cared for, Belfast Trust will take forward a continuous improvement programme based on the findings of the regional staff survey. To further promote this culture, the Trust has launched and is implementing a Health and Wellbeing at Work Strategy.

The Trust recognises the importance of equality of opportunity in learning and commits to implement a range of learning strategies where all staff will be supported in their development.

1.1 Purpose and objectives

The overall purpose of the organisation is to improve health and well being and to reduce inequalities. When Belfast Trust was established in 2007, five key corporate objectives were agreed. Every function Belfast Trust carries out on behalf of the people we serve is grouped under one of these objectives:

- Safety and quality
- Modernisation
- Partnerships
- People
- Resources.

1.2 Values

The Trust established four core values that underpin everything it does.

- Treat everyone with respect and dignity – our colleagues, our patients and clients
- Be open and transparent
- Be personally and professionally accountable for all the resources whether this is money or people
Be a learning and developing organisation.

1.3 Delivering Integrated care

The Belfast Trust provides integrated care. This means that the Trust provides both acute services (hospital based) and community services (in the person’s own home or local health centre) in a joined up way. In order to deliver these services in the best way they have been grouped into four key Service Groups which are then supported by six Corporate Services.

1.4 Service Groups:

1.4.1 Acute Services

This service group provides a range of hospital based services to the greater Belfast population and, on a regional basis, to the Northern Ireland population including:

- Cardiovascular and Specialist Surgery
- Trauma and Orthopaedics
- Imaging
- Neurosciences and ENT
- Medicine and Surgery.

1.4.2 Social and Primary Care Services

This group provides the following services:

- Mental Health services for young people, adults and older people
- Learning Disability services which assist adults with a learning disability to have control over their own lives and the support they receive, enabling them to live healthy active lives involved in their local communities; they include Day Support Services, Day Centres, Supported Living as well as inpatient assessment at Muckamore Abbey Hospital
- Physical Disability Services which include Sensory Support and Day Care Centres
- A range of older peoples services including services for people with dementia, Community Nursing Services and residential care
- Family and Childcare Services, including children's social work services, residential care, and Child Protection services.

1.4.3 Specialist Hospital and Child Health Services

This group provides a range of services specifically for women and children including:

- Women's and maternity services range from Community midwifery, sexual and reproductive health services, to hospital-based maternity, and gynae services
- Child Health services are provided in the Children's Hospital, local Health Centres and your own home
- Dental Services are also provided in the Specialist Dental Hospital and in a community setting.

1.4.4 Cancer Therapy and Specialist Services

This service group provides specialist services to the greater Belfast population and, on a regional basis, for the Northern Ireland population.

It incorporates:

- Cancer Treatment and Management
- Specialist Medical services such as rheumatology, dermatology and nephrology as well as the Cancer Centre and Chemotherapy Day Hospital
- Allied Health Professions such as Physiotherapy and Occupational Therapy who work in both hospital and community settings
- Laboratory, Genetics and Mortuary Services.
1.5 **Corporate Services**

1.5.1 **Communications**

This service group incorporates the Media office, public liaison, design services, events and e-communications.

1.5.2 **Finance**

In common with all Health and Social Care organisations a key objective is to achieve and maintain sound "financial health".

Overall responsibility for overseeing the Trust's finances lies with the Director of Finance, with the corporate finance group taking responsibility for all aspects of finance including accounting and financial management, commissioning, capital and investment for the Trust.

1.5.3 **Human Resources**

The Belfast Trust is the biggest employer in Northern Ireland, employing over 20,000 staff. To provide the best possible Health and Social Care for the people the Trust serves, it is essential that the Trust attracts and retains staff who are appropriately qualified, professional in the service that they deliver, happy and productive in their work and committed to learning and developing in their role.

Human Resources provides a range of services to do this including employment relations, resourcing, utilisation and productivity, learning and development and employment equality. The Health and Social Inequality team also resides in this group.

1.5.4 **Medical Director’s Group**

This service group includes responsibility for safety, quality and standards, public and occupational health, research, complaints and litigation.

1.5.5 **Nursing and User Experience**

This service group works to develop nursing and midwifery services in the Trust, and involve the public in the planning and delivery of services. Key areas of work include Patient and Public Involvement, Nurse
Education, Workforce Modernisation, Nursing Governance and Nursing Research.

1.5.6 Performance and Delivery

This service group includes responsibility for Service planning, Performance management, Reform and Service improvement.

1.5.7 Planning and Redevelopment

This service group includes responsibility for Capital planning and Business cases, Capital redevelopment, PFI information management, Information technology (IT) and Estates.

1.5.8 Equality Structure

In terms of resources dedicated specifically to Equality, the Health and Social Inequalities Team is located within the Human Resources Group and has a staffing allocation as follows:
The Health and Social Inequalities team work on the implementation of Section 75 across service provision and policy formulation through a business partnering model with service and corporate groups. They provide training, support and assistance to and share best practice with staff across all service groups. Employment Equality and Improving Working Lives colleagues work in conjunction to ensure equality of opportunity and good relations for staff – they now monitor the workforce across all nine Section 75 categories. Improving Working Lives are responsible for promoting opportunities for people with disabilities, advising on reasonable adjustments, provision of work experience placements, Worklife Balance Flexible Working arrangements and a range of Improving Working Lives initiatives including the annual summer scheme facilitating over 300 children, staff benefit schemes and biannual staff survey.

### 1.5.9 Northern Health and Social Care Interpreting Service Structure

The Health and Social Inequalities Manager is responsible for overseeing management of the Northern Ireland Health and Social Care Interpreting Service. From a level of 823 requests for interpreting when the NIHSCIS began in 2004, to 51,734 requests in 2010/11, the NIHSCIS has continued to evolve, holding a register of 316 interpreters at present, working in 35 different languages and meeting 97.27% of all requests for face to face interpreting.
1.6 Workforce

In January 2010 the Trust employed 22,396 staff, including bank staff, in seven distinct Job Families; Administrative and Clerical, Estates, Support Services Nursing and Midwives, Social Services, Professional and Technical and Medical and Dental. 21,693 staff are employed in the Belfast area and 703 at Muckamore Abbey Hospital near Antrim.

The breakdown of staff by the nine equality categories is provided below.

<table>
<thead>
<tr>
<th>RELIGION</th>
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<tbody>
<tr>
<td>PROTESTANT</td>
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<tr>
<td>ROMAN CATHOLIC</td>
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<table>
<thead>
<tr>
<th>DISABILITY</th>
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<tr>
<td>NO</td>
<td>65%</td>
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<tr>
<td>YES</td>
<td>2%</td>
</tr>
<tr>
<td>NOT KNOWN</td>
<td>33%</td>
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<table>
<thead>
<tr>
<th>GENDER</th>
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<tbody>
<tr>
<td>FEMALE</td>
<td>78%</td>
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<tr>
<td>MALE</td>
<td>22%</td>
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<thead>
<tr>
<th>AGE GROUP</th>
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<tr>
<td>UNDER 45</td>
<td>59%</td>
</tr>
<tr>
<td>45+</td>
<td>41%</td>
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<table>
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<tr>
<th>MARITAL STATUS</th>
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<tr>
<td>MARRIED</td>
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<tr>
<td>SINGLE</td>
<td>38%</td>
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<tr>
<td>OTHER/UNKNOWN</td>
<td>6%</td>
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</table>

<table>
<thead>
<tr>
<th>RACE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>WHITE</td>
<td>76%</td>
</tr>
<tr>
<td>BME</td>
<td>4%</td>
</tr>
<tr>
<td>NOT KNOWN</td>
<td>20%</td>
</tr>
</tbody>
</table>
1.7 New Guidance for Public Authorities on Implementation of S.75

During the reporting period, the most significant piece of work in terms of the statutory Section 75 duties was the implementation of the new guidance issued by the Equality Commission for public authorities in April 2010. In October 2010 the Equality Commission notified the newly appointed Chief Executive of Belfast Trust of the need to produce a revised Scheme as per Schedule 9 3 (1) (b) of the Northern Ireland Act 1998. The Commission also recommended that public authorities conduct an Audit of Inequalities pertaining to their functions to best inform the required development of an Action-based Plan. This Action-based Plan would seek to address those inequalities which persisted despite the previous decade of implementing Section 75.

While significant consultation and discussion has already taken place since the introduction of the Section 75 of the Northern Ireland Act in 1998 and the resultant Trust Equality Schemes published in 2000, the Trusts felt it was important to continue that dialogue and engagement with the local community and with those who have an interest in how we provide Health and Social Care services and the promotion of equality of opportunity and good relations. The ongoing engagement and partnership working has been core to the development and
implementation of Equality Schemes, Action Plans and Audit of Inequalities.

A key feature of the Trust’s approach was the collaboration between the five Health and Social Care Trusts and the Northern Ireland Ambulance Service HSC Trust, in the Audit of Inequalities, the development of the Action-based Plans and in the consultation process. This collaboration will continue throughout the implementation of Action-based Plans, in partnership with the voluntary and community sector.

The Equality Commission have stated that much good work has been achieved over the last decade in promoting equality of opportunity and good relations, there still remain persistent inequalities within our society. The Equality Commission Northern Ireland (ECNI) revised ‘Guide to the S75 Statutory Duties for Public Authorities’ emphasised the need for public authorities to shift from ‘process to outcomes’. Whilst the Effectiveness review of Section 75 found that whilst public authorities had worked hard to follow due process and develop transparent policy development processes, the review found that there was still a lot to be done to ensure that the statutory duties have a positive impact on people’s lives. The revised guidance consequently recommended public authorities to carry out an Audit of Inequalities and produce an associated Action Plan.

“An Audit of Inequalities is a systematic review and analysis of inequalities which exist for service users and those affected by P.A. policies in order to inform the P.A. work in relation to the promotion of S75 equality and good relations duties.” (ECNI 2010).

The Audit intended to inform the development of Action-based Plans and set the framework for the Trusts” to address inequalities relevant to their functions. The Audit should enable the Trusts” to identify potential functional areas for further or better discharge of the Section 75 duties and inform key strategic actions.

The process of planning for the Audit of Inequalities began before the formal request was received by the ECNI. The purpose of the Audit was to identify key areas of potential inequality.

At the outset all Health and Social Care organisations participated in three planning workshops. The first workshop held in June, was facilitated by John Kremer (QUB), who along with members of the ECNI Section 75 Advisory Group, have made a major contribution to the new
Section 75 Guidance. Representatives from the ECNI Statutory Duty Unit were also in attendance and provided a valuable contribution to the discussions.

The second and third workshops were used to bring together the ‘Emerging Themes’ document and to identify other areas for potential collaboration. This collaborative approach has been maintained through regular meetings.

At a regional level all Health and Social Care organisations worked collaboratively to gather emerging themes in relation to key inequalities experienced by the nine equality categories. Equality Leads from each of the organisations detailed below, analysed collated data (qualitative and quantitative). This data was disaggregated by the Section 75 categories to develop indicators of levels of inequalities. The Emerging Themes document details this information. It became evident in the course of conducting the Inequalities Audit that there were a number of recurrent cross cutting themes such as measures to improve access to services, communication and information; service monitoring; measures to promote, participation and inclusion as well as service specific, procurement and employment related issues which in turn has influenced the format and content of the Trusts Action-based Plans. It is important to note that the Emerging Themes section of this document will be continually updated. The document can then be used as evidence for future screening and Equality Impact Assessments and will be a useful resource for both Health and Social Care staff and representative organisations.

An internal multi-disciplinary working group was created to lead to the programme of work – in the spirit of mainstreaming, it was believed that corporate ownership of the Section 75 work was paramount. The group therefore comprised representatives from Health and Social Inequalities, Human Resources, Service Groups, Corporate Communications, Complaints, Health Improvement, Community Development, Health Records and Information Systems and Trade Unions. Meetings were set up with Co-Directors and Senior Managers across the Trust corporate groups and service groups to discuss the progress on the regional and external Audit of Inequalities and to establish if there were particular inequalities correlated to those functions performed by the service group in the Trust. Face-to-face meetings proved fruitful and informative for those collating the information.
Belfast Trust consulted widely on its Equality Scheme and Action-based Plan over a thirteen week period beginning 10 December 2010 and 11 March 2010.

In addition to the formal thirteen week consultation period, the Trusts carried out extensive pre-consultation with a wide range of stakeholders which helped to shape and influence the content of the Audit of Inequalities, Equality Scheme and associated Action-based Plans. This proved an invaluable mechanism to test the validity of the outcome of our audits, which helped to inform the Action-based Plan. Key stakeholders who engaged at this early stage in the process welcomed this approach.

A full copy of the Scheme, Action-based Plan and Audit can be found on the Trusts’ website as follows: www.belfasttrust.hscni.net.

In October 2010 Belfast Trust informed some 700 stakeholders at the outset of the process of the forthcoming programme of work to conduct an Audit of Inequalities, prepare an Equality Scheme and devise a draft Action-based Plan in addition to the actions within the Scheme. The Trust took this opportunity to advise individuals and organisations of the schedule of work that they planned to undertake and to invite them to partake in the process. At this stage, the Trust asked the stakeholders to what degree they would like to be involved and how they would like the Trust to engage with them.

The draft Scheme and Action-based Plan were presented to the Personal and Public Involvement group and to the Trust Disability Steering Group respectively and participants were encouraged to give their views and suggestions.

The draft Scheme and Action-based Plan were also presented to Trust Board in December 2010 for approval to proceed to formal consultation.

All those listed in the Trust’s Section 75 Consultation Database received a letter informing them of the Trust’s consultation arrangements. Consultation documents were made available on the Trust’s’ website (available to the public) and intranet (a computer network available within the Trust to Trust staff). A template for feedback was issued to staff to ask about inequalities that staff may face or particular actions that they felt would be beneficial. The documents were also available in hard copy or in different formats on request.
1.8 Internal Consultation

Health and Social Care staff were engaged throughout the development of the draft Action-based Plan. Copies of the Scheme and Action-based Plan were disseminated electronically to all Senior Managers. During the thirteen week formal consultation staff were made aware of the availability of the consultation documents via internal staff engagement processes.

1.9 Consultation methods

- Consultation events were held both regionally and locally
- One to one meetings were convened with stakeholders who wished to attend
- A teleconference was held with representatives from Royal National Institute for the Blind.

A regional Consultation Workshop was convened at the Health and Wellbeing Centre at Bradbury Place (Belfast) on 21 February 2011. Equality Leads from the five Health and Social Care Trusts and Northern Ireland Ambulance Service Trust presented on their draft Equality Scheme, their Audit of Inequalities and their Action-based Plan. Feedback at workshops proved invaluable in discussing the Action-based Plan and its effective implementation.
A local consultation workshop was held by Belfast Health and Social Care Trust with groups with a specific interest or geographical affiliation with BHSCT. This took place on 28 February 2011.


The Equality Coalition met with Equality Leads at the outset of the process and offered to convene communication and engagement with their members, culminating in a consultation workshop on 9 March 2011. This followed a novel format, whereby all designated public authorities in the first tranche of producing the revised Equality Scheme and Action-based Plan were invited to meet with coalition members who circulated around the public authorities providing them with feedback and asking questions on their process regarding the audit, the draft Action Plan and the draft Scheme.

A total of eleven written responses were received. The Trust considered all the written responses and feedback provided throughout the formal consultation process in full. The Trust amended the Equality Scheme and Action-based Plan in accordance with the feedback where it was appropriate. For ease of reference, a list of amendments made to the Scheme and Action-based Plan were annotated in the consultation outcome report. The Trust provided detailed written feedback responses to all consultees and issued them with a copy of this consultation outcome report, after it was presented to Trust Board for approval.

In addition to this, the draft Equality Scheme and Action-based Plan were tabled at Trust Board for approval in April 2011. Further to their approval, they were submitted to the Equality Commission for consideration and approval.

1.11 Progressing Good Relations

The Trust has acknowledged the importance of fulfilling its commitment to a Good Relations Strategy in the past and has now decided to commence work on a Good Relations Strategy. The Trust acknowledges that much good work has already been achieved in terms of the Inequalities in Health Strategy, the Trust Traveller Strategy, the Healthy and Wealthy together project at a European level, the establishment of an Inequalities Forum, chaired by the Chief Executive but recognises through the extensive consultation that it undertook on the Equality Scheme, Inequalities Audit and Action-based Plan, that
consultees including the Equality Commission of Northern Ireland were keen to see a formal overarching framework for a more proactive approach to good relations.

The Trust also would recognise that as it strives to modernise and reform its services, that a good relations framework is paramount in helping to successfully achieve the location of services, where historically there has been segregation amongst Roman Catholics and Protestants and as a result, there may be a potential chill factor in accessing a service in these areas. The Trust is mindful of the concepts contained within a Shared Future and Cohesion, Sharing and Integration and also within the current financial context, to not provide separate duplicate services in nearby geographic locations but rather to provide a high quality, accessible and responsive service in a facility in which service users and staff alike feel welcome.

The Trust has worked to establish a Good Relations Steering group with the aim of providing advice and guidance in the development of a Trust Good Relations Strategy which is specific to the needs of the Trust – the Community Relations Council and Community representatives from across Belfast will help shape the Strategy.

1.12 Employment Equality

During the period a number of employment equality initiatives were taken forward and specific objectives achieved. These included:

1.13 Employment Equality and Diversity Plan

Achievement of the objectives set out in the Trust’s first Employment Equality and Diversity Plan which covered the period December 2008 – December 2010. This Plan was developed in accordance with the requirements of each of the equality and anti-discrimination laws in Northern Ireland and with the good practice recommendations of the Equality Codes of Practice and the Equality Commission’s Unified Guide. The aim of the Plan is to assist the Trust:

- To promote equality of opportunity in employment for all persons
- To promote Best Practice with regard to all of its employment policies and practices across the full range of Section 75 equality categories
• To ensure that its employment policies and practices meet legal requirements across all Section 75 equality categories

• To create an environment where diversity is promoted and managed and all staff value people’s differences.

All the objectives were achieved during the period and the implementation of the Plan was monitored on a six monthly basis by the Trust’s Workforce Governance Policy Sub Committee. Progress was reported against all the objectives and communicated throughout the Trust via a number of mechanisms including the Intranet, presentations and training programmes. Work commenced during the period on the development of the Trust’s second Employment Equality and Diversity Plan which will be implemented between 2011 and 2014.

1.14 Policy Development and Review

The Trust completed a second review of its Equal Opportunities Policy, Harmonious Working Policy and Work Life Balance Flexible Working Policies. In relation to the Work Life Balance Policies which cover: Employment Break, Job Sharing, Part Time working, Term Time Working, Compressed Working, Homeworking, Flexi Time and Flexible Retirement, the uptake of these policies has been monitored and the effectiveness of the Policies evaluated. A number of focus groups, at which staff, managers and Trade Unions were represented, were facilitated to inform the review process. The review of the Trust’s Flexible Retirement Policy is still ongoing pending legislative developments relating to the removal of the national default retirement age. During this period a total of 831 applications for flexible working options were received 95% of which were approved and the Policies have been widely communicated throughout the Trust and training and awareness sessions have taken place and are ongoing.

1.15 Equality Monitoring

Equality monitoring systems and practices have been reviewed and updated. Current staff, leavers, applicants and appointees are now monitored in relation to all nine equality categories. Full equality data is now available for approximately 43% of staff and this has enabled the Trust to take better account of equality issues when planning and developing policies and services as more meaningful data is available to further promote and value diversity.
1.16 Statutory Requirements

The Statutory Annual Monitoring Return was completed and submitted to the ECNI in May 2010. In December 2010 the Trust’s first Article 55 Review was completed and submitted to the ECNI following consideration and approval by Trust Board. The Trust has been informed that the review is in compliance with the legislation. An Action Plan is being developed to take forward issues identified in the Review and the ECNI will provide detailed feedback locally and regionally to the HSC sector to further inform the action required.

1.17 Outreach Initiatives

As part of its Supporting Belfast Strategy (2010-2015) the Trust has been involved in many initiatives to improve the development and employability of staff and potential employees, to contribute to tackling deprivation and support regeneration and enable members of most economically inactive groups to enter employment.

The strategy focuses on three key work streams, namely Getting In, Getting Started, and Getting On. The employability initiatives in the Getting In area include activities such as:

- Participating in steering meetings with community groups to promote the Trust as an employer of choice, e.g. member of the West Belfast and Greater Shankill Health Employment Partnership, the North Belfast Business Education Partnership, and the West Belfast Business Education Partnership
- Providing work experience placements and development support for unemployed people and students
- Providing development opportunities, work experience and career support to young people in and leaving the care system
- Active member of the Regional Employability Forum
- Working in partnership with Include Youth and Opportunity Youth to form the BHSCT Employability service
- Working with the Equality Commission NI to explore ways to secure improved employment opportunities for young people in and leaving care e.g. North Belfast Public Employment
Partnership and West Belfast and Greater Shankill Health Employment Partnership.

As a result of these initiatives 143 people secured employment in the Belfast Trust, 14 additional training programmes were provided and 36 participants have progressed in their career.

1.18 Disability Action Plan

The Trust has an effective Disability Steering Group in place and a local Disability Action Plan. In addition it has been working in partnership on a regional basis to achieve the objectives in the Regional Disability Action Plan. In relation to the employment objectives the Trust has engaged with a number of voluntary organisations and the Employers for Disability organisation to provide work placement opportunities for people with disabilities. A Work Placement Procedure for People with Disabilities has been implemented and the Trust works in partnership with a number of voluntary organisations to provide placement opportunities. In this period fifteen placements were put it in place and work commenced in relation to the provision of ring fenced job opportunities in Mental Health.

The Trust has participated in the development of a Regional Framework on the Employment of People with Disabilities which will supersede its existing Policy on the Employment of People with Disabilities. It ensures the effective implementation of its Reasonable Adjustments Policy and ensures that advice and support is provided to staff in relation to issues associated with disabilities.

Following the Trust’s re-monitoring initiative of all staff under the nine Section 75 equality categories the percentage of staff recorded as having a disability increased from 0.6% to 2%. A specific survey was developed to obtain more information on the needs and perceptions of these staff covering areas such as access to training, views on Trust support and how to promote greater engagement with staff in order to identify areas for action. A detailed analysis of this survey was completed during the period and presented to the Disability Steering Group. The implementation of key recommendations commenced during the period under review and arrangements were initiated to establish a Staff Disability Forum.
1.19 Review of Equality Training

In relation to Equality and Diversity Training a review of training provided was undertaken and mandatory training for all staff and specific training for those with managerial responsibilities was reviewed to ensure a comprehensive overview of Employment Equality, Section 75, Good Relations, Human Rights, Disability Awareness and Trust Polices and Best Practice. The provision of training courses has been increased and an online programme accessible for all staff has been further developed and promoted. In addition to the mandatory training a menu of training is available on a range of equality issues and equality inputs are provided to the Induction Training. In addition collaborative working with other HSC Trusts took place in relation to the development of a disability module as part of its Discovering Diversity E Learning Programme.

1.20 Promotional Activities

The Trust participated in a number of initiatives throughout the year including Equality Commission Racial Awareness week and promoting the Domestic Abuse Support Services.

A Domestic Abuse Support Service for Staff is in place with trained support officers available to assist staff. The service is promoted throughout the Trust with posters fliers and awareness sessions held for staff. An evaluation of the Scheme has been carried out including recommendations for further action.

The Trust took part in the Business in the Community Opportunity Now benchmarking survey in 2010 and was one of three organisations in Northern Ireland to achieve a gold award and one of the 18% of Organisations nationally to achieve Gold status. The Business in the Community Opportunity Now national benchmarking survey is to measure the level of equality and diversity in the workplace.

1.21 Migrant Workers Charter

In association with Business in the Community the Trust signed up to the Employers’ Charter for Employing Migrant Workers in Northern Ireland and has established a Working Group to develop and implement an Action Plan to progress this initiative.
1.22 Staff Survey

Following the 2008 Belfast Trust Staff Survey Initiative the Trust participated in the DHSSPS Regional Staff Survey initiative in 2009/2010 involving a stratified sample of staff being surveyed across Health and Social Care. A total of 17,500 staff were surveyed across sixteen participating Health and Social Care organisations and the Belfast Trust received a 36% response rate. During 2010/2011 the Trust developed a Corporate Action Plan as part of its continuous improvement process and will evaluate this before planning for the next resurvey of staff in Autumn 2011. In relation to Equal Opportunities issues there has been significant progress made with 72% of staff feeling that the Trust acts fairly in relation to equal opportunities as opposed to 60% in the 2008 survey.

1.23 Improving Working Lives

A range of initiatives were in place over the period to improve the working lives of staff. These included the Summer Scheme which ran for seven weeks in three locations facilitating 328 children from 215 families and helping parents to balance their work and caring commitments over the summer months and minimise service disruption. 572 Trust staff are availing of the Employers for Childcare voucher Scheme. Special Leave provisions for maternity/paternity/adoption/parental and carer’s leave in excess of statutory requirements were available, two maternity sessions were held attended by around sixty participants.

The Trust has a Health and Well Being at Work Strategy and Action Plan in place and during the period worked collaboratively with colleagues in Health Improvement, Occupational Health and Health and Safety to implement the Action Plan.
Section 2: Screening

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

<table>
<thead>
<tr>
<th>Title of policy subject to screening</th>
<th>Was the Full Screening Report or the Result of initial screening issued for consultation? Please enter F or R</th>
<th>Was initial screening decision changed following consultation? Yes/No</th>
<th>Is policy being subject to EQIA? Yes/No? If yes indicate year for assessment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screenings related to the Trust's Strategic Reform and Modernisation Programme were subject to an internal consultation process which involved consultation teams comprising key staff, managers and trade unions. All Human Resource policies undergo negotiation and consultation with trade union colleagues through the Trust Joint Negotiating Forum. As regards any relocation or reconfiguration, managers followed the organisational Management of Change Framework which promotes</td>
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</tbody>
</table>
Best Practice and Guidelines on how to engage staff and work together with them to make any such change smooth and to ensure that their individual needs are taken into consideration and appropriate adjustments implemented. Where a significant adverse impact was identified for any of these, the proposal was duly subject to full consultation through an Equality Impact Assessment process. When the Trust implements its revised Equality Scheme (subject to ECNI approval), all screening outcomes will be issued to stakeholders along with quarterly screening outcome reports – this will facilitate increased transparency and the opportunity for timely dialogue with stakeholders around any outcome which they may seek more detail or clarity.
<table>
<thead>
<tr>
<th>Title of policy subject to screening</th>
<th>Was the Full Screening Report or the Result of initial screening issued for consultation? Please enter F or R</th>
<th>Was initial screening decision changed following consultation? Yes/No</th>
<th>Is policy being subject to EQIA? Yes/No? If yes indicate year for assessment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Photography &amp; video recordings of service users</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faxing - Use of Fax Policy</td>
<td>N</td>
<td></td>
<td></td>
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<tr>
<td>BHSCT Policy &amp; Procedural arrangement relating to the control of vibration at work regulation (NI) 2005</td>
<td>N</td>
<td></td>
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<tr>
<td>BHSCT Policy and Procedural arrangements relating to the control of noise at work</td>
<td>N</td>
<td></td>
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<tr>
<td>Re-location of Paediatric Orthopaedics - Ward 2B MPH to RBHSC</td>
<td>DSR - 21/4/10</td>
<td></td>
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<tr>
<td>Procedure of the use of ligature cutters</td>
<td>N</td>
<td></td>
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<tr>
<td>Revised Manual Handling Policy</td>
<td>N</td>
<td></td>
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<tr>
<td>Policy to harmonise the use of complementary therapies across the Belfast Trust</td>
<td>N</td>
<td></td>
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<tr>
<td>Proposal to modernise Deep Venous Thrombosis Service.</td>
<td>DSR - May 2010</td>
<td></td>
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<tr>
<td>Title of policy subject to screening</td>
<td>Was the Full Screening Report or the Result of initial screening issued for consultation? Please enter F or R</td>
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<td>Is policy being subject to EQIA? Yes/No? If yes indicate year for assessment.</td>
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<tr>
<td>-------------------------------------------------------------------------------------------------------</td>
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<tr>
<td>Electrical Safety Policy, High Voltage</td>
<td>N</td>
<td></td>
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<tr>
<td>Proposal to develop the Eating Disorder Youth Service and re-locate its base from College Gardens to Beechcroft Unit, Knockbreda.</td>
<td>N</td>
<td></td>
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<tr>
<td>Reward and Recognition Policy</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BHSCT Policy &amp; Procedural Arrangements relating to Prescription Safety Spectacles</td>
<td>N</td>
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<tr>
<td>Movement of Home Care Service Team accommodation from 195 Templemore Ave to Cregagh Clinic</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transfer of ENT and Audiology Outpatient Services from Royal Group, Belfast City and Mater Hospital sites to Beech Hall Well-being and Treatment Centre</td>
<td>N</td>
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</tr>
<tr>
<td>Title of policy subject to screening</td>
<td>Was the Full Screening Report or the Result of initial screening issued for consultation? Please enter F or R</td>
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<tr>
<td>--------------------------------------------------------------------------</td>
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<tr>
<td>Asset Disposal Policy</td>
<td>N</td>
<td></td>
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<tr>
<td>Emergency Platelet Management Policy</td>
<td>N</td>
<td></td>
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<tr>
<td>Appropriate Use of Fresh Frozen Plasma and Cryoprecipitate</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration of flush solution 0.9% Sodium Chloride BP, following insertion of peripheral intravenous cannula by non-registrants</td>
<td>N</td>
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<tr>
<td>Provision of Printers and Print Devices</td>
<td>N</td>
<td></td>
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<tr>
<td>Controlled Drugs Policy</td>
<td>N</td>
<td></td>
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<tr>
<td>BHSCT Policy and Procedural arrangements relating to Control of Substances Hazardous to Health (COSHH) (Revised)</td>
<td>N</td>
<td></td>
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<tr>
<td>Re-location of Podiatry Services</td>
<td>N</td>
<td></td>
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<tr>
<td>Special Leave Policy</td>
<td>N</td>
<td></td>
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<td>Title of policy subject to screening</td>
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<tr>
<td>Policy &amp; Procedural Arrangement relating to Driving for Work</td>
<td></td>
<td>N</td>
<td></td>
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<tr>
<td>Belfast Addiction service relocation to Malone Clinic</td>
<td></td>
<td>N</td>
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<tr>
<td>Emergency Care Protocol - Requests for information from PSNI</td>
<td></td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Relocation of training rooms from Glendinning House and Bostock to Knockbracken</td>
<td></td>
<td>N</td>
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<tr>
<td>BHSCT on the management of Latex sensitisation</td>
<td></td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Policy and procedural arrangements relating to driving for work</td>
<td></td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>BHSCT policy and procedural arrangements for the prevention and management of slips, trips and falls</td>
<td></td>
<td>N</td>
<td></td>
</tr>
</tbody>
</table>
Section 3: Equality Impact Assessment (EQIA)

- Please provide an update of policies subject to EQIA during 2010-11, Stage 7 EQIA monitoring activities and an indicative EQIA timetable for 2010-11

EQIA Timetable – April 2010 - March 2011

<table>
<thead>
<tr>
<th>Title of Policy EQIA</th>
<th>EQIA Stage at end March 11 (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>A proposal to re-organise the delivery of Acute Services in Belfast - Tertiary Cardiology Services</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>A proposal to re-organise the delivery of Acute Services in Belfast - Vascular Services</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>A proposal to re-organise the delivery of Acute Services in Belfast - ENT Services</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>A proposal to re-organise the delivery of Acute Services in Belfast - Rheumatology &amp; Dermatology Services</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Title of Policy EQIA</td>
<td>EQIA Stage at end March 11 (Steps 1-6)</td>
<td>Outline adjustments to policy intended to benefit individuals, and the relevant Section 75 categories due to be affected.</td>
</tr>
<tr>
<td>---------------------</td>
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</tr>
<tr>
<td>A proposal to re-organise the delivery of Acute Services in Belfast - Gynaecology Services</td>
<td>6</td>
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<tr>
<td>A proposal to re-organise the delivery of Acute Services in Belfast - Urology Services</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>A proposal to re-organise the delivery of Acute Services in Belfast - Ophthalmology Services</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>A proposal to re-organise the delivery of Acute Services in Belfast - General Surgery Services</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Title of Policy EQIA</td>
<td>EQIA Stage at end March 11 (Steps 1-6)</td>
<td>Outline adjustments to policy intended to benefit individuals, and the relevant Section 75 categories due to be affected.</td>
</tr>
<tr>
<td>--------------------------------------</td>
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</tr>
<tr>
<td>Proposal to Co-locate Children and Adolescent Mental Health Out-Patient Services for Belfast at refurbished accommodation at Forster Green and to develop an outreach service within local communities.</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Proposal to build an acute mental health in-patient facility at Belfast City Hospital.</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Proposed closure of the Shankill House Elderly Person’s Home and move to the provision of supported housing in partnership with Helm Housing.</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

- Where the EQIA timetable for 2010-11 (as detailed in the previous annual S75 progress report to the Commission) has not been met, please provide details of the factors responsible for delay and details of the timetable for re-scheduling the EQIA/s in question.

All commitments stipulated within the EQIA timetable were met.
<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>Strategic Response to the Comprehensive Spending Review 2008-2011</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proposals to re-organise the delivery of Acute Services in Belfast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proposal to build an acute mental health inpatient facility at Belfast City Hospital site</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proposed Closure of Shankill House Elderly Person’s Home and move to the provision of supported housing in partnership with Helm Housing.</td>
<td></td>
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</tr>
<tr>
<td>Reform and Modernisation of Day Support Services: Victoria Centre</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy to phase out permanent admission to Statutory Residential Homes (excluding those providing specialist care).</td>
<td></td>
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</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:
<table>
<thead>
<tr>
<th>Title of EQIAs due to be commenced during April 2010 – March 2011</th>
<th>Existing or New policy?</th>
<th>Please indicate expected timescale of Decision Making stage i.e. Stage 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>A proposal to re-organise the delivery of Acute Services in Belfast - Tertiary Cardiology Services</td>
<td>Existing</td>
<td>January 2011</td>
</tr>
<tr>
<td>A proposal to re-organise the delivery of Acute Services in Belfast - Vascular Services.</td>
<td>Existing</td>
<td>January 2011</td>
</tr>
<tr>
<td>A proposal to re-organise the delivery of Acute Services in Belfast - ENT Services</td>
<td>Existing</td>
<td>January 2011</td>
</tr>
<tr>
<td>A proposal to re-organise the delivery of Acute Services in Belfast - Rheumatology &amp; Dermatology Services.</td>
<td>Existing</td>
<td>January 2011</td>
</tr>
<tr>
<td>A proposal to re-organise the delivery of Acute Services in Belfast - Gynaecology Services</td>
<td>Existing</td>
<td>January 2011</td>
</tr>
<tr>
<td>A proposal to re-organise the delivery of Acute Services in Belfast - Urology Services</td>
<td>Existing</td>
<td>January 2011</td>
</tr>
<tr>
<td>A proposal to re-organise the delivery of Acute Services in Belfast - Ophthalmology Services</td>
<td>Existing</td>
<td>January 2011</td>
</tr>
<tr>
<td>A proposal to re-organise the delivery of Acute Services in Belfast - General Surgery Services</td>
<td>Existing</td>
<td>January 2011</td>
</tr>
</tbody>
</table>
Section 4: Training

4.1 Learning & Development Opportunities / Investors in People

Belfast Trust remains committed to providing learning and development opportunities for its staff. Being an Investors in People employer, the Trust recognises the value and expertise that are engendered through such opportunities and the resultant innovation and improvement in terms of service provision. The Chair, Director of Human Resources and one of the Human Resources Co-Directors attended a celebration event in Hillsborough Castle in April 2010 to acknowledge the Trust achieving the prestigious Investors in People status.

Belfast Trust has developed a range of strategies to support staff learning in the workplace. These include Growing Our People Today For Tomorrow, Supporting Belfast – A Strategy for inclusiveness in learning & development for support workers and Leadership & Management.

As an Investors in People employer, the Trust is committed to providing a range of internal development opportunities for staff including, Customer Care, Managing Change, Managing Conflict, Managing People’s Performance, PCF/KSF, Essential Skills in Numeracy and Literacy, Oral Presentations, Team Building for Managers, Workload Management, Development Programme for Administrative Staff and Managers’ Induction on Human Resource Processes.

A range of accredited programmes are also delivered including ‘Unleashing Talent Passport’, ILM Level 3 Award in First Line Management and a band 2 & 3 Nursing Development programme. In June 2010, the Lifelong Learning Team, within Learning and Development, won the National HPMA Award for Innovation in HR with their work on the Unleashing Talent Passport.

The Unleashing Talent Passport is a Level 2 Qualification based on the six core dimensions of the Knowledge and Skills Framework and is targeted at Bands 1 and 2 staff. With Essential Skills Literacy
embedded into it, participants achieve two qualifications as part of their learning journey. The qualification is focused on service need and closely links participants’ job roles to the training provided. The project used this qualification as a means of accrediting the induction journey for staff within their Foundation Gateway year.

The Lifelong Learning Team worked in partnership with Service Groups, UNISON, Belfast Metropolitan College, Education Guidance Service for Adults and Widening Participation Unit to develop this initiative.

The vocational Learning Team and have developed and launched Development Programmes for Band 2 and 3 Healthcare Support Workers. These programmes are based on the Unleashing Talent Passport and also include the relevant mandatory training for the role and endorsement of workplace competence through the KSF. These programmes are accessible to all staff in these roles and have been designed to support the skill mix review. Initial evaluations have shown increased confidence of staff, increased desire to access further education or training, increased communication on the ward and a self-reported feeling of being more engaged and valued by the Trust.

4.2 Audit of Training

An audit of training has been conducted on training provision carried out by both Health and Social Inequalities and Employment Equality. It was acknowledged that there was much to be gained from working collaboratively and sharing resources in relation to developing two appropriate Equality courses, which will meet the needs of staff and managers respectively and which will be mandatory training. The teams met and agreed:

- The content of both these courses
- A timetable for delivery which will increase the numbers of staff/managers going through the training – the need to increase the numbers being trained is a specific action point on the Staff Survey Action Plan
- The promotion of these courses
- The timeframe for refresher training
• Which courses we will provide as a separate menu of non mandatory training

• How Cylix and the Disability module fit into this approach.

As part of the forthcoming Inequalities Action-based Plan, equality training became a mandatory course for all staff and will cover anti-racism and anti-sectarianism. A core mandatory training programme has been developed for staff and a more in-depth programme has been devised for managers – this is provided by both the Health and Social Inequalities Team and the Employment Equality Team to make optimum use of resources.

(April 2010 – March 2011)

<table>
<thead>
<tr>
<th></th>
<th>Total number of staff trained</th>
<th>Number of sessions held</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory Equality Training for Staff</td>
<td>419</td>
<td>24</td>
</tr>
<tr>
<td>Mandatory Equality Training for Managers</td>
<td>79</td>
<td>4</td>
</tr>
</tbody>
</table>

This reporting period has borne witness to an unprecedented volume of workload with thirteen Equality Impact Assessments, the Audit of Inequalities and the production of a revised Equality Scheme – along with the remaining programme of work detailed herein. This has had an impact on the ability to provide the same scale and variety of training as had been done in previous years. Core mandatory training has been delivered but the ability to provide ad hoc sessions has been less than before.

The training detail provided only outlines the level of formal, traditional and recorded training however through the work and engagement by members of Health and Social Inequalities with service groups and corporate groups, training is delivered via a number of methods. For example, a newly appointed service manager may not yet have had time to avail of screening and Equality Impact Assessment training – but be tasked with screening a proposed service reconfiguration or reform. The Health and Social Inequalities representative will therefore provide ‘on the spot’ training along with the written guidance on the legislative requirements and the completion of a screening. It is envisaged that the
Team will review and update the guidance and screening template in line with the revised Equality Scheme, when it undergoes the desktop audit process and is approved by the Equality Commission. This will be accompanied by a new tranche of training to raise awareness and build capacity amongst staff and service managers.

4.3 Corporate Induction

From the outset of an individual’s employment with Belfast Trust, they are required to attend corporate induction of which equality and good relations form part of a core module. It has been decided to review this training slot and make it more interactive and innovative for staff. Corporate induction was delivered eight times during the reporting period with a total of 436 in attendance.

4.4 CYLIX

The uptake of online equality and diversity training has greatly increased in the last year with 343 people availing of the CYLIX e-learning package which is a core element of the Working With Diversity website. www.workingwithdiversity.org. Equality and Diversity Essentials is an interactive programme which allows staff to learn in their own time. The course can be completed in two hours but can also be studied in short periods of time. Staff can study alone or in groups. There is a test at the end which is certificated; the course contributes to KSF and IIP requirements.

4.5 Discovering Diversity

Disability Awareness e-learning module: The HSC Discovering Diversity e-learning programme has been extended to include a further module that focuses on Disability Awareness.
The original ‘Discovering Diversity’ e-learning programme is available to all staff within the HSC. It was designed to ensure that HSC staff are equipped to deal with difference and diversity in a positive way.

The newest module was developed in partnership with staff from nine HSC and Disability organisations, including RNID, RNIB, Action Mental Health and Mencap. The aim is to ensure that HSC staff are aware of their responsibilities in relation to working with and providing services to people with different disabilities. After completing this module, staff will be able to:

- Promote more positive attitudes to people with disabilities
- Provide services to people with disabilities in an effective and confident way
- Deal effectively with new and/or challenging situations.

The latest module includes a number of video clips by people with different disabilities, highlighting how they would like to be treated by HSC staff, when receiving services.

The launch of the module will take place in May 2011 as part of the Disability Action Plan’s Regional seminar, hosted by Western Health and Social Care Trust.

4.6 Future Actions:

- To develop a staff communication strategy in HSC organisations to ensure that staff know about the new module
- Ensure staff access and complete the module
- Modify current administration systems on the e-programme to enable the staff of partner organisations, such as Mencap, RNID and Action Mental Health, to access the programme
- Work with the software company Aurion to develop a method of assessing uptake and impact.

4.7 Disability and Human Rights

The Regional Disability training group has agreed to work on a new initiative, in partnership with Disability Action. It is proposed to organise and deliver a regional master class on Disability and Human Rights. The target audience will be managers, as well as equality and training leads
across all HSC organisations. This is intended to increase the skills and knowledge of those who attend, to enable them to deliver Disability and Human Rights awareness sessions within their own organisations.

Health and Social Inequalities continue to provide Disability Awareness training on request – this includes training on sensory impairment, mental health, learning disability and physical mobility disabilities. Three training sessions (which 50 staff attended) have been convened for specific teams of staff and the training has been tailored according to the service they provide.

4.8 Social Workers Training

Managers of the Trust’s Social Work Learning and Development Team invited the Health and Social Inequalities Team to carry out a training needs analysis and design a programme of training, to address the needs of Social Service staff, in terms of equality and diversity.

HSI designed a one day pilot programme that aimed to:

- Explore what the priorities and constraints were for staff in providing social services to the community and to begin to develop appropriate strategies to address identified needs.

The programme was interactive; methodologies used were presentations, small and large group work, and Quiz, DVD and Q and A sessions.

4.8.1 Programme Topics:

- No recourse to public funding
- Migrant Workers – childcare
- Working with asylum seekers
- Cultural Diversity
- Racial Discrimination
- Working with people who have a sensory disability
- Working with Gay, Lesbian and Transgendered people
• Interpreting Services
• Diversity Website support
• Myths and Legends
• Employment Perspective
• Trust Harassment, Disciplinary policies
• Trust’s Domestic Abuse Service.

Twenty two social work staff attended this pilot session and feedback proved to be positive.

Evaluation was designed to identify the areas where further training/more in-depth training was required – from this evaluation a further programme was developed which will run during 2011.

4.9 Traveller Awareness training

A Traveller Awareness training programme highlighting Traveller history, culture and areas relating to Health and Social Care was developed in partnership with An Munia Tober to provide training to Trust staff throughout the Trust as part of the Belfast Trust Traveller strategy. This training is provided by a Traveller and the aim of the session is to improve awareness of Travellers and their culture amongst health and social care staff, so that they are able to provide a more responsive and sensitive service. This training is provided on a quarterly basis.

The Health and Social Inequalities team provide a range of training and in order to ensure this training is responsive to the needs of staff and the service they provide, conduct an analysis of training needs. This provides a comprehensive overview of priority areas and allows the team to provide relevant case studies and recommended reading lists.

The team provided equality, diversity and good relations training to nineteen staff and human rights, diversity and equality training to forty staff.
4.10 Organisational Management of Change Framework

Health and Social Inequalities and Employment Equality worked collaboratively with colleagues in learning and development, Modernisation and Public and Personal Involvement to deliver a training course on dealing with change and the legal requirements and best practice examples. The programme ran 3 times during this reporting period and 27 staff attended.

4.11 Recruitment and Selection Training

Recruitment and Selection training was provided by the Human Resources team. An integral aspect of this training is on equality of opportunity. In 2010/2011 eight sessions of the two day course were convened and 139 staff attended. A one day refresher course was run thirteen times and 312 staff attended.

4.12 Working Well with Interpreters

Health and Social Inequalities oversees management of the Northern Ireland Health and Social Care Interpreting Service and convenes regular training sessions on Working Well with Interpreters. The sessions are illustrated in the table below:

<table>
<thead>
<tr>
<th>Working Well With Interpreters</th>
<th>Attendance Figures</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 April 2010 - 31 March 2011</td>
</tr>
<tr>
<td>QUB - 12/4/10</td>
<td>42</td>
</tr>
<tr>
<td>QUB - 24/5/10</td>
<td>45</td>
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<tr>
<td>BCH - 6/9/10</td>
<td>55</td>
</tr>
<tr>
<td>RVH - 7/9/10</td>
<td>101</td>
</tr>
<tr>
<td>MATER - 8/9/10</td>
<td>39</td>
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<td>23</td>
</tr>
<tr>
<td>QUB - 16/9/10</td>
<td>34</td>
</tr>
<tr>
<td>QUB - 9/12/10</td>
<td>39</td>
</tr>
<tr>
<td>QUB - 11/2/11</td>
<td>17</td>
</tr>
<tr>
<td>QUB - 17/2/11</td>
<td>36</td>
</tr>
<tr>
<td>QUB - 31/3/11</td>
<td>34</td>
</tr>
</tbody>
</table>
4.13 Extracts from overall training evaluation

The workshop was fun, interactive and interesting & I thoroughly enjoyed it.

Excellent training

Excellent information regarding health visiting with asylum seekers and Trust employer/employee policies. Really benefitted from learning about Interpreting Service and Specialist Health Visiting section really enlightening

Thought it was really useful to learn about Traveller Community and really poignant to have it delivered by a Traveller.

Excellent. Very clear with good visual prompts for kinetic learning for dyslexics. Happy with content and objectives

Extract from correspondence regarding training on interpreters provided to medical students during their General Practitioner Module in Queens University: “Thanks for your hard work and support over the last year. Students once again rated your course very highly. Over 98% of students either strongly agreed or agreed that your course was enjoyable and well organised”

4.14 Training Courses for Interpreters

Since September 2008, the NIHSCIS has delivered three full Community Interpreting Programme Open College Network Level 3 Courses and four Community Interpreting HSC Conversion Courses enhancing the number of professional Interpreters within its Central Register from 196 to 316 registered Interpreters and covering 36 different languages.

4.15 Communication in Print

This training is provided by the Good Communications Group, to all Trust staff, and focuses on people with reading disabilities.

4.16 Sensory Support Service

Provides an ongoing programme of training to staff and local voluntary and community groups on:
- Lip-reading
- Tinnitus
- Sighted guide
- British Sign Language.

Training commenced in October 2010 covering both deaf and visual equality. The training will be held twice a year for staff throughout the Trust and relevant community groups. The training is provided free of charge over a full day.

4.17 Domestic Abuse in the Workplace Training

Belfast HSC Trust has offered its domestic abuse support to staff since 2008 via a network of support officers and a workplace policy. This service has been designed and delivered in partnership with Trade Unions and was built on the model offered in the legacy South and East Belfast Trust, along with Unison.

Belfast Trust is an active member of the Belfast Domestic Violence Partnership, with representation on the strategic advisory group and the four sub groups:
• **Prevention** – which will focus on Workplace policies, Education and Routine Enquiry over the next two years

• **Protection and Justice** whose biannual focus will be MARAC, Homicide Review Child Contact, Perpetrator Programmes, Access to Justice, Repeat victimisation and Specialist Domestic Violence Courts

• **Support** which will concentrate on support for Ethnic minorities, LGBT, people with disabilities and male victims, support for Children and young People and identification of High Risk victims.

Other priorities will include:

- Research
- Data collection
- Training Strategy
- Vulnerable Adults.

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**4.18 Domestic Abuse in the Workplace**

On 17 May, the Belfast Domestic Violence Partnership ran training in NIPSA on domestic abuse in the workplace. The Chair of the BDVP is the Family and Childcare Manager of Belfast Trust and her role was to provide background on the partnership and the legislative backdrop in terms of domestic violence in Northern Ireland. The Health and Social Inequalities Manager of Belfast Trust presented the Belfast Trust model and experience on the service that the Trust and Unions provide in partnership. Forty-eight people from across a range of statutory organisations attended this event and evaluations were positive.

**4.19 Domestic Violence in the Workplace Seminar 24 November at George Best Belfast City Airport**

Belfast Trust’s Health and Social Inequalities Manager presented the experience of the Belfast Trust in devising and managing a workplace
policy and support officer service for domestic abuse and offered to share resources and advice to other organisations at a seminar supported by Business in the Community re Workplace Policies on Wed 24 November 2010. The event, hosted by George Best Belfast City Airport, was attended by approx thirty delegates from a range of private public and voluntary sector organisations. Evaluations were positive.

Due to the success and popularity of this event, Business in the Community asked the Belfast DV Partnership to host another event on 26 January 2011. Thirty people attended this session and once again evaluations highlighted that attendees benefited from the event.
Section 5: Communication

5.1 Northern Ireland Health & Social Care Interpreting Services

The Northern Ireland Health and Social Care Interpreting Service continues to grow in terms of the volume of accredited interpreters and the breadth of languages. Across the region, the greatest demand for interpreters still comes from Southern HSC Trust area.

Number of Requests per Trust 1 April 2010 - 31 March 2011

<table>
<thead>
<tr>
<th>Trust</th>
<th>Requests</th>
</tr>
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<tbody>
<tr>
<td>Belfast Trust</td>
<td>13006</td>
</tr>
<tr>
<td>Southern Trust</td>
<td>26279</td>
</tr>
<tr>
<td>Northern Trust</td>
<td>6203</td>
</tr>
<tr>
<td>South Eastern Trust</td>
<td>2045</td>
</tr>
<tr>
<td>Western Trust</td>
<td>4201</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>51734</strong></td>
</tr>
</tbody>
</table>

In terms of the most popular languages, Polish remains the most frequently requested. Other popular languages include Lithuanian, Portuguese, Chinese – Mandarin and Chinese-Cantonese and Slovak.

Top 20 Languages

<table>
<thead>
<tr>
<th>Language</th>
<th>Requests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polish</td>
<td>18224</td>
</tr>
<tr>
<td>Slovak</td>
<td>2247</td>
</tr>
<tr>
<td>Romanian</td>
<td>942</td>
</tr>
<tr>
<td>Bengali</td>
<td>164</td>
</tr>
<tr>
<td>Lithuanian</td>
<td>10174</td>
</tr>
<tr>
<td>Tetum</td>
<td>1907</td>
</tr>
<tr>
<td>Arabic</td>
<td>732</td>
</tr>
<tr>
<td>Farsi</td>
<td>109</td>
</tr>
<tr>
<td>Portuguese</td>
<td>5248</td>
</tr>
<tr>
<td>Russian</td>
<td>1794</td>
</tr>
<tr>
<td>Bulgarian</td>
<td>400</td>
</tr>
<tr>
<td>French</td>
<td>99</td>
</tr>
</tbody>
</table>
5.2 Belfast Trust review of Telecommunications

Telecommunications are important in Belfast Trust - Every day connecting 20,000 staff across 100+ facilities with switchboards receiving an average of 60,000 phone calls each week. This service plays a central role in the delivery of health and social care both regionally and locally. However, it works across a disparate IT infrastructure which has not really changed since the Review of Public Administration when six Trusts became one. So to ensure the Trust has a telecommunications service that meets the needs of staff and service users, a review of telecommunications has been initiated.

5.2.1 The Proposals

The review began in June 2010, with the aim of looking at the switchboard and call management services to ensure they meet the needs of the Trust, and also looking at the infrastructure to see how new technologies can be used to provide a high quality telephony service.

After some initial exploratory work, a number of proposals were drawn up to improve the service provided. These proposals are listed below.

- Introduce a single low cost telephone number for the Trust
- Aim to provide a service that better meets the needs of people with disabilities
- Merge all switchboard directories into one main directory
- Use existing IT network for ‘free’ internal calls between the main Trust sites
- Look at Location options for Switchboard and Call Management Centre
- Gradually replace existing telephone systems with a modern system
• Create a staff profile that clearly defines the role of a switchboard operator

• Review some staff telephone numbers so that they are consistent across the Trust.

All of the aforementioned will help to improve access to the Trust and communication within the Trust. The Trust is engaging with disability organisations to ensure that their proposals provide appropriate and equitable access to the Trust.

5.3 **The Good Information Group**

This is a support group for adult learning disability services. The group contributes to the creation and maintenance of capable specialist learning disability services. The Group promotes a total communication approach to help create positive communication friendly environments.

Total communication means using and accepting all ways of communicating, e.g. pictures, photographs, symbols, signs and objects. The group helps staff and service users find or create good easily understood information.

Speech and Language Therapy set up and facilitate the group. Each service within Learning Disability services has a representative on the group; other members are Health and Social Inequalities, service users, individuals from community groups, e.g. advocacy services, private residential facilities and work opportunity groups. The group also has links with Regulation and Quality Improvement Authority.

### 5.3.1 During the reporting period the GI G has:

- Produced a Hospital Passport

- Provided training and information on how to promote the total communication standards

- Made easy information resources

- Used the computer and software packages to make good information
• Used innovative products, e.g. AAC devices, Talking Mats.

Some examples of the good information

Going to A&E

Talking Place Mat

5.3.2 Resources used to increase awareness and provide ongoing communication with staff at all levels are:

• Working with Diversity website
• HR newsletter
• Team brief
• Trust Board presentations
• Intranet.

5.4 Domestic abuse support service promotion via intranet

8 March is International Women’s Day and has been observed since the early 1900’s. The new millennium witnessed a significant change and attitudinal shift in both women's and society's thoughts about women's equality and emancipation. The Trust used the opportunity of International Women’s Day to raise the profile of the domestic abuse support service in an article on the Trust’s internal intranet.

Belfast HSC Trust has some 20,000 staff - 78% of whom are female. International Women’s Day seemed like an appropriate and opportune time to re-advertise the Trust’s domestic abuse support service for staff. It acknowledged that anyone – regardless of class, gender, age or
background – can be a victim of domestic abuse nonetheless it is also fair to say that women are disproportionately affected by domestic abuse and violence.

The article detailed that the Trust’s Domestic Abuse Support workers have been trained to advise anyone (male or female) of their options, should they wish to take action to leave their abusive situation. It listed potential adjustments that could make the workplace more sustainable for someone experiencing domestic abuse. A change in working hours or location or a salary advance could prove useful if the person chose to leave the perpetrator.

5.5 Disability Steering Group Access Audit Sub-group

The Disability Access Audit sub-group was established to help inform the Trust’s Disability Steering Group’s strategies and activities in the continuous development of its Disability Action Plan. A disability access audit pilot was carried out in the Eye, Ear, Nose and Throat department of the Royal Hospitals. An end of pilot report was produced together with guidance for Managers who wished to carry out a similar audit in their own departments.

Membership included experts from relevant Trust departments e.g. Ear, Nose Throat and Eye, Medical Records, Estates, Health and Social Inequalities Team, Sensory Support Team, as well as the Access Officer from Disability Action.

Work began on improving signage, printed communications, lighting, telephony, paging systems for deaf people, Sighted Guide training for ‘meet and greet’ members of Voluntary Services. This work will be rolled out across the Trust resources allow.

Guidance on Carrying out a Disability Access Audit will be distributed to all Trust managers.

Access Audit Report and Guidance on Carrying out an Access Audit are at Appendix 1 and 2.

5.6 Sensory Support Service

The Service provides:
• Minor grants to local sensory support voluntary and community groups

• Specialist IT equipment /aids and adaptations to service users as required

• The service participates in a regional sensory support service forum to ensure consistency of Trust services – avoiding post code lottery treatment

• Produces accessible cards and leaflet

• Consultation, i.e. advice given to other parts of the Trust on accessibility

• Input to Trust’s Disability Steering Group.

5.7 **Health and Social Inequalities Team collaborative work:**

• A member of the Team represents the Trust on the RNIB Vision Strategy Group which works to improve access to Health and Social Care for those with a visual impairment

• Provided an access audit and disability equality training to Trust Breast Screening Services to assist the service in its aims to provide a fully accessible service to disabled users.

• Audit Group

• Personal and Public Involvement (PPI).

5.8 **Personal and Public Involvement**

As indicated in previous reports, the Trust works in many different ways to try to achieve its overall purpose to improve health and well-being and to reduce inequalities. Health and Social Inequalities and Employment Equality work closely together along with Community Development and Health Improvement given the intrinsic link between the broader socio-economic inequalities and the Section 75 inequalities. One inequality can often corroborate the other – for instance someone who lives in a deprived area and has a physical disability may experience poorer health outcomes.
5.9  Inequalities Forum

The Trust has created an Inequalities Forum to drive the implementation of its Inequalities Strategy entitled Not Just Health to ensure that Belfast Trust plays its role in addressing inequalities in health, working in partnership with other agencies and sectors.

5.9.1 Roles and responsibilities

- To oversee the implementation of Not Just Health
- To agree annual Action Plans and monitor progress
- To identify new opportunities for the Trust to contribute to the reduction of inequalities in health
- To challenge the Trust to do more to reduce inequalities
- To act as champions for this strategy both within the Trust and with external stakeholders
- To provide oversight of the workstreams which contribute to Not Just Health.

5.9.2 Membership

Membership demonstrates how the level of strategic importance afforded to Health and Social Inequalities within and across the Trust. The group is chaired by the Chief Executive and includes in its membership Non-Executive and Executive Directors, representatives from the Associate Medical Director for Public Health and from HR (Health and Social Inequalities), Mental Health, Maternity Services, Children’s Services, Older People’s Services, Health Improvement, PPI and Physical Disability.

Other members include representatives from Public Health Agency, Patient Client Council, Local Commissioning Group, Trade Unions and Clinicians.

Meetings will be convened: twice per annum (March and September).
5.10 Not Just Health

Belfast has the highest level of deprivation in Northern Ireland – and this translates into lower life expectancy and higher levels of illness as well as uneven access to health services.

The Trust’s strategy to address inequalities was launched in September 2010 at the Girls’ Model School in North Belfast.

The document contains a seven point plan to help make sure that more people in its area enjoy the best possible health. Its seven strategic objectives on health inequalities (the seven point plan) are:

1. Make it a priority to give every child the best start in life and support young people to fulfil their potential

2. Demonstrate leadership through interagency partnerships and advocacy to address the social determinants of health

3. Encourage all Health and Social Care professionals to use available opportunities to promote health and wellbeing

4. Provide a healthy work environment and maximise the health and wellbeing of our staff and their families; support routes to employment within health and social services for the long-term unemployed; and enable staff to engage in learning and support career progression

5. Work with service users, carers and community groups, building on Involving You, the Trust’s framework for user involvement and community development, in a way that leads to shared decision-making
6. Measure inequalities in access to our services, understand the inequalities in morbidity in the population we serve and participate in high quality evaluations of interventions introduced to tackle inequalities in health.

7. Reduce our carbon footprint and prepare to deal with the effects of climate change on health.

The Not Just Health strategy provides a framework for action that will support the Trust in achieving its overall purpose of improving health and wellbeing and reducing inequalities in health.

5.11 World Mental Health Day

World Mental Health took place on Sunday 10 October 2010. The aim of the day is to promote worldwide awareness surrounding mental health issues, and the theme of the year was Mental Health and Long Term illness: the need for continued and integrated care. To mark the day, the Trust’s Change of Mind Group held a mental health fair in Knockbracken Hall which focused on the services a person needs to avail of when they have recently moved into more independent living.

5.12 Change of Mind Group

The Change of Mind Group is Belfast Trust’s mental health promotion group comprising of voluntary, community, statutory, service users, carers representatives who come together to raise awareness, promote understanding, and reduce stigma about mental health issues across the different communities in Belfast, such as school communities, ethnic communities and sexual orientation groups.
5.13 Volunteers

The Belfast Trust recognises the importance of acknowledging dedication and commitment and held a special thank you event in recognition of the work carried out throughout the year by its hardworking and dedicated volunteers.

To coincide with Volunteer Week which runs from 1-7 June, the Trust hosted a reception where Trust Chairman, Pat McCartan, acknowledged the important role its volunteers played in complementing the work of staff throughout the organisation. In 2009-2010 volunteers have provided an incredible 45,720 hours of service.

Belfast Trust launched a new Meet & Greet Volunteer Service in the Royal Victoria Hospital. The meet and greet volunteers provide a warm welcome to all members of the public when they attend the hospital for treatment or to visit relatives.

The volunteers will direct people to their destinations and will also help users of our services to access any information they may require when they first arrive. The Volunteer Manager remarked, “Coming into hospital as a patient or visitor can be quite stressful if you’re not sure where to go. Our facilities are growing all the time, making it more difficult for certain people to find their way from one place to another. The meet & greet volunteers will assist people by guiding or even escorting them to where they need to be. They will also provide information such as handing out leaflets in relation to infection control and other issues.”

5.14 Care Project

Belfast Trust and Arts Care celebrated the unveiling of the ‘Care’ Project, a large artwork at the front of the Mater Hospital in February 2011. The art work was created by groups of patients, including those from general and mental health facilities, and was facilitated by Patricia Lavery, Arts Care Artist in Residence at the Mater Hospital.
The participants created collages – based on the theme of nature and water. Approximately seventy images in total were made and these were merged together by Alan Diver, Arts Care’s Graphic Artist, to make a photo montage, spelling the word ‘Care’, which has been affixed to the front of the hospital building. This exterior form of expression reflects the care and dedication of staff working with service users in the hospital, and also acts as a symbol representing what the Mater Hospital means to the local community in North Belfast.

Colm Donaghy, Belfast Trust Chief Executive said, ‘This Arts care project has been particularly innovative in its approach to recognising the value of community both within and around the Mater Hospital. The word ‘Care’ represents the Care the hospital staff show to service users, relatives and members of the local community, while also emphasising the work of Arts Care within the Belfast Trust’.

Francis Murphy, Chairman of Arts Care paid tribute to all those involved in the project and saw this event as celebrating the partnership between Arts Care and Health and Social Care.
Section 6: Data Collection & Analysis

6.1 Audit of Inequalities

Potential benefits of collaboratively gathering data for the Audit of Inequalities were recognised across the Health and Social Care Sector at the outset. While each would have to carry out an internal analysis in terms of their own functions, size and scope, it was considered helpful to consider how to develop a method of reviewing external research and carrying out pre-consultation with key stakeholders, on a collective basis.

To facilitate this process, all health and social care organisations participated in three planning workshops between June and November 2010. The first workshop, held in June, was facilitated by John Kremer (QUB), who along with members of the ECNI Section 75 Advisory Group, has made a major contribution to the new Section 75 Guidance. Representatives from the ECNI Statutory Duty Unit were also in attendance and provided a valuable contribution to the discussions. The other two workshops were used to refine processes that allowed us to both work together as well as independently.

It was agreed that Equality leads from each of nine HSC organisations would take responsibility for a specific equality category. Each took responsibility for analysing/reviewing research/conference reports etc. On the basis of this analysis key themes started to be identified, which were then discussed with three to four relevant stakeholders for each equality group. This information was then collated into an “Emerging Themes document”.  

6.2 Information Sources

6.2.1 External sources

The research examined could not be an exhaustive list of all related literature, nor an academic literature review, but an attempt to ascertain the main barriers to equality, that have persisted for each Section 75 group despite mainstreaming over the previous decade and those recurring themes. The document aimed to provide a summary of these key issues. Emphasis was given to research published since 2005.

Two key reports commissioned by the Department of Health Social Services and Public Safety (DHSSPS) also helped to inform the Audit. These were “Inequalities and Unfair access: issues emerging from the DHSSPS Equality and Inequality in Health and Social Care: A statistical overview” (2004) and the Literature Review: “Equality and Human Rights: Access to Health and Social Services in NI” (2005). The recommendations from both these reports made an invaluable contribution to both the Audit of Inequalities - ‘Emerging Themes’ document and subsequent Equality Action-based Plans.

In 2004, the Northern Ireland Statistics and Research Agency (NISRA) produced a report which provided for the first time an overview of a wide range of available data relating to differences and inequalities between groups of the population that are pertinent to health and social care. NISRA has also developed a website to collate and disseminate statistics and research relevant to equality of opportunity and its promotion within the Northern Ireland public sector. The information provided is from across government and provides detailed datasets specific to Section 75 categories and policy areas, together with related publications and a comprehensive series of relevant links. Both the report and website provided a framework for much of our work and have been useful resources when developing HSC Trust Equality Action Plans.

Throughout the lifetime of the Trust’s Equality Schemes, a number of Section 75 screening templates and equality impact assessment have been completed. This has resulted in a wealth of knowledge both in considering the impact internally and in the extensive feedback received from consultees. This information informed the ‘Emerging Themes’ document and Equality Action Plans.

The Information & Analysis Directorate of DHSSPS has been working on updating the available administrative datasets to ensure more comprehensive data is available across the nine equality categories. The intention is to develop a set of analyses that can be revisited at regular intervals, thereby allowing an ongoing picture of the issues emerging. This includes completing an updated and more comprehensive review of mortality associated with various equality groups to develop the analysis included in "Differences in mortality rates in Northern Ireland 2002 - 2005: A Section 75 and social disadvantage perspective" (McClelland, 2008).
The Northern Ireland Mortality Study (NIMS) links deaths which have occurred to those counted in the 2001 census and can be used in analysis of the first seven of these - though it is noted that ethnicity may be of limited use because of small numbers recorded at the 2001 Census. The NIMS study allows us to look at individuals and their Section 75 characteristics as at the 2001 census and produce a more accurate analysis of the mortality data, rather than using area as a proxy. In addition a Section 75 analysis of birth rates to teenage mothers using fertility information from the Northern Ireland Longitudinal study (NILS) will examine differences by religious belief and other equality groups such as ethnicity, dependants, disability and marital status providing numbers are sufficiently large. NILS is a large scale, representative, data linkage study of approximately 500,000 of the Northern Ireland population.

6.2.2 Internal Sources:

The inward focus of the Audit of Inequalities involved dialogue and engagement with service and corporate groups. Given that the audit and associated Equality Action-based Plan were to be relevant to the functions of the Trusts, the involvement of Trust staff was integral to relating the identified inequalities to the relevant functions of the Trusts. A multi-disciplinary group was established to best steer the programme of work and to ensure that this work was relevant to each facet of work programme carried out by the Trust. This was led by Health and Social Inequalities and included Trade Unions, Health Improvement, Service Group representation, Communications, Complaints, Human Resources, Health Records and Information Systems. In addition to this, the Health and Social Inequalities Manager and two Equality Managers met with a service or corporate lead to consider the findings of the Emerging Themes booklet and to complete a template, in which they drew up actions they felt would better promote equality of opportunity in relation to their functions.

Analysis of complaints received by health and social care organisations, is always an effective measure of the barriers faced by service users when accessing services. Whilst the complaints are not categorised by Section 75 categories the analysis did identify that the main issues raised were staff attitudes, access to services, communication/information barriers and equality in treatment and care. This analysis has informed the format and content of the HSC Trust Equality Action Plans.
6.3 Consultation for Trust Equality Schemes and Equality Action Plans

During the consultation period, additional research was drawn to our attention e.g. by Age NI and research into the needs of Older People, by Rainbow and the needs of people who are lesbian, gay, bisexual or transgendered. This was assessed and key issues and recommendations added to the Audit.

It has been agreed that the “Emerging Themes” document will be regularly updated and this been included as one of the key measures within the Trust's Equality Action Plans. It is anticipated that HSC Equality leads will retain responsibility for a specific equality group and will regularly review the relevant literature and update the working document. This will then be made available on all the organisations’ websites. The document can then be used as evidence when reviewing and updating our Action Plans as well as for future equality screening and equality impact assessment. It will be a useful resource for both health and social care staff and representative organisations.

6.4 Joint work with Health and Social Inequalities and Health Records

Work is underway to examine what data sets could be better populated in Information Systems across Belfast Trust. The Health Records Manager, Health and Social Inequalities Manager and Human Resources Senior Manager have met to discuss the inherent difficulties in not having access to full data sets when conducting screening or impact assessments. Whilst at a regional level, it is estimated that it will be 2015 before the Patient Administration System is redesigned and have the capacity to capture information across the nine Section 75 groups, the Trust have decided to initiate a gap analysis to establish what current fields are available across information systems on service users and which are not regularly completed. It is envisaged that a programme of work including training and reiteration of the importance of monitoring information will be progressed after the gap analysis is conducted.

6.5 Article 55 Review

The Statutory Annual Monitoring Return was completed and submitted to the ECNI in May 2010. The Trust’s first Article 55 Review was
completed and submitted to the ECNI following consideration and approval by Trust Board in December 2010. The Trust has been informed that the review is in compliance with the legislation. The Trust is currently developing an Action Plan to take forward issues identified in the Review and the Commission will provide detailed feedback locally and regionally to the HSC sector to further inform the action required.

6.6 Trust consultation

This reporting period has borne witness to the most significant and sizeable consultation processes since it began. As a result of the reform and modernisation agenda and the strategic review of Acute Services, the Trust has consulted extensively and innovatively with its users, the community and voluntary sector and its staff and Trade Unions. Having service user representation and advocates on project groups has ensured that equality and the person-centred perspective is infused from the outset of the process and the Chief Executive acknowledged at a Personal and Public Involvement Steering Group that the Trust has much to learn from those to whom we deliver the services and those who deliver the services.

The Trust also undertook considerable consultation processes in its Audit of Inequalities, its Equality Scheme and its Action-based Plan as aforementioned – this has ranged from pre-consultation to formal workshops with the Equality Coalition and individual one-to-ones with consultees and teleconferences. This was done on both an internal and external basis.

The magnitude of and variety within the consultation activities resulted in the sharing of a wealth of information and relevant anecdotal evidence and the end products manifesting the volume of preparatory work and engagement.

6.7 Ethnic Monitoring introduced across Health and Social Care Systems

A pilot to introduce ethnic monitoring to Health and Social Care systems has been running over the last year. The aim of the pilot is to share learning, on the development of common Ethnic Monitoring information routinely available on the Child Health System, Community Systems (SOSCARE, Regional Sure Start Database) and Hospital Systems (PAS Inpatients and NIMATS) to promote equality and diversity within Health and Social Care Northern Ireland.
This pilot aims to develop the capacity to help Health and Social Care Commissioners and Providers to robustly capture critical patient/service user information, which relates to the diversity of patients and service users, to help the Health and Social Care Board and Public Health Agency plan, develop and enhance service provision to all members of the community.

To date there have been no accurate, common standardised patient/service user profiling information systems that capture equality/ethnic data, in place in Health and Social Care and it has not been possible, to accurately detail the diverse profile of people using health and social care services.

The Office of the First Minister and Deputy First Minister has taken the lead in developing guidance on how to monitor minority ethnic/migrant people. The guidance has not yet been published but the pilot will use the questions and categories recommended in the guidance.

**6.7.1 Progress to date:**

In relation to the Child Health System (CHS) the facility to capture, analyse and report Mother’s Country of Origin, First Language and Ethnicity (2011 Census Groups) has been fully implemented regionally on the CHS from 1 April 2011.

Based on the ongoing work a full set of standardised ethnic groups (2011 Census Groups and codes) and Country of Origin/Birth, codes have been agreed. Work is now ongoing to implement these standardised codes and fields onto SOSCARE, Regional Sure Start Database, PAS and NIMATS.

**6.8 Barriers to Health: Migrant Health and Wellbeing in Belfast**

A new report launched on Human Rights Day identified the number one ‘health’ problem for migrants living in Belfast as; access to Health and Social Care services.

This report is the first publication of the Belfast Health Development Unit, established jointly in March 2010 by Belfast Trust, Public Health Agency and Belfast City Council to facilitate partnership working in Belfast to tackle inequalities in health.
Speaking at the launch, Belfast Trust Associate Medical Director Dr Leslie Boydell said, ‘By sharing the experience of our partners cities in the project, for example Milan, Lyon, Birmingham and Lisbon, all of which have experienced much greater migration than we have here, we are learning what can be done to better address the health needs of migrants in Belfast’.

Access to Health and Social Care services can be difficult for migrants for a number of reasons including the existence of language barriers, uncertainty about entitlement to services and how to access them, fear of discrimination and of cultural needs not being met.

Women and children have particular health needs, for example for immunisation and maternity care and they may miss out on these if they are unable to access services for all the reasons given above.

Mental health problems and dependence on drugs, alcohol or other substances are also a problem for some groups, sometimes exacerbated by the experience of migration.

Chronic diseases such as diabetes and cardiovascular disease are more common in some migrant groups and many migrants experience social issues, such as housing and poverty.

6.9 Interpreting Statistics

The Northern Ireland Health and Social Care Interpreting Service produce quarterly reports for all Trusts on the usage of the service.

6.10 Monitoring Guidance

The Trusts have committed to produce a user-friendly guidance for HSC staff on the Commission’s guidance on monitoring Section 75 information.
Section 7: Information Provision, Access to Information and Services

7.1 Northern Ireland Health & Social Care Interpreting Service (NIHSCIS)

The NIHSCIS is the main provider of face-to-face sessional interpreters for all Health and Social Care organisations across Northern Ireland and currently managed and administered by the Belfast HSC Trust on behalf of the Department of Health, Social Services and Public Safety. This includes primary care services (GP’s and Dentists), social services, community care and hospital appointments for NHS patients who do not speak English as a first language and/or as a second proficient language.

7.1.1 Capacity Building (2008-2011)

The NIHSCIS has undergone a major capacity building exercise since 2008 incorporating an additional pool of 120, qualified, quality-controlled and professional new Interpreters to its Central Register. This intense recruitment and training work was a direct response to the substantial increasing demand and requests received by the service as well as the need for some additional languages. In addition, the expansion of the NIHSCIS register has contributed to the cost-effectiveness of service provision considering geographical areas and demand for specific languages in certain regions of Northern Ireland.

During the reporting period, the NIHSCIS has progressed with the effective implementation of the capacity building effort established during the previous two years closing the last financial year with 51,734 requests received. The service has reduced the number of non-provisions of requests for interpreters provision and currently fulfils 97.27% of all appointment requests received, successfully achieving beyond the objective set for the year above.

7.2 Health Employment Partnership Impacts local Community

Celebrating the success of the West Belfast and Greater Shankill Health Employment Partnerships at an event in Stormont, local decision makers have been urged to adopt a radical new approach to tackling unemployment in the most deprived areas of Belfast.
A recent independent evaluation of the Health Employment Partnerships found that the programme has been ‘uniquely impressive’ and ‘value for money’.

The Partnership was created by the Trust, trade union UNISON and the local community through the West Belfast Partnership, The Greater Shankill Partnership, and the West Belfast and Greater Shankill Task Force bodies of the Employment Services Board and Employer’s Forum.

Marie Mallon, Director of Human Resources, said ‘Health Employment Partnerships can make a real difference to the lives of the individuals and the community and from an employer point of view we are delighted with the contribution these staff can make to the services we provide to our patients and clients’.

The evaluation of the West Belfast and Greater Shankill Health Employment Partnership concluded that the programme has produced a range of positive results such as:

- 143 people got jobs with the Belfast Trust – most of these people had experienced long term unemployment and barriers to getting jobs
- 316 lower paid staff in the Trust received additional training to help them develop their careers
- £385,000 each year – the estimated Government saving on benefits such as Job Seekers Allowance, Income Support and Incapacity Benefit
- Up to £1.48 million each year – the added economic impact on the local economy in West Belfast and Greater Shankill.

The Partnership is now keen to extend the programme, creating opportunities for people living in deprived areas throughout Belfast.

7.3 Belfast Trust and Include Youth hosted a ‘Health and Employability Fair’ for Young People’, on Thursday 28 October 2010 at the Grove Wellbeing Centre.

This was an opportunity for young people and those who work with young people in the Belfast area to access information and advice on health, employment and well-being.
Local businesses and organisations provided advice on health and well-being as well as information on training and work experience opportunities. There were also skateboarding, BMXing and competitions prizes up for grabs.

### 7.4 Employability initiatives

Human Resources have closely supported the implementation of employability projects and to date have been instrumental in supporting a number of achievements including:

- **Learning & Development** have supported the project develop a placement protocol and application pack for young people in or leaving care to access meaningful work experience. An initial pilot has placed three young people within the Estates Department. This has been extremely successful so far from the perspective of the participants, service users, and the Estates management.

- A training programme has been successfully delivered in BHSCT to further support the placement supervisor staff who will work directly with the young people on placement activities. The programme was delivered to supervisory staff from within Estates and Finance service areas and focused on the role of 'Mentor' in the workplace to encourage and support young people while on placement activity. It also provided essential knowledge and practical information and guidance to those staff fulfilling the role of placement supervisor to the young people in this group.

- 12-15 young people have applied for the current trawl for PCSS band 1&2 staff. Learning & Development (L & D) will develop and deliver a half day Interview Skills Workshop, close to when the interviews are scheduled in August.

- A draft Recruitment and Selection Guidance, Supporting Young People in Care to gain employment within the Belfast Health and Social Care Trust has been issued for consultation.

- Discussion is ongoing between L&D and the project lead regarding the development and delivery of a pilot session for the young people’s Personal Advisors (PA’s) and Social Workers, to enable them to assist better with filling in application forms and preparing young people for interview. Date and content still to be confirmed.
• L&D have begun to discuss how they can support a sustainable approach to the development and preparation of the young people for employment. In line with the Trust’s Supporting Belfast Strategy, work has commenced to determine feasibility of adapting the Award Winning Unleashing Talent Passport as a Level 1 employability programme. This combined with a meaningful work experience would prepare the participants for employment and if combined with Steps to Work could become a clear model for moving young people in or leaving care into employment, training or further/higher education.

• L&D will support Include Youth in the delivery of the Regional Event for Careers of Young People. The purpose of the event is to help them be better equipped to help young people gain employment or training opportunities.

• L&D will maintain its involvement in the Regional Forum for Implementation of Employability Schemes with representatives from all Trust Employability schemes, Equality Commission, for information sharing, support and best practice.

7.5 Shopmobility

Shopmobility Northern Ireland chose the Shopmobility Scheme at the Trust’s Royal Hospitals site to launch “Shopmobility Northern Ireland Week on 7 June 2010” with a balloon release. The balloon release symbolised the freedom felt by Shopmobility users at the Royal and all over Northern Ireland.

Ulster Television’s Julian Simmons joined in on the celebrations by giving a helping hand to launch the balloons. He said that “Shopmobility provided a great service which is important to so many people, as it gives them independence and freedom and means they can get around themselves.”

The Trust has been working in partnership with Shopmobility since October 2007 when the service was first launched. The service is free and provides patients and visitors with limited mobility the use of a range of mechanised scooters and self-propelling wheelchairs to help them more easily access hospital services.
The service at the Royal Hospitals is one of Shopmobility’s busiest centres. Since its inception until June 2010, 2000 people had used the service, since then an additional 600 users have availed of the Scheme with equipment being hired out for 1090 hours. In the last year 91 new members have joined Shopmobility.

The service is strategically located next to the disabled car parking bays in the public car park beside the School of Dentistry offering patients and visitors a friendly service that is close, accessible and safe. For those users who require a little extra help a ‘Meet and Greet ‘service is available where volunteers will meet patients within the hospital site with a vehicle of their choice. This ensures that users have a service which meets their needs and provides independence.

Shopmobility at the Royal, also provides a ‘Sighted Guide’ Scheme. It offers users with a visual impairment the opportunity to be accompanied to their appointment or destination by a trained Sighted Guide Shopmobility volunteer.

**7.6 Beechcroft Open Days - New Child and Adolescent Mental Health Inpatient Unit**

In January 2010 the Child and Adolescent Mental Health services convened Open Days in Beechcroft, the new Child and Adolescent Mental Health Inpatient Unit, which replaced the services provided at Donard, Knockbracken.

The Open Day provided an opportunity to view Phase 1 of the new build, which will provide accommodation for up to 18 young people aged between 13-18yrs requiring Tier 4 assessment and treatment services. Phase 2 is due for completion in early April and will replace the children’s inpatient services.

**Iveagh Centre opens**

A new centre providing assessment and treatment services for children with learning disabilities has now opened in the Broadway area of Belfast. The new Iveagh Centre will replace existing services provided in the Mallow Unit at Muckamore abbey hospital.
The new purpose-built facilities include eight individual bedrooms and ensuites, a range of well-equipped therapeutic and clinical intervention spaces and bright recreational areas.

7.7 Diversity in healthcare recognised in Chairman’s Awards

People using Health and Social Care services in Belfast are set to benefit from a range of new developments by staff in Belfast Trust.

The developments include an obesity management programme for teenagers, an outreach service for gay men, patient courier service which reduces the amount of time patients have to wait for investigations, a home dialysis programme and a service to help staff work to best effect with people who have a learning disability.

These developments were highlighted in the Trust’s Annual Chairman’s Awards. Chairman of the Trust, Pat McCartan said, "The entries for this year’s awards were of the highest quality and will ultimately bring benefits to everyone who use our services. These awards are testament to the ingenuity and creativity of our staff, demonstrating their dedication in putting the patient and client at the centre of everything they do." The five categories in the awards reflects the Trust’s corporate objectives, and the finalists in each of the categories received a cheque to be reinvested in their service area.

7.8 East Belfast Men’s Health Clinic

East Belfast Men’s evening Health Clinic operates from Holywood Arches Health and Wellbeing Centre every fortnight. The clinic is a partnership between the Wise Men Of the East Network, an active group of local men affiliated to the east Belfast Healthy Living Centre and the Belfast Health Trust. The clinic was established in response to the ‘Wise men’ N/W’ who felt there was a need for an accessible health service tailored specifically to the needs of men living in east. The service aims to pick up potential health problems such as diabetes, hypertension, obesity, high cholesterol, COPD, stress, depression, etc much earlier and refer them onto appropriate help and support.

Most of the men presenting are targeted via their GPs, the service targets men between 35-85yrs who haven’t been seen by their GP in the last two years. Men can also access the service by ringing in themselves and asking for an appointment. A follow up phone call is
made to each of the men several days prior the appointment to ensure they are coming and to allay any fears.

The clinic is staffed by two nurses from the Trust and two local male volunteers from the Healthy Living Centre, it operates an appointment system. Male volunteers meet and greet men as they arrive offering refreshments, volunteers are trained to provide opportunistic health promotion and a sign posting service to local health programmes and activities.

Men are offered a ½ hour appointment, which includes screening and an opportunity to discuss general health and wellbeing, including mental health.

Assessment results are sent onto the GP’s informing them of any concerns or advice given.

The clinic has been operating nine months and to date has proved very popular, feedback from users and staff has been very positive. A number of men have had to be referred on to other services while several men are receiving smoking cessation support.

7.9 Macmillan Drop In Information Service

Trust Chairman, Pat McCartan, performed the official opening of the Macmillan Drop-in Information Service in the Royal Victoria Hospital. Located on the second floor of the main mall in the hospital, the Information Centre provides support and information to people affected by cancer.

Led by an Information Manager the team can also signpost people to other organisations including complimentary therapies. ‘Our aim is to improve the quality of life of people affected by cancer by helping them to access information that’s appropriate for them,’ says the Manager. ‘However this is not about a ‘one size fits all’ solution, because each person and indeed family, is affected differently and will need an individual response from us, and we give our visitors the time they need to talk.’
7.10 Rheartz

A Nurse-led Congenital Heart Disease Transition Clinic for 14-16 year olds called rheartz was launched today by Health Minister Michael McGimpsey.

About one percent of babies are born with congenital heart abnormalities, ranging in severity from the most simple to the more complex. Often these babies undergo major life saving cardiac surgery during their infancy and again during their childhood years, and thanks to the advances in medical treatments and surgical techniques, the majority of them now survive into their adult years.

As patients approach adulthood, their care will move from paediatric services to adult services, and many children and their parent can find this transition period difficult.

In response to this need, rheartz (pronounced ‘Our Hearts’) was developed as a Nurse-led Congenital Heart Disease Transition Clinic for 14-16 year olds.

The clinic is held in Bradbury Health and Wellbeing Centre twice a month, and aims to provide a smooth transition for patients from the paediatric to adult services for around 100 – 150 teenagers per year..

Jan Gordon, Adult Congenital Heart Disease Nurse Specialist added “We hope to empower our patients to become experts within their own health”.

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Section 8: Complaints

No complaints were received relating to Section 75 during this reporting period. Complaints are categorised under the DHSSPSNI CH8 headings which do not narrow the search down specifically to equality, human rights or disability – however if the correspondence or any narrative or anecdotal evidence indicated that there was a complaint pertaining to Section 75, human rights or disability, the Complaints Team would notify Health and Social Inequalities as a matter of course. Closer links have been developed during this reporting period with the Health and Social Inequalities Team and the Complaints Team.

The Complaints Manager within the Belfast Trust now sits on the Disability Action Plan Communication sub-group and also on the Regional Accessible Information Group.

One of the regional actions within the Action-based Plan is the development of an accessible DVD resource on how to make a complaint for people with sensory impairments – the resource will have subtitles and a signer.

<table>
<thead>
<tr>
<th>Top 6 Subjects for Complaint in BHSCT</th>
<th>Number of Complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointments, Delays &amp; Cancellations (Outpatients)</td>
<td>313</td>
</tr>
<tr>
<td>Staff Attitude, Behaviour</td>
<td>287</td>
</tr>
<tr>
<td>Treatment &amp; Care (Quality)</td>
<td>279</td>
</tr>
<tr>
<td>Communication, Information to Patients</td>
<td>220</td>
</tr>
<tr>
<td>Treatment &amp; Care (Quantity)</td>
<td>112</td>
</tr>
</tbody>
</table>

In 2010 to 2011 the top subject reason for a complaint was Appointments, Delays & Cancelations (Outpatients), this was an increase on last year from 250 to 313.
The pie chart below shows a breakdown of the total number of complaints based on Subject Codes received during 2010/2011. Acute Services is recorded as having received the largest number of complaints.

8.1 Compliments Received

2010/2011 showed a significant increase in the amount of Compliments received and recorded. The total number recorded was 5,374 in comparison to 2009/2010 when 4,680 were recorded however not all Service Groups submit their Compliment Returns to the Complaints Department.

Cancer and Specialist Services have forwarded the largest number of Compliments to the Complaints Department for recording during the year 2010/2011.

The main theme of Compliments was the good standard of Treatment and Care received, this included communication with the family and patient, understanding and empathy shown by staff and cleanliness of Wards and Departments.
Throughout 2010/2011, as a result of complaints received and investigated, a number of service improvements/lessons have been implemented across the Trust and as a result of a number of complaints there has been a review of policies, procedures and internal guidance throughout the Trust.

The New Complaints Procedure has been fully implemented across the Trust with a strong emphasis on gaining resolution at an early stage. To this end, over the last year there has been an increase in the number of meetings being offered to complainants and their families in order to address the concerns they have raised. The Annual Report on Complaints and Compliment 2010 -2011 concludes that this new procedure and resolution at any early stage has had a mutually positive outcome for both complainants and staff.
Section 9: Consultation and Engagement

Consultation has been a key feature in the development of Belfast Trust since its inception in 2007. This reporting period in particular saw the Trust undertake some thirteen Equality Impact Assessments and ongoing engagement regarding the Audit of Inequalities, the Action-based Plan and the revised Equality Scheme. The Trust has learnt to be creative in its consultation to make sure that it is meaningful and effective for all its participants. Belfast Trust acknowledges and welcomes the expertise and experience that its service users, carers and staff can yield in the consultation and engagement process. The Trust has established a number of forums to help progress ongoing dialogue and engagement with the Section 75 groups and other stakeholders.

9.1 Thematic consultation

During this reporting period, as indicated previously, the Trust undertook ‘Right Treatment, Right Place’ - the largest public consultation the Trust has undertaken to date. This consultation on a proposal to reorganise the delivery of Acute Services in Belfast looked at how we can reshape our services to offer the highest standards of care.

This consultation followed on from the 2008 New Directions consultation and focused on a range of specialty areas, many of which were replicated on two or three hospital sites.

The specialties were:

- General Surgery
- Vascular Surgery
- Gynaecology
- Urology
- ENT
- Ophthalmology
- Adult Rheumatology and Dermatology
Equality Impact Assessments were carried out on each of the aforementioned proposals. In light of the size and scope of the proposed changes, it was agreed that consultation with groups should be undertaken on a thematic basis. This was a novel approach for the Trust to go out and meet with the groups to discuss their perspective on the proposed changes across acute services and also how the proposals could best incorporate their needs and wishes. Feedback indicated how effective the method was for both the Trust and the consultees.

9.2 Consultation on Inequalities Audit, Scheme and Action-based Plan

An outcome report on consultation findings was devised further to significant consultation on the Audit of Inequalities, the Equality Scheme and the Action-based Plan. This report detailed the myriad of activities undertaken by Belfast Trust to engage and meaningful involve individuals and representative organisations on this programme of work.

The Trust would acknowledge the value and richness that this process added to the final draft documents. Each consultee received detailed feedback on their response along with a copy of the consultation report which was approved at Trust Board in December 2010.

9.3 Personal and Public Involvement

Involvement of patients, clients, service users, carers and communities is a statutory requirement under the Health and Social Care Reform Act.

It has been proven 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 Personal and Public Involvement Steering Group meets on a quarterly basis and comprises Trust representatives, community representatives and Section 75 representative organisations. Current membership will be reviewed to ensure a more comprehensive presence across the Section 75 groupings. The PPI Group provides a further vehicle for consultation and communication within the Trust and Section 75 is now a standing item on the agenda.
In December 2010, the Health and Social Inequalities Manager presented the draft Equality Scheme, Action-based Plan and Audit of Inequalities to the PPI steering group – and invited them to provide feedback and comments themselves and to encourage others, who they represent, to partake of the opportunity.

A further update on progress to date was provided in February 2011.
Section 10: The Good Relations Duty

10.1 Progressing Good relations

Following the completion of a half day workshop to facilitate the development of a Belfast Trust Good Relations Strategy, a Trust Good Relations Steering group has been set up comprising of key Trust staff and other external key stakeholders relating to race, religion and political opinion as well as representatives from the Community Relations Council.

The first meeting of the steering group was addressed by the Chief Executive of the Community Relations Council, Duncan Morrow. The group agreed an Action Plan which outlined a timescale for the progression of the Strategy and how it will be completed. An additional Action Plan has been developed to ensure a widespread and comprehensive consultation process is conducted internally and externally to inform the contents of the Strategy and ensure it reflects the needs of the Trust, staff and the community it delivers services to. A Good Relations sub group has been set up to oversee the implementation Action Plan.

10.2 Community Relations Week

The Trust has planned to mark Community Relations Week with a number of activities throughout the Trust. Staff will be made aware of Community Relations week and the events planned via the Trust Intranet.

10.3 Intranet

Each day of Community Relations week will be marked with a number of Myths and Facts relating to Good Relations in Northern Ireland highlighted on the Trust Intranet.

10.4 Exhibition

Exhibition stands entitled “Then and Now - the Path to Progress” which will illustrate, through an archive of photographs, symbols, posters and information the journey Northern Ireland has made over the last forty years. The exhibition stands will be located at a number of prime locations throughout the City and will be accompanied with tables.
providing a range of information, book, leaflets and literature available for anyone to read or take.

10.5 Traveller Health Advocates

The Trust secured funding to appoint two members of the Traveller community as Traveller Health Advocates. Their role is to contribute to the promotion and understanding of Trust Health and Social Care services throughout the Traveller Community in Belfast to ensure that Travellers have equal access to Health and Social Care service provision. The Advocates will also provide information and signpost Travellers to Trust Health and Social Services to increase Travellers’ understanding of the roles and responsibilities of different Trust services.

A Traveller Awareness training programme highlighting Traveller history, culture and areas relating to Health and Social Care was developed in partnership with An Munia Tober to provide training to Trust staff throughout the Trust as part of the strategy.

10.6 BHSCT Traveller Health Strategy

This initiative is part of the Belfast Trust general Traveller Health Strategy. The Strategy was developed in partnership with Traveller support group, An Munia Tober following a number of workshops hosted by the Trust, which highlighted areas relating to access to Health and Social Care. The Strategy is overseen by a Trust Traveller Health Steering group and an Operational sub group. Both groups are made up of Trust key staff and representatives from An Munia Tober. The aim of the Strategy which sets specific performance objectives with timescales is:

- To improve access to Trust Services
- To raise awareness of health and social needs of Travelling community
- To develop cultural sensitivity
- To improve information/communication
- To build better relationships
• To explore established models of good practice within Belfast, N.I and further a field with a view to developing in the Belfast Trust area.

10.7 Traveller Focus week

To mark Traveller Focus Week, the Trust contributed to a seminar at Malone House together with An Munia Tober and other Traveller support groups and the Public Health Agency, to discuss the findings of the All Ireland Traveller health Study. The seminar and the findings provided data and information to inform and update the Trust Traveller Health Strategy.

10.8 Traveller Health Forum

The Trust in partnership with the Public Health Agency, Traveller Support Groups.

10.9 Current BHSCT involvement with the Traveller Community

The Trust currently employs a Health Visitor and a Social Worker to work specifically with the Traveller community. As well as fulfilling a generic health visiting and social work function, both members of staff have an extended role within the Traveller community and are involved a wide range of work, including:

• Working closely with voluntary agencies such as Surestart to plan and deliver Traveller focused initiatives such as a drop-in centre

• Working to address a wide range of issues that impact on Travellers such as accommodation, education, general health, employment, racism and Inter- Traveller relationships, as well as the relationships between the Traveller and settled communities

• Working with Barnardo’s Pre-school Education Project for Traveller children to contribute to health reviews on children attending and support activities for Traveller Health Focus week

• Providing links to other health professionals working with Travellers, both regionally and throughout Ireland
Reporting back to Public Health Agency on vaccination uptake rate and promotion of vaccinations throughout the Traveller Community

Representation on the regional Traveller sub-group for education and the Belfast City Council led Tension Monitoring Committee.

10.10 Healthy and Wealthy Together

Healthy and Wealthy Together is a European Commission Funded Project under the INTI (Integration of Third Country Nationals) programme, within the Directorate General for Freedom, Security and Justice. The goal of the project is to identify and develop tools and good practice models to address poverty and health inequalities among migrants. The objectives include mutual learning and exchange, dissemination of good practice and support for partners to develop local Action Plans. The overall aim of this project is to establish a thematic exchange network of public and private local actors working with or for migrants around the issue of health and poverty. Belfast Trust, Belfast City Council, NICEM and AsA transnational exchange programme was established, facilitating transfer of data, experience, good practice and policies and also providing tools and knowledge for the empowerment of local actors in the fields of developing better approaches to poverty and health inequalities among migrants.

The project also provides a possibility to sustain engaged work after the project reaches its natural conclusion in May 2011. This will be made possible through the community of practice which will be established on the back of the on-line platform.

A new report launched on Human Rights Day in December 2010 identified the number one ‘health’ problem for migrants living in Belfast as access to Health and Social Care services.

10.11 I am Roma – Changing Mindsets

In the forthcoming year, Belfast Trust will lead a Local Group in a European Funded initiative to address barriers for and discrimination against Roma people. Quartiers En Crise European Regeneration Areas network (QeC-ERAN) are facilitating this initiative and the end product will involve a campaign to address these significant inequalities.
10.12 Ethnic Minority Steering Group

The Trust will convene the first meeting of an ethnic minority steering group in September 2011. An equality manager from the Health and Social Inequalities Team will be represented on the group.

10.13 Migrant Workers Charter

In association with Business in the Community the Trust signed up to the Employers’ Charter for Employing Migrant Workers in Northern Ireland and has established a Working Group to develop and implement an Action Plan to progress this initiative.

10.14 Discovering Diversity – 6th Module

The Trust will also participate in a regional working group to devise and develop an E-learning 6th Module on Minority Ethnic people and Travellers. This follows the success of the Discovering Diversity website in terms of e-learning.

10.15 Community Spirit

A new artwork celebrating ‘Community Spirit’ will be unveiled in Belfast City hospital today. This project was created by ArtsCare artist-in-residence Andrea Spencer, working with patients, staff and visitors at the hospital.

The artwork, designed by Andrea is constructed of coloured glass and ceramic tiles and will feature an image of local man George Donaldson and his dog Benji who have been a longstanding part of the City Hospital community.

10.16 Tile Making Workshop

A feature of the project was the tile making workshops for patients and the public that took place in October 2010 in the City Hospital Tower foyer and also the Macmillan Support and Information Centre. They were a great success and saw many patients, staff and visitors contributing to the project by making their mark on the clay tiles that will surround the central image of George and Benji. A total of 400 clay tiles were made, many of which now carry unique, personal messages
embedded into the clay.

10.17 Roots of Empathy

A novel classroom approach to reducing bullying and aggression in school children was officially launched at Belfast City Hall.

The Roots of Empathy programme, which is underway in twenty-eight schools across the South Eastern and Belfast Health Trust areas, enlists the help of babies and their parents to teach children about caring for others. At the heart of the programme is a local baby and parent who visit the classroom every three weeks over the school year. A trained instructor coaches the pupils to observe the baby’s development and help them better understand their own feelings.

Speaking at the Launch Chief Executive of the Belfast Trust, Colm Donaghy said ‘The Roots of Empathy programme is an excellent example of health promotion and prevention and partnership working’.

Founded in Canada by Mary Gordon, it is supported on the island of Ireland by PEACE III funding from the Special EU Programmes Body as part of its work to develop cross border co-operation – and is currently underway in Donegal. Other key supports in Northern Ireland include Belfast City Council, the Public Health Agency, Belfast and South Eastern Education and Library Boards, the PSNI, Barnardo’s, Queen’s University and the Colin Neighbourhood Partnership.
Section 11: New/Revised Equality Schemes

- If the Commission has notified you of its intention to request a new/revised scheme or formally requested a new/revised scheme and associated Action Plan, please outline below what progress has been made in this reporting period.

As previously indicated in the report, the Chief Executive of Belfast Trust was advised in October 2010 of the need to produce a revised Scheme as per Schedule 9 3(1) (b) of the Northern Ireland Act 1998. In conjunction with this, the Commission recommended that the Trust produce an Action-based Plan to address Section 75 inequalities. The Equality Commission (ECNI) recommended that an Audit of Inequalities was conducted to inform this.

Work has already been progressed in respect of the audit further to the launch of the new guidance on implementation of Section 75 by the Equality Commission in May 2010. Awareness of this guidance had been pre-empted and raised at strategic level at an event for Executives and Non-Executives from across the HSC sector in April 2010.

The purpose of the Audit was to identify key areas of potential inequality. At the outset all Health and Social Care organisations participated in three planning workshops. The first workshop held in June 2010, was facilitated by John Kremer (QUB). Representatives from the ECNI Statutory Duty Unit were also in attendance and provided a valuable contribution to the discussions. The second and third workshops were used to collaborate on the ‘Emerging Themes’ document and to identify other areas for potential joint working. This collaborative approach has been maintained through regular meetings.

Due to internal reporting mechanisms, Belfast Trust established that it would need to go out to public consultation in December ahead of the other Health and Social Care Trusts to meet the Equality Commission’s timeline of submission of the Scheme and Action-based Plan on 1 May 2011.

In October 2010 Belfast Trust notified some 700 stakeholders of the sizeable programme of work and sought to engage them according to their preference in the process.

On an internal basis:

- A multi-disciplinary group was established to co-ordinate the approach throughout the Trust
- Meetings were convened across each service within the Trust to ensure that the audit and resultant Action-based Plan were relevant to the functions and scope of the Trust
- A template to gather quantitative and qualitative data was issued to staff via the intranet
- Presentations were given to Trust Board and to the Personal and Public Involvement Steering Group.

Externally

- The Trust co-ordinated and convened a regional workshop and a local workshop with stakeholders in February 2011 on the draft Scheme, Audit and Action-based Plan. Feedback proved timely and constructive
- The Trust met with Trade Unions and in a separate meeting with the appointed lead from the Equality Coalition to discuss their approach to the process
- The Trust met with representatives of the Equality Commission’s Statutory Duty Unit to ensure that their process to date met with their expectations and endorsement
- The Trust held 1-1 meetings with individuals
- The Trust held a teleconference with RNIB
- The Trust published the draft Scheme and Action Plan on their website inviting comments from stakeholders
- Representatives from the Trust’s Health and Social Inequalities Team and Community Development Unit attended and participated in the Equality Coalition’s consultation event.
The Trust consulted for thirteen weeks from 10 December 2010 till 11 March 2011. The amended Scheme and Action-Plan were presented and approved by Trust Board on 7 April 2011 and submitted to the Equality Commission with an accompanying letter from the Chief Executive in line with the submission date of 1 May 2011.
Section 12: Additional Comments

- Please provide any additional information/comments.
(Enter text below)
Good progress continues to be maintained during 2010 to 2011 in the implementation of the Disability Action Plan (DAP). Following discussions and agreement with the Equality Commission DAP Revised Actions and Performance Indicators (1 January 2011 until 1 May 2012) was submitted to the Equality Commission in December 2010. This revised document reflected the work of the Regional Working Groups established in 2008. The revised measures are also reflective of the ongoing engagement with disabled people and representative organisations who have worked along side Trust staff on the Regional Working Groups and the successful implementation of the DAP.

These actions will be subject to quarterly review. The decision was taken following recommendations from the Encouraging Participating Working Group to evaluate the work of the five groups. It was decided that three working groups would be the most efficient and effective method to progress the DAP. The employment and training work streams continue and a new group looking at communication/participation issues was established. The working groups comprise of health and social care staff, people with a disability and disability advocacy groups. The DAP continues to have both a Regional and local element to its delivery.
A series of meetings were held during 20010 to 2011.

- 21/04/2010 – hosted by the Northern HSC Trust which looked at the Disability Awareness e-learning Module and Revised Actions and Performance Indicators for the Disability Action Plan 1 January 2010 until 1 May 2012.
- 16/08/2010 – hosted by the South Eastern HSC Trust which looked at a number of issues including Accessibility Design for Dementia and Life-Time Homes.

A further meeting has been planned for 31 May 2011 which will be hosted by the Western HSC Trust in which the HSC Discovering Diversity e-learning programme which was led by the WHSCT will be launched. Also at this meeting the 3 key employment documents will be launched as follows:

- Disability Employment Framework
- Disability Etiquette Guide for Staff
- Reasonable Adjustment Guide

These initiatives which were led by the SHSCT have been supported by the Equality Commission who will be one of the guest speakers at the event.

Key developments for each of the Working Groups during this reporting period include the following:

- **Staff Training and Development Work stream**
  This work stream is led by the WHSCT. The production of a Disability Equality E-Learning Programme which includes promotion of these two duties. This was funded from across the Health and Social Care Organisations and will be launched in May 2011. This disability e-learning module, which forms part of the
HSC Discovering Diversity e-learning programme, was designed to focus on disability awareness. It will ensure that staff are equipped to deal with difference and diversity in a positive way. The Disability module was developed in partnership with staff from nine HSC and Disability organisations, including RNID, RNIB, Action Mental Health and Mencap. The aim is to ensure that HSC staff are aware of their responsibilities in relation to working with and providing services to people with different disabilities. After completing this module, staff will be able to:

- Promote more positive attitudes to people with disabilities
- Provide services to people with disabilities in an effective and confident way
- Deal effectively with new and/or challenging situations.

The latest module includes a number of video clips by people with different disabilities. This includes an interview with a staff member from the SEHSCT identifying good practice in the work place.

- **Employment Work stream**
  Membership of this Working Group included HSC staff and representatives from the Disability sector. This work stream is led by the SHSCT.

Key developments for this group included the development of the following:

- Disability Employment Framework
- Disability Etiquette Guide for Staff
- Reasonable Adjustment Guide

These documents which were developed by the Working Group were consulted upon in October 2010 and positively evaluated by consultees. A consultation outcome report was provided. These will be launched in May 2011 and following this local implementation will take place.
• Communication and Accessibility Work stream

This Group is led by Belfast HSC Trust, South Eastern HSC Trust and Northern HSC Trust. In addition to this a new Regional Accessible Communication Group is progressing many of the DAP actions. In the Trusts Audit of Inequalities, communications with patient/client/service users with a range of disabilities was identified as an area for development. The need for more specific staff guidance on areas such as appointment letters, sign language interpreting is being progressed by this group. Representation of this group includes key stakeholders such as RNIB, Stroke Association, Royal Society for Speech and Language Therapists, Disability Action, Action on Hearing Loss, Education for Adults (EGSA), Cooperation and Working Together (CAWT) as well as HSC staff. The timeline for this work to be completed is May 2012 and it is envisaged that the end product will facilitate the production of best practice guidelines and minimum information standards. This will ensure that people with learning disability, sensory impairment, low literacy levels and those who are not fluent in English will have improved access to Health and Social Care information.

The development of more specific performance indicators for the three work streams have been outlined in the revised DAP 2011-2012.

The DAP Progress Report 2009-2010 was presented to Trust Board in October 2010, progress was noted and positively commented on. Trust staff continue to be involved in a number of the Regional working groups and good practice is promoted at a local level.

A key issue for this 2010-2011 has the alignment of the Trust’s DAP with other key strategic documents such as the Second Generation Equality Scheme and the Corporate Plan.
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</th>
<th>Outcomes / Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td></td>
<td></td>
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<tr>
<td>Regional</td>
<td>Comprehensive Spending Review (CSR), Personal and Public Involvement Plan (PPI) and DAP Working Groups and key products such as disability e-learning package, Disability Employment Framework, Etiquette Booklet and Reasonable Adjustment Guide.</td>
<td>Two Regional meetings held and approximately thirty staff, disabled persons and/or their representatives attended each meeting. Personal Public Involvement (PPI) staff and Equality staff continue to work closely to ensure the alignment of the two Statutory Duties re PPI and Section 75. The launch of the three Disability Employment Products e-learning Disability module.</td>
<td>Improved decision-making and policy development at all levels. Ensure top-level commitment to Disability Action Plan. Increased confidence in public re the transparency of Trust processes. Enhance performance of working groups. Enhanced opportunities for people with disabilities. Greater understanding of issues facing people with disabilities and clear guidance to response to this.</td>
</tr>
<tr>
<td>Local</td>
<td>The Trust’s Section 75 Action Plan is integrated into the Trust’s Corporate Plan and Disability Action Plan. PPI, Disability Steering Group (DSG) and DAP Working Groups. Trust representatives on Regional Working Groups. Service Users and Representatives on Trust bodies and involvement in service/policy developments. Following Access Audit pilot carried out in EENT Dept. Dec 2010. Guidance on Carrying out a Disability Access Audit was produced to be circulated to all Trust Managers.</td>
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<tr>
<td></td>
<td>Increased public participation and engagement in number of key developments such as DSG and PPI. Trust in partnership with a number of voluntary Orgs. provided 15 work placements. Work begun on ring fencing posts for people with a mental health disability. New on-line training modules for staff.</td>
<td></td>
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<tr>
<td></td>
<td>Further development of local expertise. Regional work being integrated at local level. Enhanced opportunities for people with disabilities. Greater understanding of issues facing people with disabilities and clear guidance to respond to this.</td>
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<tr>
<td>Developing an Equality Monitoring System for Staff.</td>
<td>Increased disclosure. Trust enabled to provide suitable reasonable adjustments.</td>
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<tr>
<td></td>
<td>Greater confidence in the Trust from disabled people. Greater understanding of issues for disabled people, assist Trust in future planning in terms of access for disabled staff.</td>
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<tr>
<td>Framework on the Employment</td>
<td>Increased public</td>
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<td></td>
<td>Increased employment and</td>
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</tbody>
</table>
| of Disabled People | participation and engagement  
More disabled people employed and in work placements | training opportunities for disabled people; greater knowledge of the range of aids and adaptations available to provide reasonable adjustments |
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 Work of Regional Training Group. Production of e-learning module on disability to be incorporated in the HSC Discovering Diversity Programme.</td>
<td>Regional Training Group comprised of Trust staff, other HSC organisations, people with disabilities and disability advocacy groups such as Mencap, RNIB, RNID and Action Mental Health. Regular meetings were held with this group and the software company Aurion to develop and complete this module. E-learning package developed and will be launched in May 2011.</td>
<td>High level ongoing involvements by people with disability and Disability Advocacy Groups in planning for the implementation of the Training objectives. Significant exchange of models of good practice between Trusts and Disability Advocacy Groups. Good networking and building of relationships. Development of a learning environment where people are prepared to be both challenging and challenged. More positive attitudes to people with disabilities and greater confidence of staff in providing services for people with disabilities.</td>
</tr>
<tr>
<td>2 Mandatory Equality training for all staff and managers includes section on Disability 6 tailored courses for specific services 4 Disability Equality</td>
<td>419 Staff 79 Managers</td>
<td>Increased awareness and knowledge of DAP and related impacts on policy development and service delivery. Benefits to Disability Advocacy Groups in understanding workings of Trust.</td>
</tr>
<tr>
<td>Courses</td>
<td>Equality training section on disability Legislation including DAP duties. 436 staff attended Induction Programme in Trust.</td>
<td>Increase awareness and knowledge of the DAP and associated responsibilities for all staff.</td>
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<td>------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>3 Corporate Induction Training.</td>
<td>Approximately 436 participants including people with disabilities, representative groups and HSC staff. 21 attendees</td>
<td>Increased awareness and knowledge of the range of disabilities enabling the setting more specific and measurable outcomes for all managers and staff - including monitoring arrangements.</td>
</tr>
<tr>
<td>4 Professional Development Training for Interpreters on Mental Health and Speech and language 3 Equality courses for Social Work Staff included working with people with sensory disabilities Specific training on sensory impairment includes Lip-reading, Tinnitus, Sighted Guide and BSL</td>
<td>2 Sessions were held for managers engaged in leading on change which included EQIA. initiative involved over 27 staff.</td>
<td>Increased awareness of disability duties during screening, EQIAs and decision-making processes.</td>
</tr>
<tr>
<td>5 Organisational Change training for HR and Service Mgrs. This incorporated the Disability duties.</td>
<td></td>
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</tr>
</tbody>
</table>
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 Work of Regional Accessible Communication Group</td>
<td>Regional Accessible Communication Group comprised of Trust staff, other HSC organisations, people with disabilities and disability advocacy groups such as RNIB, Stroke Association, Disability Action and others.</td>
<td>Involvement of key stakeholders in the process. Identification of models of good practice. Networking and building of relationships.</td>
</tr>
<tr>
<td>2 Explore models of good practice</td>
<td>Questionnaire sent to twenty five key organisations in January 2010 to provide a baseline audit and identify Good Practice. Evaluation of questionnaire.</td>
<td>Information received has been analysed and will form the basis of Good Practice Guide for staff and will also be incorporated into Disability Training sessions.</td>
</tr>
<tr>
<td>3 Increased awareness of DAP within Trusts.</td>
<td>DAP available on Intranet/Internet. Information on DAP in Trust publications. Links with PPI.</td>
<td>Increased staff and public awareness.</td>
</tr>
<tr>
<td>4 Increased awareness of the provision of alternative formats. Trust’s Good Information</td>
<td>The promotion of formats of choice mainstreamed throughout the Trust. Involvement of Trust staff in</td>
<td>Increased requests for accessible formats for example Easy Read, Large Font and DAISY versions of Trust documents. Increased expertise</td>
</tr>
</tbody>
</table>


Group members are representatives from each service within Learning disability services, community groups, advocacy services, private residential facilities and work opportunity groups. During the reporting period the GIG has:

- Produced a Hospital Passport, provided training and information on how to promote the total communication standards,
- made easy information resources, used the computer and software packages to make good information. The Health and Social Inequalities team represents the Trust on the RNIB’s Vision Strategy Group amongst Trust staff has a positive impact on patient experience.

Involvement of key stakeholders in the developing of appropriate communication methods, identification of models of good practice. Mainstreaming good practice, Networking and building of relationships.
|   | Improved Website Accessibility | Websites now include Browsealoud and Assistance with Browser settings e.g. font size and colour. | Improved accessibility of Trusts websites. |
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>1 Encouraging Participation Questionnaire</td>
<td>Evaluation of questionnaire indicated that key issues re participation were associated with communication, accessibility issues and monitoring. The decision was taken to merge the communication encouraging participation and mainstreaming work streams so that these issues could be more closely aligned in the DAP.</td>
<td>Alignment of key inter-related work streams - participation, communication and mainstreaming. More efficient and effective use of resources.</td>
</tr>
<tr>
<td>2 Provision of training sessions for example Corporate Induction</td>
<td>Corporate Induction – 436 attended Equality and Human Rights module which incorporates training on DAP.</td>
<td>Promotes positive attitudes towards disabled people. Improves patient and staff experience.</td>
</tr>
</tbody>
</table>
(e) Please outline **any additional action measures** that were fully achieved other than those listed in the tables above:

<table>
<thead>
<tr>
<th>Action Measures fully implemented (other than Training and specific public life measures)</th>
<th>Outputs</th>
<th>Outcomes / Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The development and consultation on the Audit on Inequalities and Section 75 Equality Action Plan</td>
<td>Production of Audit of Inequalities and Emerging Themes Booklet. This creates a key research document for Trust staff in relation to people with disabilities</td>
<td>Excellent resource for staff working on e.g. Screening and EQIAs.</td>
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<td>3</td>
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</tr>
</tbody>
</table>
Disability Steering Group

Access Audit Sub-Group

End of Pilot (October 2009 - October 2010) Report

December 2010
1. **Background**

The following duties were introduced under Section 49A of the Disability Discrimination Act (1995) as amended by Article 5 of the Disability Discrimination (Northern Ireland) Order 2006 to:

- Promote positive attitudes towards disabled people, and
- Encourage the participation of disabled persons in public life.

In addition, Section 49B places an obligation on the Belfast Trust to submit a plan on how it proposes to fulfil these duties in relation to its functions. The Trust established a Disability Steering Group and produced a Disability Action Plan in partnership with the other Health and Social Care Trusts in Northern Ireland which was published in December 2007. This plan was due to be renewed in December 2010 however, the HSC Trusts are seeking an extension to bring Disability Action Plans in line with new Equality Scheme and Corporate Plan.

2. **Introduction**

The Disability Access Audit sub-group was established to help inform the Trust’s Disability Steering Group’s strategies and activities in the continuous development of it’s Disability Action Plan.

A decision was made to carry out a disability access audit pilot (October 2009 – October 2010) in the Eye, Ear, Nose and Throat (EENT) department of the Royal Hospitals and to produce an end of pilot report to include recommendations for best practice to be rolled out across the Trust.

2.1 **Disability Access Audit Group Members:**

- Equality Manager, Belfast HSC Trust, Health and Social Inequalities Team
- Access Officer Consultant, Disability Action
- Social Worker, Belfast HSC Trust Sensory Support Team
• Outpatients Manager, Belfast HSC Trust Royal Victoria Hospitals
• Divisional Manager, Belfast HSC Trust, Estates Department
• Appointments Officer, Belfast HSC Trust, Mater Infirorum
• Manager, Belfast HSC Trust, Health Records
• Senior Administrative Assistant Manager, Belfast HSC Trust Royal Victoria Hospitals, EENT Department.

3. **Areas of Work**

The following areas of work were identified by members of the Group.

3.1 **Signage**

Following advice from the Trust’s Sensory Support services and members of Estates staff, who have been trained in universal accessibility, new signs were installed at entrances and corners in the Royal EENT department – these signs have black lettering on a yellow background, a large sign has been moved to the Falls Road entrance lobby. Directional signs have been similarly changed in the Contact Lens Clinic.

3.2. **Lighting**

One area, where lighting has been improved, is in the corridor from the Falls Road Main Entrance. The Trust’s Estates department will continue to identify areas where lighting can be improved and will prioritise upgrade subject to funding.

3.3. **Printed Communications**

The Group arranged for Appointment and Partial Booking letters to be produced in 14 font type (as recommended by the RNIB) showing an updated map and the Shopmobility logo. However, as they are printed in dot-matrix they are still problematic for those with sight impairment.

The Group has done as much as it can to provide accessible printed information. However, there are constraints in terms of IT, finance and the timescale for upgrading the Patient Administration System. The
current system does not allow changes to font size, nor is it possible to ‘flag up’ individual patients within the system.

Accessing existing Letters was trialled by a Staff member from the Sensory Support Team who has a visual disability. The current format is difficult to access due to the printing system in use.

The Sensory Support Team introduced accessible staff calling cards and a team leaflet a number of years ago. Feedback from Service users has been extremely positive on both these printed items. The Trust’s Sensory Support Service also produces their service leaflet in audible format in six languages. Braille copies can also be provided on request.

3.4 Telecommunications

Current telecommunications arrangements are inaccessible to deaf and some hard of hearing people, as patients are required to make appointments by telephone only. The most accessible method for deaf and hard of hearing people is by SMS (text messaging). The Trust is currently upgrading all its telecommunication systems; a feature of the new system will allow for text messages to be sent and received through the email system which will provide a fully accessible service to this User group. This system will be launched in 2011.

3.5 Patient Paging System

The needs of deaf and hard of hearing people who attend Outpatient and other clinics maybe overlooked in that patients are called by name. This client group needs to be provided with equal access in the form of a hand held buzzer or similar. Such a system is in use at the Bridgewater Suite, City Hospital.

3.6 Tag Talk

The Group researched the Tag Talk system which is based on Radio Frequency Identification (RFID) technology. Tags would be embedded in appropriate positions in the environment. Each tag has a unique identification code. The user carries a receiver which registers the tag code and delivers the relevant message to a hand-held receiver or mobile phone. The message is audible via an ear piece or small speaker.
The system is easy to use. It offers timely, accurate location directions and more general information in a discrete manner. Information is delivered by pre recorded voice or text accompanied by text on the receiver screen and can be changed easily as circumstances alter. The audible message can be easily heard even in noisy environments. The user will have a choice of receiver type from a simple PDA to a top of the range mobile phone. By the end of 2010 the receiver will have blue tooth capability enabling it to provide messages to a standard Android based mobile phone.

In terms of the Service Provider the system operates in both external and internal environments and has a low purchase price and running costs.

4. Patient Survey

The Access Audit Group designed a patient survey questionnaire. The aim was to identify areas where access improvements or enhancements could be made for disabled patients and visitors.

Questionnaires were completed in April 2010 in the Eye Clinic and Rheumatology Outpatients (It was decided to include a non specialist EENT service in order to compare access needs in both).

The following areas for improvement were identified:

- Communication of appointment by letter and telephone – inaccessible to deaf or partially hearing people
- Only 3 of the 19 people surveyed were asked if they had any specific needs
- Only 4 of the 19 people surveyed were asked if they needed assistance at reception.

NB: All those surveyed said that staff were very helpful.
5. **Secret Patient**

A secret patient with a visual impairment was organised through the Sight Support Team. The patient received an appointment letter for the Low Vision Clinic and followed the patient journey. Feedback from the secret patient was on the whole positive. He did however have some difficulty locating the Low vision Clinic due to the positioning of signage in this area of the hospital. Work has been carried out to relocate and modify some of the existing signage in question.

6. **Volunteer Scheme**

The Trust’s Voluntary Services provides guides, at the Falls Road entrance, to direct and assist patients and visitors to RVH departments. The Access Audit Group’s Social Work representative from the Sight Support Team has carried out sighted guide awareness training for volunteers attached to the hospital’s Volunteer Scheme and Shopmobility at the RVH Site.

Information on the sighted guide scheme was circulated Province-wide:

- In an audible RNIB magazine
- Included on local talking Newspapers through libraries across Northern Ireland
- Included in a new accessible magazine
- Produced and circulated by Visual Access Northern Ireland.

7. **Recommendations**

7.1 **Signage**

Given the positive responses received on the improved signage to and in the EENT department the Group recommends that this style and design of signs are replicated throughout the Trust as resources allow.
7.2 Lighting

Inadequately lit areas should be improved as resources allow.

7.3 Printed Communications

The Trust is aware of the shortcomings of the current Patient Administration System (PAS) which is due to be updated in 2015. In the interim the Trust is exploring alternative methods of printed communication for example, to print letters off the PAS system and duplicate them on another system such as Word – this may require additional administrative support.

The Group recommends that other Services follow the example of the Sensory Support Service’s introduction of accessible staff calling cards and Service leaflet which are in audible format. As well as in the top five or six most popular languages and provide Braille copies on request.

7.4 Patient Paging System

The Group recommends rolling out the In-House Paging System which is used in the Bridgewater Suite, City Hospital. The system has buzzers based at reception and placed on a charger. Patients check in at reception and get a buzzer. Each buzzer has a number and this number is recorded on the notes for that patient. The patient is told to report to a designated area when their buzzer lights up. The patient can sit in the waiting area or go for a coffee etc when they are waiting.

This system is tried and tested and is reliable. A system with 200 pagers cost’s approximately £15,000.

7.5 Patient Survey

The patient survey yielded valuable information, however, the Group would recommend that a further questionnaire asking for patients views is carried out. This would clarify areas of access improvement need and assist in future policy and planning.

7.6 Secret Patient

The secret patient experiment was carried out by a person with a sight impairment. This provided the Group with information on the patient journey both in terms of what good access was in place and the areas
that require improvement. The Group recommends that a further ‘secret patients’ journey is carried out by a wheelchair user, someone with a hearing impairment and a user with a learning disability, this would provide valuable information to the Disability Steering Group and assist with future policy and planning decisions.

7.7 Volunteer Scheme

The Access Audit Group recommends that volunteers are placed at entrances to other Trust Hospitals and receive the training on guiding those with a sight impairment.

8. Conclusions

Valuable lessons have been learned during this pilot project which has allowed for the identification of best methods to use in the provision of equality of access to disabled people.

The Trust is improving accessibility on an ongoing basis – an excellent example is the planning and implementation of the new telecommunications system.

Staff training programmes will greatly influence organisational culture in planning and development of all Trust functions. Training volunteers and front line staff is essential to achieving a fully accessible environment. New technology such as Tag Talk and other telecommunication innovations are improving accessibility for disabled people at a pace. Costs will inevitably come down as production numbers increase, which will allow the Trust to harness these access improvements as resources allow.

8.1 Printed Communications

The Disability Discrimination Act (Northern Ireland Order) places an obligation on Public Authorities to provide information in accessible formats. The Trust is unable to meet its legal obligations until the system, which is a regional one, is updated in 2015.
8.2 Thanks

The Group wishes to thank Margaret Matthews for her generous contribution in time and effort. Margaret was, Access Officer Consultant with Disability Action until September 2010.

8.3 Flow Chart

The Flow chart (below) illustrates how the project was managed. The Group found this system worked well and would recommend it for any future sub-groups.
Flow Chart - (How Project was managed):

1. Commission Project
   Establish needs.
   Identify expert group members

2. Identify pilot projects. All group members

3. Allocate appropriate group member to lead on work area

4. Carry out task – relevant group member(s)

5. Evaluate findings - all group members

6. Agree recommendations
   All group members

7. Produce Draft Report - relevant group member

8. Review amend final draft - all group members

9. Submit report to Steering Group

10. De-commission

Disability Steering Group
Action Plan Development
Access Audit Sub-Group
### Appointments:

<table>
<thead>
<tr>
<th>Q1</th>
<th>How was your appointment communicated to you? (2 people received communication via letter, clinic and phone)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Appointment Letter: 11.48%, Telephone: 3.13%, Partial Booking System -, E-mail -, Text -. At Clinic: 9.39%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q2</th>
<th>Did you find the communication for your appointment accessible? If not please state why:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>17.81% found the communication for their appointment accessible, 3.14% did not respond to this question, 1.50% stated they did not find communication accessible as it was by phone and they have partial hearing.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q3</th>
<th>Were you supplied with a map of the appointment location?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes: 15.71%, No: 6.29%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q4</th>
<th>Did you find the map accessible?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes: 13.62%, No: 7.33%, 1.50% did not answer.</td>
</tr>
</tbody>
</table>

### Date and time of appointment:

<table>
<thead>
<tr>
<th>Q5</th>
<th>Were you given a choice for date and time of appointment:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes: 11.52%, No: 9.43%, 1.50% did not answer.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q6</th>
<th>Did you identify yourself as having a disability:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes: 2.90%, No: 17.81%, 1.50% did not answer and 1.50% answered not applicable.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q7</th>
<th>Were you asked if you had specific needs:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes: 3.14%, No: 16.76%, 2.10% did not answer.</td>
</tr>
</tbody>
</table>

### Day of appointment:

<table>
<thead>
<tr>
<th>Q8</th>
<th>Did you travel alone or with a companion to the hospital?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Alone: 10.50%, with a companion: 9.45%, did not answer: 1.50%.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q9</th>
<th>What method of transport did you use to reach the hospital?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Description</td>
</tr>
<tr>
<td>----------</td>
<td>-------------</td>
</tr>
<tr>
<td>Q10</td>
<td>Do you have a blue badge?</td>
</tr>
<tr>
<td>Q11</td>
<td>Were you able to park in a designated accessible parking bay?</td>
</tr>
<tr>
<td>Q12</td>
<td>How would you rate your journey from car park to hospital entrance?</td>
</tr>
<tr>
<td>Q13</td>
<td>If any answered poor - comments received:</td>
</tr>
<tr>
<td>Q14</td>
<td>Which hospital entrance did you use?</td>
</tr>
<tr>
<td>Q15</td>
<td>Have you visited this location before?</td>
</tr>
<tr>
<td>Q16</td>
<td>Were you offered, did you seek any assistance at reception?</td>
</tr>
<tr>
<td>Q17</td>
<td>Did you find the signage to the location appropriate?</td>
</tr>
<tr>
<td>Q18</td>
<td>How would you rate your journey from the hospital entrance to this location?</td>
</tr>
<tr>
<td>Q19</td>
<td>What was the most difficult part of your journey within the hospital site?</td>
</tr>
<tr>
<td>Q20</td>
<td>What was the least difficult part of your journey within the Hospital site?</td>
</tr>
<tr>
<td>-----</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Walking. Main hospital - clearly signed and laid out. From waiting room to clinical room. Toilets and doctor's room. When arrived at Clinic everything located together on one floor.</td>
</tr>
</tbody>
</table>

**Reception:**

<table>
<thead>
<tr>
<th>Q21</th>
<th>Was the check-in procedure at reception suitable to your communication needs?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes: 19.90%, 2.10% did not answer.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q22</th>
<th>Was the waiting area suitable to your needs?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes: 16.80%, No: 3.15%, 1.50% did not answer.</td>
</tr>
</tbody>
</table>

**NB:** One questionnaire had questions 22 – 26 missing.

<table>
<thead>
<tr>
<th>Q23</th>
<th>Was the method of alerting you to your appointment appropriate?</th>
</tr>
</thead>
</table>
|     | Yes: 18.90%, No: 1.50%, 1.50% did not answer.  
**If no please state why:** Could not hear name being called at Clinic. |

**NB:** One questionnaire had questions 22 – 26 missing.

<table>
<thead>
<tr>
<th>Q24</th>
<th>Were there leaflets and information materials?</th>
</tr>
</thead>
</table>
|     | Yes: 17.85%, No: 2.10%, 1.50% did not answer.  
**NB:** One questionnaire had questions 22 – 26 missing. |

<table>
<thead>
<tr>
<th>Q25</th>
<th>Were they accessible to you?</th>
</tr>
</thead>
</table>
|     | Yes: 16.80%, No: 1.50%, 3.15% did not answer.  
**NB:** One questionnaire had questions 22 – 26 missing. |

<table>
<thead>
<tr>
<th>Q26</th>
<th>Did you find the staff helpful?</th>
</tr>
</thead>
</table>
|     | Yes: 19.95%, 1.50% did not answer.  
**NB:** One questionnaire had questions 22 – 26 missing. |

<table>
<thead>
<tr>
<th>Q27</th>
<th>Please indicate your age range:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>19-29: 1.50%  30-39: 4.19%  40-49: 2.90%  50-59: 5.24%  60-69: 7.33%  70-79: 1.50%  1.50% did not answer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q28</th>
<th>Any other comments?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Staff all very helpful. Signs not big enough. Too many people in waiting room, very warm and stuffy, no drinking water.</td>
</tr>
</tbody>
</table>
Disability Access Audit – Guidance Notes

1. **Introduction**

The Trust’s Disability Steering Group (DSG) established an Access Audit sub-group to carry out an audit pilot in the Eye, Ear, Nose and Throat (EENT) department at the Royal Hospitals. The Audit was completed in December 2011 and a report submitted to the DSG; following this report the DSG asked the group to produce guidance for others who wished to complete a disability access audit in their own department or work area.

2. **First Steps**

Identify all the functions of the services you provide – consider the patient/client journey then consider the journey again if the patient/client had a disability – this will help you to identify the gaps in your service and the experts that you will need in your Project Group to assist you in carrying out your audit. E.g. the EENT Access Audit Group was made up of the following members:

- Social Worker from the Trust’s Sensory Support Service
- An Equality Manager
- Outpatients Service manager
- Estates Department manager
- Administrative manager from the EENT Department
- Manager from Health Records.
3. **Initial Audit**

Remember that your service provision applies not just to patients/clients, but to their families, carers, visitors and staff and applies to all functions of your service. List every aspect of service provision e.g:

- Access to your department reception areas and meeting rooms
- Printed materials
- Physical access for wheelchair users
- Electronic materials and computer equipment signage
- Training.

For each aspect, consider how accessible it is and whether a disabled user may require an adjustment to be made in order to access services by their preferred method.

Consider whether changes can be made to anticipate the requirements of disabled users, or whether changes will need to be made on an individual need basis e.g:

- As result of the EENT Access Audit, lighting was improved in the Falls Road entrance to EENT which will benefit everyone
- A person with a hearing impairment might require that you contact them by FAX or Text according to his/her individual need.

Consider the risk level e.g; it will be high if part of the service cannot be accessed at all by a wheelchair user or low if the service can be accessed but the user needs more information about how to access it. What is the adverse impact level – will it apply to a large percentage of patient/ Users, or will it only apply very occasionally?

Consider how the issue could be resolved, and whether additional resources will be needed:
• Patient surveys yield valuable information in terms of clarifying areas in need of access improvement and assisting in future policy and planning.

• While Access Audit Group’s survey showed that staff were perceived to be friendly only 3 of the 19 people surveyed were asked if they had any specific needs and only 4 of the 19 were asked if they needed assistance at reception; this can be easily resolved by a short training session with no need for additional resources.

• The Audit also highlighted the need for improved signage in and to the department. Estates staff installed new signs at entrances and corners in the Royal EENT department – these signs have black lettering on a yellow background, a large sign has been moved to the Falls Road entrance lobby. Directional signs have been similarly changed in the Contact Lens Clinic.

4. **Audit Review**

Decide timelines for reviewing each issue taking into account the level of risk and the availability or resources e.g; a building entrance which is inaccessible could be reviewed in a year; for accessible intranet information which is frequently updated this could be every 3 months.

5. **Audit Reviews**

Revisit your audit matters regularly, in order to add new ones, change the status of an existing matter and conduct reviews when review dates are close.

Review whether:

• The risk or impact has changed

• The responsibility and resource requirements are still accurate.
6. Resolving issues - suggestions and resources

In many cases, the need to make adjustments for individuals can be avoided by making the service more accessible for everyone. This could mean having well designed web information, automated door openers, providing communications in an accessible manner according to individual needs/preferences.

In other cases, adjustments may need to be made for one particular person, and these adjustments should be discussed and agreed with that individual.

Sometimes additional resources or substantial re-arrangements may be needed in order to make the service more accessible. In which case make whatever ‘reasonable adjustments’ possible and ensure the matter is factored in to future planning and budgetary arrangements e.g.:

- After discussing the person’s needs with them you could meet a patient/user in an accessible room outside the clinic. Make arrangements to provide appointment/information by fax, text, e-mail or large print letter.

7. Access Audit Group Findings

Valuable lessons were learned during the EENT Access Audit pilot project in terms of identifying the sources of expert advice and of the best methods to use in the carrying out an audit of this kind.

Signage

Estates staff are trained in universal accessibility and will advise you of the best model to use for your needs/patient/client group.

- Matters to consider are colour contrast, use of pictorial signs, raised lettering, font size, use of a mix of upper and lower case letters.
Lighting

The Trust’s Estates department continues to identify areas where lighting can be improved, prioritises and upgrades subject to funding.

- You can get advice from Estates on suitable lighting for your department.

Printed Communications

The Patient Administration System will be upgraded in 2015. The current system does not allow changes to font size, nor is it possible to ‘flag up’ individual patients within the system:

- Appointment and Partial Booking letters can be produced, within your own department, as a word document in 14 font type (as recommended by the RNIB)

- The Sensory Support Team introduced accessible staff calling cards and a team leaflet a number of years ago. Feedback from Service users has been extremely positive on both these printed items. The Trust’s Sensory Support Service also produces their service leaflet in audible format in six languages and Brailled copies are provided on request.

Secret Patient

A secret patient with a visual impairment took the patient journey from receiving an appointment letter for the Low Vision Clinic to arriving at the department. The journey was very useful in identifying the areas where access needed to be improved

- This journey can be replicated by people with a range of disabilities.

Patient Survey

The Access Group found the patient survey to be a very useful tool in terms of gaining insight into the barriers that disabled people face surveys and can be repeated to elicit further detail or evaluate improvements.
Volunteer Scheme

The Trust’s Voluntary Services provides guides, at the Falls Road entrance, to direct and assist patients and visitors to RVH departments.

- A representative from the Sight Support Team provided sighted guide awareness training for volunteers attached to the hospital’s Volunteer Scheme. The Group recommends that volunteers are placed at entrances to other Trust Hospitals and receive training on guiding those with sight impairment.

Information on the sighted guide scheme was circulated Province-wide:

- In an audible RNIB magazine
- Included on local talking Newspapers through libraries across Northern Ireland
- Included in a new accessible magazine
- Produced and circulated by Visual Access Northern Ireland.

Training

Staff training programmes greatly influence organisational culture in planning and developing all Trust functions. The Trust provides mandatory training for all staff which includes disability information; in addition to this the Health and Social Inequalities Team provide Disability Awareness training quarterly and will also provide tailor made training for particular departments/staff groups. The Sensory Support Team provides training on all aspects of sensory impairment.

8. Innovations in Disability Access

Telecommunications

Current telecommunications arrangements are inaccessible to deaf and some hard of hearing people. The most accessible method for deaf and hard of hearing people is by SMS (text messaging).
• The Trust is currently upgrading all its telecommunication systems; a feature of the new system will allow for text messages to be sent and received through the email system which will provide a fully accessible service to this User group. This system will be launched in 2011.

Patient Paging System

The needs of deaf and hard of hearing people who attend Outpatient and other clinics maybe overlooked in that patients are called by name.

The Bridgewater Suite, City Hospital has an In-House Paging System. Each patient is given a buzzer the number of which is recorded on the notes for that patient. The patient is asked to report to a designated area when their buzzer lights up. The patient can sit in the waiting area or go for coffee etc while they are waiting. This system provides good access to all patients/users.

Tag Talk

The Group researched the Tag Talk system which is based on Radio Frequency Identification (RFID) technology. Tags would be embedded in appropriate positions in the environment. Each tag has a unique identification code. The user carries a receiver which registers the tag code and delivers the relevant message to a hand-held receiver or mobile phone. The message is audible via an ear piece or small speaker.

The system is easy to use. It offers timely, accurate location directions and more general information in a discrete manner. Information is delivered by pre recorded voice or text accompanied by text on the receiver screen and can be changed easily as circumstances alter. The audible message can be easily heard even in noisy environments. The user will have a choice of receiver type from a simple PDA to a top of the range mobile phone. Since the end of 2010 the receiver has blue tooth capability enabling it to provide messages to a standard Android based mobile phone.

In terms of the Service Provider the system operates in both external and internal environments and has a low purchase price and running costs.
Contact Numbers

Health and Social Inequalities Team: 028 90 563780
Sensory Impairment Team: 028 90 912190
Employment Equality Team: 028 90 636105
1. Commission Project Establish needs. Identify expert group members

2. Identify pilot projects. All group members

3. Allocate appropriate group member to lead on work area

4. Carry out task – relevant group member(s)

5. Evaluate findings - all group members

6. Agree recommendations All group members

7. Produce Draft Report - relevant group member

8. Review amend final draft - all group members

9. Submit report to Steering Group

10. De-commission

Flow Chart

Disability Steering Group Action Plan Development Access Audit Sub-Group

ACCESS AUDIT SUB-GROUP
HEALTH & SOCIAL INEQUALITIES
MANAGEMENT PLAN
2010 / 11
1. Introduction

1.1: Health & Social Inequalities Team Statement of Purpose

Health and Social Inequalities is collectively and collaboratively working 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.

1.2: How we will achieve our purpose

We will achieve our 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
1.3: Strategic position:

The Belfast Health & Social Care Trust has 4 core values and 5 corporate objectives that are fundamental to its strategic direction. These four core values underpin everything we do: Respect & Dignity, Openness & Transparency, Accountability and Learning and Development.

These are the foundation on which the Belfast Trust’s corporate objectives have been based:

- Safety
- Modernisation
- Partnerships
- Staff
- Resources

The purpose of these core objectives is to improve the Health and Well-being of the population of Belfast and to reduce Health Inequalities where they exist. The Health and Social Inequalities Team has a leading role in mainstreaming the statutory duties in all the Trust’s functions and works collaboratively and collectively with others within the Trust in achieving this objective.

The main areas of responsibility of the Health & Social Inequalities Team are:

- Section 75 duties of the N.I. Act 1998
- The Human Rights Act 1998
- Addressing Health & Social Inequalities issues
- N.I. Regional Interpreting Service
1.4: National / Regional / Local Issues

All the legislation in the Equality and Human Rights field, whether it is Section 75 of the N.I. Act 1998, the Disability Discrimination Act 1995 or the Human Rights Act 1998 highlight the possible barriers that can exist for some service users.

These can include:-

- If a person finds it difficult to attend appointments due to their caring responsibilities it can result in a health inequality
- If a person feels their human rights are being violated it can result in an health inequality
- If a person has a physical or mental impairment it can result in a health inequality
- If a person is not fluent in English it can result in a health inequality.

1.5: Legislative Issues:

The field of Health and Social Inequalities is governed by a range of pieces of legislation both UK-wide and N.I. specific.

The main areas of responsibility covered by UK-wide legislation are:-

- The Human Rights Act 1998
The main areas of responsibility covered by N.I. specific legislation are:

- The N.I. Act 1998

1.5.1: The Human Rights Act 1998


1.5.2: Disability Discrimination Act 1995

The Disability Discrimination Act 1995 sets out the definitions of disability and a disabled person:

“A person has a disability for the purposes of the Act if he has a physical or mental impairment which has a substantial and long term adverse affect on his ability to carry out day to day activities”.

The Act also sets out the reasonable adjustments employers and service providers must make for employees or service users.
1.5.3: The Northern Ireland Act 1998

The N.I. Act 1998 is the legislative outcome of the Good Friday Agreement.

Section 75 of the Act is the section that covers the Equality Agenda.

The Act puts in place two statutory duties on Public Authorities:

- Equality of Opportunity Duty
- Good Relations Duty

The Equality of Opportunity Duty applies to nine categories:

- Religious belief
- Political opinion
- Racial group
- Age
- Marital status
- Sexual orientation
- Gender
- Disability and dependents.

The Good Relations Duty applies to three categories:

- Religious belief
- Political opinion
• Racial group.

The Trust has an Equality Scheme that sets out how it will meet these duties.

When the Belfast Health and Social Care Trust was set up in April 2007, The Equality Commission for Northern Ireland advised the Trust to select one of the Legacy Trust’s Equality Scheme and to adapt it for the new situation. The Trust is awaiting the publication of new guidance from the Equality Commission. This new guidance will be the basis for the new Belfast Health and Social Care Trust.

Early discussions with the Equality Commission for Northern Ireland have indicated that Public Authorities within the Health and Social Care sphere will be in the first tranche of bodies to submit new Equality Schemes. At present the likely date for the Commission to request a new Equality Scheme from the Belfast Health and Social Care is the 1 August 2010.

1.5.4: The Disability Discrimination Act 1995 (as amended by Article 5 of the Disability Discrimination (N.I.) Order 2006)

The 2006 amendment to the Disability Discrimination Act placed two new statutory duties on Public Authorities:

• To promote positive attitudes towards disabled people
• To encourage participation by disabled people in public life

The Trust has submitted a Disability Action Plan to the Equality Commission for Northern Ireland, setting out how it will meet these new statutory duties.

The Belfast Health and Social Care Trust worked closely with the four other new Health and Social Care Trusts in Northern Ireland in the production of the Disability Action Plan. Five Trusts will continue to work in a collaborative
way on the practical implementation of the Disability Action Plans and will review the effectiveness of the disability action plan.

1.6: Partnerships

The Health and Social Inequalities Team will meet its responsibilities within the Trust by way of a number of strategic partnerships.

The fundamental partnership is between the Health & Social Inequalities Team and the Service and Corporate Groups that make up the Trust. The team also works in partnership with the Trust’s Community Development and Health Improvement teams.

The Health & Social Inequalities Team instigated a business partnering model with the Service and Business Groups. A main member of the Health & Social Inequalities Team will be assigned as the business partner for a number of Service and Business Groups. The Health and Social Inequalities Team member will be responsible for all aspects of the Equality and Human Rights Agenda that arise within these Service and Business Groups. They will be available to assist and advise staff at all levels within the Group as required. This arrangement has been particularly effective as regards the MORE agenda and with the current Acute Services Review.

The Health and Social Inequalities Team has identified its close working relationship with the Community Development and Health Improvement Teams. The three Teams have already worked closely during the production of the Trust User Involvement Strategy and will work together to develop and implement the Health Inequalities Strategy for the Trust.

The Health and Social Inequalities Team is also participating in the Personal and Public Involvement Coordination Group. The Group, comprising members from across the Trust and key external stakeholders will look at areas of shared experience and manage the User Involvement Strategy.
1.7 Purpose

The Health and Social Inequalities Team Management Plan has been developed to deliver on the corporate objectives of the Trust in 2010/2011 and work towards the realisation of the Trust’s purpose, vision and values. The purpose of the HSI management plan is to set out the key activities and priorities, to provide a clear sense of direction that will be set out in the performance contribution framework for all the staff within the team. The development of the plan has been informed by the Co-Director of Governance, Equality and Improving Working Lives, Acting Health and Social Inequalities Manager, Equality Managers, Regional Interpreting Services Manager, Health and Social Inequalities Team and Regional Interpreting Services Team.
Corporate Objective: To improve health and wellbeing through partnerships with a range of individuals, representative groups and organisations

<table>
<thead>
<tr>
<th>Corporate Objective</th>
<th>Key Objective</th>
<th>Actions Required</th>
<th>By whom</th>
<th>Timescale</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partnerships</td>
<td>Equality Scheme</td>
<td>To work with the ECNI on the contents of the new Equality Scheme Guidance</td>
<td>All</td>
<td>April 2010</td>
<td>Achieved</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Develop new draft Belfast HSC Trust Equality Scheme</td>
<td></td>
<td>July 2010</td>
<td>Achieved</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Present draft to Trust Board for approval</td>
<td></td>
<td>August 2010</td>
<td>Achieved</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Engagement with key stakeholders</td>
<td></td>
<td>August –Oct 2010</td>
<td>Achieved</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Send to Equality Commission for formal approval</td>
<td></td>
<td>November 2010</td>
<td>Achieved</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Implement ratified Equality Scheme</td>
<td></td>
<td>December 2010 and onwards</td>
<td>Awaiting Approval</td>
</tr>
<tr>
<td>Partnerships</td>
<td>Health Inequalities Audit</td>
<td>To work collectively and collaboratively to complete audit of health inequalities across the 9 Section groups</td>
<td></td>
<td>April 2010 and onwards</td>
<td>Completed</td>
</tr>
<tr>
<td>Partnerships</td>
<td>To review the Business Partnering Model in line with the new structure</td>
<td>Revise Business Partnering Model for H&amp;SI Team</td>
<td>JP/CJ</td>
<td>April 2010</td>
<td>Completed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Present revised Business Partnering Model for H&amp;SI Team</td>
<td>JP/CJ</td>
<td>April 2010</td>
<td>Completed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Business Partnering proved vital in delivery of MORE – HSI to continue to build on these partnerships</td>
<td>ALL</td>
<td>April 2011</td>
<td>Completed</td>
</tr>
<tr>
<td>Partnerships</td>
<td>DISABILITY ACTION PLAN</td>
<td>Implementation of Disability Action Plan</td>
<td>All</td>
<td>April 2010 and onwards</td>
<td>Underway</td>
</tr>
<tr>
<td>--------------</td>
<td>------------------------</td>
<td>-----------------------------------------</td>
<td>-----</td>
<td>------------------------</td>
<td>----------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Participate in Regional Disability Action Plan Working Groups</td>
<td>CJ/VmcE/OB/MD</td>
<td>April 2010 and onwards</td>
<td>Underway</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To work within the new proposed workstreams</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To invite new membership e.g. Complaints Rep</td>
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<td></td>
<td></td>
<td>To bring together and harness expertise across the Trust, to introduce best practice and ensure accessibility for all service users and staff</td>
<td>JP/CJ</td>
<td>April 2010 and ongoing</td>
<td>Completed</td>
</tr>
<tr>
<td></td>
<td>Disability Steering Group</td>
<td></td>
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<tr>
<td></td>
<td>To work collaboratively with other HSC Trusts, BSO &amp; DHSSPS in Regional Equality and Human Rights Steering Group</td>
<td>Consistent regional approach, sharing of best practice and experience – organise regional event re launch of guidance on new equality scheme</td>
<td>OB</td>
<td>April 2010</td>
<td>In place</td>
</tr>
<tr>
<td></td>
<td>To continue to work collaboratively with social services, equality and Human Rights Commission to address No Recourse issue</td>
<td>Devise and arrange for interim guidance to be issued and included in training Cover No Recourse issue in human rights training</td>
<td>OB</td>
<td></td>
<td>Underway</td>
</tr>
<tr>
<td></td>
<td>To work with Community Development and Health Improvement on the development and implementation of the</td>
<td>To participate and keep Section 75, human rights and disability issues to the fore of Inequalities Forum To work collectively with other</td>
<td>All</td>
<td></td>
<td>In place</td>
</tr>
<tr>
<td>Partnerships</td>
<td>Trust Inequalities in Health Strategy</td>
<td>teams to reduce inequalities in health and social care</td>
<td>MD and all</td>
<td>June 2010</td>
<td>Achieved</td>
</tr>
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<tr>
<td></td>
<td>Continue to work partnership with HR and whole Trust to uphold IIP standards</td>
<td>To comply with IIP standards. To promote best practice and continue to engender culture of Working Well Together in team</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>RIS Partnerships</td>
<td>Work with Councils and Community Organisations to create promotional initiatives and events within the community and public bodies</td>
<td>Interpreter’s Forum Meetings every quarter Annual NIHSSIS Conference</td>
<td>LP/CH</td>
<td>Quarterly basis By October 2010</td>
<td>Achieved</td>
</tr>
<tr>
<td>RIS Partnerships</td>
<td>Training partnering with Big Word</td>
<td>Training sessions in conjunction with telephone interpreting delivered to all Trusts</td>
<td>LP</td>
<td>From October 2010</td>
<td>Achieved</td>
</tr>
<tr>
<td>RIS Partnerships</td>
<td>Advisory Stakeholder Group to facilitate stakeholder engagement</td>
<td>Establish an Advisory Stakeholder Group and regular meetings</td>
<td>LP/CH</td>
<td>From March 2010</td>
<td>Achieved</td>
</tr>
<tr>
<td>Corporate Objective</td>
<td>Key Objective</td>
<td>Actions Required</td>
<td>By whom</td>
<td>Timescale</td>
<td>Outcome</td>
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</tr>
<tr>
<td>Partnerships</td>
<td>Travellers Action Project</td>
<td>Implement Travellers Action Plan. Traveller Conference held Dec 2007. Established that an Advocacy worker should be appointed. 'Involving You' document published which included section on Travellers. Traveller Strategy Working Group formed to help develop Traveller Strategy. Stakeholder Conference held Nov 2009; Trust hopes to provide funding for Advocacy Worker.</td>
<td>VMcE</td>
<td>Ongoing</td>
<td>Achieved</td>
</tr>
<tr>
<td>Partnerships</td>
<td>To have effective industrial relations with Trade Unions</td>
<td>Work in partnership to deliver domestic abuse support system Screening EQIAs Work on Acute Services Review</td>
<td>Equality Managers</td>
<td>Ongoing</td>
<td>In place</td>
</tr>
<tr>
<td>Partnerships</td>
<td>PR and Marketing</td>
<td>Work with Corporate Communications to develop a H&amp;SI Team website</td>
<td>VMcE &amp; KC</td>
<td>April 2010 and onwards</td>
<td>Underway</td>
</tr>
<tr>
<td>Partnerships</td>
<td>Good Relations</td>
<td>Develop a Good Relations Strategy for Belfast HSC Trust</td>
<td>VMcE</td>
<td>Oct 2010</td>
<td>Deferred 2011/12</td>
</tr>
<tr>
<td>Date</td>
<td>Task Description</td>
<td>Responsible</td>
<td>Timeframe</td>
<td>Status</td>
<td></td>
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<tr>
<td>Jan 2011</td>
<td>Present Good Relations Strategy to Trust Board for outline approval</td>
<td>JP</td>
<td>Jan 2011</td>
<td></td>
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<tr>
<td>Jan-Mar 2011</td>
<td>Consultation period on Good Relation Strategy</td>
<td>All</td>
<td>Jan-Mar 2011</td>
<td></td>
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<tr>
<td>Mar 2011</td>
<td>Present Good Relations Strategy to Trust Board for final approval</td>
<td>JP</td>
<td>Mar 2011</td>
<td></td>
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<tr>
<td>All</td>
<td>Implement Good Relations Strategy</td>
<td>All</td>
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<tr>
<td>All</td>
<td>Develop a Good Relation Training course</td>
<td>All</td>
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<tr>
<td>All</td>
<td>Incorporate Good Relation Training Course into H&amp;SI Training Syllabus</td>
<td>All</td>
<td></td>
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<tr>
<td>Domestic abuse</td>
<td>Partnerships Domestic abuse To be part of Belfast Domestic Violence Partnership. Work alongside statutory, community and voluntary groups Work with Business in the Community to deliver seminars on DV workplace policies</td>
<td>OB</td>
<td>Ongoing</td>
<td>Achieved</td>
<td></td>
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<tr>
<td>Ongoing</td>
<td></td>
<td>OB</td>
<td>May and November 2010</td>
<td>Achieved</td>
<td></td>
</tr>
<tr>
<td><strong>Partnerships</strong></td>
<td><strong>Training – e-learning</strong></td>
<td>To ensure ongoing provision and evaluation of equality training and implement online training in partnership with Employment Equality colleagues and Eastern Area Equality Best Practice Group</td>
<td>All</td>
<td>May 2010</td>
<td><strong>Underway</strong></td>
</tr>
</tbody>
</table>
Corporate Objective: Staff- the Trust has won recognition as an Investor in People organisation that respects its staff, communicates effectively with them and provides appropriate learning and development to support everyone in being the best they can be.

<table>
<thead>
<tr>
<th>Corporate Objective</th>
<th>Key Objective</th>
<th>Actions Required</th>
<th>By whom</th>
<th>Timescale</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>Employability</td>
<td>Continue to progress Employability Projects such as West Belfast &amp; Greater Shankill Partnership</td>
<td>JP</td>
<td>April 2010 and onwards</td>
<td>Completed</td>
</tr>
<tr>
<td>Staff</td>
<td>To promote Health and Social Inequalities through various initiatives</td>
<td>Due to success of former events such as anti-racist week, human rights week – traveller focus and domestic abuse week, the team will continue to have a visible presence using all different types of media to promote such issues</td>
<td>All</td>
<td>April 2010 and onwards</td>
<td>Achieved</td>
</tr>
<tr>
<td>Staff</td>
<td>Training</td>
<td>Participate in Trust Induction programme</td>
<td>All</td>
<td>April 2010 and onwards</td>
<td>Achieved</td>
</tr>
<tr>
<td>Staff</td>
<td></td>
<td>Cascade training to all staff on new Equality Scheme</td>
<td></td>
<td></td>
<td>Pending approval</td>
</tr>
<tr>
<td>Staff</td>
<td>Complete training needs analysis and devise H&amp;SI Team Training Programme in accordance</td>
<td>All</td>
<td>April 2009</td>
<td>Completed</td>
<td></td>
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<tr>
<td>Staff</td>
<td>Deliver H&amp;SI Team Training Programme</td>
<td>All</td>
<td>April 2010 and onwards</td>
<td>Underway</td>
<td></td>
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<tr>
<td>Staff</td>
<td>Deliver tailored training as required by Directors and managers of business and service groups</td>
<td>All</td>
<td>April 2010 and onwards</td>
<td>Underway</td>
<td></td>
</tr>
<tr>
<td>Staff</td>
<td>Domestic Violence Support Service</td>
<td>OB &amp; All</td>
<td>August 2010 and onwards</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>Staff</td>
<td>Monitor implementation of policy</td>
<td>OB</td>
<td>April 2010 and onwards</td>
<td>Underway</td>
<td></td>
</tr>
<tr>
<td>Staff</td>
<td>70-80 new interpreters into register in 2009 –help to reduce non-provisions and address the increase of some 40,000 requests Capacity Building and Professional Development Tailor-made for QUB Training of external medical students for Queen’s University Professional Development sessions organised for the new Interpreters on specific Health issues Delivery of tailored made training on working well with Interpreters</td>
<td>LP/CH</td>
<td>By June and August 2010 12/04/2010 24/05/2010</td>
<td>Completed</td>
<td></td>
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<tr>
<td>Corporate Objective</td>
<td>Key Objective</td>
<td>Actions Required</td>
<td>By whom</td>
<td>Timescale</td>
<td>Outcome</td>
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<tr>
<td>Staff</td>
<td>Internal staff training</td>
<td>PCF/KSF reviews to Band 2 operators and band 4 Administrator undertaken Work on Induction pack</td>
<td>CH/LP/OB</td>
<td>April 2010</td>
<td>Completed</td>
</tr>
<tr>
<td></td>
<td>New staff and local induction pack</td>
<td></td>
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<tr>
<td></td>
<td>PCF/KSF reviews</td>
<td></td>
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<td></td>
<td>Update of induction pack for new staff</td>
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</table>
**Corporate Objective:** To provide safe, high quality and effective care

<table>
<thead>
<tr>
<th>Quality &amp; Safety</th>
<th>Regional Interpreting Service</th>
<th>Hold monthly liaison meetings with RIS</th>
<th>JP/LP/OB</th>
<th>Ongoing</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Develop a Business Plan for the Service</td>
<td>LP</td>
<td>Ongoing</td>
<td>“</td>
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<tr>
<td></td>
<td></td>
<td>Liaise with DHSSPS on the permanent funding of the RIS</td>
<td>CJ/LP/CH</td>
<td>Ongoing</td>
<td>Underway</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Establish permanent staffing of the RIS</td>
<td>LP</td>
<td>April 2010</td>
<td>Completed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Schedule Advisory Panel meetings</td>
<td>LP/CH</td>
<td>By April 2010</td>
<td>Underway</td>
</tr>
<tr>
<td>Quality and Safety</td>
<td>Health and Social Inequalities</td>
<td>Ensure training needs are met</td>
<td>Equality managers</td>
<td>Underway</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ensure that relevant people are equipped with legislative knowledge and can partake effectively in screening and EQIA activity</td>
<td>Equality managers</td>
<td>Underway</td>
<td></td>
</tr>
<tr>
<td>Quality &amp; Safety</td>
<td>Shopmobility scheme</td>
<td>Implement agreed strategy. The Trust 'Meet &amp; Greet' Volunteers to be trained and made aware of the Service and how equipment operates. Publicity Campaign to be rolled on.</td>
<td>VMcE</td>
<td>April 2010 and onwards</td>
<td>Completed</td>
</tr>
<tr>
<td>Quality &amp; Safety</td>
<td>Access Audit Group to address health and social inequalities</td>
<td>Work continues in this group to help provide better access to health and social care for people with a disability</td>
<td>MD/VMcE/CJ</td>
<td>Ongoing</td>
<td>Completed</td>
</tr>
</tbody>
</table>
Corporate objective: To make the best use of our resources to improve performance and productivity

<table>
<thead>
<tr>
<th>Corporate Objective</th>
<th>Key Objective</th>
<th>Actions Required</th>
<th>By whom</th>
<th>Timescale</th>
<th>Outcome</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Resources</strong></th>
<th><strong>M.O.R.E. Project</strong></th>
<th><strong>Advise business and service group managers on the equality implications of proposals and assist with screening.</strong></th>
<th><strong>All</strong></th>
<th><strong>April 2010 and onwards</strong></th>
<th><strong>In place</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Carry out necessary Detailed Screening Report and EQIAs</strong></td>
<td></td>
<td>ALL</td>
<td>April 2010 and onwards</td>
<td><strong>Completed</strong></td>
</tr>
<tr>
<td><strong>ACUTE SERVICES REVIEW</strong></td>
<td><strong>Represent Health and Social Inequalities on each project group Complete screening, DSRs and EQIAs in partnership with project teams:</strong></td>
<td><strong>Gynae Vascular Cardiology Urology Orthopaedics Rheumatology ENT Dermatology Opthamology General Surgery Acute Medicine</strong></td>
<td>OB/VMcE/MD</td>
<td>April 2010 and onwards</td>
<td><strong>Completed</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Map equality implications in terms of cumulative impact of proposed</strong></td>
<td></td>
<td>MM/JP</td>
<td>May 2010</td>
<td></td>
</tr>
<tr>
<td>Resources</td>
<td>Regional Interpreting Services</td>
<td>RIS management monitoring of project's budget on monthly basis as a result of new separate cost centre</td>
<td>LP/CH</td>
<td>April 2010</td>
<td>In place</td>
</tr>
<tr>
<td>Resources</td>
<td>Income generation through training sessions to QUB</td>
<td>Tailored made sessions delivered to Queen’s University 4th Year Medical students</td>
<td>LP/CH</td>
<td>12/04/2010 24/05/2010</td>
<td>Achieved</td>
</tr>
<tr>
<td>Resources</td>
<td>Link with Finance Departments and Equality Units regards to Interpreting Provision</td>
<td>Regular Meetings with Finance Departments updates on Interpreting costs/ payments systems &amp; Equality Units re: Interpreting Provision &amp; quality assurance</td>
<td>LP/CH</td>
<td>April / July 2010</td>
<td>Regular meetings in place</td>
</tr>
</tbody>
</table>
Corporate objective: Modernisation – To modernise and reform our services

<table>
<thead>
<tr>
<th>Corporate Objective</th>
<th>Key Objective</th>
<th>Actions Required</th>
<th>By whom</th>
<th>Timescale</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modernisation</td>
<td></td>
<td>Continue to work in partnership to deliver on Acute Services Review</td>
<td>HSI</td>
<td>Ongoing</td>
<td>In place</td>
</tr>
<tr>
<td>Modernisation</td>
<td>To provide HSI advice and support in relation to MORE/Service Reform and Modernisation initiatives</td>
<td>HSI</td>
<td>Ongoing</td>
<td>In place</td>
<td></td>
</tr>
<tr>
<td>Modernisation</td>
<td>To ensure the effectiveness of HSI input in EQIA, DSR and screenings</td>
<td>HSI</td>
<td>Ongoing</td>
<td>In place</td>
<td></td>
</tr>
<tr>
<td>Modernisation</td>
<td>To finalise the monitoring framework with colleagues from Employment Equality</td>
<td>HSI</td>
<td>TBC</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>Modernisation</td>
<td>To work with Planners, Communications, and Service Managers to deliver effective and robust modernisation proposals</td>
<td>HSI</td>
<td>Ongoing</td>
<td>Completed</td>
<td></td>
</tr>
</tbody>
</table>